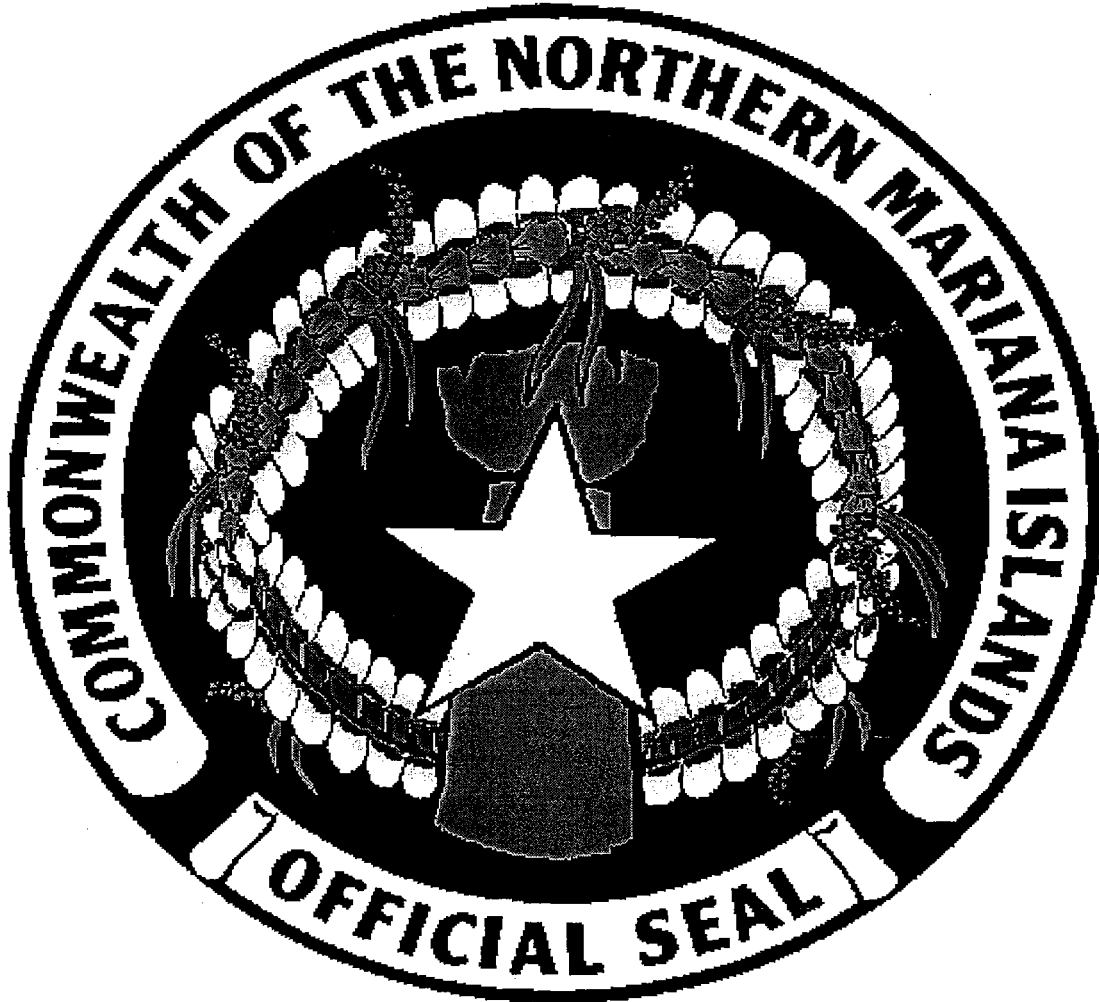


**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
SAIPAN, TINIAN, ROTA and NORTHERN ISLANDS**



COMMONWEALTH REGISTER

**VOLUME 34
NUMBER 07**

JULY 29, 2012

COMMONWEALTH REGISTER

VOLUME 34
NUMBER 07

July 29, 2012

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Commonwealth of the Northern Mariana Islands Scholarship Advisory Board

Caller Box 10007, Saipan, MP 96950
Tel: (670) 664-4750; Fax: (670) 664-4759
cnmisab@cnmischolarship.com

PUBLIC NOTICE OF ADOPTION OF EMERGENCY REGULATIONS

EMERGENCY REGULATIONS GOVERNING THE HONOR SCHOLARSHIP PROGRAM

EMERGENCY ADOPTION AND IMMEDIATE EFFECT: The Commonwealth of the Northern Mariana Islands, through the Scholarship Advisory Board (SAB), finds that the attached Rules and Regulations Governing the Honor Scholarship Program shall be adopted immediately on an emergency basis because the public interest, as well as an imminent peril to the public health, safety, or welfare, so requires, for the reasons stated below (1 CMC § 9104(b), (c); 1 CMC § 9105(b)(2)). These emergency regulations shall become effective immediately upon filing with the Commonwealth Register and delivery to the Governor, (1 CMC § 9105(b)(2)), and shall remain in effect for 120 days. (1 CMC § 9104(b)).

AUTHORITY: Pursuant to Executive Order 94-3 § 211 (b), incorporated by reference in 1 CMC § 2051, the SAB is authorized to "recommend objective standards for the award of scholarships."

1 CMC § 9104(b) of the Administrative Procedure Act provides that:

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 an emergency regulation. The regulation may be effective for a period of not longer than 120 days, but the adoption of an identical regulation under subsections (a)(1) and (a)(2) of this section is not precluded.

REASON FOR EMERGENCY ADOPTION: The Scholarship Advisory Board sees a need to amend scholarship award amounts before awards are announced for the next school year; the regular process for adoption of regulations will not allow the Board to meet this time demand.

Strains on the general scholarship fund are necessitating reduced award amounts for most recipients. For the past two years, recipients of general scholarships have received lessened amounts, delayed awards, and even no scholarship.

For the welfare of all scholarship recipients and the Commonwealth's interest in having educated citizens, the Board finds that it is unnecessary for Honor Scholarship recipients to receive exaggerated awards for room and board, which are sometimes twice as large as the recipient's tuition costs, while most other scholarship recipients' award amounts may not meet the full cost of community college tuition. The Board sees an immediate need to place reasonable restraints on the Honor Scholarship room and board award to ensure the opportunity for all applicants to receive reasonable assistance.

THE TERMS AND SUBSTANCE: The attached Emergency Regulations establish the rules and regulations governing the Honors Scholarship Program. These regulations have been altered to include the following provision:

The award will pay for costs directly related to the student's educational needs, including but not limited to tuition, textbooks, school supplies, and housing allowance, provided that the amount allocated for room and board shall not exceed \$5,000.00 or 50% of the institution's estimated room and board expense, whichever is less.

DIRECTIONS FOR FILING AND PUBLICATION: The Scholarship Advisory Board Chair will take appropriate measures to make these Regulations known to the persons who may be affected by them. (1 CMC § 9105(b)(2)).

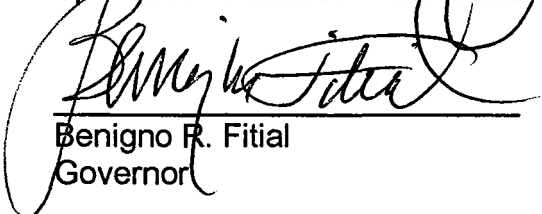
The attached Emergency Regulations are approved by the Scholarship Advisory Board Chair on the date listed below.

Submitted by: 
Kodeo Ogumoro-Uludong
Scholarship Advisory Board Chair

6/22/12
Date

Received by: 
Esther S. Fleming
Special Assistant for Administration

6/27/12
Date

Concurred by: 
Benigno R. Fitial
Governor

7/9/12
Date

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

07-19-2012
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 Emergency 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

7-18-12
Date

RULES AND REGULATIONS GOVERNING THE HONOR SCHOLARSHIP PROGRAM.

PURPOSE

These regulations implement the provisions of the CNMI Honor Scholarship Act, 3 CMC § 1342. They repeal and replace the Honor Scholarship Program For Post Secondary Education Rules and Regulations, NMIAC § 75-20.2. They are promulgated pursuant to, and in accordance, with the Supreme Court Order in *Calvo v. Northern Mariana Islands Scholarship Advisory Board*, 2009 MP 2.

1. DEFINITIONS FOR IMPLEMENTING PUBLIC LAW 14-37.

- 1.1. CUMULATIVE GRADE POINT AVERAGE: The Grade Point Average for all terms combined. The recipient must have a 3.00 cumulative GPA on a 4.00 scale at the end of each school year.
- 1.2. FULLTIME STATUS: Twelve (12) credits per enrollment period. Courses that are repeated will not be counted as fulfillment of a student's full-time enrollment status.
- 1.3. PROBATION: A condition placed on a student who failed to comply with the statutory requirement or in any of the Rules and Regulation promulgated by the Scholarship Advisory Board.
- 1.4. TERMINATION: Discontinued from the program.
- 1.5. SAT: Scholastic Achievement Test
- 1.6. ACT: American College Testing

2. APPLICATION

- 2.1. All Applications and required documents must be received by the CNMI Scholarship Advisory Board, Office of the Governor, on or before June 30th of the year for which the scholarship is to be commenced.

NOTE: If the Deadline falls on a weekend or a holiday, deadline will be on the next working day.

- 2.2. The required documents include, but are not limited to: a) an official high school transcript, inclusive of the last quarter's 12th grade; b) a letter of acceptance from an accredited college or university; c) proof of compliance with statutory requirements, as demonstrated by, but not limited to d) Scholastic Achievement Test (SAT) and/or American College Testing (ACT), two letters of recommendation, a description of extra curricular activities, and proof of citizenship and residency such as a U.S. passport, parents' CNMI tax forms, CNMI voter registration, or other similar documents deemed acceptable or appropriate to the Scholarship Advisory Board.
- 2.3. At the beginning of each academic year on-going recipients must submit all the required documents to maintain their scholarship.

3. SELECTION CRITERIA

- 3.1. The Scholarship Advisory Board shall meet after July 15th for the purpose of selecting the scholarship recipients.
- 3.2. The Scholarship Advisory Board shall review and evaluate the applications of applicants using the criteria established by law and those imposed by the NMI Supreme Court.
 - 3.2.1. Applicants must be a U.S. citizen or a U.S. National.
 - 3.2.2. Applicants must be newly high school graduates who have attained a combination of highest cumulative grade point average and highest SAT and/or ACT score. In addition, applicants' extra-curricular activities, difficulty of courses taken and at least two letters of recommendation will be used in the selection process.

Process of Ranking Scholarship:

1. 80% of the rank will be determined by the applicants' cumulative grade point average and difficulty of courses. The Scholarship Advisory Board ("SAB") has determined that the public/private education system in the NMI is valid in that all high schools in the NMI are accredited. Moreover, all high schools in the NMI allow their students to take Advanced Placement (AP) or honor courses. These courses allow students who wish to take more difficult courses to be rewarded via a higher Cumulative Grade Point Average. This is so because all schools in the NMI give students who take AP or honors courses grades on a five point scale instead of the traditional 4 point scale. The SAB rejects the process of norming GPA's because this would fail to distinguish students who took AP or honors courses and those students who did not. The board has studied the problem and believes this is the best way to incorporate the difficult of a students' coursework. Students will be ranked according their cumulative grade point average from highest to lowest with the highest-ranking student receiving a "one."
2. 14% of the rank will be determined by the single highest total SAT or ACT score that the applicant received on a given testing day. Scores may not be combined. ACT scores will be converted to an equivalent SAT score/ Students will be ranked according to their highest total SAT (or converted ACT) score from highest to lowest with the highest-ranking student receiving a "one."
3. 3% of the rank shall be determined by the student's extra-curricular activities. Prior to the SAB meeting, the student's extra-curricular activities will be separated from any identification markers. The individual Board members will then judge the extra-curricular activities on a scale of "one," "two," or "three." Outstanding extra-curricular activities shall receive a "one," average activities shall receive a "two" and subaverage activities shall receive a "three." Each Board member voting shall make their own decision based on years of service and the nature thereof. Compensated extra-curricular activities shall not be considered. Upon each member awarding the total activities a "one," "two," or "three," the high and low score shall be discarded and the average of all scores shall be determined. All averages shall be rounded to the nearest whole number.

Thus, a 2.3 is a 2 and a 1.9 is a 2. [extra-curricular activities must be certified by the coordinate of the event]

4. 3% of the rank shall be determined by the student's letters of recommendation. Prior to the SAB meeting, the student's letters of recommendation will be separated from any identification markers. The individual Board members will then judge the letters of recommendation on a scale of "one," "two," or "three." Outstanding recommendations shall receive a "one," average recommendations shall receive a "two" and subaverage recommendations shall receive a "three." Each Board member voting shall make their own decision based on the nature of the letter. The Author of the letter shall not be considered. Upon each member awarding the letters a "one," "two," or "three," the high and low score shall be discarded and the average of all scores shall be determined. All averages shall be rounded to the nearest whole number. Thus, a 2.3 is a 2 and a 1.9 is a 2.
5. Once applicants have a rank for their grade point average, SAT/ACT score, extra-curricular activities, and letters of recommendation, the rankings will be multiplied by the appropriate percentage and totaled. The applicants with the ranking closest to one will receive the awards in order until all the available scholarships under the program are provided.
6. The following example shows how the ranking process works.

Student	CGPA (rank)	80% GPA Score	SAT/ ACT (rank)	14% SAT/ ACT Score	Extra Curric.	3% Extra Curric. Score	LOR (rank)	3% LOR Score	Total	Place
A	4.25 (1)	.8	1275 (6)	.84	2	.06	3	.09	1.79	1
F	4.15 (2)	1.6	1400 (3)	.42	2	.06	2	.06	2.14	2
E	4.1 (3)	2.4	1000 (8)	1.12	3	.09	2	.06	3.67	4
G	4.06 (4)	3.2	1600 (1)	.14	2	.06	1	.03	3.43	3
I	4.01 (5)	4	1500 (2)	.28	2	.06	2	.06	4.4	5
C	4 (6)	4.8	1325 (4)	.56	1	.03	2	.06	5.48	6
B	4 (6)	4.8	1300 (5)	.70	2	.06	2	.06	5.62	7
H	3.99 (7)	5.6	1325 (4)	.56	2	.06	2	.06	6.28	8
D	3.75 (8)	6.4	1250 (7)	.98	2	.06	1	.03	7.47	9

Under this example, if eight scholarships were available, the individuals ranked first through eighth will receive awards. In other words, only applicant D would not receive an award.

7. For the purpose of a tiebreaker, the SAB shall use the highest Cumulative Grade Point Average. Thus, for the students who are tied, the one(s) with the highest CGPA wins the award(s).

3.2.3. Applicants graduating within the CNMI must have attended school within the CNMI for a minimum total of six (6) years. Within the six (6) years requirement, applicants must have attended the CNMI - two (2) years immediately preceding the date of the award.

3.2.4. In addition to the 3.2.1 and 3.2.2 requirement, applicants graduating from a high school within the United States of America or its territories as one of the top students, scholastically are eligible to apply, provided that the applicant has attained the highest scholastic achievement with a 4.0 or higher cumulative grade point average and whose parent(s) are bonafide CNMI resident(s) at the time of application and have been so for a minimum period of eight (8) years prior to the date of application.

4 SCHOLARSHIP AWARD

4.1 Either the actual cost of the scholarship benefits as established by P.L. 14-37 or the amount of Fifteen Thousand dollars (\$15,000.00) which ever is less, will be awarded to each recipient for each academic year. Awards will be decreased by any amount the recipient receives from other grants or scholarships.

4.2 The award will pay for costs directly related to the student's educational needs, including but not limited to tuition, textbooks, school supplies, and housing allowance, provided that the amount allocated for room and board shall not exceed \$5,000.00 or 50% of the institution's estimated room and board expense, whichever is less.

4.3 The award per term will be prorated.

4.4 If a recipient either dropped out of school or is terminated by the school, all scholarship privileges will be terminated immediately and the recipient will be required to remit the whole amount of moneys provided through this scholarship fund to the CNMI government.

4.5 Scholarship may not be used to cover for expenses not included in the Institutions Definition for Cost of Attendance.

4.6 If an applicant declines an award or receives scholarship funds from other sources that equal the full amount of applicants' cost of attendance, the applicant will not be provided an award under this program. The applicant's award will instead be provided to the next eligible applicant by rank.

5 SCHOLARSHIP MAINTENANCE AND CONDITIONS

5.1 The recipient graduating from high-school selected for the scholarship may continue to receive scholarship but no more than five (5) academic years, as long as he/she maintains the required cumulative GPA of 3.00 on a 4.00 scale at the end of each school year.

- 5.2 The recipient must submit a certified copy of the Institutions' Cost of Attendance each academic year. If the recipient fails to submit the Institutions' Cost of Attendance all scholarship privileges will be deferred until the Scholarship Advisory Board receives such document.
- 5.3 The recipient must enroll and maintain a full-time status each enrollment period.
- 5.4 At the end of each enrollment period, the recipient must provide the Scholarship Advisory Board with a copy of his/her grade report for the enrollment period ending. At the end of each academic year, the student must provide the Scholarship Advisory Board with an official sealed transcript. If the recipient fails to submit the official transcript or the grade report, all scholarship privileges will be deferred until the Scholarship Advisory Board receives such document(s).
- 5.5 The recipient must sign and have notarized a Memorandum of Agreement approved by the Scholarship Advisory Board for each academic year in order to receive scholarship benefits. This Memorandum of Agreement shall set forth the terms and conditions pursuant to which scholarship benefits will be granted to the recipient. Each Agreement must be notarized and returned to the Scholarship Advisory Board before the recipient will receive any scholarship benefits.
- 5.6 A recipient who is enrolled in a two-year institution must have prior approval from the Scholarship Advisory Board prior to enrolling in any two-year institution for a third (3rd) academic year.
- 5.7 All scholarship recipients must declare their field of study before the beginning of their second year in college. The Scholarship Advisory Board will hold awards until this information is received in writing, via fax, or email or via an appropriate mail service to the following address:

Scholarship Advisory Board
Office of the Governor
Caller Box 10007
Saipan, MP 96950

Facsimile: 670-664-4759

Email Address: cnmisab@cnmischolarship.com

- 5.8 All scholarship recipients must advise the Scholarship Advisory Board of both their school and CNMI address each time there is a change.
- 5.9 A recipient is not eligible for same or lower level of education.

6 PROBATION AND TERMINATION

- 6.1 The recipient must maintain a fulltime status and have a GPA of 3.00 on a 4.0 scale cumulatively at the end of each academic year. If the recipient fails to maintain a required GPA, or if the number of credit hours drops below that of full-time status at the end of an enrollment period or the student fails to comply with the statutory requirements or the terms of the Memorandum of Agreement, the student will be placed on probation for the following academic year.
- 6.2 Scholarship benefits will be awarded during the probation period. However, the student must makeup the credits lacking while also maintaining a full-time (12 credits) status.

By the end of the probationary enrollment period the student must be able to meet the minimum GPA requirement and be in compliance with the statutory requirements and the terms of the students' Memorandum of Agreement.

- 6.3 If the student does not meet the required GPA requirements or does not complete the credits lacking in addition to maintaining full-time status or is not in compliance with the statutory requirements or the terms of the Memorandum of Agreement during the probationary enrollment period, the scholarship benefits will terminate immediately, and the recipient will not be allowed any future participation in the program.

7. TRANSFER OR CHANGE OF FIELD OF STUDY

Permission must first be obtained from the Scholarship Administrator if a recipient wants to transfer to another institution or change his/her field of study. A request shall be in writing and, if the request is to another institution, an acceptance letter from the institution to which a student is transferring must be submitted with the request for an approval of transfer.

8. REPAYMENT

- 8.1. All recipients of such scholarship are required to return to the CNMI no later than three (3) months after completion of their degree program.
- 8.2. Recipients, who fail to complete his/her educational degree program, will be required to repay the amount of scholarship awarded. The amount may either be repaid in full or in installments as determined by the Scholarship Advisory Board and the recipient.
- 8.3. Legal proceedings will be taken to recover the total amount of scholarships awarded in order to enforce the requirements provided in §8.1 and 8.2 above. The recipient shall also pay all legal expenses and fees incurred by the government in the effort to recover scholarship awards.
- 8.4. No penalty shall be imposed on a recipient who obtain their baccalaureate degree and decides to enter a post-graduate Degree Program. The repayment or cancellation of such scholarship will be deferred until the student obtains their post-graduate degree whether or not the student is receiving scholarship funds. However, should the student cease his/her post-graduate program, he/she must return to the CNMI within three (3) months to commence work. Failure to return will result in the student being required to repay all scholarship awards previously received.

9. FRAUDULENT INFORMATION

- 9.1 All documents received by the Scholarship Advisory Board are subject to verification from the Institution and sources from which it came. The applicant and his or her family or authorized representatives are individually responsible for the integrity of such documents. Recipients and the authorized representative who submit documents that are false or tampered in any way(s) will result in the recipient immediate and permanent removal from any Scholarship program administered by Scholarship Advisory Board. Documents include but are not limited to application, supporting documents, grade reports, transcript, etc.

10. APPEALS

- 10.1 A recipient who is denied P.L. 14-37 has the right to appeal to the Scholarship Advisory Board.
- 10.2 The appeal must be in writing addressed to the Chairperson of the Scholarship Advisory Board.
- 10.3 The appeal must be postmarked or hand-delivered no later than twenty-one (21) calendar days after notification of the decision by the Scholarship Administrator. If notification is via mail it shall be given via a certified mail, return receipt requested.
- 10.4 The appeal to the Scholarship Advisory Board shall be heard and decided pursuant to applicable CNMI law, including, but not limited to, the CNMI Administrative Procedure Act, 1 CMC Section 9101 et. seq.
- 10.5 All decisions by Scholarship Advisory Board on appeals are final regarding the administrative review process.

11. EFFECTIVE DATE

- 11.1 These Rules and Regulation shall take effect as soon as possible.



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

**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE PROPOSED AMENDMENTS TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD'S
REGULATIONS FOR PHYSICIAN ASSISTANTS.**

PRIOR PUBLICATION IN THE COMMONWEALTH REGISTER
AS PROPOSED AMENDMENTS TO REGULATIONS
VOLUME 34, NUMBER 05, PP 32440-32456 OF MAY 29, 2012

Regulations for Physician Assistants: NMIAC Title 140, §140-50.3-4100

ADOPTION OF THE PROPOSED AMENDMENTS TO THE REGULATIONS FOR PHYSICIAN ASSISTANTS: The Health Care Professions Licensing Board (HCPLB), hereby adopts the above-referenced regulations as permanent regulations, which were published in the Commonwealth Register at pages 32440-32456 in Volume 34, No. 05 on May 29, 2012 pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The Health Care Professions Licensing Board announced that it intended to adopt them as permanent and now does so. The Health Care Professions Licensing Board certifies by signature below that, as published, such adopted amendments to the regulations for Physician Assistants are a true, complete, and correct copy and that they are being adopted without modification or amendment.

These Physician Assistants Regulations shall supersede the prior Medicine/Surgery Regulations published at Volume 21 (7/23/99) and adopted at Vol. 21 (12/15/99) of the Commonwealth Register.

PRIOR PUBLICATION: The prior publication was as stated above. The Health Care Professions Licensing Board adopted the regulations for Physician Assistants as final as of the date of signing below.

MODIFICATIONS FROM PROPOSED REGULATIONS, IF ANY: None.

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to P.L. 15-105, Section 3, § 2206 (b), as amended.

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

COMMENTS AND AGENCY CONCISE STATEMENT. Pursuant to the APA, 1 CMC § 9104(a)(2), the HCPLB has reviewed the comments on the proposed amendments to the regulations for Physician Assistants it received during the thirty-day period. Upon this adoption of the amendments, the agency, if requested to do so by any interested person, within 30 days of

adoption, will issue a concise statement of the principal reasons for and against its adoption.


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

I declare under penalty of perjury that the foregoing is true and correct copy and that this declaration was executed on the ____ day of _____, 2010, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and Ordered by:




Ahmad Al-Alou, MD
Acting Chairman

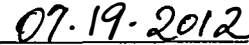


Date

Filed and Recorded by:



Esther M. San Nicolas
Commonwealth Register



Date



**Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
P.O. Box 502078, #1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
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Email: bpl@pticom.com**

**NOTICE OF PROPOSED AMENDMENTS TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD
REGULATIONS FOR PHYSICIANS
(DOCTORS OF OSTEOPATHY AND MEDICAL DOCTORS).**

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

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to P.L. 15-105, Section 3, § 2206 (b), as amended.

THE TERMS AND SUBSTANCE: The attached regulations establish the rules and regulations governing doctors of osteopathy and medical doctors who practice in the CNMI. These regulations supersede the prior Medicine/Surgery regulations published at Chapter VI, Volume 11, No. 9, page 6413, on September 15, 1989 of the Commonwealth Register.

THE SUBJECTS AND ISSUES INVOLVED: These regulations establish the rules for licensure and practice of physicians within the CNMI.

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: *Ahmad Al-Alou, MD*
Ahmad Al-Alou, MD
HCPLB Acting Chairman

7/18/12
Date

Received By: *Esther S. Nleming*
FOIA: *gwilliams*
Esther S. Nleming
Special Assistant for Administration

07/24/12
Date

Filed and Recorded By:

Amola
Esther M. San Nicolas
Commonwealth Register

07-24-2012
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
EDWARD T. BUCKINGHAM
Attorney General

7-19-12
Date

Commonwealth Gi Sangkattan Na Islas Marianas Siha
HEALTH CARE PROFESSIONS LICENSING BOARD

P. O. 502078, #1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
Tel No. (670)664-4809 Fax: (670)664-4814
Email: bpl@pticom.com

NUTISIA NI MANMAPROPONI NA AMENDASION SIHA PARA I
HEALTH CARE PROFESSIONS LICENSING BOARD
REGULASION SIHA PARA PHYSICIANS
(DOCTORS OF OSTEOPATHY YAN MEDICAL DOCTORS)

I AKSION NI MA'INTENSIONA PARA U MA'ADĀPTA ESTI I MANMAPROPONI NA REGULASION SIHA: I Health Care Professions Licensing Board (HCPLB) ha intensiona para u adĀpta kumu petmanenti na regulasion siha ni mañechettun i Manmaproponi na Regulasion, sigun gi manera siha gi Āktun Administrative Procedure, 1 CMC § 9104(a). Sigun i 1 CMC §9105(b), i regulasion siha para u ifektibu gi dies(10) dihas dispues di disision i Kuetpu ni para u adĀpta i regulasion siha yan u makumpli gi 1 CMC §§ 9102 yan 9104(a).

ĀTURIDĀT: I Health Care Professions Licensing Board gai fuetsan estatua para u cho'gui yan hiniyung i regulasion siha sigun i Lai Pupbliku 15-105, Seksiona 3, § 2206 (b), asi kumu ma'amenda.

I TEMA YAN SUSTĀNSIAN I PALĀBRA:

I mañechettun na regulasion siha ha estapblesi areklamentu yan regulasion siha ni ginibebietna i doctors of osteopathy yan medical doctors ni prumaktika gi halum CNMI, Esti na regulasion siha ni ni tinahgui ni finene'na na regulasion siha ni mapupblika gi Kapitulu VI, Baluma 11, Numiru 9, pĀhina 6413, gi Septembri 15, 1989 gi Rehistran Commonwealth.

I SUHETU YAN ASUNTU NI MANTINEKKA:

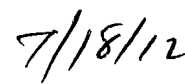
Esti na regulasion siha ha estapblesi i areklamentu siha para i Licensure yan prinaktikan doktus siha gi halum CNMI.

DIREKSION PARA U MAPO'LU YAN PUPBLIKASION: I Kuetpu manmamaisin upiñon siha sigun gi esti i manmaproponi na amendasion ni debi na u marisibi ni Kuetpu gi halum i trenta(30) dihas gi primet pupublikasion gi esti na nutisia gi halum i Rehistran Commonwealth. Maseha hĀyi na petsona siña manggĀgĀo kopia siha ni manmaproponi na amendasion ni u āgang ham gi numirun 664-4809 pat email gi bpl@pticom.com pat u bisita i Ufisanan-mĀmi ni gaigi gi Bldg. 1242, Pohnpei Ct. , Capitol Hill, Saipan. Tinigi' upiñon siha gi esti na Amendasion debi na u machuli' guatu gi ufisanan-mĀmi pat u na'hĀnĀo para i BPL, P.O. Box 502078, Saipan, MP 96950.

Nina'hĀlum As:



Ahmad Al-Alou, MD
HCPLB Acting Chairman



Fetcha

Rinisibi As:

Esther S. Fleming
Esther S. Fleming
Espisiât Na Ayudânti Para Atministrasion

07/24/12
Fetcha

Pine'lu yan Ninota As:

Esther M. San Nicolas
Esther M. San Nicolas
Rehistran Commonwealth

07.24.202
Fetcha

Sigun i 1 CMC § 2153(e) (Inapruedan Abugâdu Henerât na regulasion siha para u macho'gui kumu para fotma) yan i 1 CMC § 9104(a) (3) (hinentan Inapruedan Abugâdu Henerât) i maproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'aprueda kumu fotma yan ligât sufisienti ginin i CNMI Abugâdu Henerât yan debi na u mapublika, 1 CMC § 2153 (f) (publikasion areklamentu yan regulasion siha).

Nina'hâlum

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Abugâdu Henerât

7-19-12
Fetcha

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

ARONGORONG REEL POMWOL ATIWLIGH KKA REBWE AMENDALI REEL HEALTH CARE
PROFESSION LICENSING BOARD REEL DOKKTO(PHYSICIANS)
(DOKKTOL OSTEOPATHY ME MEDICAL)

MÁNGEMÁNGIL MWÓGHUT YEEL BWE EBWE ADAPTÁÁLI POMMWOL ATIWLIGH KKAL:
Health Care Professions Licensing Board (HCPLB) emuschel ebwe adaptááli me aleghú ló
atiwligh kka e appasch bwe Proposed Regulations, sáangi mwóghutughutul Administrative
Procedure Act, 1 CMC § 9104(a). Sáangi 1 CMC §9105(b), atiwligh kka ebwe bwunguló 10 ráál
mwiril yaar Board adaptááli me atabwey alleghul 1 CMC §§ 9102 me 9104(a)

BWÁNGIL: Health Care Professions Licensing Board nge eyoor bwángil ebwe akkaté allégh kkaal me
ghitipwotchuw allégh kkaal bwelle reel P.L. ye 15-105, Talil 3, § Tálil 2206 (b), iye aa ssiwel.

KKAPASAL ME AWEWEEL: Atiwligh kka e appasch e ayoora allegh me atiwligi kka a lemeli
dokktol osteopathy me medical kka re angaang lól CNMI. Atiwligh kka ebwe siweli mmwal
atiwligihul Sááfey/ Surgery ye e akkaté llól Chapter VI, Volume 11, No. 9, page 6413, wóól Settembre
15, 1989 mellól Commonwealth Register.

KKAPASAL ME ÓUTOL: Atwiligh kkal ebwe ayoora alléghul licensure me practice reel dokkto
(physicians) me llól CNMI.

AFALA REEL AMWELIL ME ARONGOWOWUL: Board ekke tittingor mángemángiir toulap reel pomwol
lliwel kkal iye rebwe bwughil llól eliigh ráál ngare schagh aa akkatééló llól Commonwealth Register.
Schóó kka re remuschal copy-il pomwol amenda kkal emwel rebwe faingi numero ye 664-4809 me
ngare email bpl@pticom.com me ngare mweteló reel bwulasiyo Bldg 1242, Pohnpei Ct., Capital Hill,
Seipel. Ischil mángemáng ebwe isisilong llól bwulasiyo me ngare afanga ngali BPL, P.O. Box 502078,
Seipél, MP 96950.

Isáliiyalong: Ahmad Al-Alou, MD
Ahmad Al-Alou, MD
HCPLB Acting Chairman

7/18/12
Ráll

Mwir Sáangi: Esther S. Fleming
Esther S. Fleming
Special Assistant for Administration

07/24/12
Ráll

Amwel Sáangi: Esther M. San Nicolas
Esther M. San Nicolas
Commonwealth Register

07.24.2012
Ráll

Sáangi 1 CMC § 2153(e) Allégh kkaal a lléghló sáangi AG bwe e fil reel fféerúúl me 1 CMC §9104(a)(3)(mwiiir sáangi AG)Pomwol atiwliigh kkaal a appaschlong a takkal amwuri fiischiy, me angúungú ló fféerúúl me legal sufficiency sáangi CNMI Attorney General me ebwele akkatewoow, 1 CMC §2153(f) (Arongowowul allégh me atiwliigh kkaal.

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Attorney General

7-19-12
Ráll

These Physicians Regulations shall supersede the prior Medicine/Surgery Regulations published at Chapter VI, Volume 11, No. 9, page 6413, on September 15, 1989 of the Commonwealth Register.

Chapter Authority: 3 CMC § 2206(b); PL 15-105 § 2206(b), as amended. Regulation History: PL 15-105 (effective when approved by Governor Benigno R. Fitial, November 7, 2007), the “Health Care Professions Act of 2007,” 3 CMC §§ 2201-36. The Act created a Health Care Professions Licensing Board, as an independent regulatory agency, given the complete jurisdiction, power, authority and duty to license and regulate all health care professions, except for the practice of nursing. The Board is empowered by the Legislature to adopt rules and regulations regarding all matters over which the Board has jurisdiction.

- (a) “ACCME” is the Accreditation Council on Continuing Medical Education.
- (b) “ACGME” is the Accreditation Council for Graduate Medical Education of the American Medical Association and is the council in charge of accrediting internship, residency, or fellowship training programs in the United States.
- (c) “AMA” is the American Medical Association and is the medical association in America which helps doctors help patients by uniting physicians nationwide to work on vital professional and public health issues.
- (d) “AOA” is the American Osteopathic Association, which serves as the professional family for all DOs and osteopathic medical students. In addition to serving as the primary certifying body for DOs, the AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities.
- (e) “COMLEX-USA” is the Comprehensive Osteopathic Medical Licensing Examination of the United States and is a series of three osteopathic medical licensing examinations administered by the NBOME.
- (f) “Continuing Medical Education (CME)” shall mean educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician uses to provide services for patients, the public, or the profession.
- (g) “Doctor” including “Dr.,” “D.O.,” or “MD,” in these regulations means a physician.
- (h) “Doctor of Osteopathy (DO)” is a physician licensed to practice osteopathic medicine.
- (i) “ECFMG” is the Educational Commission for Foreign Medical Graduates. Its certification program assesses the readiness of foreign/international medical graduates to enter into U.S. residency or fellowship programs that are accredited by the ACGME.

ECFMG certification assures directors of ACGME-accredited residency and fellowship programs and the people of the United States that foreign/international medical graduates have met minimum standards of eligibility to enter such programs. ECFMG certification does not, however, guarantee that these graduates will be accepted into programs, since the number of applicants frequently exceeds the number of available positions.

ECFMG certification is also one of the eligibility requirements for foreign/international medical graduates to take Step 3 of the three-step USMLE. Medical licensing authorities in the United

States and its territories require ECFMG certification, among other requirements, to obtain an unrestricted license to practice medicine.

(j) “Emergency lifesaving service” means medical assistance given to a person whose physical condition, in the opinion of a reasonably prudent person, is such that the person’s life is endangered.

(k) “Endorsement” means a process whereby a jurisdiction issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction.

(l) “FAIMER” is the Foundation for Advancement of International Medical Education and Research. It is a non-profit foundation committed to improving world health through education. It was established by the ECFMG to promote excellence in international health professions education through programmatic and research activities.

(m) “Fifth Pathway Program” is an academic year of supervised clinical education provided by an LCME-accredited medical school, a prerequisite for licensure by examination, and is available to a person who has completed all of the formal requirements for graduation from a foreign medical school recognized by the World Health Organization, except for any postgraduate training.

(n) “FLEX” is the Federation Licensing Examination prepared and issued by the FSMB. The FLEX includes three (3) parts: The basic science, the clinical science, and the clinical competency average.

(o) “Foreign or International Medical Graduate (IMG)” means a graduate of a medical school located outside of any U.S. state or territories, or Canada and recognized and officially listed by the World Health Organization.

(p) “Foreign-licensed physician” is a physician who received his/her medical education outside of the U.S. or Canada and who is ineligible for licensure in the U.S. or has no active and unrestricted U.S. license, but holds an active and unrestricted license from a medical licensing authority of a foreign country.

(q) “FSMB” is the Federation of State Medical Boards. It is a national non-profit organization representing the medical and osteopathic boards of the United States and its territories.

(r) “FSMB BADB” is the FSMB’s board action data bank. It is the FSMB’s data bank of board action and licensure data on U.S. physicians that contains disciplinary actions against physicians dating to the 1960’s.

(s) “Healthcare Integrity and Protection Data Bank (HIPDB)” is a national health care fraud and abuse data collection program for the reporting and disclosing of certain final adverse actions taken against health care providers, suppliers, or practitioners implemented by the U.S. Secretary of Health and Human Services.

(t) “IMED” is the International Medical Education Directory.” It provides an accurate and up-to-date resource of information about international medical schools that are recognized by the appropriate government agency in the countries where the medical schools are located. The agency responsible for this recognition in most countries is the Ministry of Health. Medical schools that are recognized by the appropriate agencies in their respective countries are listed in this directory.

A medical school is listed in IMED after FAIMER receives confirmation from the Ministry of Health or other appropriate agency that the Ministry or other agency recognizes the medical school. FAIMER also updates IMED as information about medical schools is received from Ministries of Health or other appropriate agencies.

(u) “Impairment” means the inability of a licensee to practice medicine with reasonable skill and safety by reason of:

- (1) Mental illness;
- (2) Physical illness or condition, including, but not limited to, those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
- (3) Habitual or excessive use or abuse of drugs, defined by law as controlled substances, or alcohol or of other substances that impair ability.

(v) “LCME” is the Liaison Committee on Medical Education and is the committee in charge of accrediting medical colleges or universities in the United States.

(w) “LMCC (Le Conseil medical du Canada)” is the Licentiate Medical Council of Canada, which is the agency that offers and administers the Qualifying Examinations (national medical exams) in Canada.

(x) “NBME” is the National Board of Medical Examiners. It is an independent, non-profit organization that serves the public by providing examinations for the health professions.

(y) “NBOME” is the National Board of Osteopathic Medical Examiners, a non-profit corporation dedicated to serving the public and state licensing agencies by administering examinations that test the medical knowledge of those who seek to serve the public as osteopathic physicians.

(z) “NPDB” is the National Practitioner Data Bank. It is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States. It includes the Healthcare Integrity and Protection Data Bank (HIPDB).

(AA) “Osteopathic medicine” is practiced by Doctors of Osteopathy with a philosophy of treating and healing the patient as a whole, rather than focusing on one system or body part.

(BB) “Person” means a person real or legal, including a human being and an artificial person, including a government entity, non-governmental organization, association, corporation, Limited Liability Company, limited liability partnership, partnership, or sole proprietorship.

(CC) “Practice of Medicine” means:

- (1) Holding out one’s self to the public as being able to diagnose, treat, prescribe for, palliate, or prevent any human disease, ailment, injury, deformity, or physical or mental condition, whether by the use of drugs, surgery, manipulation, electricity, or any physical, mechanical, or other means whatsoever;
- (2) Suggesting, recommending, prescribing, or administering any form of treatment, operation, or healing for the intended palliation, relief, or cure of any physical or mental disease, ailment, injury, condition, or defect of any person with the intention of receiving, either directly or indirectly, any fee, gift, or compensation whatsoever;

(3) The maintenance of an office or other place to meet persons for the purpose of examining or treating persons afflicted with disease, injury, or clinical defect of body or mind;

(4) Using the title "Doctor," "Doctor of Medicine," "Doctor of Osteopathy," "Physician," "Surgeon," "Dr.," "M.D.," "D.O.," or any word or abbreviation to indicate or induce others to believe that one is engaged in the practice of medicine as defined herein;

(5) Performing any kind of surgical operation upon a human being.

(DD) "Postgraduate Training" means training after earning a medical degree at an accredited program, including internship, residency, and fellowship.

(EE) "State" includes a United States of America state, territory, tribal land, commonwealth, the District of Columbia, and any other U.S. jurisdiction other than the U.S. federal government.

(FF) "Supervision" of a foreign-licensed physician means overseeing the activities of, and accepting responsibility for, the medical services rendered by the foreign-licensed physician.

(GG) "Test of English as a Foreign Language (TOEFL)" is a test administered by the Educational Testing Service (ETS) that evaluates the ability of an individual to use and understand English in an academic setting.

(HH) "USMLE" mean the United States Medical Licensing Examination. It is a 3-step exam required for medical licensure in the U.S. and is sponsored by the FSMB and the NBME.

§ 140-50.3-4202 Reserved.

§ 140-50.3-4203 Exemptions from Licensure.

Nothing in these regulations shall apply to:

(a) The exercise of the traditional Micronesian art of healing or a person practicing a recognized religion or local faith that includes in its tenets the ministering to the sick or suffering, provided that:

(1) No such person shall be exempt from the public health laws of the Commonwealth; and

(2) No such person shall employ the title "doctor" or "Dr."

(b) Doctors who are engaged in postgraduate training under the supervision of licensed physician at a hospital or other health care facility approved by the Board for such training. However, such persons must hold a temporary/limited license issued by this Board;

(c) A person from administering a lawful domestic or family remedy to a member of his or her own family;

(d) A person providing emergency lifesaving service where no fee or other consideration is contemplated, charged, or received;

(e) Any commissioned medical officers of the U.S. armed forces and medical officers of the U.S. Public Health Service or the U.S. Veterans Administration in the discharge of their official duties or within federally controlled facilities;

(f) Those fully licensed to practice medicine in another U.S. state who briefly render emergency medical treatment or briefly provide critical medical service at the specific lawful direction of a medical institution or federal agency that assumes full responsibility for that treatment of service and is approved by the Board;

(g) A physician from another jurisdiction, when in limited consultation, including in-person, mail, email, telephonic, tele-medicine, or other electronic consultation, with a licensed CNMI physician, if the physician from the other jurisdiction is licensed to practice in his/her jurisdiction;

§ 140-50.3-4204 Reserved.

§ 140-50.3-4205 Requirements for Licensure for U.S. or Canadian Medical Graduates.

(a) An applicant for licensure as a physician must be at least twenty-one (21) years of age, a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:

(1) Applicant possesses an active unrestricted license to practice medicine in another U.S. state or Canada; or Applicant is a graduate of a medical school accredited by the Liaison Committee on Medical Education, by the American Osteopathic Association's Commission on Osteopathic College Accreditation, or by the Committee on Accreditation for Canadian Medical Schools of the Canadian Medical Association of Canadian Medical Colleges; and

(2) Applicant shall have satisfactorily completed at least twelve (12) months of postgraduate training, internship, residency, accredited by the Accreditation Council for Graduate Medical Education of the American Medical Association, or the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, or by the Royal College of Physician and Surgeons of Canada, or by a training program approved by the Board, after earning a medical degree; and

(3) Applicant successfully passed all parts of the FLEX, NBME, USMLE, or a Board-approved combination of these examinations, all three levels of the COMLEX-USA, or the Qualifying Examinations administered by the Licentiate Medical Council of Canada, or other Board-approved future national examinations; and

(4) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician in any jurisdiction, U.S. or foreign.

§ 140-50.3-4206 Requirements for Licensing for Foreign or International Medical Graduates.

(a) A foreign or international medical graduate applying to practice as a physician must be at least twenty-one (21) years of age, lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:

(1) Applicant is a graduate of a foreign medical school listed in the IMED and have graduated in a calendar year when the medical school was listed in the IMED; and

(2) Applicant holds a valid ECFMG certificate; and

(3) Applicant shall have satisfactorily completed at least three (3) years of postgraduate training, internship, residency in a training program accredited by ACGME or the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, or the Royal College of Physicians and Surgeons of Canada, after earning a medical degree; and

(4) Applicant successfully passed all parts of the FLEX, NBME, or USMLE or a Board-approved combination of these examinations or the Qualifying Examinations administered by the Licentiate Medical Council of Canada, or other Board approved future national examinations; and

(5) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician in any jurisdiction, U.S. or foreign.

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

This section of the regulations is pursuant to Part 200, Subpart 1 of P.L. 17-56:

(A) Category I: Temporary, Limited Licensure with Supervision Requirements for Foreign Physicians without U.S. Training and U.S. Licensure.

(a) An applicant to practice as a physician under this Category must:

(1) Be at least twenty-one (21) years of age and lawfully entitled to enter, work, and remain in the Commonwealth; and

(2) Be a graduate of a medical school listed in the IMED and have graduated in a calendar year when the medical school was recognized by the government agency in the country where the school is located; and

(3) Have satisfactorily completed a 3-year postgraduate training program (residency and fellowship, if applicable), after earning a medical degree, in the field applicant is applying for; and

(4) Provide proof of ECFMG certification and have taken and passed all parts of the Step I and Step 2 examinations of the USMLE or the equivalent of those exams in former tests such as the FLEX and NBME; and

(5) Have taken and passed the national specialty examination of his/her field of medicine (if applicable) in the country where he or she currently practices medicine; and

(6) Demonstrate a command of the English language by taking and passing the TOEFL test. A score of at least 550 on the paper-based test or a score of at least 79 on the Internet-based test will be considered an acceptable passing score. The test must have been taken and passed within the two (2) year time period preceding the date of application to practice in the CNMI. Test scores must be submitted directly to the HCPLB from the Educational Testing Service (ETS); and

(7) Hold an unrestricted, active license to practice medicine in the country where he or she is currently practicing and must have held that license and have been practicing independently in that country for at least two (2) years preceding the date of application to practice in the CNMI; and

(8) Provide a Letter of Good Standing from the licensing and/or regulatory agency from the country where he or she is currently practicing medicine, satisfactory to the Board, that no disciplinary action has been taken against his/her license by any medical profession licensing authority and has not been the subject of any adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied. This Letter of Good Standing must be

issued and dated within six (6) months preceding the date of application to practice in the CNMI; and

(9) Provide an original or certified copy of a police clearance where he or she currently practices medicine issued and dated thirty (30) days preceding the date of application to practice in the CNMI; and

(10) Provide proof of completion of a minimum of 50 U.S. Category 1 Continuing Medical Education credits in his or her field of medicine within the two-year period preceding the date of application to practice in the CNMI.

b) The limited license shall be for a period of not more than two (2) years and shall not be renewed or granted an extension.

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

(d) Scope of Practice; Practice Agreement.

(1) The foreign-licensed physician shall practice in accordance with his/her training and experience; and

(2) The foreign-licensed physician shall not practice unless an active written practice agreement has been filed with and approved by the Board. A practice agreement is not active if the supervising physician has communicated in writing his/her termination of supervision, has been rendered legally incompetent to continue supervising, or has moved from the CNMI; and

(3) The foreign-licensed physician shall be employed only by the CNMI Government and shall practice only within the Commonwealth Healthcare Corporation.

(e) Supervising Physician. The supervising physician must comply with the following requirements in order to supervise foreign-licensed physicians:

(1) The supervising physician shall possess a current unrestricted CNMI license to practice medicine that is in good standing with the Board; and

(2) The supervising physician must be currently practicing in the CNMI and be a full-time employee of the CNMI government; and

(3) The supervising physician must have a similar specialty to that of the supervised foreign-licensed physician; and

(4) The supervising physician shall supervise no more than two (2) foreign-licensed physicians concurrently; and

(5) The supervising physician must include in the Practice Agreement a statement that he or she will direct and exercise supervision over the foreign-licensed physicians in accordance with these regulations, and recognizes that he or she retains full professional and legal responsibility for the performance of the foreign-licensed physician and for the care and treatment of the patient; and

(6) The supervising physician will provide adequate means for direct communication between the foreign-licensed physician and him or her; provided

that where the physical presence of the supervising physician is not required, the direct communication may occur through the use of technology which may include but is not limited to two-way radio, telephone, fax machine, modem, or other telecommunication device; and

(7) The supervising physician will perform a monthly random chart review of at least 10% of all the foreign-licensed physician's patient encounters; and

(8) The supervising physician shall designate an alternate supervising physician in his or her absence. The alternate supervising physician must meet all of the above requirements as a supervising physician.

(B) Category II: Conditional License for Foreign Physicians with U.S. Training and Expired U.S. Licensure.

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

(1) Be at least twenty-one (21) years of age and lawfully entitled to enter, work, and remain in the Commonwealth; and

(2) Provide proof of ECFMG certification and have taken and passed all parts of the FLEX, NBME, or USMLE; and

(3) Have previously held an unrestricted license to practice medicine in a U.S. state or jurisdiction; and

(4) Demonstrate a command of the English language by taking and passing the TOEFL test. A score of at least 550 on the paper-based test or a score of at least 79 on the Internet-based test will be considered an acceptable passing score. The test must have been taken and passed within the two-year time period preceding the date of application to practice in the CNMI. Test scores must be submitted directly to the HCPLB from the Educational Testing Service (ETS); and

(5) Hold an unrestricted, active license to practice medicine in the country where he or she is currently practicing, and must have held that license and have been practicing independently in that country for at least two (2) years preceding the date of application to practice in the CNMI; and

(6) Provide a Letter of Good Standing, satisfactory to the Board, from the licensing and/or regulatory agency of the country where he or she is currently practicing medicine, which states that no disciplinary action has been taken against his or her license by any medical profession licensing authority and has not been the subject of any adverse action in which his or her license was suspended, revoked, placed on probation, conditioned, or denied renewal. This Letter of Good Standing must be issued and dated within six (6) months preceding the date of application to practice in the CNMI; and

(7) Provide an original or certified copy of a police clearance where he or she currently practices medicine issued and dated thirty (30) days preceding the date of application to practice in the CNMI; and

(8) Provide proof of completion of a minimum of fifty (50) U.S. Category 1 Continuing Medical Education credits in his or her field of medicine within the two-year period preceding the date of application to practice in the CNMI.

(b) The conditional license shall be for a period of two (2) years. After the two (2) year period, if the applicant has satisfied the conditions of the license, s/he may apply for a two-year unrestricted license.

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

(d) Scope of Practice; Evaluation Report.

(1) The foreign-licensed physician shall practice in accordance with his/her training and experience; and

(2) The foreign-licensed physician shall be employed only by the CNMI Government and shall practice only within the Commonwealth Health Care Corporation.

(3) A quarterly evaluation must be performed by a full-time physician who holds an active, unconditioned license in the CNMI and who has the same or similar specialty employed at DPH, to assess the foreign licensed physician's performance and competence in his/her practice of medicine. The evaluation report must be submitted to the Board within a week of the evaluation.

(C) Pursuant to Part 100, Subpart A of P.L. 17-56, nothing in these regulations shall:

(a) Prohibit the Board from disapproving any foreign medical school or postgraduate training program or from denying an application if, in the opinion of the Board, the professional instruction provided by the medical school or the post graduate training program or the instruction received by the applicant is not equivalent to that required of U.S.-trained physicians.

(b) Prohibit the Board from suspending, revoking, placing on probation or conditioning the license, on any grounds that by law or regulations would be grounds to suspend, revoke, place on probation, or condition the license to practice medicine in the CNMI, or for such periods of time when the foreign-licensed physician is not under the supervision of a CNMI-licensed health care professional.

(c) Prohibit the Board from revoking a previously issued license if the licensee has not entered the CNMI and begun work for the Commonwealth Healthcare Corporation within ninety (90) days from the date of licensure.

§ 140-50.3-4208 Reserved.

§ 140-50.3-4209 Additional Requirements.

In addition to the foregoing requirements, the Board may add the following requirements, in its discretion, and for good cause:

(a) Require additional proof that the person is competent to practice professionally;

(b) Require further examination;

(c) Require additional proof that the person is of an acceptable moral character; and/or

(d) Require that the person not be impaired by reason of substance abuse or debilitating physical or mental/emotional condition.

§ 140-50.3-4210 Licensure by Endorsement.

- a) The Board may grant a license to a person to practice as a physician by endorsement if:
- (1) The person holds a full, unrestricted, active license to practice as a physician in another U.S. state or Canada; and
 - (2) The person substantially complies with the requirements for licensure in § 4205.
- (b) The Board may deny a license by endorsement to a person to practice as a physician if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

§ 140-50.3-004211 Requirements for Temporary/Limited License.

The board may issue a temporary or limited license for three (3) months to an applicant to practice as a physician if:

- (a) The applicant meets all the requirements set forth in § 4205, but due to administrative error or time constraints, not the fault of the applicant, the Board's ability to issue the license in the ordinary course of its affairs has been impaired;
- (b) A public emergency occurred, such as a declared disaster of such destructive magnitude force which damaged or destroyed homes, and injured or killed people, and produces a range of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people, and there is a shortage of physicians; or
- (c) Applicant is to engage in post graduate training under the supervision of a licensed physician at a hospital or other health care facility approved by the Board for such training.

§ 140-50.3-004212 Reserved.

§ 140-50.3-004213. Applications.

- (a) An application for a license to practice as a physician shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant.
- (b) Applicant must also provide:
 - (1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth and social security number; and
 - (2) Applicant's 2x2 photograph taken within six (6) months from date of application; and
 - (3) The appropriate fees, including the application fee which shall not be refunded; and
 - (4) Originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
 - (i) Diploma showing a degree of Doctor of Medicine or Doctor of Osteopathy; or a document showing proof that applicant holds a valid ECFMG certificate; and
 - (ii) Documents showing proof that applicant has taken and passed the required examinations; and

(iii) Documents showing proof that applicant has satisfactorily completed the required postgraduate training; and

(iv) Documents showing proof that applicant is licensed to practice as a physician in another jurisdiction, when applicable; and

(5) A detailed educational history, including places, institutions, dates and program descriptions of all his or her education beginning with secondary schooling and including all college, pre-professional, professional, and professional postgraduate training; and

(6) A list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has ever applied for a license to practice as a physician; and

(7) A list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a physician; and

(8) A list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements or convictions against the applicant that would constitute grounds for disciplinary action under under 3 CMC § 2201, et seq. or these regulations; and

(9) An NPDB or FSMB's BADB report within sixty (60) days from the signature date of the application. Additionally, when applicable, an applicant must provide a certificate or Letter of Good Standing from the appropriate government health agency having jurisdiction over a foreign-licensed physician, or from any other entity, satisfactory to the Board, having information pertinent to the applicant's professional standing.

(c) All documents submitted in a foreign language shall be accompanied by a certified and accurate translation in English.

§ 140-50.3-004214 Reserved

§ 140-50.3-004215 Continuing Medical Education (CME).

(a) Each physician licensed to practice in the CNMI is required to complete fifty (50) Category 1 CME hours during the 24 months prior to the expiration of his or her license as a prerequisite to the renewal of his or her biennial license.

(b) One hour of credit will be allowed for each clock hour of CME participation.

(c) Approved continuing medical education activities include, but are not limited to, CMEs certified by the Commonwealth Healthcare Corporation, activities designated as Category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME), the American Medical Association, the Academy of Family Physicians, the American Osteopathic Association, or the Maintenance of Proficiency (MainPro), which is a program of the College of Family Physicians of Canada, which establishes CME requirements for its members.

(d) If a licensee fails to meet the CME requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing medical education, and the number of credits earned.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CME requirements or who falsely certifies attendance at or completion of the CME as required herein.

§ 140-50.3-004216 Renewal.

(a) All licenses, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty (60) days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CME requirements, as required under § 4212 of these regulations.

(d) A late fee of \$25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a physician in the CNMI. This will not, however, prevent the Board from considering a new application.

§ 140-50.3-004217 Reserved.

§ 140-50.3-004218 Reporting Requirements.

(a) Reporting to the Board.

(1) Each licensee and each person in the Commonwealth employing a licensee, including the Commonwealth Health Center and its successors and assigns, shall report to the Board the following:

(i) Information it receives relating to the professional competence and conduct of a physician, regulated pursuant to the Act or these regulations. In particular, it shall report negative information;

(ii) A professional review action that adversely affects the clinical privileges of a physician for a period of more than 30 days;

(iii) A physician's acceptance of the surrender of clinical privileges or any restriction of such privileges.

(2) The Board shall provide a form for such reports.

(3) The report shall be made within thirty-five (35) days of the employer or supervisor's receipt of the information.

(b) Reporting to National and Interstate Data Banks.

The Board shall report adverse information of a physician to the National Practitioner Data Bank (“NPDB”), the FSMB’s Federation Physician Data Center (FPDC), to the appropriate government health agency having jurisdiction over a foreign-licensed physician, and such other interstate or national health professional data banks within thirty-five (35) days following its receipt of the information. The Board shall, if financially feasible, maintain its membership in these two and other such organizations in order to retain the benefits of access to the data. The information to be reported shall include:

(1) Discipline of a physician described by, or undertaken pursuant to, the Act and these regulations, and without regard to whether the action of the disciplining entity has been stayed by a reviewing court;

(2) A professional review action that adversely affects the clinical privileges of a physician for a period of more than 30 days; and

(3) Acceptance of the surrender of clinical privileges or any restriction of such privileges of a physician.

(c) Securing Information.

(1) The Board shall secure, for each person, reportable information at the following times:

(i) When a physician applies for a license;

(ii) Every two (2) years, typically in advance of license renewal; and

(iii) Whenever the Board determines such information would be reasonably required.

(2) The applicant or the licensee shall be responsible for the cost of obtaining such information.

(3) The Board must comply with the terms and conditions for confidentiality of the NPDB, FSMB BABD, or other such entity.

§ 140-50.3-004219 Impaired Physicians.

(a) The Board shall have the power to deny an application, refuse to renew or restore, suspend, revoke, place on probation or condition the license of any physician whose mental or physical ability to practice medicine with reasonable skill and safety is impaired.

(b) By submission of an application for licensure, or renewal, an applicant shall be deemed to have given his or her consent to submit to mental or physical examination and/or chemical dependency evaluation. This includes taking tissue or fluid samples, at the physician’s own expense, as the Board may direct, and waiving all objections as to the admissibility or disclosure of such information and related findings, reports, or recommendations in an administrative or judicial proceeding. If a licensee or applicant fails to submit to an examination or evaluation when properly directed to do so by the Board, unless failure was due to circumstances deemed beyond the licensee’s control, the Board shall be permitted to enter a final order upon proper notice, hearing, and proof of refusal.

(c) If the Board finds, after examination and hearing, that the applicant or licensee is impaired, the Board shall:

- (1) Direct the applicant or licensee to submit to care, counseling, or treatment, acceptable to the Board, at his or her own expense; and**
- (2) Deny the application, suspend, place on probation or condition the license for the duration of the impairment; or**
- (3) Revoke the license.**

(d) Any licensee or applicant who is prohibited from practicing as a physician under this section shall, at reasonable intervals, be afforded an opportunity to demonstrate to the satisfaction of the Board that he or she can resume or begin to practice medicine and surgery with reasonable skill and safety. A license shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements, as if the applicant had not been prohibited.

§ 140-50.3-004220 Reserved.

§ 140-50.3-004221 Code of Medical Ethics.

The Board recognizes the AMA's Code of Medical Ethics as its professional standards model. The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self.

§ 140-50.3-0042189 Disciplinary Action.

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations enumerated in § 2224 of P.L. 15-105 and §§ 140-50.3-00901 – 1300 of these regulations or for a violation of the AMA's Code of Medical Ethics.



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

**NOTICE OF PROPOSED AMENDMENTS TO THE
 HEALTH CARE PROFESSIONS LICENSING BOARD
 REGULATIONS FOR DENTISTS, SPECIALISTS, DENTAL HYGIENISTS,
 DENTAL THERAPISTS, AND DENTAL ASSISTANTS**

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

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to P.L. 15-105, Section 3, § 2206 (b), as amended.

THE TERMS AND SUBSTANCE: The attached regulations establish the rules and regulations governing dentists, dental specialists, dental hygienists, dental therapists, and dental assistants who practice in the CNMI. These regulations supersede the "Dentistry Regulations," published at Chapter IV, Volume 11, and No. 9, page 6396 on September 15, 1989 of the Commonwealth Register.

THE SUBJECTS AND ISSUES INVOLVED: These regulations establish the rules for licensure and practice of dentists, dental specialists, dental hygienists, dental therapists, and dental assistants within the CNMI.

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: *Ahmad Al-Alou*
 Ahmad Al-Alou, MD
 HCPLB Acting Chairman

7/18/12
 Date

Received By: *Esther S. Fleming*
 For: Esther S. Fleming
 Special Assistant for Administration

07/24/12
 Date

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

07.24.2012
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
EDWARD T. BUCKINGHAM
Attorney General

7-19-12
Date

Commonwealth Gi Sangkattan Na Islas Marianas Siha
HEALTH CARE PROFESSIONS LICENSING BOARD

P. O. 502078, #1242 Pohnpei Court

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Email: bpl@pticom.com

NUTISIA NI MANMAPROPONI NA AMENDASION SIHA PARA I
HEALTH CARE PROFESSIONS LICENSING BOARD
REGULASION SIHA PARA DENTISTS, SPECIALISTS, DENTAL HYGIENISTS,
DENTAL THERAPISTS, YAN DENTAL ASSISTANTS

I AKSION NI MA'INTENSIONA PARA U MA'ADAPTA ESTI I MANMAPROPONI NA REGULASION SIHA:

I Health Care Professions Licensing Board (HCPLB) ha intensiona para u adãpta kumu petmanenti i regulasion siha ni mañechettun i Manproponi na Regulasion, sigun i manera gi Æktun Administrative Procedure, 1 CMC § 9104(a). Sigun i 1 CMC §9105(b), i regulasion siha para u ifektibu gi halum i dies(10) dihas dispues di makumpli i 1 CMC §§ 9102 yan 9104(a).

ÆTURIDÆT:

I Health Care Professions Licensing Board gai fuetsan estatua para u cho'gui yan i hiniyung i regulasion siha sigun i Lai Pupbliku 15-105, Seksiona 3, § 2206 (b), asi kumu ma'amenda.

I TEMA YAN SUSTÆNSIAN I PALÆBRA:

I mañechettun na regulasion siha ha estaplesi i areklamentu yan i regulasion siha ni ginibebetna i dentists, dental specialists, dental hygienists, dental therapists, yan dental assistants ni ha praktika gi halum CNMI. Esti na regulasion tinahgui ni "Dentistry Regulations, ni mapupblika gi Kapitululu IV, Baluma 11, yan Numiru 9, pãhina 6396 gi Septembri 15, 1989 gi Rehistran Commonwealth.

I SUHETU YAN ASUNTU NI MANTINEKKA:


Esti na regulasion siha ha estaplesi i areklamentu para i licensure yan prinaktikan dentists, dental specialists, dental hygienists, dental therapists, yan dental assistants gi halum CNMI.

DIREKSION PARA U MAPO'LU YAN PUPBLIKASION: I Kuetpu manmamaisin upiñon siha sigun gi esti i manmaproponi na amendasion ni debi na u marisibi ni Kuetpu gi halum i trenta(30) dihas gi primet publikasion gi esti na nutisia gi halum i Rehistran Commonwealth. Maseha hãyi na petsona siña manggãgão kopia siha ni manmaproponi na amendasion ni u Ægang ham gi numirun 664-4809 pat email gi bpl@pticom.com pat u bisita i Ufisanan-mãmi ni gaigi gi Bldg. 1242, Pohnpei Ct. , Capitol Hill, Saipan. Tinigi' upiñon siha gi esti na Amendasion debi na u machuli' guatu gi ufisanan-mãmi pat u na'hãnao para i BPL, P.O. Box 502078, Saipan, MP 96950.


Nina'hãlum As:




Ahmad Al-Alou, MD
HCPLB Acting Chairman



Fetcha

Rinisibi As: 
Esther S. Fleming
Espisiât Na Ayudânti Para Atministrasion

07-24-12
Fetcha

Pine'lu yan Ninota As: 
Esther M. San Nicolas
Rehistran Commonwealth

07-24-2012
Fetcha

Sigun i 1 CMC § 2153(e) (Inapruedan Abugâdu Henerât na regulasion siha para u macho'gui kumu para fotma) yan i 1 CMC § 9104(a) (3) (hinentan Inapruedan Abugâdu Henerât) i maproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'aprueda kumu fotma yan ligât sufisienti ginin i CNMI Abugâdu Henerât yan debi na u mapublika, 1 CMC § 2153 (f) (puplikasion areklamentu yan regulasion siha).


EDWARD T. BUCKINGHAM
Abugâdu Henerât

7-19-12
Fetcha

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ARONGORONG REEL POMWOL ATIWLIGH KKA REBWE AMENDALI REEL HEALTH CARE
PROFESSION LICENSING BOARD REEL DENTISTS, SPECIALISTS, DENTAL HYGIENISTS, DENTAL
THERAPISTS, ME DENTAL ASSISTANTS

MÁNGEMÁNGIL MWÓGHUT YEEL BWE EBWE ADAPTÁÁLI POMMWOL ATIWLIGH KKAL:
Health Care Professions Licensing Board (HCPLB) emuschel ebwe adaptááli me aleghú ló
atiwligh kka e appasch bwe Proposed Regulations, sáangi mwóghutughutul Administrative
Procedure Act, 1 CMC § 9104(a). Sáangi 1 CMC §9105(b), atiwligh kka ebwe bwunguló 10 ráál
mwiril jaar atabwey alleghul 1 CMC §§ 9102 me 9104(a)

BWÁNGIL: Health Care Professions Licensing Board nge eyoor bwángil ebwe akkaté allégh kkaal me
ghitipwotchuw allégh kkaal bwelle reel P.L. 15-105, Talil 3, § 2206 (b), iye aa ssiwel.

KKAPASAL ME AWEWEEL: Atiwligh kka e appasch e ayoora allegh me atiwlighi kka a lemeli
dentist, dental specialists, dental hygienists, dental therapists me dental assistants kka re
angaang lól CNMI. Atiwligh kka ebwe siweli mmwal atiwlighul “Dentistry Regulations” ye e akkaté
llól Chapter IV, Volume 11, No. 9, page 6396, wóól Settembre 15, 1989 mellól Commonwealth
Register.

KKAPASAL ME ÓUTOL: Atwiligh kkal ebwe ayoora alléghul licensure me practice reel dentist, dental
specialists, dental hygienists, dental therapists, me dental assistants llól CNMI.

AFALA REEL AMWELIL ME ARONGOWOWUL: Board ekke tittingor mángemángiir toulap reel pomwol
lliwel kkal iye rebwe bwughil llól eliigh ráál ngare schagh aa akkatééló llól Commonwealth Register.
Schóó kka re remuschal copy-il pomwol amenda kkal emwel rebwe faingi numero ye 664-4809 me
ngare email bpl@pticom.com me ngare mweteló reel bwulasiyo Bldg 1242, Pohnpei Ct., Capital Hill,
Seipel. Ischil mángemáng ebwe isisilong llól bwulasiyo me ngare afanga ngali BPL, P.O. Box 502078,
Seipél, MP 96950.

Isáliiyalong: Ahmad Al-Alou - Ahmad
Ahmad Al-Alou, MD
HCPLB Acting Chairman

Ráll

Mwir Sáangi: Esther S. Fleming
Esther S. Fleming
Special Assistant for Administration

07/24/12

Ráll

Amwel Sáangi: Esther M. San Nicolas
Esther M. San Nicolas
Commonwealth Register

07-24-2012

Ráll

Sáangi 1 CMC § 2153(e) Allégh kkaal a lléghló sáangi AG bwe e fil reel fféerúúl me 1 CMC §9104(a)(3)(mwir sáangi AG)Pomwol atiwligh kkal a appaschlong a takkal amwuri fiischiy, me angúungú ló fféerúúl me legal sufficiency sáangi CNMI Attorney General me ebwele akkatewoow, 1 CMC §2153(f) (Arongowowul allégh me atiwligh kkaal.

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Attorney General

7-19-12

Ráll

§ 140-50.3-002600 Part 2600 Dentist, Specialist, Dental Hygienist, Dental Therapist, and Dental Assistant.

These Regulations shall supersede the prior Dentistry Regulations published at Chapter IV, Volume 11, and No. 9, page 6396 on September 15, 1989 of the Commonwealth Register.

§ 140-50.3-002601 Definitions.

- (a) “ADA” is the American Dental Association.**
- (b) “ADHA” is the American Dental Hygiene Association.**
- (c) “Administer local anesthetic agents,” means the administration of local anesthetic agents by injection, both infiltration and block, limited to the oral cavity, for the purpose of pain control.**
- (d) “Conscious sedation” is a minimally depressed level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.**
- (e) “Continuing Dental Education (CDE)” consists of dental educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education, and to update knowledge on advances in scientific, clinical, and non-clinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills, and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.**
- (f) “CPR” means cardiopulmonary resuscitation.**
- (g) “DEA Registration” means the license given to qualified practitioners to prescribe order or dispense a controlled substance, by the federal Drug Enforcement Agency (DEA).**
- (h) “Deep sedation” is an induced state of depressed consciousness accompanied by partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.**
- (i) “Dental Assistant” means an auxiliary employee of a licensed dentist(s) who performs supportive chair side procedures under the direct supervision and full responsibility of that licensed dentist.**
- (j) “Dental Hygiene” means the delivery of preventive, educational, and clinical services supporting total health for the control of oral disease and the promotion of oral health provided by a dental hygienist within the scope of his or her education, training, and experience.**

(k) “Dental Hygienist” is a mid-level dental health care provider who has been duly licensed by the Board to practice dental hygiene in the CNMI and to engage in clinical procedures primarily concerned with the performance of preventive dental services that are performed in accordance with the rules and regulations of the Board.

(l) “Dental Specialist” means a dentist who has received advanced training and certification in an ADA-recognized dental specialty and is licensed as a dental specialist by the Board.

(m) “Dental Specialty” means any of the dental specialties which are currently recognized by the American Dental Association which currently include the following: Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics.

(n) “Dental Therapist” is a mid-level dental health care provider given advanced duties and responsibilities in patient care, having professional education and training as required by the Board, and who has been duly licensed by the Board to practice dental therapy in the CNMI, as defined by the rules and regulations thereof.

(o) “Dentist” means a person who has been duly licensed by the Board to practice dentistry in the CNMI, as hereafter defined.

(p) “Dentistry” is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

(1) By written, verbal, or in any other way advertises him or herself or represents him or herself to be a dentist able to perform procedures on patients in the CNMI;

(2) Performs or offers to perform an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof;

(3) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture, or other prosthetic appliance or orthodontic appliance;

(4) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(q) “Direct Supervision” means a licensed dentist is in the dental facility and

(1) Personally diagnoses the condition to be treated; or

(2) Confirms the diagnosis, personally authorizes the procedures, and before dismissal of the patient, evaluates the performance of the dental auxiliary.

(r) “Dispense” means to give out a medication.

(s) “General anesthesia” means a controlled state of unconsciousness intentionally produced by anesthetic agents and accompanied by partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposely to physical stimulation or verbal command.

(t) “General Supervision” means a licensed dentist has authorized the procedures and they are being carried out in accordance with the dentist’s diagnosis and treatment plan.

(u) “Indirect Supervision” means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental auxiliary.

(v) “Irreversible Tasks” are those intra-oral treatment tasks which, when performed, are irreversible, create unalterable changes within the oral cavity or the contiguous structures, or which cause an increased risk to the patient.

(w) “JCNDE” is the Joint Commission on National Dental Examinations. The JCNDE is the agency responsible for the development and administration of the National Board Dental Examination as well as the National Board Dental Hygiene Examination.

(x) “Licensee” is any person who has been lawfully issued a license to practice in the CNMI by this Board.

(y) “NBDE” is the National Board Dental Examination” and is a two-part examination to assist state boards in determining qualifications of dentists who seek licensure to practice dentistry.

(z) “Nitrous oxide inhalation analgesia” is the administration by inhalation of a combination of nitrous oxide and oxygen, producing an altered level of consciousness that retains the patient’s ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(AA) “NPI Number” is the National Practitioner Identifier (NPI), an identification number given to health care providers by the Centers for Medicare and Medicaid Services.

(BB) “Order,” with regard to medication, means the verbal or written instruction to administer a medication to a patient.

(CC) “OSHA” means the Occupational Safety and Health Administration, the main federal agency charged with the enforcement of safety and health legislation.

(DD) “OTC medication” means over-the-counter medication or medication that can be purchased without a prescription.

(EE) “Pediatric Advanced Life Support (PALS) certification” is a certification that means a person has successfully completed a pediatric advanced life support course offered by a recognized accrediting organization.

(FF) “Prescribe” means the written or electronic instruction given to dispense a medication to a patient.

(GG) “Reversible Tasks” are those intra-oral treatment tasks which are readily reversible; do not create unalterable changes within the oral cavity or the contiguous structures; and which do not cause any increased risk to the patient.

(HH) “U.S. Territory” shall mean all territories, commonwealths, or possessions of the United States.

(II) “U.S. state” shall refer to any of the fifty states or U.S. territory, unless otherwise specifically defined in these regulations.

§ 140-50.3-002603 Exemptions from License Requirements.

The following individuals are exempt from obtaining a CNMI license to practice as a dentist, dental hygienist, or dental therapist:

- (a)** A dentist, dental hygienist, or dental therapist in the U.S. Military in the discharge of official duties;
- (b)** A visiting dentist, dental hygienist, or dental therapist from another jurisdiction presenting information or demonstrating procedures before a dental society, dental study club, organization, or convention in the CNMI; or
- (c)** A physician or other medically trained and licensed individual, when emergency treatment is necessary for the relief of pain, in the absence of a licensed dentist, dental hygienist, or dental therapist.

§ 140-50.3 – 002604 Licensure by Endorsement.

- (a)** The Board may grant a license to a person to practice as a dentist, dental hygienist, dental therapist or specialist without examination if:
 - (1)** The person holds a valid, active license to practice as a dentist, dental hygienist, dental therapist, or specialist in any U.S. state or Canada; and
 - (2)** The person substantially complies with the requirements for licensure in § 140-50.3-002605—2607; and
 - (3)** The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations; and
 - (4)** Applicant is not the subject of an adverse report from the National Practitioner Data Bank, the American Association of Dental Examiners Clearinghouse for Board Actions, or the licensing/regulatory entity of any jurisdiction, including foreign countries.

(b) The Board may deny a license by endorsement to a person to practice dentistry, dental hygiene, or dental therapy if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

§ 140-50.3-002605 Dentist—Licensure.

(a) Requirements.

An applicant to practice as a dentist must be at least twenty-one (21) years of age; a U.S. citizen or a foreign national who is lawfully entitled to remain and work in the CNMI; and must meet the following requirements:

(1) Applicant is a graduate of a dental school accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada; and

(2) Applicant has taken and passed the examination administered by the Joint Commission on National Dental Examinations or the written examination and the Objective Structured Clinical Examination (OSCE) administered by the National Dental Examiner Board of Canada; or the applicant has a current and active license to practice as a dentist in any U.S. state or Canada; and

(4) Applicant is not the subject of any adverse action against their license to practice dentistry in any U.S. State or territory, or Canada and is not the subject of any pending litigation in regard to their practice of dentistry.

(b) Application.

An application for a license to practice dentistry shall be made under oath on a form provided by the Board and shall be accompanied with the following information, documentations, and fees (non-refundable) as required in these regulations:

(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, NPI, and social security number; and

(2) Applicant's 2x2 photograph taken within six (6) months from date of application; and

(3) A list of all jurisdictions, U.S. or foreign, in which the applicant has ever been licensed or has applied for a license to practice dentistry, has been denied licensure, or voluntarily surrendered a license to practice dentistry; and

(4) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience; and

(5) A list of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, U.S. or foreign, that may constitute grounds for disciplinary action in that jurisdiction or be of concern to the Board; and

- (6) A current report from the National Practitioner Data Bank (NPDB), the American Association of Dental Examiners Clearinghouse for Board Actions, or any other entity having information pertinent to the applicant's performance; and
- (7) Notarized or certified copies acceptable to the Board of the following:
 - (i) Diploma showing a degree of Doctor of Dental Surgery or Doctor of Dental Medicine; and
 - (ii) Current and active license to practice as a dentist in any U.S. state or Canada; and
 - (iii) Current DEA registration certificate, if held by the applicant.

(c) Dental Specialist.

A specialist license will be issued by the Board to those applicants that have met all other requirements and have completed a specialty program accredited by the American Dental Association Commission on Dental Accreditation or the Commission on Dental Accreditation of Canada, or hold a specialty permit issued by the appropriate specialty board.

§ 140-50.3-002608

Dentist—Scope of Practice.

- (a) A CNMI-licensed dentist engaging in the practice of dentistry may:
 - (1) Perform or hold out to the public as being able to perform dental operations;
 - (2) Use the words “doctor,” “dentist,” or “dental surgeon” or the letters “D.D.S.” or “D.M.D.” or other letter or title that represents the dentist as engaging in the practice of dentistry;
 - (3) Diagnose, treat, operate on, correct, attempt to correct, or prescribe for a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of the human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues;
 - (4) Perform or attempt to perform an operation incident to the replacement of teeth;
 - (5) Furnish, supply, construct, reproduce, or repair dentures, bridges, appliances, or other structures to be used and worn as substitutes for natural teeth;
 - (6) Extract or attempt to extract human teeth;
 - (7) Exercise control over professional dental matters or the operation of dental equipment in a facility where the acts and things described in this section are performed or done; and
 - (8) Evaluate, diagnose, treat, or perform preventive procedures related to diseases, disorders, or conditions of the oral cavity, maxillofacial area, or adjacent and associated structures; a dentist whose practice includes the services described in this paragraph may only perform the services if they are within the scope of the

dentist's education, training, and experience and in accord with the generally recognized ethical precepts of the dental profession.

(b) Dental Specialist.

A licensed dentist may not hold out to the public as being a specialist in a branch of dentistry by verbal communication, advertising, or using such terms as "specialist" or using the name of the specialty or other verbiage in a way that would imply to the public that the dentist is so qualified, without first securing a specialist's license issued by the Board.

§ 140-50.3-002610 Dentist—Continuing Dental Education (CDE).

(a) Each dentist licensed to practice dentistry in the CNMI is required to complete forty (40) CDE hours (20 hours per year) as a prerequisite to the renewal of his/her biennial license.

(b) One CDE unit or credit equals one contact hour.

(c) Approved continuing dental education activities include, but are not limited to, courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Association (ADA), Academy of General Dentistry (AGD), or the World Dental Federation.

(d) If a licensee fails to meet the CDE requirements for renewal of license because of illness, military service, medical, or religious activity, residence in a foreign country, or other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing dental education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CDE requirements or who falsely certifies attendance at and/or completion of the CDE as required herein.

§ 140-50.3-002615 Dental Hygienist—Licensure.

(a) Requirements.

An applicant applying for a license to practice dental hygiene in the CNMI must be at least twenty-one (21) years of age, be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI, and must meet the following requirements:

(1) Applicant is a graduate of an accredited program for dental hygiene accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada; and

(2) Applicant has taken and passed the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations or the Canadian National Board Dental Hygiene Examination; or

the applicant has a current and active license to practice dental hygiene in any U.S. state or Canada; and

(3) Applicant has no adverse action against their license to practice dental hygiene in any U.S. State, Canada, or other foreign jurisdiction, and is not the subject of any pending litigation in regard to their practice of dental hygiene; and

(4) Applicant must specify in the application the dentist(s) by whom the applicant is to be employed.

(b) Application.

An application for a license to practice dental hygiene shall be made under oath on a form provided by the Board and shall be accompanied with the following information, documentations, and fees (non-refundable) as required in these regulations:

(1) Completed application with information that includes the applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and

(2) Current 2x2 photograph of the applicant taken within six (6) months from date of application; and

(3) A list of all jurisdictions, U.S. or foreign, in which the applicant has ever been licensed, has applied for a license to practice dental hygiene, has been denied licensure, or voluntarily surrendered a license to practice dental hygiene; and

(4) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience; and

(5) A list of all of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, U.S. or foreign, that may constitute grounds for disciplinary action in that jurisdiction or be of concern to the Board; and

(6) Notarized or certified copies acceptable to the Board of the following: A diploma showing a degree of Dental Hygiene; and

(i) Document showing proof that applicant has taken and passed the National Board Dental Hygiene examination administered by the Joint Commission on National Dental Examinations or the Canadian National Board Dental Hygiene Examination; or

(ii) Current and active license to practice as a dental hygienist in any U.S. state or Canada.

§ 140-50.3-002617 Dental Hygienist—Scope of Practice.

(a) A CNMI-licensed dental hygienist may:

- (1) Educate, demonstrate, and instruct the public on achieving better oral and systemic health;
 - (2) Examine visually and by the use of instruments, such as an explorer and a periodontal probe or other means, the teeth and the tissues surrounding the teeth;
 - (3) Examine visually and by palpation the head and neck region for any lesions or abnormalities;
 - (4) Remove calcareous deposits, accretions, and stains from the surfaces of the teeth with the use of hand instruments or ultrasonic instrumentation;
 - (5) Perform root planing and scaling and periodontal soft tissue curettage with the use of hand instruments, ultrasonic instruments, or soft tissue lasers;
 - (6) Expose and develop radiographs (x-rays);
 - (7) Administer local anesthetic agents;
 - (8) Remove restorative overhangs;
 - (9) Apply topical antimicrobials and preventive agents;
 - (10) Apply pit and fissure sealants;
 - (11) Make alginate impressions of the dentition;
 - (12) Deliver occlusal guards or teeth whitening trays;
 - (13) Research, as it relates to the field of dentistry; and
 - (13) Assist the dentist and dental team as needed in delivering quality dental care.
- (b) A CNMI-licensed dental hygienist may not:
- (1) Deliver dental hygiene services independent of a CNMI-licensed dentist, except for education and preventive measures, within the scope of these regulations, for children, as part of government-run programs;
 - (2) Diagnose, treatment-plan, or write prescriptions for medications, except under the direct order and supervision of a CNMI-licensed dentist;
 - (3) Cut or incise hard or soft tissues; and
 - (4) Perform other procedures that require the professional competence and skill of a dentist.

§ 140-50.3-002618 Dental Hygienist— Continuing Dental Education (CDE).

- (a) All dental hygienists licensed to practice dental hygiene in the CNMI are required to complete twenty-four (24) CDE hours (12 hours per year), as a prerequisite to the renewal of their biennial license.**
- (2) One CDE unit or credit equals one contact hour.**
- (3) Approved continuing dental education activities include, but are not limited to, courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), American Dental Association (ADA), or the World Dental Federation.**
- (4) If a licensee fails to meet the CDE requirements for renewal of license because of illness, military service, medical, or religious activity, residence in a foreign country, or other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete same, on an individual basis.**
- (5) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing dental education, and the number of course/credit hours.**
- (6) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CDE requirements or who falsely certifies attendance at and/or completion of the CDE as required herein.**

§ 140-50.3-002620 Dental Therapist—Licensure.

(a) Requirements.

An applicant applying for a license to practice as a dental therapist in the CNMI must be at least twenty-one (21) years of age, be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI, and must meet the following requirements:

- (1) Applicant is a graduate of an accredited dental therapy educational program in the U.S. or Canada or is a foreign trained dentist having graduated from a school of dentistry recognized by the department of health in that respective country; and**
- (2) Applicant can communicate proficiently in the English language. If proficiency in the English language is in question, the applicant may be required by the Board to show a passing score on the TOEFL test; and**
- (3) Applicant has a current and active license to practice as a dental therapist in any U.S. state or Canada, or as a dentist in any foreign country; and**
- (4) Applicant is not the subject of any adverse action against their license to practice as a dental therapist in any U.S. State or Canada, or as a dentist in any foreign country, and is not the subject of any pending litigation in regard to their practice as a dental therapist or dentist; and**

(5) Applicant must specify in the application the dentist(s) by whom the applicant is to be employed.

(b) Application.

An application for a license to practice as a dental therapist shall be made under oath on a form provided by the Board and shall be accompanied with the following information, documentations, and fees (non-refundable) as required in these regulations:

- (1) Completed application with information that includes the applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and
- (2) Current 2x2 photograph of the applicant taken within six (6) months from date of application; and
- (3) A list of all jurisdictions, U.S. or foreign, in which the applicant has ever been licensed or has applied for a license to practice as a dental therapist or a dentist; has been denied licensure; or voluntarily surrendered a license to practice as a dental therapist or dentist; and
- (4) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience; and
- (5) A list of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, U.S. or foreign, that may constitute grounds for disciplinary action in that jurisdiction or be of concern to the Board; and
- (6) Notarized or certified copies acceptable to the Board of the following:
 - (i) Diploma showing a degree of Dental Therapy or a degree of Doctor of Dental Surgery from a school of dentistry recognized by the department of health in that respective country; and
 - (ii) Documents showing proof that applicant is licensed to practice as a dental therapist in any U.S. state or Canada, or a foreign trained dentist graduated from a school of dentistry recognized by the department of health in that respective country;

§ 140-50.3-002623

Dental Therapist—Scope of Practice.

(a) A person licensed as a dental therapist in the CNMI must adhere to the specific parameters and scope of practice and may perform the following services under the general supervision of a CNMI-licensed dentist:

- (1) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
- (2) Preliminary charting of the oral cavity;
- (3) Taking intra-oral and extra-oral photographs;

- (4) Exposing and developing radiographs;
- (5) Prophylaxis or removal of stains, accretions, or deposits and polishing of the coronal portion of the teeth above the cemento enamel junction (CEJ); and
- (6) Application of topical preventive or prophylactic agents, including fluoride varnishes.

(b) A licensed dental therapist may perform the following services under direct supervision of a dentist:

- (1) Fissurotomies and pit and fissure sealants on primary and permanent teeth;
- (2) Pulp vitality testing;
- (3) Application of desensitizing agents on primary or permanent teeth;
- (4) Placement of temporary restorations on primary or permanent teeth;
- (5) Simple restorations on primary teeth;
- (6) Placement and removal of restorative bands;
- (7) Occlusal shaping, adjustment, and polishing of fillings on primary or permanent teeth;
- (8) Administration of topical and local anesthetic;
- (9) Administration and monitoring of nitrous oxide;
- (10) Fabrication and cementation of temporary crowns on permanent teeth;
- (11) Placement of preformed crowns on primary teeth;
- (12) Placement and removal of space maintainers on primary teeth;
- (13) Suture removal and dressing changes;
- (14) Impressions for, and delivery of, occlusal guards, athletic mouth guards, and whitening trays;
- (15) Impressions for removable prosthetics;
- (16) Tissue conditioning and soft reline for removable prosthetics;
- (17) Repair, try-in, and adjustment of removable prosthesis;
- (18) Recementation of permanent crowns, inlays, or onlays;

- (19) **Dispensing medications as ordered by the dentist; and**
- (20) **Observation and monitoring of patients under sedation;**

(c) Limitation of Practice as a Dental Therapist.

A licensed dental therapist in the CNMI must strictly adhere to the following:

- (1) **Must work under the supervision of a dentist holding a current and unrestricted license to practice dentistry in the CNMI, with the only exception being in a declared state of emergency due to a shortage of dentists, creating an access to dental care crisis among the public, which would allow dental therapists to practice without a supervising dentist in the dental departments of the government-owned facilities only, such as the Commonwealth Health Center, Rota Health Center, and Tinian Health Center; and**
- (2) **May not hold themselves out to the public as a dentist, dental hygienist, or refer to themselves as “doctor” or hold themselves out to the public in any written, verbal, or other form to be a Doctor of Dental Surgery or Doctor of Dental Medicine, regardless of their training or title in any foreign country; and**
- (3) **Must not diagnose, do a treatment plan, or write prescriptions for medications, except under the direct order and supervision of a CNMI-licensed dentist; and**
- (4) **Must not perform other procedures that require the professional competence and skill of a dentist.**

§ 140-50.3-002625 Dental Therapist— Continuing Dental Education (CDE).

- (a) **All dental therapists licensed to practice in the CNMI are required to complete twenty-four (24) CDE hours (12 hours per year) as a prerequisite to the renewal of their biennial license.**
- (b) **One CDE unit or credit equals one contact hour.**
- (c) **Approved continuing dental education activities include, but are not limited to:**
 - (1) **Courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist’s Association (ADHA), Academy of General Dentistry (AGD), American Dental Association (ADA), or the World Dental Federation;**
 - (2) **Courses, workshops, or symposiums approved by the Board that are offered by dental colleges or universities, or dental organizations or associations.**
 - (3) **Self-study programs offered by a dental college or university, the AGD or the ADA, or other programs approved by the board.**
- (d) **If a licensee fails to meet the CDE requirements for renewal of license because of illness, military service, medical, or religious activity, residence in a foreign country, or**

other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing dental education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CDE requirements or who falsely certifies attendance at and/or completion of the CDE as required herein.

§ 140-50.3-002630 Dental Assistant—Registration.

All persons wishing to perform the duties and functions of a dental assistant must register with the Board within three (3) months of employment or change of employment status with any dental office or clinic. An applicant to practice as a dental assistant must be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI. An application for registration shall be on a form provided by the Board accompanied with the following information and documentation:

(a) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and

(b) Proof that the applicant is a U.S. citizen or a foreign national. If foreign, applicant must provide a copy of a valid immigration status allowing for legal work in the CNMI; and

(c) Name and business address of employer and the name of the supervising dentist; and

(d) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs and description of all prior education and work experience.

§ 140-50.3-002633 Dental Assistant—Scope of Practice.

(a) The supervising dentist shall be accountable and fully responsible for all dental services, procedures, and duties performed by a dental assistant under the dentist's supervision. However, a dental assistant is responsible for his or her own professional behavior and shall be held accountable for such.

(b) A dental assistant may perform the following supportive dental procedures under the direct supervision of a licensed dentist:

(1) Retract a patient's cheek, tongue, lips, or other tissues during dental procedures;

(2) Place and remove a rubber dam;

(3) Conduct a preliminary oral inspection, conduct preliminary charting of the oral cavity, and report observations to the supervising dentist;

- (4) Remove debris as is normally created and accumulated during or after procedures by the dentist with the use of vacuum devices, compressed air, mouthwashes, and water;**
- (5) Provide assistance, including placement of material in a patient's oral cavity, in response to the specific direction of a licensed dentist who is performing a dental procedure on a patient;**
- (6) Removal of sutures and post-surgical dressings;**
- (7) Application of topical preventive or prophylactic agents, including fluoride varnishes;**
- (8) Placement and removal of matrix retainers for restorations;**
- (9) Impressions for casts or models;**
- (10) Removal of excess cement after a dentist has placed or removed a permanent or temporary inlay, crown, bridge, appliance, or orthodontic brackets or bands, using hand instruments and slow-speed handpiece only;**
- (11) Prophylaxis or removal of stains, accretions, or deposits from the teeth of children below the age of fourteen (14) only;**
- (12) Coronal polishing using a slow-speed handpiece with a rubber cup or brush;**
- (13) Placing of retractions, cord, or other material for tissue displacement for crown and bridge impressions;**
- (14) Fabrication and cementation of temporary crowns after the dentist has prepared the teeth for crown and bridge work;**
- (15) Placement and removal of orthodontic separators;**
- (16) Take intra-oral measurements for orthodontic procedures;**
- (17) Check for loose bands and brackets;**
- (18) Placement and removal of ligature ties;**
- (19) Removal of arch wires;**
- (20) Fitting and removal of head appliances;**
- (21) Placement and removal of inter-arch elastics;**
- (22) Preliminary selecting and sizing of bands;**
- (23) Patient education in oral hygiene;**

- (24) Take, expose, and process dental radiographs;
- (25) Take intra-oral and extra-oral photographs;
- (26) Take and record blood pressure and vital signs;
- (27) Relate pre- and post-operative or surgical instructions to the patient or their guardian;
- (28) Monitoring of nitrous oxide administration;
- (29) Placement of pit and fissure sealants;
- (30) Dispense medications as ordered by the dentist; and
- (31) Observation and monitoring of patients under sedation;

(c) Prohibited Duties of Dental Assistants.

A dental assistant shall not perform the following functions or duties or any other activity, which represents the practice of dentistry or requires the knowledge, skill, and training of a licensed dentist, dental hygienist, or dental therapist:

- (1) Diagnosis and treatment planning, independent of a CNMI-licensed dentist;
- (2) Extraction of teeth and surgical or cutting procedures on hard or soft tissues;
- (3) Placement, condensation, carving, finishing, or adjustment of final restorations, placement of pulp capping materials and cement bases; or any cementation procedure;
- (4) Prescribing or injecting of medication;
- (5) Cementation or bonding of any fixed prosthetic or orthodontic appliance;
- (6) Instrumenting or final filling of root canals; and
- (7) Intra-orally finishing or adjusting the occlusion of any final restoration.

§ 140-50.3-002640 Reserved.

§ 140-50.3-00250 Schedule of Fees.

The following fees shall apply, unless they conflict with NMIAC § 140-50.1-116:

- | | | |
|-----------------------------|---|----------|
| (a) Application Fee: | | |
| (1) | Initial Application | \$100.00 |
| (2) | Dental Assistant Registration Application | \$100.00 |
| (b) Licensure Fees: | | |
| (1) | Dentist | \$200.00 |
| (2) | Dental Specialist | \$200.00 |

	(3) Dental Hygienist	\$100.00
	(4) Dental Therapist	\$100.00
(c)	Renewal Fees:	
	(1) Dentist	\$200.00
	(2) Dental Specialist	\$100.00
	(3) Dental Hygienist	\$100.00
	(4) Dental Therapist	\$100.00
	(5) Late Fee	\$ 25.00
(d)	Replacement/Duplication of License/Card	\$ 25.00
(e)	Verification of License Fee	\$ 25.00

§ 140-50.3-002655 Renewal.

- (a) All licenses issued by the Board expire every two years following issuance or renewal and become invalid after that date.
- (b) Each licensee shall be responsible for submitting a completed renewal application at least sixty (60) days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration and the fee and any additional requirement for the renewal thereof.
- (c) All licensees must submit satisfactory evidence of completion of CDE requirements, as required under these regulations.
- (d) A late fee of \$25.00 will be charged every 1st of the month after the expiration date.
- (e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid.
- (f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. state, Canada, or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his CNMI license, shall be deemed ineligible for renewal of his or her license to practice as a physician in the CNMI.

§ 140-50.3-002660 Reserved.

§ 140-50.3-002665 Infection Control.

The following shall be adhered to with regard to infection control where dental services are provided:

- (a) All instruments that come in contact with blood and/or saliva shall be sterilized after each use with the employment of one of the following:
 - (1) Steam autoclave;
 - (2) Dry-heat;

- (3) Chemical vapor; or
- (4) disinfectant/chemical sterilant approved by the U.S. Environmental Protection Agency (EPA) with the recommended dilution and specified soaking times.

(b) All dental health care workers shall take appropriate precautions, pursuant to OSHA standard 29 C.F.R. 1910.1030, "Bloodborne Pathogens," or its successor, to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures. If a needle stick injury occurs, the dentist shall comply with the requirements established by OSHA. All sharp items and contaminated wastes must be packaged and disposed of according to the requirements established by any federal and local government agencies which regulate health or environmental standards.

(c) All dental health care workers who have exudative lesions or weeping dermatitis shall refrain from contact with equipment, devices, and appliances that may be used for or during patient care, where such contact holds potential for blood or body fluid contamination, and shall refrain from all patient care and contact until condition(s) resolves unless barrier techniques would prevent patient contact with the dental health care worker's blood or body fluid.

(d) All dental health care workers shall follow the guidelines for Infection Control in Dental Health-Care Settings established by the Centers for Disease Control (CDC).

§ 140-50.3-002668 Prescribing, Ordering or Dispensing of Medication.

The following must be adhered to for the prescribing, ordering, or dispensing of medication:

- (a) A CNMI-licensed dentist wishing to prescribe, order, or dispense any controlled substance shall hold a current DEA registration that is on file with the Board; and
- b) Any clinic or facility that holds in-stock any medication to order or dispense to patients shall register with the Board, on an application provided by the Board; shall list the dentist under whose license and DEA number the medication is being purchased; and must list the type of medications being kept in stock to order or dispense; and
- (c) The ordering or dispensing of any medication, other than OTC medications, can ONLY be done under the direct command of a CNMI-licensed dentist who holds a current DEA registration, and given to a patient that has been examined by that dentist.

§ 140-50.3-002670 Prohibition on Interference by a Non-Dentist.

No person or entity, whether owner, manager, or other entity other than the designated Dental Director, shall:

- (a) Direct or interfere with the clinical judgment and competent practice of dentistry, dental hygiene, dental therapy, or dental assisting; and
- (b) Select a course of treatment for a patient, the procedures or materials to be used as part of the course of treatment, or the manner in which such course of treatment is carried out.

§ 140-50.3-002673 Designation of a Dental Director.

A non-dentist owned business, corporation, or entity providing dental services beyond basic educational and preventive services shall name a CNMI-licensed dentist as a dental director. The dental director shall have responsibility for the clinical practice of dentistry, which includes, but is not limited to:

- (a) Diagnosis of conditions within the human oral cavity and its adjacent tissues and structures;**
- (b) Prescribing, ordering, or dispensing of drugs to patients;**
- (c) The treatment plan of any dental patient;**
- (d) Overall quality of patient care that is rendered or performed in the practice of dentistry, dental hygiene, dental therapy, and dental assisting;**
- (e) Supervision of dental hygienists, dental therapist, dental assistants, or other personnel involved in direct patient care and the authorization for procedures performed by them in accordance with the standards of supervision established by the Board; and**
- (f) Other specific services within the scope of clinical dental practice.**

§ 140-50.3-002675 Patient Records and Their Transfer.

- (a) Dentists shall maintain and keep adequate records of the diagnosis made and the treatment performed for a reasonable period of time.**
- (b) Upon written request, original patient treatment records shall be made available for inspection by the members of the Board or its designated representative, for the ascertainment of facts. Reasons for requesting records would include investigation of patient complaints, verification of dental treatments, and any other valid reasons involving the Board's need to know.**
- (c) Upon written request, copies of patient records, including dental x-rays, dental models, and the treatment rendered shall be made available to another dentist for continued treatment. A dentist is entitled to charge the patient a reasonable fee for their duplication.**

§ 140-50.3-002678 Requirements for General Anesthesia, Parenteral Sedation, and Oral Sedation.

The following shall apply to individuals and facilities wishing to provide general anesthesia, parenteral sedation, and/or oral sedation:

- (a) A facility in which there will be the administration of general anesthesia, parenteral sedation, or oral sedation for dental procedures shall contain the following properly operating equipment and supplies that are properly used:**
 - (1) Anesthesia machine (only required for general anesthesia);**

- (2) **Emergency medications;**
- (3) **Electrocardiograph monitor;**
- (4) **Pulse oximeter;**
- (5) **Cardiac defibrillator;**
- (6) **Positive pressure oxygen;**
- (7) **Suction equipment;**
- (8) **Laryngoscope and blades;**
- (9) **Endotrachial tubes;**
- (10) **Magill forceps;**
- (11) **Oral airways;**
- (12) **Stethoscope;**
- (13) **Blood pressure monitoring device; and**
- (14) **Precordial stethoscope.**

(b) **Maintain a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia, parenteral sedation, or oral sedation shall hold a current certificate in basic cardiopulmonary resuscitation (CPR).**

(c) **A dentist wishing to administer general anesthesia may only do so if approved by the Board, having completed a recognized residency, and shall hold a current and valid general anesthesia permit issued by any U.S. State (excluding U.S. territories) or Canadian Territory.**

(d) **A dentist wishing to administer intra venous (I.V.) sedation shall have a current and valid I.V. sedation permit issued by any U.S. State (excluding U.S. territories) or Canadian Territory.**

(e) **A dentist wishing to administer pediatric oral sedation shall have completed at least twenty (20) hours of accredited continuing education in this area and shall hold a current certificate in Pediatric Advanced Life Support (PALS).**

§ 140-50.3-002680 Patient Rights.

Each patient shall, at a minimum, be afforded the following rights:

- (a) **To be treated with respect, consideration, and dignity;**
- (b) **To privacy in treatment;**

- (c) To have their records kept confidential and private;
- (d) To be provided information concerning their diagnosis, evaluation, treatment options, and progress;
- (e) An opportunity to participate in decisions involving their health care;
- (f) To refuse any diagnostic procedure or treatment and be advised of the consequences of that refusal; and
- (g) To obtain a copy or summary of their personal dental record.

§ 140-50.3-002682 Impaired Dentists or Dental Hygienists.

(a) The Board shall have the power to deny an application; refuse to renew or restore; suspend; revoke; place on probation; or condition the license of any dentist or dental hygienist whose mental or physical ability to practice medicine with reasonable skill and safety is impaired.

(b) By submission of an application for licensure or renewal, an applicant shall be deemed to have given his or her consent to submit to mental or physical examination and/or chemical dependency evaluation, including the taking of tissue or fluid samples, at his or her own expense, as the Board may direct, and to waive all objections as to the admissibility or disclosure of such information and related findings, reports, or recommendations in an administrative or judicial proceeding. If a licensee or applicant fails to submit to an examination or evaluation when properly directed to do so by the Board, unless failure was due to circumstances deemed beyond the licensee's control, the Board shall be permitted to enter a final order upon proper notice, hearing, and proof of refusal.

(c) If the Board finds, after examination and hearing, that the applicant or licensee is impaired, he/she shall be subject to the following:

(1) Direct the applicant or licensee to submit to care, counseling, or treatment, at his or her own expense, acceptable to the Board; and

(2) Deny the application, suspend, place on probation, or condition the license for the duration of the impairment; or

(3) Revoke the license.

(d) Any licensee or applicant who is prohibited from practicing dentistry or dental hygiene under this section shall, at reasonable intervals, be afforded an opportunity to demonstrate to the satisfaction of the Board that he or she can resume or begin to practice dentistry or dental hygiene with reasonable skill and safety. A license shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements, as if the applicant had not been prohibited.

§ 140-50.3-002684 Reporting Requirements.

(a) Reporting to the Board.

(1) Each licensee and each person in the Commonwealth employing a dental care professional shall report to the Board:

(i) Information, which it receives relating to the professional competence and conduct of a dental care professional, regulated pursuant to the law or these regulations. In particular, it shall report negative information;

(ii) A professional review action that adversely affects the dental privileges of a dental care professional for a period of more than 30 days; and

(iii) Acceptance of the surrender of dental privileges, or any restriction of such privileges, of a dental care professional.

(2) The Board shall provide a form for such reports.

(3) The report shall be made within thirty-five (35) days of receipt of the information by the person or by a management-level individual.

(b) Reporting to National and Interstate Data Banks.

(1) The Board shall report adverse dental care professional information to the National Practitioner Data Bank (“NPDB”), the American Association of Dental Examiners Clearinghouse for Board Actions, and such other interstate or national dental professional data bank within thirty-five (35) days following such determination.

(2) The information to be reported shall include:

(i) Discipline of a dental care professional described by, or undertaken pursuant to, the law and these regulations, and without regard to whether the action of the disciplining entity has been stayed by a reviewing court;

(ii) A professional review action that adversely affects the dental privileges of a dental care professional for a period of more than thirty (30) days; and

(iii) Acceptance of the surrender of dental privileges or any restriction of such privileges of a dental care professional.

§ 140-50.3-002685 Disciplinary Action.

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; or refuse to issue, restore, or renew the license of any person who is found guilty of one or

more of the violations pursuant to P.L. 15-105 § 2224 and §§ 140-50.3-00901 – 1300 of the regulations, including, but not limited to the following:

- (a) Exercising undue influence on the patient or client, including the promotion of the sale of services, goods, appliances, or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or a third party;
- (b) Failing to make available to a patient or client, upon request, copies of documents in the possession or under the control of the licensee that have been prepared for and paid for by the patient or client;
- (c) Making false or materially incorrect or inconsistent entries in any patient records or in the records of any health care facility, school, institution, or other work place location;
- (d) Revealing personally identifiable facts, data, or information obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law;
- (e) Practicing or offering to practice beyond the scope permitted by law; accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform; or performing, without adequate supervision, professional services that the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;
- (f) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience, or by licensure, to perform them;
- (g) Performing professional services which have not been duly authorized by the patient or client or his or her legal representative;
- (h) Failing to maintain an accurate and legible written evaluation and treatment history for each patient;
- (i) Failing to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders dental treatment or services upon request;
- (j) Failing to report suspected child abuse to the proper authorities, as required by law;
- (k) Failing to respond to written communications from the Board to make available any relevant records, with respect to an inquiry or complaint, about the licensee's unprofessional conduct;
- (l) Falsifying, altering, or destroying treatment records in contemplation of an investigation by the Board or a lawsuit being filed by a patient;
- (m) Intentionally presenting false or misleading testimony, statements, or records to the Board or the Board's investigator or employees during the scope of any investigation or at any hearing of the Board;

- (n) Committing or conspiring to commit an act which would tend to coerce, intimidate, or preclude any patient or witness from testifying against a licensee in any disciplinary hearing, or retaliating in any manner against any patient or other person who testifies or cooperates with the Board during any investigation involving the Board;**
- (o) Violating any lawful order of the Board previously entered in a disciplinary hearing, or failing to comply with a lawfully issued subpoena of the Board;**
- (p) Violating any term of probation, condition, or limitation imposed on the licensee by the Board;**
- (q) Practicing with an expired, suspended, or revoked license, permit, or registration;**
- (r) Using the title “doctor,” “dentist,” “dental surgeon,” “dental hygienist,” “dental therapist,” or the letters “D.D.S.” or “D.M.D.” or other modifications, derivatives, or acronyms thereof, in the individual or firm name, or in any title, sign, card, ad, electronic communication, or other device to indicate that the person or firm is practicing dentistry, dental hygiene, or dental therapy;**
- (s) Prescribing controlled substances for a habitual drug user in the absence of substantial dental justification, if the licensee knows or has reason to know the patient is a habitual drug user;**
- (t) Using or removing controlled substances from any health care facility or other work place location without prior authorization;**
- (u) Failing to exercise reasonable diligence to prevent partners, associates, and employees from engaging in conduct which would violate any rule, regulation, or order of the Board;**
- (v) Failing to avoid interpersonal relationships that could impair professional judgment or risk the possibility of exploiting the confidence of a patient, including committing any act of sexual abuse, misconduct, or exploitation related to the licensee’s practice of dentistry;**
- (w) Termination of a dentist-patient relationship by a dentist, unless reasonable notice of the termination is provided to the patient. For purposes of this provision, a “dentist-patient” relationship exists where a dentist has provided dental treatment to a patient on at least one occasion within the preceding year. “Termination of a dentist-patient relationship by the dentist” means that the dentist is unavailable to provide dental treatment to a patient, under the following circumstances:**
 - (1) The office where the patient has received dental care has been closed for a period in excess of fifty (50) days; or**
 - (2) The dentist discontinues treatment of a particular patient for any reason, including non-payment of fees for dental services, although the dentist continues to provide treatment to other patients at the office location.**
- (x) Interfering or attempting to interfere with the professional judgment of an individual who is licensed or certified by the Board. Examples include, but are not**

limited to, the following:

- (1) Establishing professional standards, protocols, or practice guidelines which conflict with generally accepted standards within the dental profession;
- (2) Entering into any agreement or arrangement for management services that interferes with a dentist's exercise of his/her independent professional judgment or encourages improper overtreatment or undertreatment by dentists;
- (3) Placing limitations or conditions upon communications, clinical in nature, with the dentist's patients;
- (4) Precluding or restricting an individual's ability to exercise independent professional judgment over all qualitative and quantitative aspects of the delivery of dental care; or
- (5) Penalizing a dentist for reporting violations of a law regulating the practice of dentistry.

§ 140-50.3-002690 Principles of Ethics and Code of Professional Conduct.

- (a) For licensed dentists, the Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, or Board Position Statements, the American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct as it may, from time to time, be amended. A copy of the ADA Principles of Ethics and Code of Professional Conduct may be obtained by contacting the American Dental Association at 211 East Chicago Avenue, Chicago, IL 60611, or by phone at (312) 440-2500, or on the Internet at <http://www.ada.org>.
- (b) For licensed dental hygienists, the Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, or Board Position Statements, the American Dental Hygienists' Association (ADHA) Code of Ethics for Dental Hygienists as it may, from time to time, be amended. A copy of the ADHA Code of Ethics for Dental Hygienists may be obtained by contacting the American Dental Hygienists' Association at 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611, or by phone at (312) 440-8900, or on the Internet at <http://www.adha.org>.
- (c) For registered dental assistants, the Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, or Board Position Statements, the American Dental Assistants Association (ADAA) Principles of Ethics and Professional Conduct as it may, from time to time, be amended. A copy of the ADAA Principles of Ethics and Professional Conduct may be obtained by contacting the American Dental Assistants Association at 203 North LaSalle Street, Chicago, IL 60601-1225, or by phone at (312) 541-1550, or on the Internet at <http://www.dentalassistant.org>.



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
P.O. Box 502078, #1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
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Email: bpl@pticom.com

NOTICE OF PROPOSED AMENDMENTS TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD
REGULATIONS FOR EMRS, EMTS, AEMTS, AND EMT-P

EMERGENCY MEDICAL RESPONDERS (EMR), EMERGENCY MEDICAL TECHNICIANS (EMT),
ADVANCED EMERGENCY MEDICAL TECHNICIANS (AEMT), and EMERGENCY MEDICAL
TECHNICIAN-PARAMEDICS (EMT-P)

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

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to P.L. 15-105, Section 3, § 2206 (b), as amended.

THE TERMS AND SUBSTANCE: The attached regulations establish the rules and regulations governing emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and emergency medical technicians-paramedics who practice in the CNMI.

THE SUBJECTS AND ISSUES INVOLVED: These regulations establish the rules for licensure and practice of emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and emergency medical technicians-paramedics of within the CNMI.

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:

Ahmad Al-Alou, MD
Ahmad Al-Alou, MD
HCPLB Acting Chairman

7/18/12
Date

Received By: *Esther S. Fleming*
For: Esther S. Fleming
Special Assistant for Administration

07/24/12
Date

Filed and Recorded By: *Esther M. San Nicolas*
Esther M. San Nicolas
Commonwealth Register

07.24.2012
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
EDWARD T. BUCKINGHAM
Attorney General

7-19-12
Date

Commonwealth Gi Sangkattan Na Islas Marianas Siha
HEALTH CARE PROFESSIONS LICENSING BOARD
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NUTISIA NI MANMAPROPONI NA AMENDASION SIHA PARA I
HEALTH CARE PROFESSIONS LICENSING BOARD
REGULASION SIHA PARA EMRS, EMTS, YAN EMT-PS.

EMERGENCY MEDICAL RESPONDERS (EMR), EMERGENCY MEDICAL TECHNICIANS (EMT),
ADVANCED EMERGENCY MEDICAL TECHNICIANS (AEMT), yan EMERGENCY MEDICAL
TECHNICIAN-PARAMEDICS (EMT-P)

I AKSION NI MA'INTENSIONA PARA U MA'ADAPTA ESTI I MANMAPROPONI NA REGULASION SIHA:

I Health Care Professions Licensing Board (HCPLB) ha intensiona para u adapta kumu petmanenti na regulasion siha ni mañechettun i Manmaproponi na Regulasion, sigun i manera siha gi Áktun Administrative Procedure, 1 CMC § 9104(a). Sigun i 1 CMC §9105 (b), i regulasion siha para u ifektibu gi dies(10) dihas na tiempu dispues di i disision i Kuetpu ni para u adapta i regulasion siha yan u makumpli i 1 CMC §§ 9102 yan 9104(a).

ÁTURIDÁT: I Health Care Professions Licensing Board gai fuetsan estatua para u cho'gui yan hiniyung regulasion siha sigun i Lai Puplicu 15-105, Seksiona 3, § 2206 (b), kumu ma'amenda.

I TEMA YAN SUSTANSIAN I PALÁBRA:

I mañechettun na regulasion siha manginibebetna ni emergency medical responders, emergency medical technicians, advanced emergency medical technicians, yan emergency medical technicians-paramedics ni prumaktika gi halum CNMI.

I SUHETU YAN ASUNTU NI TINEKKA:

Esti na regulasion siha ha estaplesi i areklamentu siha para licensure yan prinaktikan emergency medical responders, emergency medical technicians, advanced emergency medical technicians, yan Emergency medical technicians-paramedics gi halum CNMI.

DIREKSION PARA U MAPO'LU YAN PUBLIKASION: I Kuetpu manmamaisin upiñon siha sigun gi esti i manmaproponi na amendasion ni debi na u marisibi ni Kuetpu gi halum i trenta(30) dihas gi primet publikasion gi esti na nutisia gi halum i Rehistran Commonwealth. Maseha hãyi na petsona siña manggãgão kopia siha ni manmaproponi na amendasion ni u ágang ham gi numirun 664-4809 pat email gi bpl@pticom.com pat u bisita i Ufisinin-mãmi ni gaigi gi Bldg. 1242, Pohnpei Ct. , Capitol Hill, Saipan. Tinigi' upiñon siha gi esti na Amendasion debi na u machuli' guatu gi ufisinin-mãmi pat u mana'hãnao para i BPL, P.O. Box 502078, Saipan, MP 96950.

Nina'hålum As: Ahmad Al-Alou
Ahmad Al-Alou, MD
Acting Chairman

7/1/12
Fetcha

Rinisibi As: Esther S. Fleming
Esther S. Fleming
Espisiât Na Ayudânti Para Atministrasion

07/24/12
Fetcha

Pine'lu yan Ninota As: Esther M. San Nicolas
Esther M. San Nicolas
Rehistran Commonwealth

07-24-2012
Fetcha

Sigun i 1 CMC § 2153(e) (Inapruiban Abugâdu Henerât na regulasion siha para u macho'gui kumu para fotma) yan i 1 CMC § 9104(a) (3) (hinentan Inapruiban Abugâdu Henerât) i maproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'aprueba kumu fotma yan ligât sufisienti ginin i CNMI Abugâdu Henerât yan debi na u mapublika, 1 CMC § 2153 (f) (publikasion areklamentu yan regulasion siha).

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Abugâdu Henerât

7-19-12
Fetcha

**Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
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Email: bpl@pticom.com**

**ARONGORONG REEL POMWOL ATIWLIGH KKA REBWE AMENDALI REEL HEALTH CARE
PROFESSION LICENSING BOARD REER EMRS, EMTS, AEMTS, ME EMT-P**

**EMERGENCY MEDICAL RESPONDERS (EMS), EMERGENCY MEDICAL TECHNICIANS (EMT),
ADVANCED EMERGENCY MEDICAL TECHNICIANS (AEMT), me EMERGENCY MEDICAL
TECHNICIAN-PARAMEDICS (EMT-P)**

MÁNGEMÁNGIL MWÓGHUT YEEL BWE EBWE ADAPTÁÁLI POMMWOL ATIWLIGH KKA:
Health Care Professions Licensing Board (HCPLB) emuschel ebwe adaptááli me aleghú ló
atiwligh kka e appasch bwe Proposed Regulations, sáangi mwóghutughutul Administrative
Procedure Act, 1 CMC § 9104(a). Sáangi 1 CMC §9105(b), atiwligh kka ebwe bwunguló 10 ráál
mwiril yaar Board adaptááli me atabwey alleghul 1 CMC §§ 9102 me 9104(a)

BWÁNGIL: Health Care Professions Licensing Board nge eyoor bwángil ebwe akkaté allégh kkaal me
ghitipwotchuw allégh kkaal bwelle reel P.L. 15-105, Talil 3, § 2206 (b), iye aa ssiwel.

KKAPASAL ME AWEWEEL: Atiwligh kka e appasch e ayoora allegh me atiwligi kka a lemeli
emergency medical responders, emergency medical technicians, advanced emergency medical
technicians, me emergency medical technicians-paramedics kka re angang lól CNMI.

KKAPASAL ME ÓUTOL: Atwiligh kkal ebwe ayoora alléghul licensure me practice reer emergency
medical responders, emergency medical technicians, advanced emergency medical technicians, me
emergency medical technicians-paramedics llól CNMI.

AFALA REEL AMWELIL ME ARONGOWOWUL: Board ekke tittingor mángemángiir toulap reel pomwol
lliwel kkal iye rebwe bwughil llól eliigh ráál ngare schagh aa akkatééló llól Commonwealth Register.
Schóó kka re remuschal copy-il pomwol amenda kkal emwel rebwe faingi numero ye 664-4809 me
ngare email bpl@pticom.com me ngare mweteló reel bwulasiyo Bldg 1242, Pohnpei Ct., Capital Hill,
Seipel. Ischil mángemáng ebwe isisilong llól bwulasiyo me ngare afanga ngali BPL, P.O. Box 502078,
Seipél, MP 96950.

Isáliiyalong: Ahmad Al-Alou
Ahmad Al-Alou, MD
HCPLB Acting Chairman

7/18/12
Ráil

Mwir Sáangi: Esther S. Fleming
Esther S. Fleming
Special Assistant for Administration

07/24/12
Ráil

Amwel Sáangi: Esther M. San Nicolas
Esther M. San Nicolas
Commonwealth Register

07.24.2012
Ráil

Sáangi 1 CMC § 2153(e) Allégh kkaal a lléghló sáangi AG bwe e fil reel fféerúúl me 1 CMC §9104(a)(3)(mwiir sáangi AG)Pomwol atiwligh kkal a appaschlong a takkal amwuri fiischiy, me angúungú ló fféerúúl me legal sufficiency sáangi CNMI Attorney General me ebwele akkatewoow, 1 CMC §2153(f) (Arongowowul allégh me atiwligh kkaal.

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Attorney General

7-19-12
Ráil

§ 140-50.3- 002900 Part 2900. EMERGENCY MEDICAL RESPONDERS (EMR), EMERGENCY MEDICAL TECHNICIANS (EMT), ADVANCED EMERGENCY MEDICAL TECHNICIANS (AEMT), and EMERGENCY MEDICAL TECHNICIAN-PARAMEDICS (EMT-P)

Chapter Authority: 3 CMC § 2206; PL 15-105 § 2206(b), as amended.

Regulation History: PL 15-105 (effective when approved by Governor Benigno R. Fitial, November 7, 2007), the “Health Care Professions Act of 2007,” 3 CMC §§ 2201-36. The Act created a Health Care Professions Licensing Board (hereinafter “Board”), as an independent regulatory agency, given the complete jurisdiction, power, authority and duty to license and regulate all health care professions, except for the practice of nursing. The Board is empowered by the Legislature to adopt rules and regulations regarding all matters over which the Board has jurisdiction.

§ 140-50.3-2901 Definitions.

- (a) “Advanced Emergency Medical Technician (AEMT)” means a person who has additional training in limited advanced life support and is licensed by the Board as an Advanced Emergency Medical Technician.
- (b) “Advanced Life Support (ALS)” means special services designed to provide definitive pre-hospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
- (c) “Automated external defibrillation “or “AED” means the process of applying a specialized defibrillator to a patient of cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm and, if appropriate, deliver an electrical shock to the heart that will allow the heart to resume an effective electrical activity. Automated external defibrillation can include either fully-automatic or semi-automatic external defibrillation.
- (d) “Basic Life Support (BLS)” means emergency first aid and cardiopulmonary resuscitation procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.
- (e) “Board” means the Health Care Professions Licensing Board (HCPLB) established by § 2204(a) of P.L. 15-105.
- (f) “Cardiopulmonary Resuscitation (CPR)” is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. CPR instruction may be from the American Heart Association, the American Red Cross, the American Safety and Health Institute, or other national organizations approved by the Board.
- (g) “CECBEMS” means the Continuing Education Coordinating Board for Emergency Medical Services. It is the national accrediting body for EMS continuing education courses and course providers.
- (h) “CoAEMSP” means the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. It is the education accreditation agency that is approved by the National EMS.

(i) “Emergency Medical Responder (EMR)” also known as “First Responder” means a person who possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and is licensed by the Board as an Emergency Medical Responder.

(j) “EMS” mean the Emergency Medical Services, which is a system that provides emergency medical care. Once it is activated by an incident that causes serious illness or injury, the focus of EMS is emergency medical care of the patient(s).

(k) “Emergency Medical Technician (EMT)” means a person who has been trained in all facets of basic life support and is licensed by the Board as such.

(l) “Emergency Medical Technician – Paramedic (EMT-P)” means an individual who is educated and trained in all elements of pre-hospital advanced life support and is licensed by the Board as a Emergency Medical Technician –Paramedic.

(m) “NEMSAC” means the National Emergency Medical Services Advisory Council. The NEMSAC was formed in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and recommendations regarding EMS to NHTSA.

(n) “NHTSA” means the National Highway Traffic Safety Administration. The Federal government was given a leadership role in reducing the number of injuries and deaths on America’s highways. As a result, the National Highway Safety Bureau (NHSB), which was the predecessor agency to NHTSA, was created.

(o) “NREMT” means the National Registry of Emergency Medical Technicians. The NREMT offers a national certification based on the NHTSA National Standard Curriculum for the levels of First Responder, EMT-Basic, EMT-Intermediate 1985, EMT-Intermediate 1999, and EMT-Paramedic.

(p) “NSC” means the National Standard Curriculum developed under the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel. The current National Standard Curriculum (NSC) shall be used as a guideline for development of all EMS training curriculum.

(q) “Pre-hospital Emergency Medical Care Personnel” – For the purpose of these regulations, Pre-hospital Emergency Medical Care Personnel means the EMR, EMT, AEMT, and the EMT-Paramedic, as defined in these regulations.

§ 140-50.3-2902 Exemptions from Regulations.

Licensure requirements for EMR, EMT, AEMT and EMT-P shall not apply to:

(a) A physician in private practice, the outpatient department of the Commonwealth Health Corporation and its entities in Rota and Tinian (whether located on or off the premises of the hospital or health centers), or other entity authorized to offer medical services from advertising itself as, or otherwise holding itself out as, providing urgent, immediate, or prompt medical services, or from using in its name or advertising the words "urgent," "prompt," "immediate," any derivative thereof, or other words which suggest that it is staffed and equipped to provide urgent, prompt, or immediate medical services; and

(b) United States military personnel or state National Guard or employees of the United States government while providing services on a United States government owned or

operated facility, while engaged in the performance of their official duties under federal law or while providing assistance in mass casualty or disaster type situation.

§ 140-50.3-2904 Liability for Services Rendered.

Liability for services rendered during the course of employment shall be consistent with the Commonwealth Good Samaritan Act, P.L. 10-52.

§ 140-50.3-2905 Reserved.

§ 140-50.3-2906 Requirements for Licensure—Emergency Medical Responder (EMR).

No individual shall hold himself or herself out to be an EMR unless that individual is licensed by the Board. An applicant to practice as an EMR must be at least eighteen (18) years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

- (a) Applicant must submit evidence of one of the following:
 - (1) A valid, active license or certification from a U.S. state or territory to practice as an EMR; or
 - (2) A current registration from NREMT as an NREMT-FR; or
 - (3) Successful completion of an Emergency Medical Responder course which meets or exceeds the 1995 First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, and completed the course within the last two years prior to applying for licensure; and

- (b) Demonstrate successful completion of an Emergency Medical Responder course which meets or exceeds the 1995 First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, and completed the course within the last two years prior to applying for licensure; and

- (c) Demonstrate successful completion of the NHTSA's National EMS Education Standards for EMR, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and

- (d) Submit evidence of a current and valid completion of a CPR course for health care providers, from a national or local organization approved by the Board, within the last two years prior to applying for licensure.

§ 140-50.3-2907 Requirements for Licensure—Emergency Medical Technician (EMT).

No individual shall hold himself or herself out to be an EMT unless that individual is licensed by the Board. An applicant to practice as an EMT must be at least eighteen (18) years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

- (a) Applicant must submit evidence of one of the following:
 - (1) A valid, active license or certification from a U.S. state or territory to practice as an EMT; or
 - (2) A current registration from NREMT as an NREMT-B; or
 - (3) Successful completion of an Emergency Medical Technician course which meets or exceeds the 1994 EMT-Basic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, and completed the course within the last two years prior to applying for licensure; and

- (b) Demonstrate successful completion of the NHTSA's National EMS Education Standards for EMT, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
- (c) Submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course completion, from a national or local organization approved by the Board, within the last two years prior to applying for licensure.

§ 140-50.3-2908 Requirements for Licensure—Advanced Emergency Medical Technician (AEMT):

No individual shall hold himself or herself out to be an AEMT unless that individual is licensed by the Board. An applicant to practice as an AEMT must be at least eighteen (18) years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

- (a) Applicant must submit evidence of one of the following:
 - (i) A valid, active license or certification from a U.S. state or territory to practice as an AEMT; or
 - (ii) A current registration from NREMT as an NRAEMT; or
 - (iii) Successful completion of an AEMT course which meets or exceeds the 2009 U.S. Department of Transportation National EMS Education Standards for the Advanced Emergency Medical Technician, and completed the course within the last two years prior to applying for licensure; and
- (2) Demonstrate successful completion of the NHTSA's National EMS Education Standards for AEMT, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
- (3) Submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Board within the last two years prior to applying for licensure.
- (d) Emergency Medical Technician-Paramedic (EMT-P):
 - (1) Must submit evidence of one of the following:
 - (i) A valid, active license or certification from a U.S. state or territory to practice as an EMT-P; or
 - (ii) A current registration from NREMT as an NREMT-P; or
 - (iii) Successful completion of an EMT-Paramedic course which meets or exceeds the 2009 U.S. Department of Transportation National EMS Education Standards for the EMT-Paramedic, and completed the course within the last two years prior to applying for licensure; and
 - (2) Successful completion of the NHTSA's National EMS Education Standards for EMT-Paramedic, or a Board-approved cognitive and psychomotor exam within the last two years prior to applying for licensure; and
 - (3) Submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course completion from a national or local organization approved by the Board within the last two years prior to applying for licensure.

§ 140-50.3 –2910 Application.

(a) An application to practice as an EMR, EMT, AEMT, or EMT-P shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant, accompanied with the following information and documents, as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

- (1) The applicant’s full name and all aliases or other names ever used, current address, date and place of birth, and social security number;**
- (2) The applicant’s 2x2 photograph taken within six (6) months from date of application;**
- (3) Applicant must pay the appropriate fees, including the application fee which shall not be refunded;**
- (4) Applicant to provide originals of all documents and credentials or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
 - (i) Diploma or certificate showing successful completion of high school or GED;**
 - (ii) Documents showing proof that applicant has completed all the required courses and exams necessary for the appropriate license; or**
 - (iii) Documents showing proof that applicant holds a current certification from NREMT, or has a valid, active license or certification from another U.S. state or territory; and**
 - (v) A copy of a current and valid CNMI driver’s license and police clearance.****
- (5) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice as a EMR, EMT, AEMT, or EMT-P;**
- (6) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a EMR, EMT, AEMT, or EMT-P; and**
- (7) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.**
- (8) Applicant to provide relevant medical information that could affect his or her job performance.**

§ 140-50.3–2912 Supervision and/or Responsibility of Pre-hospital Emergency Medical Care Personnel.

(a) Supervision of a CNMI-licensed EMR, EMT, AEMT, or EMT-P providing emergency medical services within the CNMI may be provided by the CNMI-licensed physicians or physician assistants employed at the Emergency Room (ER) of the Commonwealth Health Corporation (CHC), the Rota Health Center, or the Tinian Health Center.

(b) ER physicians or physician assistants may communicate with EMR, EMT, AEMT, or EMT-P via radio or telephone and provide medical direction on-site and in-transit to the hospital

or health center in accordance with the knowledge and skills of the EMR, EMT, AEMT, or EMT-P for treatment, transfer, and triage protocols approved by the CNMI Health Care Corporation and/or the Department of Public Health.

§ 140-50.3-2914 Continuing Education (CE).

(a) All EMR, EMT, AEMT, or EMT-P licensed to practice in the CNMI are required to complete the following CE hours as a prerequisite to the renewal of their biennial license:

(1) EMR – 12 Board-approved CE hours;

(2) EMT – 24 CE hours of a DOT National Standard EMT-Basic/EMT Refresher course or other Board-approved CE hours;

(3) AEMT – 36 CE hours of a DOT National Standard Advanced Emergency Medical Technician refresher course, CECBEMS approved refresher courses or other Board-approved CE hours;

(4) EMT-Paramedic – 48 CE hours DOT National Standard EMT-Paramedic/Paramedic Refresher course, CECBEMS approved refresher courses or other Board-approved CE hours.

(b) One CE unit or credit equals one clock hour.

(c) Approved continuing education activities include, but are not limited to, the following: Courses, workshops, seminars, conferences, programs, or online CEs approved by the Continuing Education Coordinating Board for EMS (CECBEMS); the U.S. Department of Transportation National EMS Education Standards; NREMT's National EMS Education Standards; American Health Association Basic Life Support; Advanced Cardiac Life Support and Pediatric Advanced Life Support courses; American Academy of Pediatrics Pediatric Education courses; and the American College of Surgeons Trauma Life Support courses.

(d) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, medical or religious activity, residence in a foreign country, or other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete the same on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements, or who falsely certifies attendance at and/or completion of the CE as required herein.

§ 140-50.3-2915 Renewal.

(a) All licenses issued by the Board expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least eighty-four (84) days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration and the fee and any additional requirement for the renewal thereof.

- (c) All licensees must submit satisfactory evidence of completion of courses, programs, exams, and CE requirements, as required under these regulations.
- (d) A late fee of \$25.00 will be charged every 1st of the month after the expiration date.
- (e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid.
- (f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. state or territory, Canada, or foreign jurisdiction, or who has voluntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a EMR, EMT, AEMT, or EMT-P in the CNMI.

§ 140-50.3-2916 Reserved.

§ 140-50.3-2917 EMS National Standards.

The Board recognizes as its model of conduct the following U.S. Department of Transportation (US DOT) National Emergency Medical Services (EMS) Education Standards: National Standards: EMS Agenda For The Future (1996), EMS Education Agenda for the Future: A Systems Approach (2000), National EMS Core Content (2005), National EMS Scope of Practice Model (2007), National EMS Education Standards (2009), National EMS Certification, and the National EMS Education Program Accreditation.

The board also recognizes as its model standards the NREMT's National EMS Education Standards, National EMS Education Program Accreditation, National EMS Certification and any amendments thereto to the standards, which may be obtained at <http://www.nremt.org>.

§ 140-50.3-2918 Code of Ethics.

The Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, and regulations, the National Association of Emergency Medical Technicians (NAEMT) Oath and Code of Ethics which may be obtained at <http://www.naemt.org>.

§ 140-50.3-2920 Disciplinary Action.

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations pursuant to § 2224 of P.L. 15-105 and §§ 140-50.3-00901 – 1300 of these regulations.



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

**NOTICE OF PROPOSED AMENDMENTS TO THE
 HEALTH CARE PROFESSIONS LICENSING BOARD
 REGULATIONS FOR ACUPUNCTURE.**

INTENDED ACTION TO ADOPT THESE PROPOSED REGULATIONS: The Health Care Professions Licensing Board (HCPLB) intends to adopt as permanent regulations the attached Proposed Regulations, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). Pursuant to 1 CMC §9105(b), the regulations would become effective 10 days compliance with 1 CMC §§ 9102 and 9104(a), which includes an affirmation action by the Board to adopt these regulations.

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to P.L. 15-105, Section 3, § 2206 (b), as amended.

THE TERMS AND SUBSTANCE: The attached regulations establish the rules and regulations governing acupuncturists who practice in the CNMI. These regulations supersede the prior Acupuncture regulations adopted in volume 11 of the Commonwealth Register, page 6715, on December 15, 1989.

THE SUBJECTS AND ISSUES INVOLVED: These regulations establish the rules for licensure and practice of acupuncturists within the CNMI.

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: Ahmad Al-Alou
 Ahmad Al-Alou, MD
 HCPLB Acting Chairman

7/18/12
 Date

Received By: Esther S. Fleming
 Esther S. Fleming
 Special Assistant for Administration

07/29/12
 Date

Filed and Recorded By: *Escher M. San Nicolas*
Escher M. San Nicolas
Commonwealth Register

07.25.2012
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
EDWARD T. BUCKINGHAM
Attorney General

7-25-12
Date

Commonwealth Gi Sangkattan Na Islas Marianas Siha
HEALTH CARE PROFESSIONS LICENSING BOARD
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Capitol Hill, Saipan, MP 96950
Tel No. (670)664-4809 Fax: (670)664-4814
Email: bpl@pticom.com

NUTISIA NI MANMAPROPONI NA AMENDASION SIHA PARA I
HEALTH CARE PROFESSIONS LICENSING BOARD
NA REGULASION SIHA PARA ACUPUNCTURE.


I AKSION NI MA'INTENSIONA PARA U MA'ADAPTA ESTI I MANMAPROPONI NA REGULASION SIHA: I Health Care Professions Licensing Board (HCPLB) ha intensiona para u adapta kumu petmanenti i regulasion siha ni mañechettun i Manmaproponi na Regulasion, sigun gi manera siha gi Aktun Administrative Procedure 1 CMC § 9104(a). Sigun i 1 CMC §9105(b), i regulasion siha para u ifektibu gi halum dies(10) dihas gi makumplin i 1 CMC §§ 9102 yan 9104 (a), ni sãonão i affirmative Action ginin i Kuetpu para u adapta esti na regulasion siha.

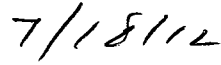
Åturidãt: I Health Care Professions Licensing Board gai fuetsa gi estatua para u cho'gui yan hiniyung i regulasion siha sigun gi Lai Publiku 15-105, Seksiona 3, § 2206 (b), kumu ma'amenda.

I TEMA YAN SUSTANSIAN I PALÅBRA: I manñechettun na regulasion siha ha estapblesi i areklamentu yan i regulasion siha ni ginibebetna i acupuncturists ni ha praktika gi halum CNMI. Esti siha regulasion ha tulaika i finene'na na regulasion i Acupuncture siha ni ma'adapta gi Baluma 11 gi Rehistran Commonwealth, pãhina 6715, gi Disembri 15, 1989.

I SUHETU YAN ASUNTU NI TINEKKA: Esti siha na regulasion ha estapblesi i areklamentu para i licensure yan prinaktikan Acupuncturists gi halum i CNMI.

DIREKSION PARA U MAPO'LU YAN PUBLIKASION: I Kuetpu manmamaisin upiñon siha sigun gi esti i manmaproponi na amendasion ni debi na u marisibi ni Kuetpu gi halum i trenta(30) dihas gi primet publikasion gi esti na nutisia gi halum i Rehistran Commonwealth. Maseha hãyi na petsona siña manggãgão kopia siha ni manmaproponi na amendasion ni u ågang ham gi numirun 664-4809 pat email gi bpl@pticom.com pat u bisita i Ufisanan-mãmi ni gaigi gi Bldg. 1242, Pohnpei Ct. , Capitol Hill, Saipan. Tinigi' upiñon siha gi esti na Amendasion debi na u machuli' guatu gi ufisanan-mãmi pat u na'hãnão para i BPL, P.O. Box 502078, Saipan, MP 96950.

Nina'hãlum As: 
Ahmad Al-Alou, MD
Acting Chairman


Fetcha

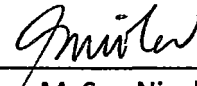
Rinisibi As:



Esther S. Fleming
Espisiát Na Ayudánti Para Administrasion

07/27/12
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Pine'lu yan Ninota As:

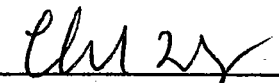


Esther M. San Nicolas
Rehistran Commonwealth

07.25.2012
Fetcha

Sigun i 1 CMC § 2153(e) (Inapruedan Abugâdu Henerât na regulasion siha para u macho'gui kumu para fotma) yan i 1 CMC § 9104(a) (3) (hinentan Inapruedan Abugâdu Henerât) i maproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'aprueda kumu fotma yan ligât sufisienti ginin i CNMI Abugâdu Henerât yan debi na u mapupblika, 1 CMC § 2153 (f) (publikasion areklamentu yan regulasion siha).

Nina'hålum



EDWARD T. BUCKINGHAM
Abugâdu Henerât

7.25.12
Fetcha

Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
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Capital Hill, Saipan, MP 96950
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ARONGORONG REEL POMWOL ATIWLIGH KKA REBWE AMENDALI REEL HEALTH CARE
PROFESSION LICENSING BOARD REER ACUPUNCTURE

MÁNGEMÁNGIL MWÓGHUT YEEL BWE EBWE ADAPTÁÁLI POMMWOL ATIWLIGH KKA:

Health Care Professions Licensing Board (HCPLB) emuschel ebwe adaptááli me aleshú ló atiwlich kka e appasch bwe Proposed Regulations, sáangi mwóghutughutul Administrative Procedure Act, 1 CMC § 9104(a). Sáangi 1 CMC §9105(b), atiwlich kka ebwe bwunguló 10 ráál mwiril jaar Board atabwey alleghul 1 CMC §§ 9102 me 9104(a) me igha e bwunguló merel Board bwe rebwe adaptáli atiwlich kkal

BWÁNGIL: Health Care Professions Licensing Board nge eyoor bwángil ebwe akkaté allégh kkaal me ghitipwotchuw allégh kkaal bwelle reel P.L. ye 15-105, Talil 3, § Tálil 2206 (b), iye aa ssiwel.

KKAPASAL ME AWEWEEL: Atiwlich kka e appasch e ayoora allegh me atiwlighi kka a lemeli acupuncturist kka re angaang lól CNMI. Atiwlich kka ebwe siweli mmwal atiwlighul Acupuncture ye e akkaté llól , Volume 11, lól Commonwealth Register, page 6715 wóól Disembre 15, 1989.

KKAPASAL ME ÓUTOL: Atwiligh kkal ebwe ayoora alléghul licensure me practice reel acupuncturists me llól CNMI.

AFALA REEL AMWELIL ME ARONGOWOWUL: Board ekke tittingor mángemángiir toulap reel pomwol lliwel kkal iye rebwe bwughil llól eliigh ráál ngare schagh aa akkatééló llól Commonwealth Register. Schóó kka re remuschal copy-il pomwol amenda kkal emwel rebwe faingi numero ye 664-4809 me ngare email bpl@pticom.com me ngare mweteló reel bwulasiyo Bldg 1242, Pohnpei Ct., Capital Hill, Seipel. Ischil mángemáng ebwe isisilong llól bwulasiyo me ngare afanga ngali BPL, P.O. Box 502078, Seipél, MP 96950.

Isáliiyalong: Ahmad Al-Alou
Ahmad Al-Alou, MD
HCPLB Acting Chairman

7/18/12
Ráll

Mwir Sángi: Esther S. Fleming
Esther S. Fleming
Special Assistant for Administration

07/27/12
Ráll

Amwel Sángi: Esther M. San Nicolas
Esther M. San Nicolas
Commonwealth Register

07-25-2012
Ráll

Sángi 1 CMC § 2153(e) Allégh kkaal a lléghló sángi AG bwe e fil reel fféerúul me 1 CMC §9104(a)(3)(mwiir sángi AG)Pomwol atiwligh kkal a appaschlong a takkal amwuri fiischiy, me angúungú ló fféerúul me legal sufficiency sángi CNMI Attorney General me ebwele akkatewoow, 1 CMC §2153(f) (Arongowowul allégh me atiwligh kkaal.

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Attorney General

7-25-12
Ráll

§ 140-50.3- 002100 Part 2100. Acupuncture.

These Regulations shall supersede the prior Acupuncture Regulations adopted 11 Commonwealth Register 6715 (12/15/89); Emergency and Proposed 11 Commonwealth Register 6372 (9/15/89), NMIAC § 140-50.1-200-220.

Chapter Authority: 3 CMC § 2206(b); PL 15-105, Section 3, § 2206(b), as amended. **Regulation History:** PL 15-105 (effective when approved by Governor Benigno R. Fitial, November 7, 2007), the “Health Care Professions Act of 2007,” 3 CMC §§ 2201-36. The Act created a Health Care Professions Licensing Board, as an independent regulatory agency, given the complete jurisdiction, power, authority and duty to license and regulate all health care professions, except for the practice of nursing. The Board is empowered by the Legislature to adopt rules and regulations regarding all matters over which the Board has jurisdiction.

§ 140-50.3- 002101 Definitions.

(a) “ACAOM” is the Accreditation Commission for Acupuncture and Oriental Medicine and is the commission in charge of accrediting U.S. schools or programs of acupuncture or oriental medicine.

(b) “AACRAO” is the American Association of Collegiate Registrars and Admissions Officers. AACRAO International Education Services (IES) provides evaluations of academic credentials from all countries of the world.

(c) “AACRAO Evaluated Schools” are schools outside the U.S. that have been evaluated by the AACRAO IES and are (1) recognized by the Ministry of Education, or an equivalent governmental body in the country in which it is located, and (2) the program of education completed at that school is substantially equivalent to a program at a school accredited by ACAOM.

(d) “Acupuncture Practice” means a comprehensive system of health care using oriental medical theory and its unique methods of diagnosis and treatment. Its treatment techniques include the insertion of acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation, including the use of heat, oriental massage techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing techniques, and exercise based on oriental medical principles.

(e) “Diplomate in Acupuncture” means a person who is certified by the NCCAOM as having met standards of competence established by the NCCAOM, who subscribes to the NCCAOM code of ethics, and who has a current and active NCCAOM certificate. Current and active NCCAOM certification indicates successful completion of continued professional development and previous satisfaction of NCCAOM requirements.

(f) “NCCAOM” is the National Certification Commission for Acupuncture and Oriental Medicine and administers the acupuncture examinations.

(g) “NCCAOM Certification” means a certification granted by the NCCAOM to a person who has met the standards of competence established for either NCCAOM certification in acupuncture or in oriental medicine.

(h) “Oriental Medicine” means a system of healing arts that perceives the circulation and balance of energy in the body as being fundamental to the well-being of the individual.

It implements the theory through specialized methods of analyzing the energy status of the body and treating the body with acupuncture and other related modalities for the purpose of strengthening the body, improving energy balance, maintaining or restoring health, improving physiological function, and reducing pain.

§ 140-50.3-002102 Exemption.

Pursuant to the requirements of § 140-50.3- 002104, any acupuncturist validly licensed prior to the adoption of these regulations shall be deemed as licensed under the provisions of these amended regulations. The acupuncturists licensed under this section shall only perform the practice of acupuncture that is in accordance with his/her education, training, and/or experience.

§ 140-50.3- 002103 Reserved.

§ 140-50.3- 002104 Requirements for Licensure.

(a) An applicant to practice acupuncture must be at least twenty-one (21) years of age, a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:

(1) Applicant submits evidence of a valid, active license from a U.S. state or territory to practice acupuncture; or applicant is a graduate of a school of acupuncture accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or a foreign school evaluated by the American Association of Collegiate Registrars and Admissions Officers (AACRAO); and

(2) Applicant passed the NCCAOM written comprehensive examination or submits a notarized copy of a current NCCAOM certification; and

(3) Applicant shall complete clinical internship training not less than one (1) year under the direct supervision of a licensed acupuncturist. The clinical internship training may be obtained from a licensed acupuncturist at an approved school or from another clinical setting, from a licensed acupuncturist in private practice, or from any combination thereof. The licensed acupuncturist providing direct supervision shall:

(A) Have been licensed and actively practicing for a period not less than five (5) years prior to the start of the applicant's clinical internship training; and

(B) Have had a current, valid, and unencumbered license during the course of supervision.

(b) The Board may deny licensure if the applicant has been the subject of an adverse action in which his or her license was suspended, revoked, placed on probation, conditioned, or renewal was denied in any U.S. or foreign jurisdiction.

§ 140-50.3- 002105 Applications.

(a) An application for a license to practice acupuncture shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant accompanied with the following information and documents as are necessary to establish that the applicant possesses the qualifications, as required in these regulations:

- (1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number;
- (2) Applicant's 2x2 photograph taken within six (6) months from date of application;
- (3) Applicant must pay the appropriate fees, including the application fee, which shall not be refunded;
- (4) Applicant is to provide originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including, but not limited to:
 - (A) Documents showing proof that applicant is licensed to practice as a acupuncturist in another U.S. jurisdiction; or a diploma or certificate showing a degree of acupuncture or certification of completion of a program of acupuncture accredited by ACAOM or evaluated by AACRAO;
 - (B) Document showing proof that applicant passed the NCCAOM written comprehensive examination or submit a notarized copy of a current NCCAOM certification; and
 - (C) Document showing proof that applicant has taken and completed at least one (1) year of clinical internship training under the supervision of a licensed acupuncturist.

§ 140-50.3- 002106 Reserved.

§ 140-50.3- 002107 Clinic, Treatment Procedures.

(a) Condition of Clinic.

- (1) Every acupuncture clinic or office shall be maintained in a clean and sanitary condition at all times and shall have a bathroom facility.
- (2) In all clinics or offices where non-disposable needles are used, there shall be functioning sterilization equipment.

(b) Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

- (1) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.
- (2) All acupuncture needles and other instruments shall be sterilized before and between uses in a manner which will destroy all microorganisms. All needle trays, which contain sterile needles, shall also be sterile. Each time needles or other instruments are sterilized, the acupuncturist shall use a tape or strip indicator, which shows that sterilization is complete.
- (3) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.
- (4) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician.

An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.

(5) Any complication, including, but not limited to, hematoma, peritonitis, or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician, dentist, or podiatrist, if appropriate, if immediate medical treatment is required.

(6) Acupuncture shall not be performed using hypodermic needles.

(7) All acupuncture needles and instruments to be discarded shall be safely disposed of. Needles shall be discarded in one of the following ways:

(i) They shall be sterilized and discarded in a sealed container, or

(ii) They shall be placed in a sealed, unbreakable container marked "Hazardous Waste" and disposed.

(8) Any acupuncturist who provides acupuncture treatment outside the clinic or office shall carry the required sterile needles and other instruments in a sterile, airtight container.

§140-50.3- 002108 Practice Standards.

(a) Before treatment of a patient, the acupuncturist shall ask whether the patient has been examined by a licensed physician or other health professional, with regard to the patient's illness or injury, and shall review the diagnosis as reported.

(b) The acupuncturist shall obtain informed consent from the patient, after advising the patient of the following information, which must be supplied to the patient in writing before or at the time of the initial visit:

(1) The acupuncturist's qualifications including:

(i) Education;

(ii) License information; and

(2) Side effects, which may include the following:

(i) Some pain in the treatment area;

(ii) Minor bruising;

(iii) Infection;

(iv) Needle sickness; or

(v) Broken needles.

(c) The acupuncturist shall obtain acknowledgement by the patient in writing that the patient has been advised to consult with the patient's primary care physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.

(d) The acupuncturist shall inquire whether the patient has a pacemaker or bleeding disorder.

§140-50.3- 002109 Patient Records.

An acupuncturist shall maintain a patient record for each patient treated, including:

(1) A copy of the informed consent;

- (2) Evidence of a patient interview concerning the patient's medical history and current physical condition;
- (3) Evidence of a traditional acupuncture examination and diagnosis;
- (4) Record of the treatment including points treated; and
- (5) Evidence of evaluation and instructions given to the patient.

§140-50.3- 002110 Referral to Other Health Care Practitioners.

(a) Referral to other health care practitioners is required when an acupuncturist sees patients with potentially serious disorders including, but not limited to:

- (1) Cardiac conditions including uncontrolled hypertension;
- (2) Acute, severe abdominal pain;
- (3) Acute, undiagnosed neurological changes;
- (4) Unexplained weight loss or gain in excess of 15 percent of the body weight in less than a three-month period;
- (5) Suspected fracture or dislocation;
- (6) Suspected systemic infections;
- (7) Any serious undiagnosed hemorrhagic disorder; and
- (8) Acute respiratory distress without previous history.

(b) The acupuncturist shall request a consultation or written diagnosis from a licensed physician for patients with potentially serious disorders.

§ 140-50.3- 002111 Reserved.

§ 140-50.3-002112 Code of Ethics.

The Board recognizes NCCAOM's Code of Ethics as its professional standards model. The cornerstone of the NCCAOM's commitment to ethical business practices and professional conduct is its Code of Ethics. Every CNMI-licensed acupuncturist shall abide by the NCCAOM's Code of Ethics standards and procedures as a condition to the maintenance of his or her license.

§ 140-50.3-002113 Disciplinary Action.

The Board shall have the power to impose administrative penalty and/or reprimand; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations as prescribed in § 2224 of P.L. 15-105, §§ 140-50.3-00901 – 1300 of the regulations, or NCCAOM's Code of Ethics.



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Eloy S. Inos
Lieutenant Governor

EXECUTIVE ORDER NO. 2012-05
DIRECTIVE NO. 4

DATE: May 26, 2012
TO: All Department & Activity Heads
FROM: Governor
SUBJECT: Emergency Licensure of David Vanderpool and Certificate of Authorization for Vanderpool Pipeline Engineers, Inc.

WHEREAS, Executive Order No. 2012-03 declares a State of Emergency regarding the Commonwealth Utilities Corporation's imminent failure and the need to provide immediate reliable power, water, and wastewater services. It reserves the right to issue any and all future directives so as to mitigate or prevent the adverse effects of the emergency; and

WHEREAS, CUC is in need of specialized, experienced engineering services for an emergency pipeline project. According to CUC's regulations, it may only consider bids from CNMI-licensed engineers and engineering firms with Certificates of Authorization ("COA"); and

WHEREAS, the Board of Professional Licensing ("BPL") currently does not have enough active members to meet the quorum requirements for licensure decisions and waivers of regulatory provisions. Because of this, off-island bidders are unable to obtain licenses and COAs; and

WHEREAS, CUC has gone through a fair and open procurement process for RFP 12-006 Rev. 1. The Stipulated Orders in federal district court case *United States v CUC et al.*, No. 08-0051, require CUC to cure certain infrastructure issues, including the CUC Pipeline, in a timely manner. The U.S. Environmental Protection Agency ("EPA"), a party to the case whose

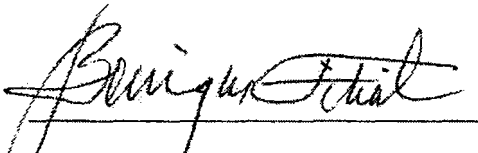
approval is necessary before CUC engages a contractor for Stipulated Order projects, has approved Vanderpool Pipeline Engineers, Inc. ("Vanderpool Inc.") as the highest ranked bidder. Vanderpool Inc. previously submitted to BPL an application for licensure and a request for waiver of the California Seismic Exam; and

WHEREAS, BPL's lack of a quorum means it is currently impossible for David Vanderpool to receive an engineering license or Vanderpool Inc. to obtain a COA through normal application procedures. Additionally, a quorum would be required to waive BPL's regulatory requirement that the applicant have passed the California Seismic Exam, a requirement that is required by few other states. To the best of my knowledge, this is the only regulatory requirement that would bar David Vanderpool from eligibility for a CNMI engineering license.

NOW THEREFORE, I BENIGNO R. FITIAL, GOVERNOR, DO HEREBY DIRECT AS FOLLOWS:

That the requirement of the California Seismic Exam be waived for applicant David Vanderpool and that he be issued a temporary CNMI engineering license for the term of one (1) year after paying the necessary fee of \$250.00 USD to the Board of Professional Licensing.

Additionally, Vanderpool Pipeline Engineers, Inc. shall be issued a Certificate of Authorization after paying the necessary fee of \$200.00. Any application fee not already paid to the Board of Professional Licensing shall be waived.



Benigno R. Fitral



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Eloy S. Inos
Lieutenant Governor

EXECUTIVE ORDER NO. 2012-07

SUBJECT: DECLARATION OF A STATE OF DISASTER EMERGENCY: COMMONWEALTH UTILITIES CORPORATION'S IMMINENT FAILURE AND THE NEED TO PROVIDE IMMEDIATE RELIABLE POWER, WATER, AND WASTEWATER SERVICES.

AUTHORITY: I, BENIGNO R. FITIAL, pursuant to the authority vested in me as Governor of the Commonwealth of the Northern Mariana Islands by Article III, § 10 of the Commonwealth Constitution and 3 CMC § 5121 of the Commonwealth Disaster Relief Act of 1979, do hereby declare a State of Disaster Emergency for the Commonwealth of the Northern Mariana Islands due to the imminent threat of the inability of the Commonwealth Utilities Corporation ("CUC") to provide critical power generation, water, and wastewater services to the CNMI and considering the harm such condition would pose to the Commonwealth of the Northern Mariana Islands.

Exercise of the Constitutional and statutory authority invoked herein will be effectuated by the issuance of Executive Directives setting forth the measures to be taken to address the State of Disaster Emergency pursuant to 3 CMC § 5121(f) (1-3), which states:

(f) In addition to any other powers conferred upon the Governor by law, the Governor may, during a state of disaster emergency:

- (1) Suspend the provisions of any regulatory statute prescribing the procedures for the conduct of the Commonwealth's business, or the orders, rules, or regulations of any Commonwealth activity or agency, if strict compliance with the provision of any such statute, order, rule or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency;
- (2) Utilize all available resources of the Commonwealth as reasonably necessary to cope with the disaster emergency of the Commonwealth;
- (3) Transfer the direction, personnel, or functions of the Commonwealth departments and agencies or units thereof for the purpose of performing or facilitating emergency services.

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WHEREAS, ON MAY 18, 2012, THROUGH EXECUTIVE ORDER 2012-05, I issued a Declaration of a State of Disaster Emergency regarding the Commonwealth Utilities Corporation's imminent failure and the need to provide immediate reliable power, water, and wastewater services.

WHEREAS, I FIND THAT CUC IS FACING a continuing cash shortage which threatens to halt power, water, and wastewater services to the CNMI because of the lack of funds available for CUC to buy diesel fuel and lube oil for its operation. In addition, I find that in order to give relief to customers, renewable energy projects must be implemented. I also find that in order to continue operations, CUC must be able to retain specialized technical employees who are not U.S. citizens and its executive power must be empowered to act in place of the Board until it can be constituted.

WHEREAS, CUC CANNOT PROCURE PROJECTS from competitive off-island bidders because the Board of Professional Licensing does not have the quorum required to issue licenses or certificates of authorization, which are prerequisites to bidding on CUC projects. Because the order in federal district court case *United States v CUC et al.*, No. 08-0051, requires CUC to cure certain infrastructure issues in a timely manner, bidding on current infrastructure issues is an imminent concern. Without the ability to accept bids from off-island bidders, CUC may not be able to obtain the skilled services required to make such repairs. Furthermore, by limiting the bidding pool to those who already have licenses in the CNMI, bidding is likely to be subject to false inflation, which would further tax CUC's budget.

WHEREAS, CUC IS THE SOLE ELECTRICITY SUPPLIER to the Government of the CNMI, including all public safety activities, the schools, and the only hospital. CUC also supplies electricity to most of the CNMI's businesses and homes. While some businesses and agencies own backup generators, they are not generally organized to use the backups as permanent power sources and the diesel oil purchased to run these generators is substantially more expensive than that used for CUC power.

WHEREAS, WITHOUT CUC ELECTRICITY:

- (1) Most CNMI economic activity would come to a halt, much refrigeration and air conditioning would end, and the airports and ports would be forced to rely on emergency generation on the limited, expensive oil supply for it;
- (2) The CNMI's health and safety would immediately be at risk because traffic signals and street lighting would cease to function; emergency, fire, police facilities and their communications systems, and the hospital and island clinics would have to rely on limited oil supplies for emergency generation and then cease functioning; and much refrigeration of food and medicines would end, as would air conditioning for the elderly and sick;
- (3) The public schools and the Northern Marianas College would close. Other educational institutions would close as their backup oil supplies for emergency generators were exhausted; and
- (4) Water and sewage treatment would soon end. One of CUC's largest electric customers is the combined CUC Water and Wastewater Divisions. CUC is the

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sole supplier of electricity for these systems. CUC's water system relies on electricity to maintain the system pressure needed to prevent the backflow of pathogens, to chlorinate, and to pump, store, and distribute water supplies. CUC's wastewater system requires electricity to collect, pump, process, treat, and discharge sewage. The lack of electricity could result in sewage overflows, contaminating land and water and rendering unsafe the CNMI's beaches, which are also principal tourist destinations.

WHEREAS, THERE EXISTS A CASH CRISIS:

- (1) CUC is owed over \$8 million by the cash-strapped central government, the public school system ("PSS"), and the Commonwealth Healthcare Corporation ("CHC"). CUC is owed over \$4 million by residential users and is facing \$2.6 million in accounts payable to vendors who have, in good faith, provided materials and other services;
- (2) The people of the Commonwealth and its government are going through severe economically distressed times. In the past fiscal year alone, the budget of the government fell from \$120 million to a little over \$100 million. This has put a severe strain on the government to meet its obligation.
- (3) CUC often only has days' worth of purchased diesel fuel to power its system because it lacks the funds to buy oil from its sole, cash-only supplier. CUC has no credit or other means to buy fuel than the revenue it collects from its customers;
- (4) A unified government approach is necessary to reconcile and resolve the fiscal crises of the government with the fiscal crises of CUC. This can only be achieved through an emergency declaration.

WHEREAS, THERE EXISTS A RENEWABLE ENERGY CRISIS:

- (1) CUC has gone through the RFP process for several renewable energy projects which would bring some relief to high utility rates, which are based on record-high oil prices;
- (2) These contracts must be brought to completion as soon as possible or the customers of CUC will continue to suffer from high oil prices.

WHEREAS, THERE EXISTS A TECHNICAL WORKER CRISIS:

- (1) CUC faces a manpower crisis. Skilled workers and a responsive support system are key to the success of the operation, particularly for preventative maintenance. At present, CNMI law at 3 CMC §§ 4531 and 4532 prohibits CUC from hiring any more non-U.S. technical workers;
- (2) CUC bears a substantial obligation to deliver highly technical work on time to the satisfaction of the U.S. District Court and the U.S. Environmental Protection Agency ("EPA"), pursuant to two sets of consent, or "Stipulated Orders." Failure to meet the requirements of the federal court orders could

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subject CUC and the CNMI to substantial fines and charges and, in the extreme, to a federal takeover of their finances;

- (3) CUC requires employees with specialized training. There are many non-U.S. citizens whom CUC needs to retain on technical and professional contracts. Without these positions filled, CUC operations would be severely compromised;
- (4) Adequate technical staff is essential to CUC's rehabilitation work. A major challenge to carrying out this rehabilitation has been finding the trained technicians needed to carry out these rehabilitation projects and to maintain and run the equipment. The technicians must be ready for service when needed and their services must be affordable. Any significant reduction in CUC's present technical workforce could seriously compromise CUC's ability to generate and distribute power;
- (5) The legislature, through P.L. 17-1 (Mar. 22, 2010), has limited CUC's ability to hire technical staff, eliminating prior statutory permission to hire up to nineteen foreign workers and reinstating a moratorium on the government's hiring of foreign nationals, even if needed for highly technical positions for which no local or mainland citizens are available. The CUC Act, as subsequently reenacted by P.L. 16-17 (Oct. 1, 2008), provides that CUC shall hire such persons as are necessary for operations, *except as otherwise limited by other law.* 4 CMC § 8123(h);
- (6) There are not enough U.S. citizen or U.S. resident technical specialists at CUC to perform the power generation work, particularly specialists with experience in the type of engines that CUC uses. U.S. citizens with the necessary skills are not readily available in the CNMI and it is costly to recruit from the United States. CUC believes that the vast majority of skill sets, considering its cash restrictions, must come from non-U.S. personnel. CUC has tried to hire diesel mechanics in the CNMI, but has been unsuccessful in finding enough qualified candidates;
- (7) CUC has made on-going attempts to train its own current employees to move up to more advanced technical positions by gaining, through classes and training, the certifications that are needed for taking the required tests. However, there are other positions which require certification that it has been unable to fill from within;
- (8) The bottom line on CUC's technical work has been a substantial increase in reliability, specifically the availability of CUC's generation. CUC's transmission and distribution have similarly improved—January 2010 saw 10 hours and 44 minutes of outages; April 2010 saw one minute. It was critical to this latter improvement that CUC had the skilled, trained work force to maintain power lines;
- (9) The impact of an inadequate workforce would be five-fold:

- a. First, there would be a direct deterioration of service to existing customers. There would be brownouts or area blackouts with the above-mentioned loss of service.
 - b. Second, the power plants would again degrade, producing more of these outages.
 - c. Third, there would be an indirect effect, increasing rates over the longer term, because small consumers would have to shoulder more of the fixed costs of the CUC system. First, there would be loss of large customers. By contrast, if the hotels were to become part of the system, they could help pay CUC fixed costs, which would lower everyone else's rates. Hotels, businesses, and our residents need reliable, 24/7 power. With unreliable power, CUC would be unable to convince large commercial customers, particularly hotels, to join or rejoin its system. Second, if CUC fails to meet federal court deadlines for the Stipulated Orders, the Court could appoint a federal receiver and its consulting team, with all expenses charged to CUC customers.
 - d. Fourth, the loss of CUC's technical experts would shut down or, at least, cripple the company's increasingly successful efforts to cut losses, particularly theft of service.
 - e. Fifth, with the recovery of the world economy, oil prices can be expected to rise. If CUC's generators become less efficient because technical staff are unavailable to maintain CUC's engines' efficiency, that much more oil would be needed to generate a given amount of electricity. The price rise will thereby harm CUC's customers and electricity-dependent services with higher rates.
- (10) CUC has demonstrated that the required workers are available locally as nonresident workers, and cost-effectively so. CUC's renewal of contracts for approximately two dozen essential foreign expert workers was necessary to sustain the integrity of CUC's systems. Thus, continued relief from the legislative prohibition on hiring foreign national workers is necessary to ensure the delivery of uninterrupted power services to the people of the Commonwealth.

WHEREAS, A BOARD OF DIRECTORS DOES NOT EXIST:

- (1) There is no Board of Directors. CUC has functioned without a Board because it has had to. While CUC's enabling act, reenacted as P.L. 16-17, as amended, authorizes a Board, there is no CUC Board yet because, while the staff of the Governor's Office have diligently tried to find Board volunteers who meet the complex statutory qualifications, they have been unable to do so. Nonetheless, CUC must continue to function.
- (2) Without a Board in place, I still must provide for the continued operations of CUC. The Director needs to be able to negotiate with federal and other agencies.

WHEREAS, BY THIS RENEWAL OF THE DISASTER EMERGENCY DECLARATION, I intend to enable CUC to continue to provide necessary services to the people of the Commonwealth. This Declaration is necessary to protect the health and safety of our children, our senior citizens, businesses, and all other CNMI residents and visitors.

NOW, THEREFORE, I hereby invoke my authority under Article III, § 10 of the Commonwealth Constitution and 3 CMC § 5121(f) to take all necessary measures to address the imminent threat facing the Commonwealth of the Northern Mariana Islands including, but not limited to, the authority to:

1. Suspend all statutory or regulatory provisions as required; and
2. The reprogramming of funds necessary to meet this emergency.

It is hereby **ORDERED** that:

This Declaration of a State of Disaster shall take effect immediately and all memoranda, directives, and other measures taken in accordance with this Declaration shall remain in effect for thirty (30) days from the date of this Executive Order unless I, prior to the end of the thirty (30)-day period, notify the presiding officers of the Legislature that the state of emergency has been lifted or has been extended for an additional period of thirty (30) days. 1 CMC § 7403(a); 3 CMC §5121(c).

Under authority of this Declaration and with the goal of mitigating or ameliorating the above described crises, I immediately direct the following:

DIRECTIVE 1: I hereby assume all of the executive power of the CUC which shall include any and all powers vested in the board of Directors and the Executive Director. This executive authority shall be exercised either by me or by my designated Executive Director.

DIRECTIVE 2: All provisions in Title 4 of the Commonwealth Code and P.L. 17-34 that concern PUC regulation of CUC and its actions, and potentially, any oversight of renewable energy contracts are suspended under this Order.

DIRECTIVE 3: Section 4531 of Title 3 of the Commonwealth Code is hereby suspended as to CUC as follows:

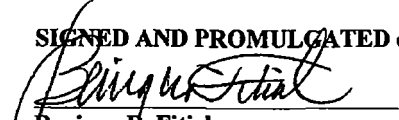
The following strike-out formatted language of the quoted provisions of the following statute regulating government employment is, as indicated, suspended immediately:

3 CMC §4531. Restrictions on Government Employment
~~Employment by departments, agencies, and all other instrumentalities of the Commonwealth government is limited to citizens and permanent residents; provided that the government may enter into contracts with foreign nationals for services performed outside of the Commonwealth.~~

As a result of my suspension of 3 CMC § 4531, CUC shall have the full power and authority to retain staff which may include employees other than citizens and permanent residents of the United States.

The above described Directives are in no way meant as the limits of my actions or authority under this Emergency Declaration. Accordingly, I reserve the right under this Emergency Declaration to issue any and all directives necessary to prevent, mitigate or ameliorate the adverse effects of the emergency.

SIGNED AND PROMULGATED on this 16th day of June 2012.



Benigno R. Fitial
Governor
Commonwealth of the Northern Mariana Islands



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Eloy S. Inos
Lieutenant Governor

EXECUTIVE ORDER NO. 2012-08

SUBJECT: DECLARATION OF A STATE OF DISASTER EMERGENCY: COMMONWEALTH UTILITIES CORPORATION'S IMMINENT FAILURE AND THE NEED TO PROVIDE IMMEDIATE RELIABLE POWER, WATER, AND WASTEWATER SERVICES.

AUTHORITY: I, ELOY S. INOS, pursuant to the authority vested in me as Acting Governor of the Commonwealth of the Northern Mariana Islands by Article III, § 10 of the Commonwealth Constitution and 3 CMC § 5121 of the Commonwealth Disaster Relief Act of 1979, do hereby declare a State of Disaster Emergency for the Commonwealth of the Northern Mariana Islands due to the imminent threat of the inability of the Commonwealth Utilities Corporation ("CUC") to provide critical power generation, water, and wastewater services to the CNMI and considering the harm such condition would pose to the Commonwealth of the Northern Mariana Islands.

Exercise of the Constitutional and statutory authority invoked herein will be effectuated by the issuance of Executive Directives setting forth the measures to be taken to address the State of Disaster Emergency pursuant to 3 CMC § 5121(f) (1-3), which states:

(f) In addition to any other powers conferred upon the Governor by law, the Governor may, during a state of disaster emergency:

- (1) Suspend the provisions of any regulatory statute prescribing the procedures for the conduct of the Commonwealth's business, or the orders, rules, or regulations of any Commonwealth activity or agency, if strict compliance with the provision of any such statute, order, rule or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency;
- (2) Utilize all available resources of the Commonwealth as reasonably necessary to cope with the disaster emergency of the Commonwealth;
- (3) Transfer the direction, personnel, or functions of the Commonwealth departments and agencies or units thereof for the purpose of performing or facilitating emergency services.

WHEREAS, ON MAY 18, 2012, THROUGH EXECUTIVE ORDER 2012-05, I issued a Declaration of a State of Disaster Emergency regarding the Commonwealth Utilities Corporation's imminent failure and the need to provide immediate reliable power, water, and wastewater services.

WHEREAS, I FIND THAT CUC IS FACING a continuing cash shortage which threatens to halt power, water, and wastewater services to the CNMI because of the lack of funds available for CUC to buy diesel fuel and lube oil for its operation. In addition, I find that in order to give relief to customers, renewable energy projects must be implemented. I also find that in order to continue operations, CUC must be able to retain specialized technical employees who are not U.S. citizens and its executive power must be empowered to act in place of the Board until it can be constituted.

WHEREAS, CUC IS THE SOLE ELECTRICITY SUPPLIER to the Government of the CNMI, including all public safety activities, the schools, and the only hospital. CUC also supplies electricity to most of the CNMI's businesses and homes. While some businesses and agencies own backup generators, they are not generally organized to use the backups as permanent power sources and the diesel oil purchased to run these generators is substantially more expensive than that used for CUC power.

WHEREAS, WITHOUT CUC ELECTRICITY:

- (1) Most CNMI economic activity would come to a halt; much refrigeration and air conditioning would end, and the airports and ports would be forced to rely on emergency generation on the limited, expensive oil supply for it;
- (2) The CNMI's health and safety would immediately be at risk because traffic signals and street lighting would cease to function; emergency, fire, police facilities and their communications systems, and the hospital and island clinics would have to rely on limited oil supplies for emergency generation and then cease functioning; and much refrigeration of food and medicines would end, as would air conditioning for the elderly and sick;
- (3) The public schools and the Northern Marianas College would close. Other educational institutions would close as their backup oil supplies for emergency generators were exhausted; and
- (4) Water and sewage treatment would soon end. One of CUC's largest electric customers is the combined CUC Water and Wastewater Divisions. CUC is the sole supplier of electricity for these systems. CUC's water system relies on electricity to maintain the system pressure needed to prevent the backflow of pathogens, to chlorinate, and to pump, store, and distribute water supplies. CUC's wastewater system requires electricity to collect, pump, process, treat, and discharge sewage. The lack of electricity could result in sewage overflows, contaminating land and water and rendering unsafe the CNMI's beaches, which are also principal tourist destinations.

WHEREAS, THERE EXISTS A CASH CRISIS:

- (1) CUC is owed over \$8 million by the the public school system (“PSS”), and the Commonwealth Healthcare Corporation (“CHC”). CUC is owed over \$4 million by residential users and is facing \$2.6 million in accounts payable to vendors who have, in good faith, provided materials and other services;
- (2) The people of the Commonwealth and its government are going through severe economically distressed times. In the past fiscal year alone, the budget of the government fell from \$120 million to a little over \$100 million. This has put a severe strain on the government to meet its obligation.
- (3) CUC often only has days’ worth of purchased diesel fuel to power its system because it lacks the funds to buy oil from its sole, cash-only supplier. CUC has no credit or other means to buy fuel than the revenue it collects from its customers;
- (4) A unified government approach is necessary to reconcile and resolve the fiscal crises of the government with the fiscal crises of CUC. This can only be achieved through an emergency declaration.

WHEREAS, THERE EXISTS A RENEWABLE ENERGY CRISIS:

- (1) CUC has gone through the RFP process for several renewable energy projects which would bring some relief to high utility rates, which are based on record-high oil prices;
- (2) These contracts must be brought to completion as soon as possible or the customers of CUC will continue to suffer from high oil prices.

WHEREAS, THERE EXISTS A TECHNICAL WORKER CRISIS:

- (1) CUC faces a manpower crisis. Skilled workers and a responsive support system are key to the success of the operation, particularly for preventative maintenance. At present, CNMI law at 3 CMC §§ 4531 and 4532 prohibits CUC from hiring any more non-U.S. technical workers;
- (2) CUC bears a substantial obligation to deliver highly technical work on time to the satisfaction of the U.S. District Court and the U.S. Environmental Protection Agency (“EPA”), pursuant to two sets of consent, or “Stipulated Orders.” Failure to meet the requirements of the federal court orders could subject CUC and the CNMI to substantial fines and charges and, in the extreme, to a federal takeover of their finances;
- (3) CUC requires employees with specialized training. There are many non-U.S. citizens whom CUC needs to retain on technical and professional contracts.

Without these positions filled, CUC operations would be severely compromised;

- (4) Adequate technical staff is essential to CUC's rehabilitation work. A major challenge to carrying out this rehabilitation has been finding the trained technicians needed to carry out these rehabilitation projects and to maintain and run the equipment. The technicians must be ready for service when needed and their services must be affordable. Any significant reduction in CUC's present technical workforce could seriously compromise CUC's ability to generate and distribute power;
- (5) The legislature, through P.L. 17-1 (Mar. 22, 2010), has limited CUC's ability to hire technical staff, eliminating prior statutory permission to hire up to nineteen foreign workers and reinstating a moratorium on the government's hiring of foreign nationals, even if needed for highly technical positions for which no local or mainland citizens are available. The CUC Act, as subsequently reenacted by P.L. 16-17 (Oct. 1, 2008), provides that CUC shall hire such persons as are necessary for operations, *except as otherwise limited by other law*. 4 CMC § 8123(h);
- (6) There are not enough U.S. citizen or U.S. resident technical specialists at CUC to perform the power generation work, particularly specialists with experience in the type of engines that CUC uses. U.S. citizens with the necessary skills are not readily available in the CNMI and it is costly to recruit from the United States. CUC believes that the vast majority of skill sets, considering its cash restrictions, must come from non-U.S. personnel. CUC has tried to hire diesel mechanics in the CNMI, but has been unsuccessful in finding enough qualified candidates;
- (7) CUC has made on-going attempts to train its own current employees to move up to more advanced technical positions by gaining, through classes and training, the certifications that are needed for taking the required tests. However, there are other positions which require certification that it has been unable to fill from within;
- (8) The bottom line on CUC's technical work has been a substantial increase in reliability, specifically the availability of CUC's generation. CUC's transmission and distribution have similarly improved—January 2010 saw 10 hours and 44 minutes of outages; April 2010 saw one minute. It was critical to this latter improvement that CUC had the skilled, trained work force to maintain power lines;
- (9) The impact of an inadequate workforce would be five-fold:
 - a. First, there would be a direct deterioration of service to existing customers. There would be brownouts or area blackouts with the above-mentioned loss of service.

- b. Second, the power plants would again degrade, producing more of these outages.
 - c. Third, there would be an indirect effect, increasing rates over the longer term, because small consumers would have to shoulder more of the fixed costs of the CUC system. First, there would be loss of large customers. By contrast, if the hotels were to become part of the system, they could help pay CUC fixed costs, which would lower everyone else's rates. Hotels, businesses, and our residents need reliable, 24/7 power. With unreliable power, CUC would be unable to convince large commercial customers, particularly hotels, to join or rejoin its system. Second, if CUC fails to meet federal court deadlines for the Stipulated Orders, the Court could appoint a federal receiver and its consulting team, with all expenses charged to CUC customers.
 - d. Fourth, the loss of CUC's technical experts would shut down or, at least, cripple the company's increasingly successful efforts to cut losses, particularly theft of service.
 - e. Fifth, with the recovery of the world economy, oil prices can be expected to rise. If CUC's generators become less efficient because technical staff are unavailable to maintain CUC's engines' efficiency, that much more oil would be needed to generate a given amount of electricity. The price rise will thereby harm CUC's customers and electricity-dependent services with higher rates.
- (10) CUC has demonstrated that the required workers are available locally as nonresident workers, and cost-effectively so. CUC's renewal of contracts for approximately two dozen essential foreign expert workers was necessary to sustain the integrity of CUC's systems. Thus, continued relief from the legislative prohibition on hiring foreign national workers is necessary to ensure the delivery of uninterrupted power services to the people of the Commonwealth.

WHEREAS, A BOARD OF DIRECTORS DOES NOT EXIST:

- (1) There is no Board of Directors. CUC has functioned without a Board because it has had to. While CUC's enabling act, reenacted as P.L. 16-17, as amended, authorizes a Board, there is no CUC Board yet because, while the staff of the Governor's Office have diligently tried to find Board volunteers who meet the complex statutory qualifications, they have been unable to do so. Nonetheless, CUC must continue to function.
- (2) Without a Board in place, I still must provide for the continued operations of CUC. The Director needs to be able to negotiate with federal and other agencies.

WHEREAS, BY THIS RENEWAL OF THE DISASTER EMERGENCY DECLARATION, I intend to enable CUC to continue to provide necessary services to the people of the Commonwealth. This Declaration is necessary to protect the health and safety of our children, our senior citizens, businesses, and all other CNMI residents and visitors.

NOW, THEREFORE, I hereby invoke my authority under Article III, § 10 of the Commonwealth Constitution and 3 CMC § 5121(f) to take all necessary measures to address the imminent threat facing the Commonwealth of the Northern Mariana Islands including, but not limited to, the authority to:

1. Suspend all statutory or regulatory provisions as required; and
2. The reprogramming of funds necessary to meet this emergency.

It is hereby **ORDERED** that:

This Declaration of a State of Disaster shall take effect immediately and all memoranda, directives, and other measures taken in accordance with this Declaration shall remain in effect for thirty (30) days from the date of this Executive Order unless I, prior to the end of the thirty (30)-day period, notify the presiding officers of the Legislature that the state of emergency has been lifted or has been extended for an additional period of thirty (30) days. 1 CMC § 7403(a); 3 CMC § 5121(c).

Under authority of this Declaration and with the goal of mitigating or ameliorating the above described crises, I immediately direct the following:

DIRECTIVE 1: I hereby assume all of the executive power of the CUC which shall include any and all powers vested in the board of Directors and the Executive Director. This executive authority shall be exercised either by me or by my designated Executive Director.

DIRECTIVE 2: All provisions in Title 4 of the Commonwealth Code and P.L. 17-34 that concern PUC regulation of CUC and its actions, and potentially, any oversight of renewable energy contracts are suspended under this Order.

DIRECTIVE 3: Section 4531 of Title 3 of the Commonwealth Code is hereby suspended as to CUC as follows:

The following strike-out formatted language of the quoted provisions of the following statute regulating government employment is, as indicated, suspended immediately:

3 CMC §4531. Restrictions on Government Employment

~~Employment by departments, agencies, and all other instrumentalities of the Commonwealth government is limited to citizens and permanent residents; provided that the government may enter into contracts with foreign nationals for services performed outside of the Commonwealth.~~

As a result of my suspension of 3 CMC § 4531, CUC shall have the full power and authority to retain staff which may include employees other than citizens and permanent residents of the United States.

The above described Directives are in no way meant as the limits of my actions or authority under this Emergency Declaration. Accordingly, I reserve the right under this Emergency Declaration to issue any and all directives necessary to prevent, mitigate or ameliorate the adverse effects of the emergency.

SIGNED AND PROMULGATED on this 16TH day of July 2012.

A handwritten signature in black ink, appearing to read 'Eloy S. Inos', written over a horizontal line.

Eloy S. Inos
Acting Governor
Commonwealth of the Northern Mariana Islands



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Eloy S. Inos
Lt. Governor

DIRECTIVE NO. 283

DATE : June 26, 2012

SUBJECT : Qualified Allocation Plan

WHEREAS, the Low-Incoming Housing Tax Credit Program (LIHTC), created by the Tax Reform Act of 1986, is intended to encourage the construction or rehabilitation of low income rental units;

WHEREAS, Section 42, of the United States Tax Code (the "Code") provides for the issuance of low income housing tax credits to subsidize the private development of affordable housing;

WHEREAS, the Commonwealth of the Northern Mariana Islands receives a minimum allocation of such credits every year, which total \$2,525,000.00 credits annually for 2012;

WHEREAS, heretofore the Commonwealth of the Northern Mariana Islands has not utilized its annual allocation of such tax credits;

WHEREAS, the Commonwealth of the Northern Mariana Islands has increasing demand for quality affordable housing for its citizens;

WHEREAS, pursuant to Federal Regulation Section 1.42-IT a "State housing credit agency" must be authorized by gubernatorial act to allocate Credits and administer the program;

WHEREAS, in accordance with the Omnibus Spending Bill of 2000, Omnibus Budget Reconciliation Act of 1989 and the Budget Reconciliation Bill of 1990, the Northern Marianas Housing Corporation developed a "Qualified Allocation Plan" which sets forth (1) the criteria to evaluate and allocate tax credits to projects which best meet the housing needs of the State, and (2) the procedure to monitor for compliance with the provisions of the Low-Income Housing Tax Credit Program (LIHTC);



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

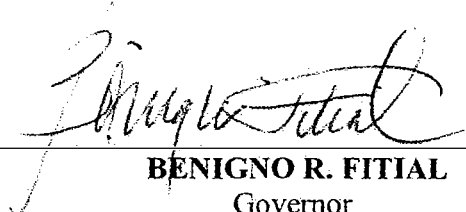
Eloy S. Inos
Lt. Governor

WHEREAS, this office has determined that instituting the Commonwealth of the Northern Mariana Islands' first implementation of the Federal Low Income Housing Tax Credit Program will provide significant and lasting benefits to the people of the Commonwealth of the Northern Mariana Islands and promote the public welfare of the island by providing much needed affordable housing options at little or no cost to the tax payers of the Commonwealth of the Northern Mariana Islands; and

WHEREAS, I appointed the Northern Marianas Housing Corporation (the "Agency") to administer, oversee and serve as the Commonwealth of the Northern Mariana Islands' official "State housing credit agency" for allocating and monitoring the Commonwealth of the Northern Mariana Islands' Low Income Housing Tax Credits pursuant to Section 42 of the Code.

NOW THEREFORE, I, Benigno R. Fitial, Governor of the Commonwealth of the Northern Mariana Islands do hereby approve in its full and current form the Qualified Allocation Plan for the Commonwealth of the Northern Mariana Islands for 2012 which was submitted for review from the Agency. This action will advance the interests of the island and benefit the people of the Commonwealth of the Northern Mariana Islands in many direct and indirect ways and provide meaningful housing opportunities for the less fortunate residents.

In witness whereof, I place my hands this 7/9/12.



BENIGNO R. FITIAL
Governor
Commonwealth of the Northern Mariana Islands



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Benigno R. Fitial
Governor

Eloy S. Inos
Lieutenant Governor

DIRECTIVE

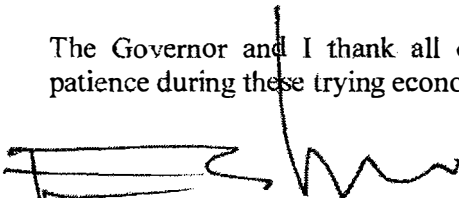
DATE: JUL 25 2012
No. 284

TO: ALL DEPARTMENTS AND AGENCIES
FROM: ACTING GOVERNOR
SUBJ.: Lifting of 8 austerity hours effective pay period beginning July 29, 2012

Effective pay period beginning on July 29, 2012 (Pay period #17), work hours will increase from 64 hours bi-weekly to 72 hours. All department and activity heads are advised to immediately review their fund balances for the remainder of the fiscal year to confirm the availability of funds to cover the cost for the increase in work hours. No department or agency may increase work hours if fund balances are insufficient to cover the additional 8 working hours for the remainder of the fiscal year.

The last remaining eight (8) austerity hours shall be taken on payday Fridays. While I am pleased to be able to lift austerity, albeit partially, I remind all government employees that we are all public servants entrusted to deliver the needs of the community as a whole and as such, we should work diligently during the 8 additional hours to improve services to the public and do our part to improve the economy.

The Governor and I thank all our government employees for their partnership and patience during these trying economic times.



ELOY S. INOS

cc: Governor
Presiding Officers, 17th CNMI Legislature
Director of Courts, CNMI Judiciary
Mayors, CNMI
Chairpersons, CNMI Municipal Councils
Payroll Division, Department of Finance

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Domestic Violence Intervention Center

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ATTORNEY GENERAL LEGAL OPINION NO. 2012-03

QUESTION PRESENTED

Whether individuals convicted of a sex offense as an adult involving a minor may reside with their minor biological, adopted, or step children under Public Law 17-49. This legal opinion does not address the constitutionality of Public Law 17-49 as it is outside the scope of the question presented.

ANSWER

No. Public Law 17-49 expressly prohibits individuals convicted as an adult of a tier 2 or 3 sex offense involving a minor from residing with minor children. However, individuals convicted of a tier 1 sex offense involving a minor, may reside with their minor children if not limited by court order or rules of probation.

ANALYSIS

Public Law 17-49 states, “Anyone convicted of a sex offense as an adult involving a minor, while subject to the registration requirements of this Article as a tier 2 or tier 3 sexual offender, shall not...(c) Reside in or have contact with a residence while minors are present...”. Pub. Law 17-49 §1366(c). In determining whether an offender may reside with his minor children, four factors must be considered (1) was the offender convicted as an adult, (2) is the offender required to register under public law 17-49, (3) was the offender convicted of a tier 2 or tier 3 offense involving a minor, and (4) are there any exceptions the use of the word minor in the above section.

First, the provision applies to anyone convicted as an adult. This would include minors who were prosecuted as an adult and those minor offenders that are 14 years of age or older convicted of a crime that was comparable or more severe than an aggravated sexual abuse as defined in United State Code title 18 section 2241. Pub. Law 17-49 §1360(b). Therefore, the provision does not only apply to offenders over the age of 18.

Second, an individual convicted of a sex offense must register pursuant to Public Law 17-49 if he or she was convicted by the commonwealth, is currently incarcerated by the Commonwealth, or is subject to CNMI agency supervision such as parole or probation. Pub. Law 17-49 §1363(a)-(c). Further, if the offender currently resides, attends school, or is employed in the Commonwealth, he or she must register regardless of where the conviction or incarceration occurred. Pub. Law 17-49 §1363(d)-(f). All sex offenders staying in the CNMI for a period of more than 24 hours are required to register. Pub. Law 17-49 §1361. Lastly, registration is required indefinitely, and thus the provision prohibiting an offender from residing with their minor children also applies indefinitely.

Third, any offender convicted of a tier 2 or tier 3 sex offense as an adult involving a minor cannot reside with a minor. The public law categorizes all sex offenses into tiers 1, 2, and 3. Thus, the only offenders convicted of a tier 1 offense may possibly live with their minor children. Although Commonwealth and federal

Legal Opinion No. 2012-03

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tier 2 and tier 3 offenses are specifically listed in Public Law 17-49 sections 1362 (b) and (c), similar offenses under the statutes of several other jurisdictions would require registration if the individual is sufficiently connected to the Commonwealth as discussed above. Pub. Law 17-49 §1361(d). The general characteristics of each tier are discussed below.

Tier 1 offenses are those that are punishable by no more than one year imprisonment. Further, tier 1 offenses involving a minor include false imprisonment of a minor, video voyeurism of a minor, or possession or receipt of child pornography. Pub. Law 17-49 §1362(a)(2). An individual convicted of a tier 1 offense may be able to reside with their minor children depending on the terms of probation and conviction order. However, repeat offenders of tier 1 crimes may be treated as tier 2 or tier 3 offenders for their subsequent violations. Pub. Law 17-49 §1362(b)(1) and (c)(1). Tier 1 cases should be reviewed on a case by case basis by the court and recommendation of the probation officer.

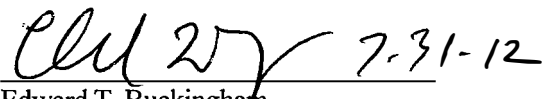
Generally, tier 2 offenses involving minors are those crimes that include (1) the use of minors in prostitution, (2) enticing a minor to engage in criminal sexual activity, (3) Sexual contact with a minor 13 years of age or older that involves intimate body parts of the body, the use of a minor in a sexual performance, or (4) the production for distribution of child pornography. Pub. Law 17-49 §1362(b)(2). Anyone convicted as an adult of such crimes may not reside with their minor children.

Tier 3 offenses involving a minor include (1) non-parental kidnapping of a minor, (2) a sexual act with another by force or threat, (3) a sexual act with a minor who is incapable of appraising the nature of the conduct or declining to participate, or (4) sexual contact with a minor 12 years of age or younger. Pub. Law 17-49 §1362(c)(2). Anyone convicted as an adult of such crimes may not reside with their minor children.

Fourth, the term "minor" is defined as "an individual who has not attained the age of 18 years". Pub. Law 17-49 §1360(i). The public law neither provides for any exceptions to the term "minor" nor to the prohibition of tier 2 and tier 3 offenders from living with any minor. Lastly, Public Law 17-49 does not grant discretionary authority to probation officers or judges. Therefore, neither a judge nor the probation officer may permit offenders to live with their minor children if otherwise prohibited by Public Law 17-49 section 1366(c).

CONCLUSION

Unequivocally, persons convicted of a tier 2 or tier 3 sex offenses as an adult involving a minor may not reside with any minors regardless if the minors are their own biological, adopted, or step children. Although the provision is silent as to tier 1 offenders, applicable probation and sentencing rules may limit such offenders from living with their minor children. Said tier 1 cases should be considered individually. This legal opinion did not address the constitutionality of Public Law 17-49 or its various provisions.


Edward T. Buckingham
Attorney General