

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



COMMONWEALTH REGISTER

**VOLUME 42
NUMBER 10
OCTOBER 28, 2020
Addendum**

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COMMONWEALTH REGISTER

VOLUME 42
NUMBER 10
OCTOBER 28, 2020
Addendum

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Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD

P.O. Box 502078, Bldg., 1242 Pohnpei Court

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**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE AMENDMENT TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD SEAL**

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

VOLUME 42, NUMBER 08, PP 043969-043975 OF AUGUST 28, 2020

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

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

MODIFICATIONS FROM PRIOR PUBLISHED PROPOSED REGULATIONS, IF ANY: None.

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to 4 CMC §2206(b), as amended.

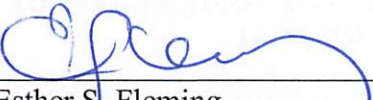
EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b), these adopted amendments to the Regulations for Board Seal are effective 10 days after compliance with the APA, 1 CMC §§9102 and 9104(a) or (b), which in this instance, is 10 days after publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC § 9104(a)(2), the agency received no comments on the proposed amendments to the regulations for Board Seal. 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 regulations for Board Seal were approved for promulgation by the CNMI Attorney General in the above cited pages of the Commonwealth Register, pursuant to 1 CMC § 2153 (e) (to review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government, including public corporations, except as otherwise provided by law).

I DECLARE under penalty of perjury that the foregoing is true and correct copy and that this declaration was executed on the 29th day of October, 2020, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and Ordered by:

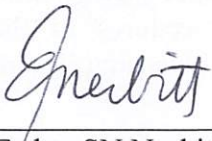


Esther S. Fleming
Executive Director, HCPLB

10/29/20

Date

Filed and Recorded by:



Esther SN Nesbitt
Commonwealth Register *rar*

11.10.20

Date

§ 140-50.3-140 Seal

The Board shall have a seal and shall provide for its use. The official seal of the Board shall be a metal impression seal consisting of four symbols imposed inside the smaller circle representing the islands: a large latte stone with a caduceus symbol for medicine place in front of the capstone; a Carolinian outrigger canoe, two fairy terns flying in pairs; and a Carolinian mwar. Imposed on the bottom portion of the small circle is the date the Board was established. In the outer annular space are the words “Health Care Professions Licensing Board” and “Commonwealth of the Northern Mariana Islands”.





Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD

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**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE AMENDMENT TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD FOR DENTISTS, DENTAL
ASSISTANTS, DENTAL HYGIENISTS, AND DENTAL THERAPISTS**

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

VOLUME 42, NUMBER 08, PP 043976-044007 OF AUGUST 28, 2020

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

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

MODIFICATIONS FROM PRIOR PUBLISHED PROPOSED REGULATIONS, IF ANY: None.

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to 4 CMC §2206(b), as amended.

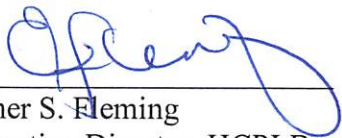
EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b), these adopted amendments to the Regulations for Dentists, Dental Assistants, Dental Hygienists, and Dental Therapists are effective 10 days after compliance with the APA, 1 CMC §§9102 and 9104(a) or (b), which in this instance, is 10 days after publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC § 9104(a)(2), the agency has considered fully all written and oral submissions respecting the proposed regulations. 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 regulations for Dentists, Dental Assistants, Dental Hygienists, and Dental Therapists were approved for promulgation by the CNMI Attorney General in the above cited pages of the Commonwealth Register, pursuant to 1 CMC § 2153 (e) (to review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government, including public corporations, except as otherwise provided by law).

I **DECLARE** under penalty of perjury that the foregoing is true and correct copy and that this declaration was executed on the 29th day of October, 2020, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and Ordered by:



Esther S. Fleming
Executive Director, HCPLB

10/29/20
Date

Filed and Recorded by:



Esther SN Nesbitt
Commonwealth Register ^{now}

11/10/2020
Date

§ 140-50.3-2601 **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 nonclinical 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 that the dentist is available for consultation over procedures which the dentist has authorized, and for which the dentist remains responsible. To qualify as direct supervision, the dentist must either be physically present in the dental facility, or supervise using teledentistry.
- (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 the supervision of tasks or procedures that do not require continuous supervision at the time the tasks or procedures are being performed, but require the tasks be performed with the prior knowledge and consent of the dentist.
- (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) **“Teledentistry”** means the delivery of dental health care and patient consultation through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist licensed in the CNMI using audiovisual telecommunications technology, or the secure transmission of electronic health records and medical data to a dentist licensed in the CNMI to facilitate evaluation and treatment of the patient outside of a real-time or in-person interaction. Prior to engaging the use of teledentistry, a dentist must demonstrate to the Board that (1) there is limited access to dentistry services in the intended community; and (2) must enter a written collaborative agreement with each dental therapist who will be performing services under the dentist’s direct supervision using teledentistry.
- (ii) **“U.S. Territory”** shall mean all territories, commonwealths, or possessions of the United States.
- (jj) **“U.S. state”** shall refer to any of the fifty states or U.S. territory, unless otherwise specifically defined in these regulations.

- (kk) **“Written Collaborative Agreement”** means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by a dental therapist using teledentistry. The services authorized under a collaborative agreement may further limit a dental therapist’s scope of practice and limit tasks that may be performed under the written collaborative agreement and conferred direct supervision, but may not expand the dental therapist’s scope beyond tasks as described in the rules and regulations of the Board. A written collaborative agreement must contain, at minimum:
- (1) the tasks which may be performed by the dental therapist under direct supervision of the dentist; and
 - (2) the protocol for using teledentistry consultation; and
 - (3) the procedures for amending the content of the agreement; and
 - (4) the duration of the agreement not to exceed one year; and
 - (5) the name of a secondary, alternative supervising dentist, if desired; and
 - (6) endorsement by all parties.

§ 140-50.3-2605 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.

§ 140-50.3-2610 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 § 140-50.3-2615–2620; 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.

§ 140-50.3-2615 Dentist – Licensure

- (a) Requirements.

An applicant to practice as a dentist must be at least twenty-one 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 and a clinical examination administered by another state or regional testing agency in the United States within five years preceding filing the application 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 an active license to practice as a dentist in any U.S. state or Canada; and
- (3) 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 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.

§ 140-50.3-2620 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 or 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.

§ 140-50.3-2625 Dentist – Continuing Dental Education (CDE)

- (a) Each dentist licensed to practice dentistry in the CNMI is required to complete forty 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.

§ 140-50.3-2630 Dental Hygienist – Licensure

- (a) Requirements.

An applicant applying for a license to practice dental hygiene in the CNMI must be at least twenty-one 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 who is a foreign trained dental hygienist and who graduated from a school of dentistry recognized by the department of health in that respective country and can provide evidence of:
 - (i) Attaining the U.S. equivalent of a Bachelor's Degree in Dental Hygiene, and
 - (ii) Provide evidence of 160 hours of supervised clinical practice, demonstrating competent skills to the satisfaction of and as witnessed and certified by a Dentist licensed in the CNMI who is approved by the Board, and:

- (4) 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
- (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 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 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.

§ 140-50.3-2635 Dental Assistant – 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
 - (14) 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 educational and preventative oral health services provided by dental hygienists employed by the Commonwealth Healthcare Corporation which are rendered pursuant to the Public Health's Oral Health Program for children, within the scope of these regulations;
 - (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.

§ 140-50.3-2640 Dental Hygienist –Continuing Dental Education (CDE)

- (a) All dental hygienists licensed to practice dental hygiene in the CNMI are required to complete twenty-four CDE hours (12 hours per year), as a prerequisite to the renewal of their biennial license.
- (1) One CDE unit or credit equals one contact hour.
 - (2) 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.
 - (3) 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.

- (4) 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.
- (5) 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.

§ 140-50.3-2645 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 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 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;

§ 140-50.3-2650 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 examination and diagnosis of dental disease;
 - (2) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
 - (3) Preliminary charting of the oral cavity;
 - (4) Taking intra-oral and extra-oral photographs;
 - (5) Exposing and developing radiographs;
 - (6) Prophylaxis or removal of stains, accretions, or deposits and polishing of the coronal portion of the teeth above the cemento enamel junction (CEJ); and
 - (7) Scale and root planning (removal of calculus or deposits below the cemento enamel junction (CEJ);
 - (8) Application of topical preventive or prophylactic agents, including fluoride varnishes and gel;
 - (9) Placement of pit and fissure sealants;
 - (10) Application of silver diamine fluoride;
 - (11) Pulp vitality testing;

- (12) Application of desensitizing agents on primary or permanent teeth;
 - (13) Placement of temporary restorations on primary or permanent teeth;
 - (14) Fabrication and cementation of temporary crowns on permanent teeth;
 - (15) Placement and removal of restorative bands;
 - (16) Suture removal and dressing changes;
 - (17) Impressions for, and delivery of, occlusal guards, athletic mouth guards and whitening trays but not laser bleaching;
 - (18) Impressions for removable prosthesis;
 - (19) Tissue Conditioning and soft reline for removal prosthesis; and
 - (20) Minor adjustments of removable prosthesis.
- (b) A licensed dental therapist may perform the following services under direct supervision of a dentist:
- (1) Cavity preparation;
 - (2) Placement, shaping, polishing, and adjustment of restorative materials or fillings on primary or permanent teeth;
 - (3) Indirect and direct pulp capping on primary and permanent teeth;
 - (4) Placement and removal of space maintainers on primary teeth;
 - (5) Recommendation of permanent crowns;
 - (6) Try-in of removable prosthesis;
 - (7) Non-surgical extraction of primary teeth;
 - (8) Non-surgical extraction of permanent teeth with greater than grade 2 mobility;
 - (9) Tooth re-implantation;
 - (10) Stabilization of re-implanted teeth or teeth otherwise affected by trauma;
 - (11) Emergency palliative treatment or dental pain;
 - (12) Administration and monitoring of nitrous oxide (with proof of certification from a Board-approved program)
 - (13) Fabrication and cementation of temporary crowns on permanent teeth;
 - (14) Dispensing medications as ordered by the dentist;
 - (15) Observation and monitoring of patients under sedation; and

- (16) Administration of local anesthetic
- (c) The supervising dentist is professionally and legally responsible for all care provided by the dental therapist.
- (d) 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; 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.

§ 140-50.3-2655 Dental Therapist – Continuing Dental Education (CDE)

- (a) All dental therapists licensed to practice in the CNMI are required to complete twenty-four 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.

§ 140-50.3-2660 Dental Assistant – Registration

All persons wishing to perform the duties and functions of a dental assistant must register with the Board within three 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.

§ 140-50.3-2665 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) A dental assistant employed by the Commonwealth Healthcare Corporation may assist a dental hygienist, independent of a licensed dentist, for educational and preventative oral health services rendered pursuant to the Public Health's Oral Health Program for children, within the scope of these regulations.

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(d) 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.

§ 140-50.3-2670 [Reserved]

§ 140-50.3-2675 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	\$200.00
	(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

§ 140-50.3-2680 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 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.

§ 140-50.3-2685 [Reserved]

§ 140-50.3-2690 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, "Blood borne 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).

§ 140-50.3-2695 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.

§ 140-50.3-2700 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.

§ 140-50.3-2701 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.

§ 140-50.3-2705 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.

§ 140-50.3-2710 Requirements for General Anesthesia, Parental Sedation, and 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 hours of accredited continuing education in this area and shall hold a current certificate in Pediatric Advanced Life Support (PALS).

§ 140-50.3-2715 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.

§ 140-50.3-2720 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.

§ 140-50.3-26725 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 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 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 days; and
 - (iii) Acceptance of the surrender of dental privileges or any restriction of such privileges of a dental care professional.

§ 140-50.3-2730 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

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pursuant to P.L. 15-105 § 2224 and §§ 140-50.3-901–1300 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;

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- (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” relations 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 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.

§ 140-50.3-2735 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>.

Part 2700 - [Reserved as Part of 2600]