

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



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**COMMONWEALTH REGISTER**

**VOLUME 48  
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June 16, 2026  
ADDENDUM**

**COMMONWEALTH REGISTER  
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NUMBER 06  
JUNE 16, 2026  
Addendum**

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Commonwealth of the Northern Mariana Islands  
**HEALTH CARE PROFESSIONS LICENSING BOARD**  
P.O. Box 502078, Bldg. #1242 Pohnpei Court  
Capitol Hill, Saipan, MP 96950  
Tel No: (670) 664-4808/09 Fax: (670) 664-4814  
Email: [info@cnmilicensing.gov.mp](mailto:info@cnmilicensing.gov.mp)  
Website: [www.cnmilicensing.gov.mp](http://www.cnmilicensing.gov.mp)



**NOTICE OF PROPOSED REGULATIONS TO THE  
HEALTH CARE PROFESSIONS LICENSING BOARD FOR  
INDEPENDENT PHYSICIAN ASSISTANT (“iPA”)**

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

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

**THE TERMS AND SUBSTANCE:** The HCPB proposed to amend the regulations to reinstate sections under § 185-10-4155 “Special Provision – Advertising and Identification to the Public” omitted from the older version in § 140-50.3-004112. A new subsection 185-10-4175 is also being proposed to add for an “**Independent Practice for Physician Assistant – iPA**”.

**THE SUBJECTS AND ISSUES INVOLVED:** The permit for an Independent Practice Physician Assistant is necessary to allow qualified and experienced physician assistants to provide healthcare services within their authorized scope of practice without the requirement for continuous physician supervision. Granting independent practice authority improve 30-Days access to healthcare, particularly in underserved communities, enhances the efficiency of healthcare delivery, and helps address provider shortages. Independent practice physician assistants remain accountable to professional standards, licensing requirements, and applicable laws and regulations to ensure the delivery of safe, competent, and high-quality patient care.

**DIRECTIONS FOR FILING AND PUBLICATION:** The Board is soliciting comments regarding this proposed amendment, 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 amendment by contacting us at 664-4808/09 or by email at [info@cnmilicensing.gov.mp](mailto:info@cnmilicensing.gov.mp) or come by our office located at Bldg. #1242, Pohnpei Ct., Capitol Hill. Comments should be dropped off at our office on Capitol Hill or sent to the BPL, P.O. Box 502078, Saipan, MP 96950.

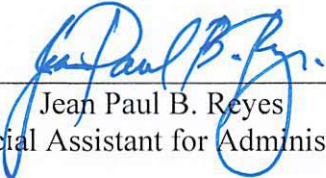
185-10 HEALTH CARE PROFESSIONS LICENSING BOARD

Submitted By:

  
Esther S. Fleming  
Executive Director


06/15/26  
06/16/26  
Date

Received By:

  
Jean Paul B. Reyes  
Special Assistant for Administration

6/15/26  
6/16/2026  
Date

Filed and Recorded By:

  
Esther San Nicolas  
Commonwealth Registrar

6.16.2026  
Date

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

Dated this 16<sup>th</sup> day of June 2026.



EDWARD MANIBUSAN  
Attorney General



Commonwealth gi Sangkattan na Islas Mariãnas  
**KUETPUN MANLISESENSIA PROFESIONÁT GI  
INADAHIN HINEMLU'**

P.O. Box 502078, Bldg. #1242 Pohnpei Court  
Capitol Hill, Saipan, MP 96950  
Tel No: (670) 664-4808/09 Fax: (670) 664-4814  
Email: [info@cnmilicensing.gov.mp](mailto:info@cnmilicensing.gov.mp)  
Website: [www.cnmilicensing.gov.mp](http://www.cnmilicensing.gov.mp)



**NUTISIA PUT I MAPROPOPONI NA REGULASIÓN SIHA GI KUETPUN  
MANLISESENSIA PROFESIONÁT GI INADAHIN HINEMLU' PARA**

**INDIPENDENTI NA AYUDÁNTIN DOKTU ("iPA")**

**I AKSION NI MA'INTENSIONA PARA U MA'ADÁPTA ESTI I MAPROPOPONI NA  
REGULASIÓN SIHA:** I Kuetpun Manlisesensia Profesionát Gi Inadahin Hinemlu' (i HCPLB)  
ha intensiona para u adápta kom u petmanienti na regulasiÓN siha i mañechettun na  
Manmapropo ni na Tinilaika siha, sigun gi manera siha gi Ákton i Administrative Procedure, 1  
CMC § 9104(a). I regulasiÓN para u ifektibu gi dies (10) dihas gi dispues di tináttiyin i lai yan i 1  
CMC §§ 9102 yan i 9104(a) pat i (b) (1 CMC § 9105 (b)).

**ATURIDÁT:** I Kuetpun Manlisesensia Profesionát Gi Inadahin Hinemlu' gai estatúa na áturidát  
para u implimenta yan kátga huyung i regulasiÓN siha sigun gi 3 CMC § 2206(b), komu  
ma'amenda.

**I TEMA YAN SUSTÁNSIAN I PALÁBRA SIHA:** I HCPB ha propo ni para u amenda i  
regulasiÓN siha para u pega tátti i seksiona gi § 185-10-4155 i "Ispisiát PrubensiÓN-Pupbliblika yan  
AidentifikasiÓN para i Pupbliku" ni ti mana'hålum ginin i ma'pus na fina'tinas hålum i § 140-50.3-  
004112. I nuebu na "subsection" 185-10-4175 mapropo ni lokkui' para u na'hålum komu para  
"Prinaktika Indipendenti na Ayudántin Doktu- iPA".

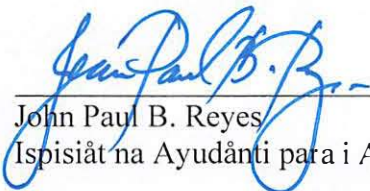
**SUHETU YAN ASUNTU NI TINEKKA':** I lisensia para i Prinaktika Indipendenti na  
Ayudántin Doktu nisisáriu para u sedi i mansiña yan manikspirensia na manayudántin doktu para  
u pribeni sitbisiun inadahin hinemlu' siha gi halum ma'áoturisa na ubligasiÓN-ñiha para u praktika  
sin i prisisu na para u gaigi i manmaneneha na doktu. I nina'in áoturidát independienti para u  
praktika umadilálánta para u na'libiánu intráda hålum gi inadahin hinemlu', pattikiláttenti gi  
halum i mañatsaga na kumunidát, ináomementa i ufisienti na nina'in inadahin hinemlu', yan  
inayuda sumáta i ti numahung doktu. I prinaktika independienti na ayudántin doktu kumuntinuha  
manrisponsáppli gi kuálidát profesionát, prinisusun manlisesensia siha, yan i manaplikáppli na lai  
yan regulasiÓN siha para u na'siguru na i nina'in sitbisiu na mansáfu, máolik, yan tinátkilu'-  
kuálidát na inadahin minalángu.

**DIREKSIÓN PARA U MAPO'LU YAN MAPUPBLIKA:** I Kuetpu mamamaisin upiñon siha  
put esti i mapropo ni na tinilaika siha ni debi di u marisibi ni Kuetpu gi halum i trenta (30)  
dihas gi primet na publikasiÓN esti na nutisia gi halum i Rehistran Commonwealth. I  
manintirisáo na pitsona siha siña marikuesta kopian i mapropo ni na tinilaika. Ágang hami gi  
664-4808/09 osino email hami gi [info@cnmilicensing.gov.mp](mailto:info@cnmilicensing.gov.mp) pat bisita i ufisinan-mámi ni gaigi  
gi Bldg. #1242, Pohnpei Ct., Capitol Hill, Saipan. I tinigi' upiñon put esti na tinilaika siha debi  
na u ma'intrega hålum gi ufisinan-mámi pat kattáyi guatu gi HCPLB, P. O. Box 502078, Saipan,  
MP 96950.

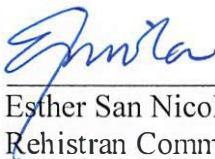
Addendum

Nina'hålum as:   
Esther S. Fleming  
Eksekutibu na Direktót

06/16/2026  
Fetcha

Rinisibi as:   
John Paul B. Reyes  
Ispisiát na Ayudánti para i Atministrasió


6/16/2026  
Fetcha

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

6-16-2026  
Fetcha

Sigun i 1 CMC § 2153(e) (I Abugádu Henerát ha aprueba i regulasió siha na para u macho' gui komu fotma) yan 1 CMC § 9104(a) (3) (hentan inaprueban Abugádu Henerát) i manmaproponi na Regulasió siha ni mañechettun guini ni manmaribisa yan manma'aprueba komu fotma yan sufisienti ligát ginin i CNMI Abugádu Henerát yan debi na u mapupblika, 1 CMC § 2153(f) (publikasió i areklamentu yan regulasió siha).

Mafetcha gi diha 16<sup>th</sup> gi Huniu 2026.

  
EDWARD MANIBUSAN  
Abugádu Henerát



Commonwealth Téel Falúw kka Efáng Ilól Marianas  
**HEALTH CARE PROFESSIONS LICENSING BOARD**  
P.O. Box 502078, Bldg., 1242 Pohnpei Court  
Capitol Hill, Saipan, MP 96950  
Tel No: (670) 664-4808/4809 Fax: (670) 664-4814  
Email: [info@cnmilicensing.gov.mp](mailto:info@cnmilicensing.gov.mp)  
Website: [www.cnmilicensing.gov.mp](http://www.cnmilicensing.gov.mp)



**ARONGORONGOL PPWOMMWOL LIIWEL NGÁLI**  
**HEALTH CARE PROFESSIONS LICENSING BOARD NGÁLI**  
**INDEPENDENT PHYSICIAN ASSISTANT (“iPA”)**

**MÁNGEMÁNGIL MWÓGHUT REEL REBWE ADÓPTÁÁLI PPWOMMWOL MWÓGHUTUGHUT KKAAL:** Health Care Professions Licensing Board (HCPB) re mángemángil rebwe adóptááli PPwommwol Liiwel ikka e appasch bwe ebwe lléghló, sáangi mwóghutughutúl Administrative Procedure Act, 1 CMC § 9104(a). Ebwe bwunguló mwóghutughut seigh ráál (10) mwiril aal angúungú fengál me 1 CMC §§ 9102 me 9104(a) ngáre (b) (1 CMC § 9105(b)).

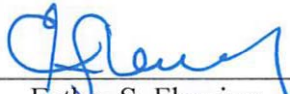
**BWÁNGIL:** Eyoor bwángil Health Care Professions Licensing Board rebwe aronga me isiisíwow mwóghut sáangi 4 CMC § 2206(b), igha e liiwel.

**KKAPAS ME WEEWEEL:** HCPB ekke ayooa ppwommwol liiwel reel ebwe aséfálong § 185-10-4155 reel isiisíwowul me efaisúl health professionals rebwe reepiyar meleyúr poblikko. E lo allégh yeel llól fasúl alléghúl § 140-50.3-004112 nge ese isiisílong. HCPB ebwal ayooa ppwommwol liiwel iye rebwe ayooa bwal eew allégh, § 185-10-4175, reel **“Independent Practice for Physician Assistant (iPA).”**

**KKAPASAL ME AUTOL:** Permit-il **Independent Practice Physician** e ngaleer atoridóód physical assistance rebwe ayooa alillis me ese nisista bwe physician rebwe supervice-liir. Reel tappal atoridóód yeel nge e mmwel ngáliir physical assistance rebwe ayooa maas alillis me llól kkumini dó ikka ese bwal ghi yoor alillisil healthcare. E nisita bwe **Independent Practice Physician Assistants** ebwe atabweey standard-il mal professional, requirment-il licensing, me mwóghutughutul allégh iye ebwe tepángiir mal sumwaay.

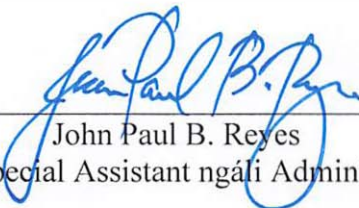
**AFAL REEL AMMWELIL ME AKKATÉÉWOWUL:** Board re tingór kkapas ikka e ssúngáli ppwommwol liiwel iye Board rebwe bwughi llól eliigh (30) ráál mwiril aal ghommwal akkatééwow me llól Commonwealth Register. Schóó kka re tipáli pappidil ppwommwol liiwel rebwe faingi ghámeme me 664-4809 ngáre email li [info@cnmilicensing.gov.mp](mailto:info@cnmilicensing.gov.mp) ngáre mweteló bwulasiyo imwu e lo Bldg. No. 1242, Pohnpei Ct, Asúngúl, Seipél. Ischill kkapas wóól liiwel kkaal ebwe mwetelól bwulasiyo ngáre afangaló BPL, P.O. Box 502078, Saipan, MP, 96950.

Isáliyalong:

  
\_\_\_\_\_  
Esther S. Fleming  
Executive Director


06/14/2026  
Ráál

Bwughiyal:

  
\_\_\_\_\_  
John Paul B. Reyes  
Acting, Special Assistant ngáli Administration

6/16/2026  
Ráál

Ammwelil:

  
\_\_\_\_\_  
Esther San Nicolas  
Commonwealth Registrar

6.16.2026  
Ráál

Sáangi 1 CMC § 2153(e) (sáangi átirowal AG reel mwóghutughut bwe aa ffil reel fféerúl me ebwe arongowow) me 1 CMC § 9104(a) (3) (sáangi átirowal AG) reel ppwommwol mwóghutughut ikka e appasch bwe ra takkal amwuri fischiiy me átirowa bwe aa ffil reel fféerúl me legal sufficiency sáangi Soulemelemil Allégh Lapalap CNM1 me ebwe akkatééwow, 1 CMC § 2153 (f) (arongowowul allégh me mwóghutughut).

Ráálil iye 16<sup>m</sup> Alimaté 2026



\_\_\_\_\_  
EDWARD MANIBUSAN  
Soulemelemil Allégh Lapalap

**CHAPTER 185-10  
COMMONWEALTH HEALTH CARE PROFESSIONS LICENSING  
BOARD REGULATIONS**

**Part 4100 - Physician's Assistant**

**§ 185-10-4101 Definitions**

- (a) "Administer" means the direct application of a drug, whole blood, blood components, diagnostic procedure or device, whether by injection, inhalation, ingestion, skin application or other means, into the body of a patient.
- (b) "ARC-PA" means the Accreditation Review Commission for the Education of Physician Assistants, or its successor.
- (c) "Contact" for the supervision of a physician assistant means communication in person, or by electronic means, including radio, telephone, fax, computer, or other telecommunication device.
- (d) "Continuing Education (CE)" shall mean educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician assistant uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the medical profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.
- (e) "Controlled Substance" means a substance, typically a drug or its chemical precursor, described or authorized for classification in the U.S. Controlled Substance Act, 21 U.S.C. § 812, et seq., and periodically classified under one of Schedules II, III, IV, or V by the U.S. Drug Enforcement Administration (DEA), as presently codified in 21 C.F.R. § 1308.
- (f) "Doctor," including "Dr.," "D.O.," and/or "M.D." shall mean a physician.
- (g) "Dispense" means to deliver a device or a medication in a suitable, labeled container to or for an ultimate user.
- (h) "FCVS" mean the Federation Credentials Verification Services established by the FSMB in September 1996 to provide a centralized, uniform process for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials. FCVS obtains primary- source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant's request, to any state medical and osteopathic board, hospital, health care or other entity.

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- (i) “Impairment” means the inability of an applicant and/or license 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.
  
- (j) “Medex” means a person who gained medical experience during military service and is currently licensed by this Board as a physician assistant based on the grandfather clause in P.L. 3- 30 § 3(f) [3 CMC § 2212] (as amended).
  
- (k) “NCCPA” means the National Commission on Certification of Physician Assistants, an independent organization that was established to assure the competency of Physician Assistants and which administers the PANCE to graduates of accredited PA programs.
  
- (l) “PA-C or PA-certified” is the title given to physician assistants who have taken and passed the PANCE and who maintain certification.
  
- (m) “PANCE” means the Physician Assistant National Certifying Examination administered by the NCCPA.
  
- (n) “Patient Encounter” is a record of an interaction between a patient and a healthcare provider.
  
- (o) “Person” means a person real or legal, including a human being, and an artificial person, including government entity, non-governmental organization, association, corporation, Limited Liability Company, limited liability partnership, partnership, or sole proprietorship.
  
- (p) “Physician Assistant” or “Physician’s Assistant” or “Physician Associate” or “PA” means a health care professional trained in intensive physician assistant/associate education programs and who has been certified by the NCCPA to practice medicine with physician supervision.
  
- (q) “Practice of Medicine” means:
  - (1) Using the title “Doctor,” “Doctor of Medicine,” “Doctor of Osteopathy,” “Physician,” “Surgeon,” “Dr.,” “M.D.,” “D.O.,” “PA,” “Physician Assistant,” “Physician Associate,” or any word or abbreviation to indicate or induce others to believe that one is engaged in the practice of medicine as defined hereon; and
    - (i) Holding out one’s self to the public within the CNMI 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; or
    - (ii) Suggesting, recommending, prescribing, or administering any form of treatment, operation, or healing for the intended palliation, relief, or cure or 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

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whatsoever.

- (r) “Prescription” shall mean a written, facsimile, electronic, or telephone order or formula issued by a practitioner for a medication to be compounded and dispensed by a pharmacy to a patient.
- (s) “Prescription Drug Order” or “Order” shall mean a prescription documented in a hospital or other institutional facility’s chart/medical record for a medication to be compounded and dispensed by an inpatient pharmacy and then administered to a patient by a nurse or other medical professional with drug administration privileges.
- (t) “Remote Area,” for purposes of these regulations, is defined as those islands within the CNMI other than Saipan.
- (u) “Remote Practice Location” means a location in a remote area where a PA practices that is not his or her supervising physician’s primary practice location.
- (v) “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.
- (w) “Supervising Physician” means the licensed physician who supervises a physician assistant.
- (x) “Supervision” of a physician assistant means overseeing the activities of and accepting responsibility for the medical services rendered by a physician assistant.

### § 185-10-4105 Requirements for Licensure

- (a) An applicant for licensure as a physician assistant must be at least twenty-one years of age, is a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meets the following requirements:
  - (1) Applicant has at least a **B**achelor’s **D**egree as a Physician Assistant or Physician Associate from a program accredited by the Accreditation Review Commission for the Education of Physician Assistants (ARC-PA), or prior to 2001, either by the Committee on Allied Health Education and Accreditation of the American Medical Association or the Commission on Accreditation of Allied Health Education Programs; and
  - (2) Applicant passed the Physician Assistant National Certifying Examination (PANCE) administered by NCCPA, or other future national examinations; and
  - (3) Applicant provides evidence of current NCCPA certification; or applicant possess**es** an active unrestricted license to practice as a physician assistant in another U.S. state or territory; 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 assistant in any jurisdiction, U.S. or foreign.
- (b) In addition to the foregoing requirements, the Board may add the following requirements, in its discretion, and for good cause:
  - (1) Require additional proof that the person is competent to practice professionally;
  - (2) Require further examination;

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- (3) Require additional proof that the person is of an acceptable moral character; and/or
  - (4) Require that the person not be impaired by reason of substance abuse or debilitating physical or mental/emotional condition.
- (c) A physician assistant license will be issued by the Board when the applicant meets the requirements set forth above. However, a physician assistant may not practice until a Practice Agreement has been filed and approved by the Board.
- (d) Exemption.
- (1) An individual who is currently licensed as a physician assistant and who was grandfathered ~~in~~ under the exemption for Medex in P.L. 3-30 § 3(f) [3 CMC § 2212] (as amended) shall be exempt from satisfying all licensure requirements in this section but will have an additional requirement for supervision. These individuals shall be required to have 75% on-site physician supervision.
  - (2) No new licenses will be issued under this exemption for Medex in P.L. 3-30 § 3(f) [3 CMC § 2212] (as amended by P.L. 7-48).
- (e) The Board may deny a license to a person to practice as a physician assistant if the person has been the subject of an adverse action in which his or her license was suspended, revoked, placed on probation, condition or renewal denied.

### § 185-10-4110            **Licensure by Endorsement**

[Reserved.]

### § 185-10-4115            **Scope of Practice**

- (a) The physician assistant may only provide those medical services which:
- (1) He/she is competent to perform as determined by the supervising physician;
  - (2) Are consistent with his or her education, training, and experience; and
  - (3) Are delegated in writing by the supervising physician responsible for the patients cared for by the physician assistant.
- (4) A supervising physician shall delegate to a physician assistant only those tasks or procedures consistent with the supervising physician's specialty or usual and customary practice.

### § 185-10-4120            **Practice Agreement**

- (a) Licensee shall submit a Practice Agreement between himself or herself and the supervising physician(s), in a format provided by the Board, describing the manner and extent to which the physician assistant will practice and be supervised. The Board may approve, modify, or reject the Practice Agreement as originally submitted. No licensed physician assistant may practice without a valid Practice Agreement on file with the Board. Practicing without an approved practice agreement shall be grounds for disciplinary action. The Practice Agreement, at a minimum, shall:
- (1) Provide for:
    - (i) Physician consultation;

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- (ii) Collaboration;
  - (iii) Adequate means for immediate communication between the parties; and
  - (iv) Referral and emergency coverage;
  - (2) Describe the physician assistant's scope of practice;
  - (3) List the settings where the physician assistant will be utilized, for example, a clinic, hospital, ambulatory center, patient home, emergency vehicle and/or other institutional setting. The supervising physician and the PA are each responsible for ensuring that both parties have the proper credentials and experience to practice in the capacity listed;
  - (4) If applicable, list specific prescriptive privileges and/or restrictions to the physician assistant's prescriptive privilege, as described in section 185-10-4130;
  - (5) Provide for the supervising physician's review and signature of records, as follows:
    - (i) A minimum of 5% of all patient encounters by the physician assistant that do not involve a controlled substance will be reviewed and signed within thirty calendar days;
    - (ii) A minimum of 10% of all patient encounters by the physician assistant that involve a prescription drug order, prescribing, dispensing or administering of Schedule III-V controlled substances must be reviewed and signed within thirty calendar days;
    - (iii) A minimum of 15% of all patient encounters by the physician assistant that involve a Schedule II controlled substance must be reviewed and signed within seven days; and
    - (iv) The Board may require that up to 100% of all patient encounters by a physician assistant be reviewed and signed by a supervising physician.
  - (6) Describe the method by which a supervising physician will comply with the chart review requirements. The Board, may, at any time, request proof of compliance with this chart review requirement. Non-compliance may result in termination by the Board of a practice agreement;
  - (7) Identify the supervising physician's designated alternate supervising physician in his or her absence; and
  - (8) Contain a statement substantially as follows: "The physician will direct and exercise supervision over the physician assistant in accordance with the CNMI HCPLB's regulations and recognizes that he or she retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patient."
- (b) If a practice agreement allows for the ordering, prescribing, dispensing, and/or administering of controlled substances, a copy of that Practice Agreement will be filed by the Board with all CNMI outpatient pharmacies and any applicable inpatient pharmacies.
- (c) The supervising physician and the physician assistant shall notify the Board in writing within seven days of any change or the termination of the Practice Agreement.
- (d) Any change to the approved Practice Agreement must be reviewed and approved by the Board prior to any change taking effect.
- (e) At a minimum, a Practice Agreement shall be renewed every 2 years or at the time of license

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renewal, whichever is sooner, if there is no change to the agreement within the two-year period.

### § 185-10-4125      **Supervising Physician**

- (a) The supervising physician must comply with the following requirements ~~in order~~ to supervise a physician assistant:
- (1) The supervising physician shall possess a current unrestricted license to practice medicine in the CNMI that is in good standing with the Board and a valid individual DEA registration;
  - (2) The supervising physician's primary place of practice is within the CNMI. At least 50% of his or her practice must be clinical. A supervising physician shall delegate to a physician assistant only those tasks or procedures consistent with the supervising physician's specialty or usual and customary practice;
  - (3) The supervising physician will direct and exercise supervision over the physician assistant in accordance with these regulations and recognizes that he or she retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patient;
  - (4) The supervising physician shall ~~always~~ provide adequate means for direct communication at all times between the physician assistant and him or her; this direct communication may occur through the use of technology which may include, but is not limited to, two-way radio, telephone, fax machine, internet, or other telecommunication device;
  - (5) The supervising physician will personally review and sign the records of patients seen by the physician assistant as described in section 185-10-4120;
  - (6) The supervising physician shall designate an alternate supervising physician in his or her absence. That alternate physician must satisfy all requirements of a primary supervising physician; and
  - (7) A supervising physician shall petition the Board if he or she wishes to supervise more than two full-time physician assistants or the equivalent of two full-time physician assistants.
- (b) If a supervising physician does not comply with the regulations in this section or if he or she allows a physician assistant to practice without a valid practice agreement, he or she will be subject to discipline.

### § 185-10-4130      **Special Provision: Prescription Privilege**

- (a) The supervising physician may allow the physician assistant to make prescription drug orders, prescribe, dispense, and/or administer medications and medical devices to the extent described in the written practice agreement and subject to the following requirements:
- (1) Physician assistants must be currently certified by the NCCPA ~~in order~~ to be automatically eligible for prescriptive privileges. Certification by NCCPA is independent from any decision of this Board;
  - (2) A physician assistant can only make prescription drug orders, prescribe, dispense, and/or administer controlled substances if he or she holds a current DEA certificate that allows for those privileges. A copy of that certificate must be submitted to the Board

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- before a PA can order, prescribe, dispense, and/or administer any controlled substance;
- (3) A physician assistant can only make prescription drug orders, prescribe, dispense and/or administer medications, including controlled substances, if authorized to do so by the supervising physician;
  - (4) In general, a supervising physician may authorize the prescription drug ordering, prescribing, dispensing, and/or administration of Schedule III-V controlled substances.
  - (5) A supervising physician must request, with the consent of the physician assistant, authorization from the Board to allow the physician assistant to make prescription drug orders, prescribe, dispense, and/or administer Schedule II controlled substances. Unless granted by the Board in an approved practice agreement, a physician assistant shall not order, prescribe, dispense, and/or administer Schedule II controlled substances;
  - (6) A prescription for a controlled substance written by a physician assistant must have his or her DEA number clearly written on the prescription form;
  - (7) A physician assistant may prescribe no more than a 30-day supply of Schedule III-V medications. A physician assistant can only prescribe prescription refills if the prescription is co- signed by a supervising physician whose DEA number is clearly written on the prescription form;
  - (8) When applicable, a physician assistant may prescribe no more than a 30-day supply of Schedule II non-narcotic controlled substance medications. A physician assistant can only prescribe prescription refills if the prescription is co-signed by a supervising physician whose DEA number is clearly written on the prescription form;
  - (9) For physician assistants working in a remote practice location, the Board may limit the quantity of Schedule II and Schedule III-V medications prescribed to less than 7 days and 30 days, respectively. Also, the Board may impose additional supervision requirements such as maintaining an updated database of patients requiring daily and long-term scheduled medications. Such a database must be reviewed by a supervising physician at least monthly.
  - (10) A prescription for a controlled substance written by a physician assistant must be documented in that patient's chart and must include the name of the drug, dose, and route of administration, frequency, duration, and quantity prescribed;
  - (11) Patient encounters by a physician assistant where a controlled substance was ordered, dispensed, and/or administered must be reviewed and signed by a supervising physician, as described in "Practice Agreement";
  - (12) A practice agreement allowing a physician assistant to make prescription drug orders, prescribe, dispense, and/or administer any controlled substance will be filed with all local outpatient pharmacies and with any applicable inpatient pharmacies; and
  - (13) The physician assistant shall comply with:
    - (i) All appropriate federal and CNMI laws and regulations; and
    - (ii) The Regulations Governing the Importation, Storage, Sales, and Distribution of Drug and Pharmaceutical Products [NMIAC, title 140, subchapter 50.2].

### § 185-10-4135 Remote Practice Location

- (a) To be eligible to practice in a remote practice location, as defined in section 185-10- 4101(t), a physician assistant must:
  - (1) Have a minimum of one year of full-time clinical experience; or
  - (2) Alternately, a PA without that experience will become eligible to practice in a remote practice location after he or she completes 160 hours of patient care in the CNMI under

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the direct and immediate supervision of a CNMI licensed physician.

- (b) A physician assistant may practice through remote supervision if:
- (1) There is no other CNMI-licensed physician ~~concurrently~~ working at the same physical location as the physician assistant; and
  - (2) The practice agreement and visitation requirements of this section are met; and
  - (3) The physician assistant maintains contact with the remote supervising physician, such as by telephone, radio, or email.
- (c) In addition to the practice agreement requirements described in section 185-10-4120, the Practice Agreement shall include:
- (1) The supervising physician(s) will ~~always~~ provide adequate means for immediate and direct communication at all times between themselves and the physician assistant;
  - (2) Chart notes and prescriptions will be sent to the supervising physician for review and signature, as applicable, to maintain compliance with the chart review and signature requirements described in the “Practice Agreement.”
- (d) If authorized in an approved Practice Agreement, the physician assistant may make prescription drug orders, prescribe, dispense and/or administer scheduled medications subject to the requirements described in section 185-10-4130.
- (e) The supervising physician must visit the remote practice location at least monthly for a minimum of four hours to directly supervise the physician assistant and to review and co-sign the medical records of the physician assistant.
- (f) The Board may redefine the term “remote area” and/or “remote practice location” ~~through the use of~~ ~~using~~ an emergency order.

### § 185-10-4140      **Application**

- (a) An application for a license to practice as a physician assistant 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. This application shall be accompanied ~~with~~ ~~by~~ the following information and documentation as is 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 months from date of application; and
  - (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:
    - (i) Diploma showing a degree of Physician Assistant or Physician Associate;
    - (ii) Documents showing satisfactory proof that applicants ~~have~~ taken and passed the PANCE;
    - (ii i) Current NCCPA certification;
    - (iv) Documents showing proof that applicant is licensed to practice as a physician

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- assistant in another U.S. jurisdiction;
- (v) The FCVS's profile of the applicant submitted to the Board by the FSMB shall be accepted in lieu of the documents required in subsections (i), (ii), (V)\*, and (iv) above; and
  - (vi) Document showing proof of a current and valid DEA registration certificate, if required.
- (5) Applicant to provide 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 assistant;
  - (6) Applicant to provide 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, preprofessional, professional, and professional postgraduate training;
  - (7) 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 physician assistant;
  - (8) 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 3 CMC § 2201, et seq. or these regulations; and
  - (9) Applicant to provide a report from the National Practitioner Data Bank (NPDB) within sixty days from the signature date of the application.
- (b) The burden of proof shall be upon the applicant to provide and verify the required information to the Board's satisfaction. The applicant shall be responsible for the cost of obtaining such information from recognized information and data services.

### § 185-10-4145 Continuing Education

- (a) All physician assistants licensed to practice in the CNMI are required to complete fifty CE hours during the twenty-four months prior to the expiration of their license as a prerequisite to the renewal of their biennial license.
- (b) One hour of credit will be allowed for each ~~clock~~ hour of CE participation.
- (c) Approved continuing education activities includes but are not limited to the following:
  - (1) Activities designated as Category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME), the American Academy of Physician Assistants, the American Medical Association, or the Academy of Family Physicians; or
  - (2) CEs certified by the Maintenance of Proficiency (Mainpro), which is a program of the College of Family Physicians of Canada; or
  - (3) Commonwealth Health Corporation CEs; or
  - (4) CEs as part of NCCPA certification.
- (d) 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 of the number of credits earned.

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- (e) If a licensee fails to meet the CE 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. 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.

### § 185-10-4150      **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~~ stating the date of expiration, the fee, and any additional requirements for the renewal thereof.
- (c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under section 185-10-4145, and provide a copy of a current and valid DEA registration certificate, if required.
- (d) Physician Assistants shall maintain a current national certification with NCCPA and provide a valid copy of the certificate ~~in order~~ to renew their CNMI license.
- (e) A late fee of \$25.00 will be charged every 1<sup>st</sup> of the month after the expiration date.
- (f) 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 due to~~ failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.
- (g) 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 assistant in the CNMI. This will not, however, prevent the Board from considering a new application.

### § 185-10-4155      **Special Provision – Advertising and Identification to the Public**

- (a) APA shall ~~at all times~~ always when on duty, wear an ID badge stating his or her name and title of “Physician Assistant” or “PA.”

**(NOTE: The following sections were omitted from the older version in § 140-50.3-004112 and will be reinstated.)**

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- (b) A physician assistant may not advertise or otherwise hold himself or herself out in any manner that implies that the physician assistant is either a medical doctor or an independent practitioner.
- (c) A physician assistant may not advertise in any manner without the name(s) of the supervising physician.

### ~~§ 140-50.3-004113~~ § 185-10-4160 Impaired Physician Assistants.

- (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 assistant whose mental or physical ability to practice as a physician assistant 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, which is 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 as a physician assistant 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 as a physician assistant 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.

### ~~§ 140-50.3-4114~~ § 185-10-4165 Code of Conduct

The Board recognizes the NCCPA's Code of Conduct as its professional standards model and outlines principles that all physician assistants are expected to uphold. The NCCPA endeavors to assure the public that physician assistants meet professional standards of knowledge and skills and uphold standards of professionalism and ethics in their practice.

### ~~§ 140-50.3-004115~~ § 185-10-4170 Disciplinary Action.

The Board shall have the power to impose an 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 pursuant to § 2224 of P.L. 15-105 and §§ 185-10-901 – 1300 of the regulations.

(NEW Proposed Subsection – § 185-10-4175 )

### § 185-10-4175 Independent Practice Physician Assistant — iPA

**§ 185-10-4180 Requirements to petition for Licensure.**

- (a) An applicant to petition for licensure as an independent practice physician assistant 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 Commonwealth, and, in addition to complying with the provisions set forth in ~~§ 140-50.3-004109~~ § 185-10-4140, applicants must also meet the following requirements:
- (1) Applicant has at least a Bachelor's Degree as a Physician Assistant or Physician Associate from a program accredited by the Accreditation Review Commission for the Education of Physician Assistants (ARC-PA), or prior to 2001, either by the Committee on Allied Health Education and Accreditation of the American Medical Association or the Commission on Accreditation of Allied Health Education Programs; and
  - (2) Applicant provides evidence of current NCCPA certification; or applicant possesses an active unrestricted license to practice as a physician assistant in another U.S. state or territory; and
  - (3) Has completed one of the following supervised practice pathways:
    - (i) A minimum of four (4) consecutive years of full-time supervised clinical practice within the CNMI; or
    - (ii) A minimum of two (2) consecutive years of full-time supervised clinical practice within the CNMI, after and in addition to at least four (4) years of supervised practice in another U.S. jurisdiction, and
    - (iii) A detailed practice history within the CNMI and any other US jurisdiction, and
    - (iv) Letters of evaluation from supervising physician(s) practicing within the CNMI,
    - (v) Employer or institutional references, if applicable.
    - (vi) A description of the proposed scope and setting of independent practice.
    - (vii) Any additional documentation requested by the Board.
    - (viii) 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 assistant in any jurisdiction, US or foreign.

**§ 185-10-4185 Independent Physician Assistance Scope of Practice**

- (a) An Independent Physician Assistant will only practice medicine within the training and education of the individual, and
- (b) Will be wholly responsible for any malpractice or other civil cases brought against the practitioner, and
- (c) If prescribing controlled substances, iPAs shall obtain and maintain their own individual DEA number with a valid address indicating their primary place of practice, and
- (d) Comply with Sections ~~§ 140-50.3-004109~~ § 185-10-4140 to ~~§ 140-50.3-004115~~ § 185-10-4170 of these regulations.