



TWENTY-FOURTH NORTHERN MARIANAS COMMONWEALTH LEGISLATURE
HOUSE OF REPRESENTATIVES
COMMITTEE ON JUDICIARY AND
GOVERNMENTAL OPERATIONS
P.O. BOX 500586 SAIPAN, MP 96950

JOEL C. CAMACHO
CHAIRPERSON

STANDING COMMITTEE REPORT NO. 24-30
DATE: July 25, 2025
RE: HOUSE BILL No. 24-36

The Honorable Edmund S. Villagomez
Speaker of the House of Representatives
Twenty-Fourth Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950

Dear Mr. Speaker:

Your Committee on Judiciary and Governmental Operations to which was referred:

House Bill No. 24-36: To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes.

begs leave to report as follows:

I. RECOMMENDATION:

After considerable discussion, your Committee recommends that House Bill No. 24-36 be passed by the House in the form of House Bill No. 24-36, House Draft 1.

TO THE CLERK'S OFFICE
RECEIVED BY *[Signature]*
DATE 9/5/2025 TIME 11:02 AM

II. ANALYSIS:

A. Purpose:

The purpose of House Bill No. 24-36 is to establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands.

B. Committee Amendments:

Your Committee made the following amendments to strengthen the intent and purpose of this Act:

Section 2908 of House Bill 24-36 was amended to read as follows:

“§ 2908. Information Exchange with Other Prescription Drug Monitoring Programs.

(a) The Commonwealth Healthcare Corporation ~~may~~ shall provide prescription monitoring information to other states' and territories' Prescription Drug monitoring programs, and the information may be used by those programs consistent with this subchapter.

(b) The Commonwealth Healthcare Corporation ~~may~~ shall request and receive prescription monitoring information from other states' and territories' Prescription Drug monitoring programs and may use the information as permitted under this chapter.

(c) The Commonwealth Healthcare Corporation ~~may~~ shall develop the capability to transmit information to other Prescription Drug monitoring programs and receive information from other Prescription Drug monitoring programs.

(d) The Commonwealth Healthcare Corporation ~~may~~ shall enter into written agreements with other states' and territories' Prescription Drug monitoring programs for the purpose of describing the terms and conditions for sharing prescription information under this subchapter.”

C. Committee Findings:

Your Committee finds that healthcare providers in the Commonwealth face increasing challenges in ensuring the safe and effective use of prescription drugs. Without a centralized monitoring system, prescribers and dispensers lack a complete picture of a patient's medication history, which increases the risk of unsafe duplications, harmful drug interactions, and

undetected misuse or diversion. The absence of such a tool also limits the Commonwealth's ability to track prescribing and dispensing patterns needed for effective public health planning and response.

Your Committee finds that most U.S. states and territories have implemented Prescription Drug Monitoring Programs (PDMPs) to address similar concerns. PDMPs collect and make available data on controlled, and in some jurisdictions, non-controlled prescription medications. By enabling prescribers and dispensers to review a patient's prescription history, PDMPs help improve clinical decision-making, reduce instances of multiple-provider use, and identify potential misuse before harm occurs. In addition, PDMPs serve as a valuable public health tool by allowing health authorities to monitor trends, evaluate interventions, and provide proactive alerts to healthcare professionals when risky prescribing or dispensing activity is detected.

Your Committee finds that House Bill No. 24-36 establishes a CNMI Prescription Drug Monitoring Program, administered by the Commonwealth Healthcare Corporation (CHCC). As the operator of the Commonwealth's only hospital and emergency room on Saipan, Tinian, and Rota, CHCC is the largest single organization of prescribers and dispensers in the CNMI and is best suited to oversee the system. Under this Act, CHCC will establish and maintain an electronic PDMP to collect, manage, and analyze information on all prescription drugs dispensed in the CNMI.

The CNMI's PDMP requires dispensers to submit prescription data and requires prescribers and dispensers to query the PDMP before issuing or dispensing controlled substances, with limited exceptions. Authorized users, including prescribers, dispensers, and certain regulatory and law enforcement entities, may access PDMP information for patient care, professional oversight, or public health purposes. The Act also provides for confidentiality protections, administrative sanctions, and criminal penalties to ensure compliance and safeguard patient privacy.

By implementing a CHCC-administered PDMP, the CNMI will gain a secure, comprehensive system for monitoring prescription activity. This will help providers make more informed treatment decisions, improve patient safety, and support broader public health efforts to respond to substance misuse and prevent overdoses.

Your Committee agrees with the intent and purpose of House Bill No. 24-36 and recommends its passage in the form of House Bill No. 24-36, House Draft 1.

E. Public Comments/Public Hearing:

On July 23, 2025, the Committee received comments from the following:

- Esther L. Muna, Chief Executive Officer, Commonwealth Healthcare Corporation.

Written comment.

"I write in strong support of House Bill 24-36, which establishes a Prescription Drug Monitoring Program (PDMP) in the CNMI. Having a secure electronic system that tracks controlled substance prescriptions and supports safe medication practices grounded in law is a major step forward in aligning with national and local strategies to reduce overdose deaths, prevent substance misuse driven by drug crime, and expand access to evidence-based treatment for those in need. It also builds on the foundation set by the CNMI Drug Overdose Policy in Public Law 23-23, further demonstrating the Legislature's commitment to protection our people."

On July 25, 2025, the Committee received comments from the following:

- Eleanor T. Cabrera, Chief Strategy Officer, Executive Office, CHCC. Identical oral and written comments.

"CHCC also fully supports House Bill 24-36, which proposes to establish a CHCC-administered PDMP Program grounded in CNMI law and aligned with national standards. This secure system will help protect patients, support safer prescribing and dispensing, and strengthen coordination among healthcare providers. By enabling real-time access to prescription data, HB 24-36 empowers clinicians to make informed decisions, reduce the risk of overdose or misuse, and promote patient safety. It also supports public health efforts to monitor trends and guide prevention strategies. This bill reflects years of thoughtful planning and collaboration with federal partners in CDC and the Bureau of Justice Assistance and the many local PDMP stakeholders, as well as a commitment to practical solutions tailored to our islands. We urge its swift passage to improve care, accountability, and health outcomes across our Commonwealth."

- Dr. Joshua Wise, Pharmacist, General Manager of PHI Pharmacy. Oral comment.

"Good morning. My name is Dr. Joshua Wise. I am a pharmacist, and I'm the general manager for PHI Pharmacy. So, I'm here to provide my support for House Bill 24-36. I just wanted to speak to you folks as a provider who uses the system daily what the system really provides, as far as a clinical aspect. So, typically these prescription drug monitoring programs in the states, almost every single state legally requires prescribers to check it before prescribing any kind of controlled substance or opioid, and it requires pharmacies to check them before they dispense any controlled substance. These are great tools to have at our fingertips to help prevent drug diversion in our community. But, I also wanted to go beyond that.

With this program, we also have a unique aspect to it that our system here, or the PDMP that they have provided for us, it not only collects controlled substance

information it collects all drug information. That's very very useful from a clinical aspect. And I believe there is only one state that also collects all drug information, which I believe is Nebraska. I can tell you how that's been useful for us. Because we use this daily. My staff log in to this 20, 30 times a day. We are always checking patients.

One situation that we see a lot is we'll get a prescription for a patient, let's say insulin, so we have diabetic patients. Patient was previously taking 10 units a day of insulin. Now, all of a sudden, they're getting a prescription for 40 units a day of insulin. So usually the providers are monitoring their A1C levels, and if their A1C is still going up, they are going to increase their dose because they are going to assume 'OK, 10 units a day that's not working for this patient.' What we see on the pharmacy side is well, that patient hasn't actually picked up their insulin in 5 months. So, they're just not compliant. So, this system can help fix compliance issues.

Many times the providers who aren't checking these systems, their assuming, they're asking the patient, 'are you taking your insulin?' and most patients, sad to say, are just always, they don't want to get lectured by the providers, so they're always saying 'yes, yes doc, I take it every day.' When really they're not. And we can see that on our end because they're not picking it up. They can't be taking it if they're not picking it up. But with this system, they have a unique opportunity where the providers can log in while they have the patients in the room and actually check all the dispensing dates and they will be able to see that their patients aren't compliant.

This really really helps with certain meds, especially diabetes, like insulin. If a patient who says they were using 10 units a day was not actually using 10 units a day, we dispensed them an insulin to use 40 units a day, then they actually start using it, they could actually become hypoglycemic and that could land them in the hospital. Even things as worse as death. If their blood sugar goes too low, they could seize and end up in the hospital. So, there's a lot of these aspects that the system can help prevent even further worse outcomes for these patients. And Blood sugar is just one example, we see it with hypertension meds, cholesterol meds, but the fact that providers can actually check compliance with their patients is a huge advantage.

Again, I have numerous stories. I can tell you that this has come into play and has been a huge advantage for us. Again, I want to offer my support. I will be here as well if you have any additional questions for me."

- Felix Tudela Cabrera, MD, Internal Medicine Physician, CHCC. Written comment.

“My name is Dr. Felix Tudela Cabrera, and I am an internal medicine physician in the Commonwealth Healthcare Corporation hospital. I am writing to express my strong support for House Bill 24-36, which would establish a Prescription Drug Monitoring Program (PDMP) in the CNMI.

As a frontline hospital provider, I use PDMP data daily when reconciling medications for patients admitted to the hospital. This tool is not a luxury – it is a critical component of safe and effective clinical decision-making. Without access to reliable prescription histories, I risk missing key information that could lead to dangerous duplications, adverse drug interactions, or failure to recognize signs of misuse or dependence.”

On July 29, 2025, the Committee received comments from the following:

- Edward Manibusan, Attorney General, CNMI Office of the Attorney General. Written comment.

“The House Committee on Judiciary and Governmental Operations has requested comments from the Attorney General on HB24-36, establishing a prescription drug monitoring program. The bill requires the Commonwealth Healthcare Corporation (CHCC) to create a database for monitoring and controlling the prescription of drugs within CNMI. The House passed a similar bill in the 22nd Legislature and a committee report recommended passage, but the Senate did not pass that bill. See HB22-68 and Standing Committee Report No. 22-33.

The legislation of a program that addresses public health is well within the subject matter constitutionally authorized in CNMI. CNMI Const. art. II, § 1. Indeed, the majority of United States jurisdictions have adopted such a drug prescription reporting program.”

Comments received have been attached as part of this committee report.

E. Legislative History:

House Bill No. 24-36 was introduced by Representative Malcolm J. Omar on July 14, 2025, and was subsequently referred to both the House Standing Committee on Judiciary and Governmental Operations and the House Standing Committee on Health and Welfare for disposition.

F. Cost Benefit Analysis:

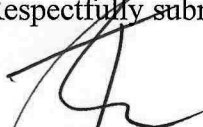
The enactment of House Bill No. 24-36, House Draft 1, will require expenditures by CHCC and the CNMI Government to sustain the PDMP. These costs include maintaining the electronic system, ensuring compliance with reporting and query requirements, training authorized users, and supporting the staff with the resources necessary to operate the program. While previous federal grants have supported planning and preliminary work, continued operation and enforcement of the PDMP will rely on local resources.

Your Committee finds that the public health and safety benefits of the PDMP far outweigh the associated costs. By reducing duplicative or conflicting prescriptions, preventing adverse drug events, improving compliance with treatment, and supporting early detection of misuse or diversion, the program will improve patient outcomes and reduce long-term healthcare costs across the CNMI.

III. CONCLUSION:

The Committee is in accord with the intent and purpose of House Bill No. 24-36 and recommends its passage in the form of House Bill No. 24-36, House Draft 1.

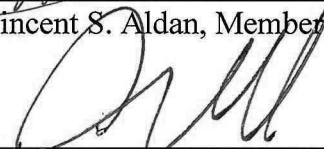
Respectfully submitted,



Rep. Joel C. Camacho, Chairman
Chairman




Rep. Vincent S. Aldan, Member




Rep. Angelo A. Camacho, Member

Rep. Marissa R. Flores, Member

Rep. Julie A. Ogo, Member



Rep. Blas Jonathan "BJ" T. Attao
Vice Chairman



Rep. Daniel I. Aquino Jr., Member



Rep. Diego V.F. Camacho, Member

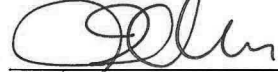
Rep. Joseph A. Flores, Member



Rep. John Paul P. Sablan, Member

Rep. Ralph N. Yumul, Member

Reviewed by:



House Legal Counsel

Date: 8/28/25

Attachments:

- Esther L. Muna, CEO, CHCC, letter dated July 23, 2025.
- Eleanor T. Cabrera, Chief Strategy Officer, CHCC, letter dated July 25, 2025.
- Felix T. Cabrera, MD, IMP, CHCC, letter dated July 5, 2025.
- Edward Manibusan, Attorney General, CNIM OAG, letter dated July 29, 2025.
- Committee Floor Amendment dated July 25, 2025.
- H.B. 24-36, HD1.



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



CEO-L25-904

July 23, 2025

Honorable Joel C. Camacho
Chair, Committee on Judiciary & Governmental Operations
House of Representatives, 24th Northern Marianas Commonwealth Legislature
Capitol Hill, Saipan MP 96950

Re: HB 24-36 - To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes

Håfa Adai, Tirow Representative Camacho and Committee Members,

I write in strong support of House Bill 24-36, which establishes a Prescription Drug Monitoring Program (PDMP) in the CNMI. Having a secure electronic system that tracks controlled substance prescriptions and supports safe medication practices grounded in law is a major step forward in aligning with national and local strategies to reduce overdose deaths, prevent substance misuse driven by drug crime, and expand access to evidence-based treatment for those in need. It also builds on the foundation set by the CNMI Drug Overdose Policy in Public Law No. 23-23, further demonstrating the Legislature's commitment to protecting our people.

Through early planning and foundational efforts, the PDMP has helped the CHCC improve patient care and safety. With real-time access to a patient's prescription history, it assists healthcare providers to make more informed decisions, avoid dangerous drug combinations, prevent overprescribing, and identify patients at risk of misuse. This is especially important for patients who travel off-island for specialized care as it allows for better coordination of health services and treatments across different providers.

The PDMP also supports law enforcement and behavioral health programs by identifying trends in prescription drug use and potential abuse. The information collected helps guide prevention efforts, shape public health campaigns, and molds data driven policies. While primarily focused on controlled substances, the PDMP's infrastructure also supports broader medication surveillance, such as tracking antibiotic prescriptions, monitoring patterns relevant to TB prevention, and supporting other initiatives that benefit from reviewing dispensed medication data.

I respectfully urge the Committee to advance this important legislation. The PDMP is a practical, proven tool that strengthens patient safety, supports data-driven decision-making, and helps keep our community healthy and safe.

Sincerely,

Esther Lizama Muña, PhD, MHA, FACHE
Chief Executive Officer
State/Territorial Health Official



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

1178 Hinemlu' St. Garapan, Saipan, MP 96950



July 25, 2025

Honorable Joel C. Camacho and Members
House Standing Committee on Judiciary and Governmental Operations
24th Northern Marianas Commonwealth Legislature
Capitol Hill, Saipan

Public Comments: Commonwealth Healthcare Corporation (CHCC) in support of House Bill 24-35 and 24-36

Hafa Adai, Tirow Chair Camacho and Committee Members,

My name is Eleanor Cabrera, and I represent CHCC as the Chief Strategy Officer. Thank you for this opportunity for CHCC to express strong support for both House Bills 24-35 and 24-36.

HB 24-35 – Amendments to the Good Samaritan Act

The bill seeks to expand legal protections for individuals in the likeliest of positions based on the nature of their work to respond to opioid overdose emergencies. By covering first responders, off-duty personnel, school employees, and other community members acting in good faith, the proposed amendments strengthen our community's ability to save lives without fear of legal consequences. The proposed amendments build upon existing law, the CNMI Drug Overdose Policy, and reflect our shared commitment to public health and resilience. CHCC asks for your support in advancing HB 24-35 to help ensure timely, compassionate intervention is both encouraged and protected.

HB 24-36: Prescription Drug Monitoring Program

CHCC also fully supports House Bill 24-36, which proposes to establish a CHCC-administered Prescription Drug Monitoring Program grounded in CNMI law and aligned with national standards. This secure system will help protect patients, support safer prescribing and dispensing, and strengthen coordination among healthcare providers. By enabling real-time access to prescription data, HB 24-36 empowers clinicians to make informed decisions, reduce the risk of overdose or misuse, and promote patient safety. It also supports public health efforts to monitor trends and guide prevention strategies. This bill reflects years of thoughtful planning and collaboration with federal partners in CDC and BJA and the many local PDMP stakeholders, as well as a commitment to practical solutions tailored to our islands. We urge its swift passage to improve care, accountability, and health outcomes across our Commonwealth.

The CHCC PDMP staff, led by Manager, Monica Crisostomo Camacho, and I will be here should you have any questions. Si Yu'us Ma'âsi', Ghilisow, Thank You.

Sincerely,

Eleanor T. Cabrera
Chief Strategy Officer, Executive Office

July 25, 2025

Testimony in Support of House Bill 24-36: Prescription Drug Monitoring Program

Hafa Adai yan Tirow to the Honorable Members of the 24th Legislature,

My name is Dr. Felix Tudela Cabrera, and I am an internal medicine physician practicing in the Commonwealth Healthcare Corporation hospital. I am writing to express my strong support for House Bill 24-36, which would establish a Prescription Drug Monitoring Program (PDMP) in the CNMI.

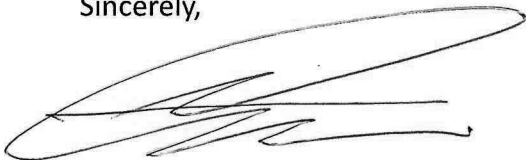
As a frontline hospital provider, I use PDMP data daily when reconciling medications for patients admitted to the hospital. This tool is not a luxury—it is a critical component of safe and effective clinical decision-making. Without access to reliable prescription histories, I risk missing key information that could lead to dangerous duplications, adverse drug interactions, or failure to recognize signs of misuse or dependence.

The proposed legislation reflects a thoughtful and locally tailored approach. It ensures PDMP data will be securely managed by CHCC, supports coordination with off-island prescribing systems, and includes important privacy protections for patients. Most importantly, it equips healthcare professionals like me with the information we need to develop the safest care plans possible.

I urge you to pass this legislation. A well-implemented PDMP will improve patient safety, strengthen provider accountability, and enhance the CNMI's ability to respond to substance use challenges through data-driven public health action.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Felix Tudela Cabrera', with a large, sweeping flourish at the end.

Felix Tudela Cabrera, MD
Internal Medicine Physician
Commonwealth Healthcare Corporation



Commonwealth of the Northern Mariana Islands
Office of the Attorney General

2nd Floor Hon. Juan A. Sablan Memorial Bldg.
Caller Box 10007, Capitol Hill
Saipan, MP 96950

EDWARD MANIBUSAN
Attorney General

VIA EMAIL: joelcamacho.la@gmail.com

July 29, 2025

OAGHOR: 2025-024
LSR No. 25-484

Hon. Joel C. Camacho
Chairperson, House Standing Committee on
Judiciary & Governmental Operations
House of Representatives
Twenty-Fourth Northern Marianas
Commonwealth Legislature
Saipan, MP 96950

Re: House Bill No. 24-36: "To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Island; and for other purposes."

Dear Chairperson Camacho:

The House Committee on Judiciary and Governmental Operations has requested comments from the Attorney General on HB 24-36, establishing a prescription drug monitoring program. The bill requires the Commonwealth Healthcare Corporation (CHCC) to create a database for monitoring and controlling the prescription of drugs within CNMI. The House passed a similar bill in the 22nd Legislature and a committee report recommended passage, but the Senate did not pass that bill. See HB 22-68 and Standing Committee Report No. 22-33.

The legislation of a program that addresses public health is well within the subject matter constitutionally authorized in CNMI. CNMI Const. art. II, § 1. Indeed, the majority of United States jurisdictions have adopted such a drug prescription reporting program.

The structure of the program is legally sufficient. Nonetheless, the following comments are provided for consideration by the Committee.

Law enforcement access. In § 2907(b)(iv), the bill provides that law enforcement access to information in the program must be obtained by a search warrant. However, access to third party information such as banking and medical records is typically obtained by law enforcement through subpoena, court order or warrant. See *United States v. Comprehensive Drug Testing, Inc.*, 473 F.3d915 (9th Cir. 2006) (approving simultaneous use of subpoenas and search warrant). The bill should be amended to add the alternative methods of subpoena and court order.

Civil Division
Telephone: (670) 237-7500
Facsimile: (670) 664-2349

Criminal Division
Telephone: (670) 237-7600
Facsimile: (670) 234-7016

Attorney General Investigation Division
Telephone: (670) 237-7628
Facsimile: (670) 234-7016

Victim Witness Advocacy Unit
Telephone: (670) 237-7602
Facsimile: (670) 234-7016

Cost. The bill does not include any method for financing the program. The Committee Report No. 22-33 on the previous version of the bill notes that there are no fees, even though the predicted cost of the program included an initial cost of \$700,000 and an ongoing maintenance cost of \$385,000. The Committee could consider adding authority for CHCC, through regulations, to assess a reasonable fee. That fee could be charged to the pharmacy, hospital, patient or by some other reasonable source.

I am available to discuss further the issues raised in HB 24-36. Please feel free to contact me at (670) 237-7500 or email at attorney_general@cnmioag.org.


Sincerely,



EDWARD MANIBUSAN
Attorney General

cc: All Members, JGO Committee

**HOUSE STANDING COMMITTEE ON JUDICIARY &
GOVERNMENTAL OPERATIONS AMENDMENT TO H.B. 24-36**

OFFERED BY: *Marissa R. Frances* 

DATE: *7/25/2025*

To amend H.B. 24-36 by revising Section 2908 within Section 2 of the bill to read as follows:

§2908. Information Exchange with Other Prescription Drug Monitoring Programs.

(a) The Commonwealth Healthcare Corporation ~~may~~ shall provide prescription monitoring information to other states' and territories' Prescription Drug monitoring programs, and the information may be used by those programs consistent with this subchapter.

(b) The Commonwealth Healthcare Corporation ~~may~~ shall request and receive prescription monitoring information from other states' and territories' Prescription Drug monitoring programs and may use the information as permitted under this chapter.

(c) The Commonwealth Healthcare Corporation ~~may~~ shall develop the capability to transmit information to other Prescription Drug monitoring programs and receive information from other Prescription Drug monitoring programs.

(d) The Commonwealth Healthcare Corporation ~~may~~ shall enter into written agreements with other states' and territories' Prescription Drug monitoring programs for the purpose of describing the terms and conditions for sharing prescription information under this subchapter.

Consistent with the intent of the foregoing amendments, I hereby also move to allow the Legal Counsel together with the House Clerk to make further non-substantive technical amendments that are strictly necessary to effectuate the intent of this floor amendment prior to transmittal.

Date: *July 25, 2025*

Reviewed for Legal Sufficiency by:



House Legislative Counsel

TWENTY-FOURTH NORTHERN MARIANAS COMMONWEALTH

LEGISLATURE

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2025

Fourth Special Session, 2025

H. B. 24-36, HD1

A BILL FOR AN ACT

To establish a Prescription Drug Monitoring Program in the Commonwealth of the Northern Mariana Islands; and for other purposes.

**BE IT ENACTED BY THE 24TH NORTHERN MARIANAS
COMMONWEALTH LEGISLATURE:**

1 **Section 1. Findings and Purpose.** Commonwealth healthcare providers face
2 increasing challenges in ensuring the safe and effective use of Prescription Drugs.
3 The Commonwealth Healthcare Corporation (CHCC) operates the only hospital
4 and emergency room in the CNMI and oversees clinics, pharmacies, and public
5 health programs across Saipan, Tinian, and Rota. As the largest network of
6 Prescribers and Dispensers in the Commonwealth, CHCC is uniquely suited to
7 manage and operate a Prescription Drug Monitoring Program (PDMP).

8 Having access to accurate prescription history helps protect Patient safety and
9 improve treatment decisions. PDMPs enable healthcare providers to review a
10 Patient's current medications before prescribing or dispensing. This prevents
11 unnecessary duplication, alerts providers to possible Drug interactions, and helps
12 identify Patients who may be at risk of Misuse or substance use disorder.

1 Considerable effort has gone into developing a comprehensive PDMP
2 framework for the CNMI because the ability to monitor prescribing and dispensing
3 trends is also critical to the Commonwealth’s public health planning and response.
4 The first legislative proposal was introduced as House Bill 22-68 during the 22nd
5 Legislature. A revised version was later prepared and reviewed but not formally
6 filed. This Act builds upon those earlier efforts, reflecting lessons learned and input
7 gathered over the past several years to produce a more complete and operationally
8 ready bill.

9 Committed to a solution that works for the CNMI, the Legislature ultimately
10 crafted a PDMP that reflects local needs, capacities, and healthcare structure. This
11 Act establishes a CHCC-administered monitoring system grounded in
12 Commonwealth law, aligned with national standards, and customized for our
13 unique geographic and public health conditions.

14 **Section 2. Enactment.** The following provision is hereby enacted as a new
15 Chapter 12 of Division 2, Title 3 of the Commonwealth Code, to be codified as
16 sections 2900 to 2912:

17 **“Section 2900. Short Title.** This Chapter shall be known as the
18 “Prescription Drug Monitoring Program.”

19 **§ 2901. Definitions.** For the purposes of this Act the following terms are
20 defined as follows:

21 (a) “Audit Trail Information” means any query-based information resulting
22 from an authorized prescription monitoring program user’s request for a PDMP

1 report, which could include the user's name, date and time of query, or other related
2 information.

3 (b) "Commonwealth Healthcare Corporation" means the corporation
4 established in 3 CMC §2823 and that is responsible for the implementation of this
5 Act.

6 (c) "Controlled Substance" means a Prescribed Drug or substance listed in
7 Schedules II, III, IV or V of 6 CMC §2115 to §2122.

8 (d) "Delegate" means an individual who is employed by, and acts as, an
9 agent, for a health care facility or entity licensed by the CNMI Health Care
10 Professions Licensing Board, to submit, request, or receive PDMP data on behalf
11 of an individual, health care facility or other entity who is otherwise authorized to
12 submit, request, or receive PDMP data.

13 (e) "Dispense" means the interpretation, preparation, and delivery of a
14 Prescription Drug to a Patient or Ultimate User.

15 (f) "Dispenser" means a licensed dispensing facility or a person, authorized
16 in the jurisdiction in which the facility or person is practicing, to Dispenses
17 Prescription Drug to the Ultimate User by or pursuant to the Prescription Drug
18 Order of a Prescriber.

19 (g) "Drug" means:

20 (i) Any substance recognized as a Drug in the official compendium,
21 or supplement thereto, designated by the Federal Food, Drug, and

1 Cosmetic Act for use in the diagnosis, cure, mitigation, treatment,
2 or prevention of disease in man or other animal.

3 (ii) Any substance intended for use in the diagnosis, cure,
4 mitigation, treatment, or prevention of disease in man or other
5 animal.

6 (iii) Any substance other than food intended to affect the structure
7 or any function of the body of man or other animal.

8 (h) "Hospice" means a program of palliative and supportive care for
9 terminally ill persons and their families and/or caregivers.

10 (i) "Misuse" means the use of Prescription Drugs in a manner other than as
11 directed by a doctor, such as use in greater amounts, more often, or longer than
12 instructed to take a Drug or using someone else's prescription and/or the use of
13 illegal Drugs.

14 (j) "Opioid Overdose Reversal Medication" means any Drug used to reverse
15 an opioid overdose that binds to opioid receptors and blocks or inhibits the effects
16 of opioids acting on those receptors. It does not include intentional administration
17 via the intravenous route.

18 (k) "Patient" means an individual for whom a prescription is issued or for
19 whom a Prescriber directly Dispenses a Prescription Drug.

20 (l) "Prescribe" means to direct, designate, or order the use of a Drug and
21 the manner of using the Drug.

1 (m) "Prescriber" means a licensed health care professional authorized in the
2 jurisdiction in which the professional is practicing to Prescribe a Prescription Drug
3 to a Patient.

4 (n) "Prescription Drug" means a Drug that is required under Federal law to
5 be labeled with either of the following statements prior to being Dispensed: (1) "Rx
6 Only"; (2) "Caution: Federal law restricts this Drug to use by, or on the order of, a
7 licensed veterinarian"; or a Drug that is required by any applicable Federal or State
8 law or rule to be Dispensed pursuant only to a Prescription Drug Order.

9 (o) "Prescription Drug Monitoring Program" or "PDMP" means a program
10 that collects, manages, analyzes, and provides information regarding Prescription
11 Drugs, including but not limited to the PDMP established by this Act.

12 (p) "Prescription Drug Order" means a lawful order from a Prescriber for a
13 Prescription Drug for a Patient.

14 (q) "Ultimate User" means a person who lawfully possesses a Prescription
15 Drug for medical use or for the use of a member of the person's household or for
16 administering to an animal managed by the person or by a member of the person's
17 household.

18 **§ 2902. Prescription Drug Monitoring Program Established.**

19 (a) The Commonwealth Healthcare Corporation shall establish and
20 maintain an electronic Prescription Drug Monitoring Program for the monitoring
21 of all Prescription Drugs Dispensed in the CNMI or Dispensed to an address in the
22 CNMI.

1 (b) The Commonwealth Healthcare Corporation may contract with another
2 government agency or private vendor to establish and maintain the electronic
3 monitoring system pursuant to the rules and regulations promulgated by the
4 Commonwealth Healthcare Corporation in accordance with the CNMI
5 Administrative Procedures Act.

6 (c) The Commonwealth Healthcare Corporation may establish an advisory
7 group to provide input and advice regarding the establishment, administration, and
8 evaluation of the PDMP.

9 **§ 2903. Mandatory Data Reporting.**

10 (a) Each Dispenser shall submit to the CNMI Prescription Drug Monitoring
11 Program information regarding each Prescription Drug Dispensed.

12 (b) Unless a waiver is granted under subsection (e), each Dispenser
13 required to report under subsection (a) of this section shall submit by electronic
14 means to the PDMP information that shall include, but is not be limited to:

15 (i) The Patient's name, address, and date of birth;

16 (ii) The name of the Ultimate User, if different from the Patient,
17 when reporting a Controlled Substance;

18 (iii) The name and address of the pharmacy dispensing the
19 prescription;

20 (iv) The date the Prescription Drug Order is issued;

21 (v) The date the Prescription Drug Order is filled;

- 1 (vi) The name of the Drug Dispensed or the National Drug Code
2 number of the Drug Dispensed;
- 3 (vii) The strength of the Drug Dispensed.
- 4 (viii) The quantity of the Drug Dispensed and the number of days'
5 supply;
- 6 (ix) The Prescriber's and Dispenser's name;
- 7 (x) The Prescriber's and Dispenser's National Provider Identifier
8 number;
- 9 (xi) The Prescriber's and Dispenser's Drug Enforcement
10 Administration number when reporting a Controlled Substance; and
- 11 (xii) Any other information as determined by the Prescription Drug
12 Monitoring Program.

13 (c) Each Dispenser shall submit the required information on all Prescription
14 Drugs Dispensed in the CNMI or Dispensed to an address in the CNMI in
15 accordance with transmission methods and frequency established by the
16 Prescription Drug Monitoring Program.

17 (d) An individual may be both a Dispenser and Prescriber for the purposes
18 of this Act, and in these circumstances, is subject to the requirements of both
19 Dispensers and Prescribers.

20 (e) The Prescription Drug Monitoring Program may issue a limited-time
21 waiver to a Dispenser, which, due to unforeseen circumstances which interfere with
22 electronic submission, is unable to submit prescription information by electronic

1 means. Such waiver may permit the Dispenser to submit prescription information
2 by paper form or other means, provided all information required in subsection (a)
3 of this section is submitted in this alternative format.

4 **§ 2904. Registration with the Prescription Drug Monitoring Program.**

5 (a) All Prescribers and Dispensers who issue Prescription Drug Orders or
6 Dispense Prescription Drugs in the CNMI shall register with the Prescription Drug
7 Monitoring Program within 60 calendar days of the effective date of this provision
8 and upon CNMI issuance of the individual's professional license or certification

9 **§ 2905. Querying the Prescription Drug Monitoring Program.**

10 (a) A Prescriber or Prescriber's Delegate shall query the Prescription Drug
11 Monitoring Program prior to initially prescribing or personally dispensing a
12 Controlled Substance to a Patient. If the Patient's course of treatment continues for
13 more than ninety (90) days after the date of the initial prescription, the Prescriber
14 or Prescriber's Delegate shall make periodic requests for Prescription Drug
15 Monitoring Program information, no less frequently than annually or until the
16 course of treatment has ended.

17 (b) A Dispenser or a Dispenser's Delegate shall query the Prescription
18 Drug Monitoring Program prior to dispensing a Controlled Substance to the
19 Patient.

20 (c) The requirements listed in (a) and (b) of this section shall not apply if
21 one of the following conditions is met:

1 (i) The Prescription Drug is a Controlled Substance which is
2 Prescribed or Dispensed to a Patient currently receiving Hospice
3 care.

4 (ii) If it is not possible to query the Prescription Drug Monitoring
5 Program in a timely manner due to an emergency situation.

6 (iii) The PDMP system is not operational at the time the query is
7 attempted.

8 (d) A Prescriber or Dispenser may query the Prescription Drug Monitoring
9 Program for information on a Patient as detailed in rules and regulations
10 promulgated pursuant to this Act in accordance with the CNMI Administrative
11 Procedures Act.

12 **§2906. Confidentiality.**

13 (a) Information submitted to the PDMP shall be confidential and not
14 subject to public or open records laws, except as provided in Section 2907.

15 (b) The Commonwealth Healthcare Corporation shall establish and enforce
16 policies and procedures to ensure that the privacy and confidentiality of Patients
17 are maintained, and that Patient information collected, recorded, transmitted, and
18 stored pursuant to the PDMP is protected and not disclosed to persons except as
19 provided in Section 2907.

20 (c) The Commonwealth Healthcare Corporation shall establish and
21 maintain a process for verifying the credentials and authorizing the use of data
22 collected by the PDMP by those individuals as allowed for in Section 2907.

1 **§2907. Access to and Use of Prescription Drug Monitoring Program**

2 **Data.**

3 (a) The Commonwealth Healthcare Corporation may use prescription
4 monitoring information for statistical analysis, research, public policy, PDMP or
5 provider evaluation, or educational purposes.

6 (b). The Commonwealth Healthcare Corporation is further authorized to
7 provide information in the PDMP upon request to the following individuals:

8 (i) Persons authorized to Prescribe or Dispense Prescription Drugs,
9 for the purpose of providing medical or pharmaceutical care for their
10 Patients or for reviewing information regarding prescriptions that
11 have been issued or Dispensed by the requester.

12 (ii) A Patient who requests the Patient's own prescription
13 monitoring information, the legal representative of such a Patient,
14 or the parent of a minor, in accordance with procedures established
15 by the Commonwealth Healthcare Corporation.

16 (iii) The CNMI Health Care Professions Licensing Board if the
17 request is pursuant to an investigation or is pursuant to the agency's
18 official duties and responsibilities.

19 (iv) Local, state, and federal law enforcement or prosecutorial
20 officials responsible for the administration, investigation, or
21 enforcement of the laws governing Controlled Substances for
22 criminal cases pursuant to their official duties. Law enforcement or

1 prosecutorial officials seeking information from the Prescription
2 Drug Monitoring Program must include a warrant in any request for
3 information.

4 (v) The CNMI Medicaid Agency regarding Medicaid program
5 recipients and Medicaid program providers for the purposes of
6 medical provider quality evaluation, Drug utilization review,
7 beneficiary health outcomes improvement, and investigations of
8 fraud, waste and abuse.

9 (vi) Public or private entities for the purpose of research or
10 education as approved by the Commonwealth Healthcare
11 Corporation in accordance with local and federal rules.

12 (vii) Other disclosures as permitted in rules and regulations
13 promulgated by the Commonwealth Healthcare Corporation in
14 accordance with the CNMI Administrative Procedures Act.

15 (c) The Commonwealth Healthcare Corporation is authorized to
16 proactively send unsolicited reports to Prescribers or Dispensers, which may
17 include flags of potentially harmful prescribing or dispensing activity, and, for
18 Prescribers, may include comparison to median or average prescribing activity of
19 other Prescribers in the CNMI.

20 (d) The Commonwealth Healthcare Corporation shall not disclose PDMP
21 data in response to a subpoena or other method of discovery or compelled

1 production in a civil proceeding. PDMP data and Audit Trail Information shall not
2 be admissible as evidence in a civil proceeding.

3 (e) The Commonwealth Healthcare Corporation shall review information
4 submitted to the PDMP. Such reviews, which may link PDMP data with other data
5 sets, should include, but are not limited to:

6 (i) A review to identify information that appears to indicate if a
7 person may be obtaining prescriptions in a manner that suggests that
8 the Patient may have a substance use disorder. When such
9 information is identified, the Prescription Drug Monitoring Program
10 may confidentially contact the Patient's provider with information
11 regarding evidence-based treatment options and other services
12 which may benefit Patients with a substance use disorder.

13 (ii) A review to identify ways to improve clinical decision-making
14 and practices.

15 (iii) A review to identify information that appears to indicate if a
16 violation of law or breach of professional standards may have
17 occurred. Whenever such information is identified, the Prescription
18 Drug Monitoring Program should notify the professional who may
19 have violated legal or professional standards and may also notify the
20 CNMI Healthcare Professionals Licensing Board.

21 **§2908. Information Exchange with Other Prescription Drug**
22 **Monitoring Programs.**

1 (a) The Commonwealth Healthcare Corporation ~~may~~ shall provide
2 prescription monitoring information to other states' and territories' Prescription
3 Drug monitoring programs, and the information may be used by those programs
4 consistent with this subchapter.

5 (b) The Commonwealth Healthcare Corporation ~~may~~ shall request and
6 receive prescription monitoring information from other states' and territories'
7 Prescription Drug monitoring programs and may use the information as permitted
8 under this chapter.

9 (c) The Commonwealth Healthcare Corporation ~~may~~ shall develop the
10 capability to transmit information to other Prescription Drug monitoring programs
11 and receive information from other Prescription Drug monitoring programs.

12 (d) The Commonwealth Healthcare Corporation ~~may~~ shall enter into
13 written agreements with other states' and territories' Prescription Drug monitoring
14 programs for the purpose of describing the terms and conditions for sharing
15 prescription information under this subchapter.

16 **§2909. Annual report on program data and performance measures.**

17 On or before March 1 of each fiscal year, the Commonwealth Healthcare
18 Corporation Prescription Drug Monitoring Program shall prepare and submit to the
19 Governor and the presiding officers of the Legislature an analysis of program data,
20 including but not limited to performance measures, expenditures, and
21 recommendations, if any, for future funding, program improvements, or policy
22 reform in line with federal grantor requirements.

1 **§2910. Immunity.**

2 (a) Unless there is a finding of reckless disregard, gross negligence, malice,
3 or criminal intent, the Commonwealth Healthcare Corporation shall not be subject
4 to civil liability, administrative action, or other legal or equitable relief for the:

5 (i) failure to possess PDMP data that was not reported to the
6 Commonwealth Healthcare Corporation;

7 (ii) release of PDMP data that was factually incorrect;

8 (iii) unlawful access to PDMP data by an individual, health care
9 facility or entity, or unlawful disclosure or use of PDMP data by an
10 individual, health care facility, or entity who requested and received
11 PDMP data pursuant to Section 2907.

12 (b) Unless the CHCC finds a lack of good faith, a Dispenser or Delegate is
13 not subject to civil liability, administrative action, or other legal or equitable relief
14 for reporting data to the PDMP pursuant to Section 2903.

15 (c) Unless the CHCC finds a lack of good faith, a Prescriber, Dispenser,
16 pharmacist, or other individual, agency, or entity in proper possession of PDMP
17 information pursuant to this Act is not subject to civil liability, administrative
18 action, or other legal or equitable relief for accessing, using, or disclosing PDMP
19 information pursuant to Section 2905 and 2907.

20 **§2911. Unlawful Acts and Penalties.**

21 (a) Administrative Sanctions.

1 (i) A Dispenser who knowingly fails to submit prescription
2 monitoring information to the Commonwealth Healthcare
3 Corporation as required by this Act, or who knowingly submits
4 incorrect prescription information, shall be referred to the
5 appropriate professional licensing or regulatory board for
6 administrative sanctions and may be subject to an administrative
7 penalty levied by that professional licensing or regulatory board of
8 no more than \$250.00 per violation. Each such failure to submit
9 prescription monitoring information shall count as a separate
10 violation.

11 (ii) A Dispenser who knowingly fails to correct or amend
12 prescription monitoring information submitted to the
13 Commonwealth Healthcare Corporation after notification by the
14 Commonwealth Healthcare Corporation shall be referred to the
15 appropriate professional licensing or regulatory board for
16 administrative sanctions and may be subject to an administrative
17 penalty levied by the that professional licensing or regulatory board
18 of no more than \$250.00 per violation. Each such failure to correct
19 or amend prescription monitoring information shall count as a
20 separate violation.

21 (iii) A Prescriber, Dispenser, or Delegate who knowingly fails to
22 register with the PDMP as required by this Act shall be referred to

1 the appropriate professional licensing or regulatory board for
2 administrative sanctions and may be subject to an administrative
3 penalty levied by the appropriate professional licensing or
4 regulatory board of no more than \$500.00.

5 (iv) A Prescriber or Dispenser who knowingly fails to query the
6 PDMP as required by this Act shall be referred to the appropriate
7 licensing or regulatory board for administrative sanctions and may
8 be subject to an administrative penalty levied by the appropriate
9 professional licensing or regulatory board of no more than \$250.00
10 per violation. Each such failure to query the PDMP shall count as a
11 separate violation.

12 (b) Criminal Penalties.

13 (i) A person, agency, or entity authorized to receive prescription
14 monitoring information, or Audit Trail Information pursuant to this
15 Act who knowingly discloses such information in violation of this
16 Act shall be subject to punishment by imprisonment for not more
17 than three (3) years or a fine of not more than \$3,000, or both.

18 (ii) A person, agency, or entity authorized to receive prescription
19 monitoring information or Audit Trail Information pursuant to this
20 Act who knowingly uses such information in a manner or for a
21 purpose in violation of this Act shall be subject to punishment by

1 imprisonment for not more than five (5) years or a fine of not more
2 than \$5,000, or both.

3 (iii) A person, agency, or entity authorized to receive prescription
4 monitoring information or Audit Trail Information pursuant to this
5 Act who knowingly requests such information in violation of this
6 Act shall be subject to punishment by imprisonment for not more
7 than five (5) years or a fine of not more than \$5,000, or both.

8 (iv) A person, agency, or entity not authorized to receive
9 prescription monitoring information or Audit Trail Information
10 pursuant to this Act who obtains or attempts to obtain such
11 information by fraud or deceit from the PDMP or from a person
12 authorized to receive such information under this Act shall be
13 subject to punishment by imprisonment for not more than five (5)
14 years or a fine of not more than \$10,000, or both.

15 (v) A person, agency, or entity not authorized to receive prescription
16 monitoring information or Audit Trail Information pursuant to this
17 Act knowingly discloses or uses such information in violation of this
18 Act shall be subject to punishment by imprisonment for not more
19 than five (5) years or a fine of not more than \$10,000, or both.

20 **§2912. Rules and Regulations.**

21 The Commonwealth Healthcare Corporation shall promulgate rules and
22 regulations necessary to implement the provisions of this Chapter in accordance

1 with the CNMI Administrative Procedures Act as codified in 1 CMC sections 9101
2 to 9115 or as amended.”

3 **Section 4. Severability.** If any provisions of this Act or the application of
4 any such provision to any person or circumstance should be held invalid by a court
5 of competent jurisdiction, the remainder of this Act or the application of its
6 provisions to persons or circumstances other than those to which it is held invalid
7 shall not be affected thereby.

8 **Section 5. Savings Clause.** This Act and any repealer contained herein shall
9 not be construed as affecting any existing right acquired under contract or acquired
10 under statutes repealed or under any rule, regulation, or order adopted under the
11 statutes. Repealers contained in this Act shall not affect any proceeding instituted
12 under or pursuant to prior law. The enactment of the Act shall not have the effect
13 of terminating, or in any way modifying, any liability, civil or criminal, which shall
14 already be in existence on the date this Act becomes effective.

15 **Section 6. Effective Date.** This Act shall take effect upon its approval by the
16 Governor, or it becoming law without such approval.

Prefiled: 7/7/2025

Date: _____

Introduced by: /s/ Rep. Malcolm J. Omar
/s/ Rep. Julie M.A. Ogo

Reviewed for Legal Sufficiency by:

/s/ Joseph L.G. Tajeron, Jr. (6/6/2025)
House Legal Counsel

House Bill 24-36, HD1 reviewed for Legal Sufficiency by:



House Legal Counsel

Date: August 25, 2025