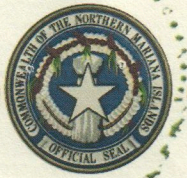


RALPH DLG. TORRES
Governor



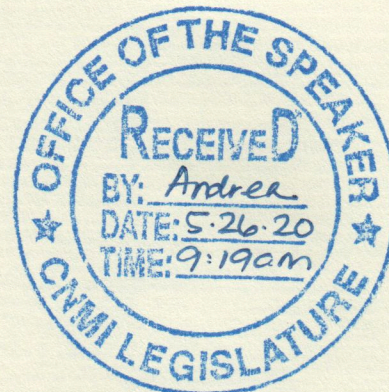
GOV. COMM. 21-136
(HOUSE)

ARNOLD I. PALACIOS
Lieutenant Governor

COMMONWEALTH of the NORTHERN MARIANA ISLANDS
OFFICE OF THE GOVERNOR

May 22, 2020


The Honorable Victor B. Hocog
Senate President
The Senate
Twenty-First Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950



The Honorable Blas Jonathan "BJ" T. Attao
Speaker
House of Representatives
Twenty-First Northern Marianas
Commonwealth Legislature
Capitol Hill
Saipan, MP 96950

Dear Mr. Speaker and Mr. President:

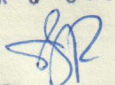
This is to inform you that I have signed into law **Senate Bill No. 21-28, HS1** entitled, "To establish the Commonwealth Medicaid Agency as a separate agency in the Office of the Governor.", which was passed by the Senate and the House of Representatives of the Twenty-First Northern Marianas Commonwealth Legislature.

 This bill becomes **Public Law No. 21-28**. Copies bearing my signature are forwarded for your reference.

Sincerely,

RALPH DLG. TORRES

cc: Lt. Governor; Press Secretary; Attorney General's Office; Secretary of Finance; Office of Public Auditor; the CNMI State Medicaid Agency; the Commonwealth Healthcare Corporation; Special Assistant for Administration; Special Assistant for Programs and Legislative Review

HOUSE CLERK'S OFF
RECEIVED BY 
DATE 052820 TIME 10:06am



THE SENATE
TWENTIETH NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

SENATE BILL NO. 21-28, HS1

AN ACT

To establish the Commonwealth Medicaid Agency as a separate agency in
the Office of the Governor.

SENATE ACTION

Offered by Senator(s): Sixto K. Igisomar

Date: March 18, 2019

Referred to: Committee on Health, Education and Welfare

Standing Committee Report No.: 21-23 adopted on 7/18/19

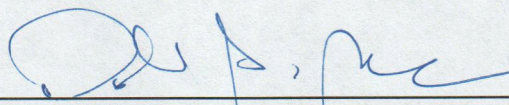
Final Reading: March 13, 2020 Passed HS1

HOUSE ACTION

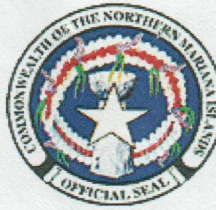
Referred to: Committee on Health and Welfare

Standing Committee Report No.: 21-55 adopted on 02/18/20

First and Final Reading: February 18, 2020



DOLORES S. BERMUDES
SENATE CLERK



THE SENATE
TWENTY-FIRST NORTHERN MARIANAS COMMONWEALTH LEGISLATURE

FIRST REGULAR SESSION, 2019

S. B. NO. 21-28, HS1

AN ACT

To establish the Commonwealth Medicaid Agency as a separate agency in the
Office of the Governor.

BE IT ENACTED BY THE TWENTY-FIRST NORTHERN MARIANAS
COMMONWEALTH LEGISLATURE:

1 **Section 1. Findings and Purpose.** Medicaid is a federal and state/territory
2 program that helps with medical costs for some people with limited income and resources.
3 The Legislature recognizes that the Medicaid program of the Commonwealth of the
4 Northern Mariana Islands was originally established as a program under the authority of
5 the Department of Public Health and Environmental Services (DPHES) in 1978. Chapter
6 140-30 of the Administrative Code was originally adopted under the authority of the
7 DPHES in 1988. With the passage of PL 16-51 in 2009, the Medicaid program was
8 transferred to the Commonwealth Healthcare Corporation (CHCC). In 2011, the Centers
9 for Medicare and Medicaid Services (CMS) directed the separation of the Medicaid
10 program from the CHCC to prevent conflicts of interest. In 2011, the Governor issued
11 Executive Order 2011-16 to transfer the Medicaid program to the Office of the Governor.
12 The Medicaid Agency was never formally recognized, established, and organized and the
13 Legislature finds that there is a need to establish the Commonwealth Medicaid Agency and
14 incorporate Chapter 140-30 of the CNMI Administrative Code in statute.

15 The Legislature further finds that the U.S. Congress may require that the
16 Commonwealth Medicaid program to submit data to the "Transformed Medicaid Statistical
17 Information System" and establish a Medicaid Fraud Control Unit as a condition to the

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1 increased funding for the Medicaid program. To achieve this objective, the Medicaid
2 Agency may need to fully implement a “Medicaid Management Information System” as all
3 other states and the U.S. territories of Puerto Rico and the Virgin Islands have already
4 accomplished.

5 In addition, as part of the Medicaid Enterprise Systems, the Legislature finds that
6 the Commonwealth of the Northern Mariana Islands (CNMI) needs, as many states have
7 established, a Medicaid medical claims and clinical data warehouse to enable the
8 monitoring and analysis of health care costs; improve the evaluation, coordination, and
9 monitoring of the quality of care; assess population health conditions; support health
10 information exchange for clinical care for beneficiaries; conduct utilization reviews;
11 identify healthcare disparities; inform policymakers and the Medicaid program of
12 comparative cost and quality of healthcare services of other payers and providers; support
13 the planning and evaluation of health care operations and care; and conduct waste, fraud
14 and abuse investigations. As part of the Medicaid Enterprise Systems, the Legislature
15 further finds that information regarding the healthcare services and other personal health
16 care information must be available to beneficiaries so that the best health care decisions
17 can be made for themselves and their families.

18 For the Commonwealth, the Legislature is aware of the magnitude of the challenge,
19 and the costs and capacity building that is required to fully implement and operate the suite
20 of Medicaid Enterprise Systems.

21 Accordingly, the purposes of this legislation are to: (a) recognize, establish, and
22 organize the Medicaid Agency as an agency in the Executive Branch of the CNMI; (b)
23 direct the agency to plan, design, implement, and operate Medicaid Enterprise Systems that
24 includes, among others, the ability to efficiently and effectively process claims for
25 Medicaid services and submit data to the T-MSIS or replacement system as may be
26 required; (c) establish a claims and clinical data warehouse, and promote health
27 information exchange; and, (d) provide a community health record system that would
28 enable beneficiaries to see their medical information.

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1 **Section 2. Enactment.** The following is enacted subject to codification by the
2 Commonwealth Law Revision Commission.

3 **“Chapter. Commonwealth Medicaid Agency.**

4 **§101. Establishment of the Commonwealth Medicaid Agency.** A
5 Commonwealth Medicaid Agency is hereby established in the Commonwealth
6 government in the Office of the Governor.

7 **§102. Duties and Responsibilities.** The Commonwealth Medicaid Agency
8 shall have the following duties and responsibilities.

9 (a) Administer the Medicaid and Children’s Health Insurance Programs of
10 the Commonwealth of the Northern Mariana Islands under Title XIX and Title XXI
11 of the Social Security Act.

12 (b) The responsibility for the planning, design, management, and operations
13 of the program in accordance with the Medicaid and Children’s Health Insurance
14 Programs State Plan or Amendments, hereinafter referred to as “State Plan
15 Amendment” and other plans and program activities approved by the Centers for
16 Medicare and Medicaid Services. This includes, but is not limited to, the eligibility
17 of beneficiaries, services provided, payment rates, provider agreements, procedures
18 for authorized Medicaid providers, program administration, and other purposes.

19 (c) The responsibility for the planning, design, management, and operations
20 of the federal-state Medicaid program is governed by the Centers for Medicare and
21 Medicaid Services approved State Medicaid Plan and Amendments.

22 (d) The Commonwealth Medicaid Agency may adopt rules and regulations
23 necessary for the, design, management, and operations of the Medicaid program
24 consistent with the Medicaid State Plan Amendment(s) approved by the Centers for
25 Medicare and Medicaid Services.

26 (e) The Commonwealth Medicaid Agency is authorized to limit eligibility,
27 providers, services, and other activities in the event funding resources are
28 insufficient to compensate providers for services.

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1 (f) The Commonwealth Medicaid Agency is authorized to establish rates for
2 any and all Mandatory and Optional Services for Medicaid and Children's Health
3 Insurance Program as approved by Centers for Medicare and Medicaid Services as
4 provided for and in accordance with the State Medicaid Plan Amendments.

5 (g) The Commonwealth Medicaid Agency is authorized to charge premiums
6 and to establish out of pocket spending for Medicaid enrollees, and may establish a
7 buy-in program to enable non-Medicaid persons to buy into the Medicaid program.
8 Out of pocket spending may include copayments, coinsurance, deductibles, and
9 other charges subject to federal limitation and/or as provided for in the Medicaid
10 State Plan Amendments or waiver program.

11 (h) The Commonwealth Medicaid Agency is authorized to establish
12 preferred drug lists or formularies and requirements for generic substitution;
13 establish cost-sharing or copayments; participate in multi-state purchasing
14 agreements; use a pharmacy benefit manager; require prior authorization; conduct
15 drug utilization review; limit dispensing fees to providers and pharmacies; use
16 other methods for managing pharmacy benefits, management, and costs; and,
17 participate in supplemental rebates from manufacturers.

18 **§103. Commonwealth wide Operation.**

19 The Medicaid State Plan administration and operation is on a
20 Commonwealth wide basis.

21 **§104. Health Care Providers and Services.**

22 (a) It is the policy of the Commonwealth government that when the medical
23 facilities in the Commonwealth Healthcare Corporation are not able to provide
24 adequate diagnostic evaluation or care of a patient's illness, the government is
25 obligated to seek services outside the public health care system for a beneficiary.

26 (b) The Commonwealth Medicaid Agency will establish policies and
27 procedures in the State Medicaid Plan Amendments for a determination and prior
28 authorization of when services may be provided outside of the Commonwealth
29 Healthcare Corporation.

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1 (c) The Commonwealth Medicaid Agency will establish or utilize an
2 existing Medical Referral Entity to advise on matters pertaining to health and
3 medical care services that are unable to be provided in the Commonwealth. The
4 Medical Referral Entity will review and document in the form and manner required
5 by the Commonwealth Medicaid Agency, the medical necessity for off-island care,
6 why such care is unable to be provided by the Commonwealth Healthcare
7 Corporation or other in-commonwealth provider, and advise and document the
8 specific services authorized for off-island care.

9 (d) The Commonwealth Medicaid Agency will further determine and
10 adjudge whether the estimated cost of services by an in-commonwealth or out-of-
11 state Provider provides the best value when travel and other costs are considered.

12 **§ 105. Coverage and Eligibility and Method of Processing Applications**
13 **and Determining Eligibility.**

14 The Commonwealth Medicaid Agency shall process applications and makes
15 determinations of Medicaid eligibility as follows:

16 (a) Each applicant will be required to submit an application for medical
17 assistance and to submit required supporting documents.

18 (b) Eligibility determination must be made within 60 days from the date the
19 application is submitted to the Commonwealth Medicaid Agency.

20 (c) Eligibility coverage may begin as much as three months prior to the
21 submission date of application if the Commonwealth Medicaid Agency determines
22 that the applicant is eligible during that period.

23 (d) Eligibility coverage will be for up to one year.

24 (e) Changes of circumstances must be reported by the beneficiary and re-
25 determinations made by the Commonwealth Medicaid Agency. Beneficiaries are
26 required to re-apply and be redetermined annually.

27 (f) The Commonwealth Medicaid Agency shall issue written denial letters
28 for all ineligible applicants and terminated beneficiary(ies) and the Medicaid
29 program shall establish an appeal process for any denial.

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1 (g) As a condition of eligibility, each legally able applicant and recipient
2 will be required to assign his or her rights for release of information from agencies,
3 providers, and other organizations to the Commonwealth Medicaid Agency for the
4 purposes of making eligibility determination and for care coordination and
5 evaluation of quality of services by providers. Refusal to assign rights to the
6 Commonwealth Medicaid Agency will result in the denial or termination of
7 eligibility.

8 (h) Supplemental Security Income recipients are considered eligible upon
9 filing an application for Medicaid. Annual reapplication and redetermination may
10 not be required for Supplemental Security Income recipients. Continued receipt of
11 Supplemental Security Income benefits, as verified by the Social Security
12 Administration, is sufficient to maintain eligibility.

13 **§106. Coverage and Conditions of Eligibility.**

14 (a) Medicaid is available to the following individuals:

15 (1) All Supplemental Security Income cash assisted recipients;

16 (2) Low-income individuals who meet the current Supplemental
17 Security Income resource and income levels and any applicable disregards
18 and exemptions for the determination of eligibility, who:

19 (i) Are U.S. citizens, lawfully admitted permanent residents
20 or legally present in the U.S., or permanently residing in the U.S.
21 under color of law; and

22 (ii) Establish residency in Commonwealth of the Northern
23 Mariana Islands.

24 (b) The same eligibility requirements will be made applicable to all
25 individuals except for those who are receiving Supplemental Security Income.

26 (c) As a condition of eligibility, each legally able applicant and recipient
27 must assign his rights to medical support or other third-party payments to the
28 Commonwealth Medicaid Agency and must cooperate with the agency in obtaining
29 medical support and payments.

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1 (d) The income and resources of parents, including stepparents with non-
2 Supplemental Security Income children under age 18 will be counted if the
3 child(ren) live(s) within the same household unless emancipation of the minor
4 child(ren) can be demonstrated by legal court documents.

5 (e) Spend-down. The Commonwealth Medicaid Agency may allow spend-
6 down for individuals whose income is in excess of the established income criteria,
7 provided the amount in excess is less than the cost of medical services. The
8 monthly spend-down amount in such cases will be the amount of income in excess
9 of the monthly Supplemental Security Income standard. The recipient will first
10 have to incur the spend-down amount before Medicaid can pay for the difference.

11 **§107. Residence.**

12 Medicaid is furnished to eligible individuals who reside and intend to
13 remain in the Commonwealth.

14 **§108. Amount, Duration, and Scope of Services.**

15 The following services may be provided to those determined to be eligible
16 for Medicaid in accordance with the Centers for Medicare and Medicaid Services
17 approved Medicaid State Plan Amendment(s) and subject to available funding.
18 The following is a description of services that are mandatory or optional under Title
19 XIX. The services that are mandatory in Title XIX must be provided. Optional
20 services are not required to be provided. The Commonwealth Medicaid Agency
21 may add or limit optional services through the state plan amendment. The
22 Mandatory and Optional Services as may be provided in the State Plan, as may be
23 amended, may include, but not be limited to, the following:

24 (a) Services

- 25 (1) Inpatient Hospital Services
26 (2) Outpatient Hospital Services
27 (3) Laboratory and X-Ray Services
28 (4) Nursing Facility Services

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(5) Early and Periodic Screening, Diagnosis and Treatment
(EPSDT)

(6) Family Planning Services

(7) Physician Services

(8) Home Health Services

(9) Transportation to medical care

(10) Nurse Midwife Services

(11) Clinic Services

(12) Tobacco cessation counseling for pregnant women

(b) The Commonwealth Medicaid Agency may limit services, providers, and payment amounts.

(c) The Commonwealth Medicaid Agency shall require the Commonwealth Healthcare Corporation to certify that it is able to provide the services required of a Medicaid beneficiary prior to authorizing other providers.

(d) The Commonwealth Medicaid Agency may use any of the available waivers and other programs to implement programs that will improve care or lessen costs.

§109. Coordination of Medicaid with Medicare Part B.

The Commonwealth Medicaid Agency shall make the entire range of benefits under part B of Title XVIII available as part of the plan to certain eligible individuals under a buy-in agreement, through payment of the premium charges on behalf of such individuals, by meeting all or part of the cost of the deductible cost sharing or similar charges under part B. Regulation requirements under 42 CFR § 431.625 will be met.

§110. Cost Sharing for Medicare Beneficiaries.

For Medicaid eligible individuals enrolled in Medicare, the Commonwealth Medicaid Agency shall pay the following costs:

(a) Premium under Medicare part B;

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(b) Deductible and coinsurance amounts under Medicare part A and part B;

or

(c) As may be modified in the Medicaid State Plan Amendments.

§111. Method of Administration.

The Commonwealth Medicaid Agency **shall** employ methods of administration, as described in the plan in this chapter, that are necessary for the proper and efficient operation of the program.

§112. Hearings for Applicants and Recipients.

The Commonwealth Medicaid Agency will establish a system of hearings that meets all the requirements of 42 CFR part 431, subpart E, as described in the Medicaid State Plan Amendments.

§113. Safeguarding Information on Applicants and Recipients.

The Commonwealth Medicaid Agency shall assure compliance on safeguarding information on applicants and recipients through a system that restricts the use or disclosure of information concerning applicants or recipients to purposes directly related to the Medicaid program administration and management.

§114. Reports and Data.

The Commonwealth Medicaid Agency shall submit all reports and data as required by the Centers for Medicare and Medicaid Services and law.

§115. Maintenance of Records.

The Commonwealth Medicaid Agency shall maintain or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, medical claims, and administrative costs, and statistical, fiscal and other records and data necessary for reporting, accountability, and Medicaid Enterprise Systems data, and retains these records for the period required by law and Centers for Medicare and Medicaid Services.

The Commonwealth Medicaid Agency shall plan, design, implement, and operate Medicaid Enterprise Systems to establish and manage:

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1 (a) the processing of eligibility and provider claims, and meet federal
2 reporting requirements;

3 (b) a claims and clinical data repository to analyze the cost and quality of
4 care and population health in comparison with other payers, self-insured,
5 uninsured, and Medicare beneficiaries;

6 (c) an online systems capability to enable Medicaid beneficiaries to access
7 their health care information from all providers, implement health information
8 exchange by providers, and establish a Medicaid clinical data warehouse to enable
9 clinical care and care management, evaluate the quality of healthcare provider
10 services, and enable comparative clinical, quality, and population health studies of
11 Medicaid populations with privately insured, self-insured, uninsured, and Medicare
12 beneficiaries.

13 **§116. Availability of Agency Program Manuals.**

14 The Commonwealth Medicaid Agency **shall** assure access to program
15 manuals, rules and policies, and the Medicaid State Plan Amendments in this
16 chapter by individuals outside the Commonwealth Medicaid Agency. Access shall
17 **be** available at the agency's office, web-enabled systems, and through other entities
18 as determined appropriate by the agency.

19 **§117. Required Provider Agreement.**

20 The Commonwealth Medicaid Agency shall maintain agreements with on
21 and off-island providers furnishing services under the plan in which the provider
22 agrees to:

23 (a) Keep any record(s) necessary to disclose the extent of service the
24 provider furnishes to and the health status of patients;

25 (b) Furnish to the Commonwealth Medicaid Agency or designee any data
26 and information maintained under subsection (a) of this section and any
27 information regarding payments claimed by the provider for furnishing services
28 under this plan;

SENATE BILL NO. 21-28, HS1

1 (c) Provide claims, clinical, and other data (e.g. provider notes, laboratory
2 test results, medical images, and others), and information in a manner, form, and
3 timetable required by the Commonwealth Medicaid Agency;

4 (d) Maintain the confidentiality of patient information for other than
5 Medicaid program purposes;

6 (e) Not discriminate against any individual seeking services under this plan,
7 on the basis of race, sex, religion, color, national origin, or handicap; and

8 (f) Not seek additional payments from patients beyond those allowed under
9 the plan.

10 (g) The Commonwealth Medicaid Agency may withhold or delay payments
11 if a provider does not comply and may further establish penalties through
12 temporary administrative rulemaking or through administrative procedures
13 provided for in 1 CMC §9104, Commonwealth Code.

14 **§118. Relation with Vocational Rehabilitation Agencies and Title V**
15 **Grantees and Other Agencies.**

16 (a) The Commonwealth Medicaid Agency shall coordinate its Medicaid
17 program activities with other agency activities including Title V program activities
18 and with activities of the state vocational rehabilitation agency.

19 (b) The Commonwealth Medicaid Agency shall establish cooperative
20 agreements between the Commonwealth Medicaid Agency and the vocational
21 rehabilitation and other social service and health care agencies.

22 **§119. Payment for Services.**

23 (a) The Commonwealth Healthcare Corporation is the single, primary
24 provider of all Medicaid medical and public health services, both inpatient and
25 outpatient, throughout the Commonwealth. The Commonwealth Medicaid Agency
26 shall establish rates in accordance with the Commonwealth State Medicaid Plan
27 Amendments for all services.

28 (b) These established rates may not exceed combined payments the provider
29 would receive from the beneficiaries and carriers or intermediaries for comparable

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1 services under comparable circumstances under Medicare or public health grants as
2 may be permitted, or based on national average payment proportions by states for
3 Medicaid services as may be compared to Medicare. The payments made by the
4 Commonwealth Medicaid Agency for inpatient services will be paid using
5 Medicare principles of cost reimbursement or as provided for under the Medicaid
6 State Plan Amendments. The rates are applicable to all patients including those
7 with third-party coverage.

8 (c) When a patient has medical needs which cannot be provided for by the
9 Commonwealth Healthcare Corporation, on-island or off-island providers, with
10 prior authorization by the Commonwealth Medicaid Agency, may be utilized. The
11 Commonwealth Medicaid Agency shall establish procedures wherein the
12 Commonwealth Healthcare Corporation certifies that services cannot be provided
13 by the public corporation.

14 (d) The Commonwealth Medicaid Agency is authorized to establish all-
15 inclusive per diem rates or contract rates for specific services by on and off-island
16 non- Commonwealth Healthcare Corporation providers.

17 **§120. Third-party Liability.**

18 The Commonwealth Medicaid Agency shall assure, to the extent possible,
19 the identification of a liable third-party to pay for services under the plan and for
20 payment of claims involving third parties by:

21 (a) Inquiring during the application/interview process about the probable
22 existence of a liable third-party;

23 (b) Requiring, as a condition of eligibility, that each legally able applicant
24 and recipient assign his or her rights to medical support or other third-party
25 payments to the Commonwealth Medicaid Agency and cooperate with the agency
26 in obtaining medical support and payments;

27 (c) Paying claims involving probable third-party liability as follows:

28 (1) If the agency has established the probable existence of third-
29 party liability at the time the claim is filed, the agency must reject the claim

SENATE BILL NO. 21-28, HS1

1 and return it to the provider for a determination on the amount of liability.
2 When the amount of liability is determined, the agency must then pay the
3 claim to the extent that payment allowed under the agency's payment
4 schedule exceeds the amount of the third-party's payment.

5 (2) If the probable existence of third-party liability cannot be
6 established or third-party benefits are not available to pay the recipient's
7 medical expenses at the time the claim is filed, the agency must pay the full
8 amount allowed under the agency's payment schedule.

9 (3) If after a claim has been paid, the agency learns of the existence
10 of a third-party resource, the agency must seek reimbursement from the
11 third-party within 60 days after the end of the month it learned of the
12 existence of a liable third-party or benefits become available.

13 (4) The Commonwealth Medicaid Agency establishes a cumulative
14 threshold amount of not less than \$50.00 for seeking reimbursement. It is
15 not considered cost effective to seek reimbursement below this amount in
16 any given month.

§121. Standards of Personnel Administration.

17 The Commonwealth Medicaid Agency and its employees shall be covered
18 by the Civil Service Act, 1 CMC §8101, et.seq.

§122. Fiscal Policies and Accountability.

19 The Commonwealth Medicaid Agency shall maintain an accounting system
20 and supporting fiscal records to assure that claims for federal funds are in accord
21 with applicable federal requirements. Records shall be retained for 3 years or as
22 otherwise required by law, rule or other Medicaid management function from the
23 date of submission of a final expenditure report and shall be retained beyond the 3-
24 year period only if audit findings, litigation, claim negotiations, or other actions
25 involving the records have not been resolved. This records retention shall apply to
26 all financial and programmatic records, supporting documents, statistical records
27 and other records related to the grant. This record retention period does not apply
28
29

SENATE BILL NO. 21-28, HS1

1 to the claims and clinical data of the Medicaid Enterprise Systems that will be
2 maintained to establish a longitudinal database.

3 **§123. Access to Records.**

4 The Commonwealth Medicaid Agency shall assure that the Department of
5 Health and Human Services, Centers for Medicare and Medicaid Services, the
6 Comptroller General of the U.S., and other cognizant federal agencies shall have
7 access to books and all documents related to the Department of Health and Human
8 Services grant award.

9 **§124. Cost Allocation.**

10 The Commonwealth Medicaid Agency will claim federal financial
11 participation (FFP) for Medicaid costs in accordance with the cost allocation plan
12 approved by Centers for Medicare and Medicaid Services.

13 **§125. Plan Amendments.**

14 (a) Commonwealth Medicaid Agency may, on its own initiative, request
15 plan changes at any time, as long as the provisions of Title 19 U.S.C. §1902(j) and
16 the Secretary of the Department of Health and Human Services waiver are
17 complied with.

18 (b) Changes to the operational plan which are not consistent with the
19 Secretary of the Department of Health and Human Services's waiver shall be
20 submitted to the Secretary of the Department of Health and Human Services as a
21 modification to the waiver, rather than as a state plan amendment.

22 (c) This chapter constitutes the total plan for the operation of the Medicaid
23 program in the Commonwealth of the Northern Mariana Islands. Any federal
24 requirements applicable to the operation of Title XIX of the Social Security Act in
25 other jurisdictions are not applicable to the plan unless they are specifically
26 included.

27 **§126. Nondiscrimination.**

SENATE BILL NO. 21-28, HS1

1 The Commonwealth Medicaid Agency shall assure that no individual shall
2 be subjected to discrimination under the plan in this chapter on the grounds of race,
3 color, sex, national origin, religion or disability.

4 **§127. Commonwealth Governor's Review.**

5 The Commonwealth Medicaid Agency will provide the Office of the
6 Governor with the opportunity to review amendments, any new state plan and
7 subsequent amendments, and long-range program planning projections or other
8 periodic reports thereon. Any comments made will be transmitted to the Centers
9 for Medicare and Medicaid Services with such documents.

10 **§128. Drug-free Workplace Certification.**

11 The Commonwealth Medicaid Agency certifies that it will maintain a drug-
12 free workplace as a condition for federal grant application.”

13 **Section 3. Repeal.** Chapter 140-30 of the Commonwealth Administrative Code is
14 repealed.

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

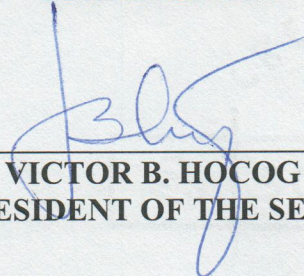
19 **Section 5. Savings Clause.** This Act and any repealer contained herein shall not
20 be construed as affecting any existing right acquired under contract or acquired under
21 statutes repealed or under any rule, regulation or order adopted under the statutes.
22 Repealers contained in this Act shall not affect any proceeding instituted under or pursuant
23 to prior law. The enactment of this Act shall not have the effect of terminating, or in any
24 way modifying, any liability civil or criminal, which shall already be in existence at the
25 date this Act becomes effective.

26 **Section 6. Effective Date.** This Act shall take effect upon its approval by the
27 Governor or upon its becoming law without such approval.

SENATE BILL NO. 21-28, HS1

CERTIFIED BY:

ATTESTED BY:

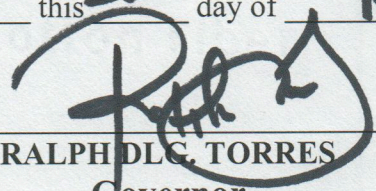


VICTOR B. HOCOG
PRESIDENT OF THE SENATE



SIXTO K. IGISOMAR
SENATE LEGISLATIVE SECRETARY

Approved this 22nd day of May, 2020



RALPH D.L.G. TORRES
Governor

Commonwealth of the Northern Mariana Islands