

**DIVISION OF PUBLIC & BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
LCB File No. R108-24**

Informational Statement per NRS 233B.066

1. A clear and concise explanation of the need for the adopted regulation.

The purpose of the proposed regulations is to move forward the regulations required by Assembly Bill 153 of the 82nd Legislative Session (2023) needed to license and regulate the practice of naprapathy.

R108-24 addresses the following topics as they relate to the licensure and practice of naprapathy:

- Infection Control.
- General application requirements.
- Initial application requirements.
- Licensure by endorsement requirements.
- Provisional Licensure requirements.
- Licensure renewal requirements.
- Validity of notices sent to licensees or applicants.
- Requirements to register as a teacher, advisor, or supervisor pursuant to NRS 634B.080.
- Rules of professional conduct for naprapaths.
- List of crimes, that if convicted, may result in disciplinary action of a naprapath.
- The process for an applicant for licensure as a naprapath or a licensee to petition the Division to not impose disciplinary action despite a report of being convicted of a crime that may result in disciplinary action.
- The required actions by an applicant or licensee that must be taken if a background check cannot be completed.
- The required actions to be taken by an applicant for a license or licensee if the person feels the background check information provided by the Division is not accurate
- The actions the Division may take upon determining that an applicant has been convicted of a disqualifying crime
- Fees.
- Grounds for initiating disciplinary action
- Disciplinary action that may be imposed by the Division; Consultation with Advisory Board.
- Contents of order of revocation of license; reinstatement of license following revocation.
- Licensee to pay costs of disciplinary action.
- Unlicensed practice complaints.
- Complaints against licensee or applicant.
- Terms of suspension of license.
- Appeal of decision related to disciplinary action.

- Reports received by the Division pursuant to subsection 5 of NRS 228.420.
 - Continuing education requirements.
 - Requirements governing advertising or the use of promotional materials by a naprapath
 - Approval by Division of Program of Education in Naprapathy and related items.
 - Per diem allowances and reimbursement for travel expenses for Naprapathic Practice Advisory Board members.
 - Request for documents by the Division from applicants or licensees.
 - Amendments to NAC 459.554 to authorize naprapaths licensed in Nevada to order medical x-rays, excluding nuclear medicine studies.
 - Amendments to NAC 652.155 as it relates to medical laboratory tests.
2. A description of how public comment was solicited, a summary of public response, and an explanation how other interested persons may obtain a copy of the summary.

Below is a summary of how public comment was solicited and a summary of the public's response. Please refer to number 5 for full details on revisions made to the proposed regulations.

The requirement to govern the licensure of naprapaths and the practice of naprapathy was established by AB 153 of the 82nd legislative session (2023); therefore, there is not a list of Nevada licensees available to solicit public comment on the proposed regulations. The Division worked with Dr. Patrick Nuzzo and staff from the Southwest University of Naprapathic Medicine in New Mexico to distribute the proposed regulations and small business impact questionnaire to the University's alumni. The University's alumni were identified as persons who may have an interest in becoming licensed as a naprapath in Nevada or opening a small business in Nevada, which may include opening a school of naprapathy or an individual naprapathic practice. The proposed regulations and small business impact questionnaire were distributed via email to 35 of the University's alumni on April 16, 2024.

The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
- 2) Will a specific regulation have an adverse economic effect upon your business?
- 3) Will the regulation(s) have any beneficial effect upon your business?
- 4) Do you anticipate any indirect adverse effects upon your business?
- 5) Do you anticipate any indirect beneficial effects upon your business?

Summary of Responses

Summary of Comments Received (1 response was received out of 35 small business impact questionnaires distributed)			
Will a specific regulation have an adverse economic effect upon your business?	Will the regulation (s) have any beneficial effect upon your business?	Do you anticipate any indirect adverse effects upon your business?	Do you anticipate any indirect beneficial effects upon your business?
Yes- 0 No - 1	Yes – 0 No - 1	Yes –0 No – 1	Yes – 0 No – 1
No additional comments were provided.	No additional comments were provided.	No additional comments were provided.	No additional comments were provided.

Public Workshop – May 22, 2024

There were five (5) non-Division of Public and Behavioral Health participants who attended the public workshop virtually. Only Division of Public and Behavioral Health staff attended in-person. One (1) of the five (5) participants provided public comment.

The individual testified he was in favor of the regulations and in full support of the bill that passed.

Written Feedback

Written feedback was also accepted from the public and taken into consideration.

The President of the American Naprapathic Association submitted two documents, each dated July 25, 2024, one titled “Nevada Naprapathy License by Endorsement Recommendations” and one titled “Concerns and Recommendations Regarding Nevada’s Naprapathy Proposed Regulations 2024 V2.0.” Points of concern included:

1. Potential Bias in Advisory Input: Proposed regulations are predominantly influenced by a single institution with an accredited DN Program.
2. Recognition of Established Institutions: Proposed regulations may inadvertently discriminate against graduates from established US naprapathy schools (those that are not accredited) such as NCNM which is chartered by the State of Illinois and recognized by the Illinois Board of Higher Education to grant a Doctor of Naprapathy degree.
3. Licensure Reciprocity: “The specific requirements for endorsement are not detailed, which could lead to subjective interpretations and potential discrimination against naprapaths from other states or schools.”
4. Concerns with educational requirements including with the curriculum requirements and

accreditation.

Recommendations included:

“Clarify Endorsement Criteria: Provide detailed and objective criteria for license endorsement to ensure fair treatment of out-of-state practitioners.

Flexible Curriculum Recognition: Allow for the recognition of equivalent courses and competencies from other accredited programs to facilitate smoother transitions for transfer students.

Inclusive Accreditation: Recognize a broader range of accrediting bodies to ensure that graduates from various reputable programs are not unfairly excluded.”

In addition, another individual provided written public comment which is included with this informational statement noting concerns that the proposed regulations would prohibit graduates of any currently operating Naprapathic programs from licensure noting “why the regulations would be written to exclude 3000 potential practitioners globally and 200 Naprapaths domestically, in comparison to the 50 who have graduated from Southwest University of Naprapathic Medicine, is confounding and disappointing.”

A health program manager met with the president of the American Naprapathic Association and the individual that provided public comments on August 1, 2024, to discuss the concerns presented in the written comments. It was explained that in addition to the requirements prescribed in the proposed regulations to obtain a license by endorsement, AB 153 outlined additional requirements to obtain a license by endorsement. After review of the statutory requirements for licensure by endorsement, it appeared the concerns related to the requirements for licensure by endorsement were addressed in a satisfactory manner.

For full details on the written comments received, please refer to the written documents included with this informational statement.

NRS 634B.120 requires the Board of Health adopt regulations governing the licensure of naprapaths and the practice of naprapathy with the advice of the Naprapathic Practice Advisory Board. The president of the American Naprapathic Association and the individual that provided the public comments were emailed a copy of the Naprapathy Practice Advisory Board agenda on 10/8/2024, with information on how they can participate.

Naprapathic Practice Advisory Board – October 15, 2024

The proposed regulations were reviewed by the Naprapathic Practice Advisory Board on October 15, 2024.

The Advisory Board also reviewed and took into consideration the written feedback submitted by the American Naprapathic Association, titled “Concerns and Recommendations Regarding Nevada’s Naprapathy Proposed Regulations 2024 V2.0” which is included in your packet.

There was no testimony provided by members of the public in opposition to or with concerns related to the proposed regulations during the advisory board meeting.

The Advisory Board voted unanimously to move the proposed regulations forward, as written, for adoption by the State Board of Health.

Public Hearing – January 17, 2025

A public hearing was held on January 17, 2025, before the Board of Health.

One person testified recommending that the word “authenticated” be removed from the following sentence in Section 19, subsection 5:

If audited by the Division, a licensee shall prove that he or she successfully completed the continuing education required by this section by presenting ~~authenticated~~ photocopies of original certificates of completion or computer printouts from approved providers of continuing education to the Division.

The individual testified that having photocopies of original certificates of continuing education authenticated would create a burden. There was also mention that “authentication” was not used by other states in which the individual was licensed (as a naprapath). After discussion with the individual that testified and Division of Public and Behavioral Health representatives, the Board of Health voted to remove the word “authenticated” from the above-mentioned sentence.

How other interested persons may obtain a copy of the summary

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Leticia Metherell, RN, CPM, HPM III at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Leticia Metherell
Phone: 775-684-1045
Email: lmetherell@health.nv.gov

3. A statement indicating the number of persons who attended each hearing, testified at each hearing, and submitted written statements regarding the proposed regulation. This statement should include for each person identified pursuant to this section that testified and/or provided written statements at each hearing regarding the proposed regulation, the following information, if provided to the agency conducting the hearing:
 - (a) Name
 - (b) Telephone Number
 - (c) Business Address

- (d) Business telephone number
- (e) Electronic mail address; and
- (f) Name of entity or organization represented

Public Workshop – May 22, 2024

There were five (5) non-Division of Public and Behavioral Health participants who attended the public workshop virtually. Only Division of Public and Behavioral Health staff attended in-person. One (1) of the five (5) participants provided public comment.

Dr. Patrick Nuzzo provided public comment at the public workshop. His electronic mail address is: docnuzzo@sunm.edu and his telephone number is: 847-710-4327.

Written Statements Regarding the Proposed Regulation

Dr. Shante Griggs submitted two documents with written comments via email on July 26, 2024. One was titled, “Concerns and Recommendations Regarding Nevada’s Naprapathy Proposed Regulations 2024 V2.0” and one was titled, “Nevada Naprapathy License by Endorsement Recommendations”, both of which are included with this informational statement.

Dr. Griggs provided the following information:

Dr Shante Griggs, PharmD, RPh, DN
ANA President & NCNMU President/CEO
American Naprapathic Association
www.naprapath.org, drgriggs@naprapath.org
3330 N Milwaukee Ave, Chicago, IL 60641
312-967-7019

NCNM University (NCNMU)

www.ncnm.edu, drgriggs@ncnm.edu
3330 N Milwaukee Ave, Chicago, IL 60641
312-487-1084

Dr Fionda Williams Brock also provided written testimony via email on July 26, 2024. Her written testimony is also included with this informational statement.

Dr. Williams Brock provided the following information:

Fionda Williams Brock, PhD, DN, MSN, MSHS, RN
c: 702.427.9800
o: 702.329.0799
e: fionda@fimasfi.com

Naprapathic Practice Advisory Board – October 15, 2024

There were two (2) Division of Public Health Staff, one (1) deputy attorney general, and five (5) Advisory Board members in attendance. There was one (1) member of the public that attended virtually who provided a phone number of 1-702-897-5294 but did not provide a name.

There was no testimony provided by members of the public.

Public Hearing – January 17, 2025

There were 27 individuals that attended the public hearing virtually, including Division of Public and Behavioral Health staff and Board of Health members. There was one person who signed the in-person sign in sheet. Division of Public and Behavioral Health staff also intended in-person. As there were other agenda items on the public hearing agenda it is unknown how many individuals were present specifically for the hearing on LCB Draft of Proposed Regulation R108-24 related to naprapathy.

Of those attending the public hearing, one person provided testimony:

- Dr. Patrick Nuzzo provided public comment at the public workshop. His electronic mail address is: docnuzzo@sunm.edu and his telephone number is: 847-710-4327.

Although written testimony was provided during the public workshop process, no additional written testimony was provided for the public hearing.

4. A description of how comment was solicited (i.e., notices) from affected businesses, a summary of their response, and an explanation how other interested persons may obtain a copy of the summary.

Pursuant to NRS 233B.0608 (1)(a) (b), the Division of Public and Behavioral Health (DPBH), before conducting the public workshop for the proposed regulation, made a concerted effort to determine whether the proposed regulations are likely to impose a direct and significant economic burden upon a small business or directly restrict the formation, operation or expansion of a small business.

The requirement to govern the licensure of naprapaths and the practice of naprapathy was established by AB 153 of the 82nd legislative session (2023); therefore, there was not a list of Nevada licensees available to distribute the list. The Division worked with Dr. Patrick Nuzzo and staff from the Southwest University of Naprapathic Medicine in New Mexico to distribute the proposed regulations and small business impact questionnaire to the University's alumni. The University's alumni were identified as persons who may have an interest in becoming licensed as a naprapath in Nevada or opening a small business in Nevada, which may include opening a school of naprapathy or an individual naprapathic practice. The proposed regulations and small business impact questionnaire were distributed via email to 35 of the University's alumni on April 16, 2024.

The questions on the questionnaire were:

- 1) How many employees are currently employed by your business?
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Yes- 0 No - 1	Yes – 0 No - 1	Yes –0 No – 1	Yes – 0 No – 1
No additional comments were provided.	No additional comments were provided.	No additional comments were provided.	No additional comments were provided.

There currently are no naprapaths licensed by the State of Nevada. A public workshop was held on May 22, 2024, the Naprapathic Practice Advisory Board held a meeting on the proposed regulations on October 15, 2024, and a public hearing was held on the proposed regulations on January 17, 2025. For a summary of responses provided during these meetings, please refer to number 2.

How other interested persons may obtain a copy of the summary

Any other persons interested in obtaining a copy of the summary may e-mail, call, or mail in a request to Leticia Metherell, RN, CPM, HPM III at the Division of Public and Behavioral Health at:

Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Drive, Suite E
Carson City, NV 89701
Leticia Metherell
Phone: 775-684-1045
Email: lmetherell@health.nv.gov

5. If the regulation was adopted without changing any part of the proposed regulation, a summary of the reasons for adopting the regulation without change.

The proposed regulations were changed at the January 17, 2025, Board of Health meeting by removing the word “authenticated” from the following sentence in Section 19, subsection 5:

If audited by the Division, a licensee shall prove that he or she successfully completed the continuing education required by this section by presenting ~~authenticated~~ photocopies of original certificates of completion or computer printouts from approved providers of continuing education to the Division.

Testimony provided during the Board of Health indicated that having photocopies of original certificates of continuing education authenticated would create a burden. There was also mention that “authentication” was not used by other states in which the individual was licensed (as a naprapath).

6. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately, and in each case must include:
 - (a) Both adverse and beneficial effects; and
 - (b) Both immediate and long-term effects.

Anticipated effects on the business which NRS Chapter 634B regulates:

- A. *Adverse effects:* Direct adverse effects include licensure fees, fines, insurance costs, costs to become accredited if opening a program of education in naprapathy and other related costs. Certain fees, such as the \$500 initial application fee and the renewal fee of \$500 is set in statutes and is not a direct result of the proposed regulations but is instead directly related to the passage of AB 153 of the 82nd legislative session (2023).

The fee to register as a teacher, advisor or supervisor pursuant to Section 1.29 of AB 153 of the 82nd legislative session (2023) is set at \$50. It is anticipated that this will not create a significant financial burden or prevent individuals from registering to be a teacher, advisor or supervisor.

There will be a cost associated with obtaining the liability insurance required pursuant to Section 25 of the proposed regulations. The actual costs are unknown as they may vary based on the amount of coverage a person obtains and other factors. The proposed regulations set a minimum coverage of \$200,000 per claim and a minimum aggregate amount of \$600,000 per year. As it is anticipated most practicing naprapaths would carry liability insurance, it is not anticipated that this would prevent persons from becoming licensed as naprapaths in Nevada. By providing a minimum coverage amount it also provides flexibility for individuals who want to purchase a higher level of coverage.

NRS 634B.120 requires the Board, with the advice of the Advisory Board, to adopt regulations related to the requirements for continuing education for the renewal of a license as a naprapath. There are costs associated with continuing education but the proposed regulations are written to provide several options to meet the continuing education requirements which may allow flexibility in the cost of courses. The cost is unknown as it is dependent on which courses are chosen and the applicable costs.

If disciplinary action is imposed on a licensee there are additional costs that may be incurred, for example penalties may be incurred that are not to exceed \$5,000 for each violation of NRS Chapter 634B, Naprapaths or any regulation adopted pursuant thereto. In addition, a licensee is required pay all costs incurred in connection with any disciplinary action taken against the licensee. It is anticipated that the majority of licensees will not be subject to disciplinary action; therefore, these costs would not apply. If disciplinary action is taken it is unknown what the costs would entail as it would be dependent on a variety of factors.

NRS 634B.120 requires the Board, with the advice of the Advisory Board, to adopt regulations prescribing the requirements for the approval of programs of education in naprapathy by the Division, including, without limitation, regulations governing the curriculum for such programs. Although the proposed regulations do not set a fee for the approval of such programs, there is a requirement that a program be accredited by a nationally recognized accrediting agency of institutions of higher education that is recognized by the United States Department of Education. The cost is unknown as it is dependent on several factors, including, but not limited to the accrediting organization. One estimate cited on the JAC Consulting website (<https://jacconsultingservices.com/how-much-does-it-cost-to-get-a-school-accredited/>) noted that *“Accreditation costs are between 5% and 10% of the overall investment costs of any institution.”*

There is also a preventable fine related to failing to notify the Division of a change of information, of \$1,000 per instance. An applicant or licensee can avoid paying this fine by complying with the change of information requirements noted in subsection 3 of Section 9 of the proposed regulations.

NRS 634B.230 requires each applicant for a license, to submit to the Division a complete set of fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The proposed regulations require the fees charged by the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for the handling of the fingerprint cards and issuance of the reports of criminal histories be paid by the applicant. According to the Nevada Department of Public Safety’s website, checked on January 17, 2025, fingerprint-based submissions include a \$12.00 FBI fee and a \$27 State fee for a total fee of \$39. The applicant would also be responsible for the cost to have their fingerprint rolled which varies depending on the entity that is used.

Indirect adverse effects may include loss of revenue if disciplinary action is taken that impacts a person’s ability to practice naprapathy, for example if a license is suspended or

revoked. Complaints against a licensee that result in disciplinary action may also have indirect adverse effects including the potential loss of clients.

- B. *Beneficial*: Direct beneficial effects may include revenue that is collected by persons who open practices of naprapathy or open schools of naprapathy once the regulations become effective. It is expected that once the regulations become effective and persons can apply for and become licensed naprapaths in Nevada, this will result in individuals opening small businesses in Nevada.
- C. *Immediate*: The financial impacts, both adverse and beneficial would be immediate for anyone who applies for licensure as a naprapath and/or opens a program of education in naprapathy upon the adopted regulations becoming effective.
- D. *Long-term*: The immediate impacts, both adverse and beneficial, would continue for the long term so long as individuals continue to be licensed as naprapaths and continue to practice naprapathy in Nevada.

Anticipated effects on the public:

- A. *Adverse*: There are no anticipated adverse effects on the public.
- B. *Beneficial*: Having licensed Naprapaths practicing in Nevada will provide the public with another option for a non-surgical, non-pharmacological treatment method to help reduce pain, and potentially avoid surgical interventions and reduce the dependence on opioids. An article published in the National Library of Medicine, titled, *Naprapathy versus orthopaedic standard care for common musculoskeletal disorders: an 8-year follow-up of a pragmatic randomized controlled trial in Sweden*, (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8561905/>) concluded:
“In conclusion, naprapathy yielded significantly better long-term improvement and fewer health care interventions than orthopaedic standard care for the most common non-surgical musculoskeletal disorders in working age outpatients in specialized care. Together with the outcomes from previously published studies the results suggest that specialized manual therapy is an effective treatment that should be considered when triaging patients with common non-surgical musculoskeletal disorders in national health care systems.”
- C. *Immediate*: The immediate impact is that naprapathic services provide by Nevada licensed naprapaths will become immediately available to the public upon passage of the adopted regulations, the licensure of naprapaths and naprapaths offering their services to the public.
- D. *Long-term*: The long-term benefits to the public may include reduced surgical interventions and dependence on opioids for those who obtain pain relief from naprapathic services. This may also result in a reduction of health care costs associated with more costly interventions, such as surgical interventions.

- 7. The estimated cost to the agency for enforcement of the proposed regulation.

The estimated cost to the agency for enforcement of the proposed regulations is \$15,489.
This is an estimate based on an estimated workload as the true workload is unknown at this time.

8. A description of any regulations of other state or government agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the regulation overlaps or duplicates a federal regulation, name the regulating federal agency.

The proposed regulations do not overlap or duplicate any other federal or Nevada state regulations.

9. If the regulation includes provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions;

There are no other state or federal regulations addressing the same activity.

10. If the regulation establishes a new fee or increases an existing fee, a statement indicating the total annual amount the agency expects to collect and the manner in which the money will be used.

The total annual amount DPBH expects to collect is unknown because we do not know the number of individuals that will apply to become licensed as a naprapath, register as a teacher, advisor or supervisor, or be assessed fines. Below is an example of a possible scenario to illustrate what the total amount may look like, but again this is an unknown amount.

Thirty (30) initial applicants at \$500 per application equals \$15,000. If all 30 applicants remained licensed and renewed annually it would be expected the Division would collect \$15,000 a year. This amount may increase or decrease depending on whether new applicants are added or existing licensees drop their licensure.

Five (5) individuals register as a teacher, advisor or supervisor at \$50. In this case, the total amount collected would be \$250.

An annual amount collected as a result of disciplinary action is not included as it is anticipated that there will be no, to very few cases of disciplinary action imposed on naprapaths and if imposed the amount and frequency is unknown.

Based on the above scenario the total annual amount DPBH would be expected to collect is \$15,250 annually but the true total annual amount DPBH expects to collect is unknown.

The money would be used to cover the Division's operating costs related to the work associated with governing the licensure of naprapaths and the practice of naprapathy in accordance with NRS Chapter 634B and the proposed regulations.



American Naprapathic Association

Headquarters at the NCNM University
3330 N. Milwaukee Avenue
Chicago, Illinois 60641

July 25, 2024

Nevada Naprapathy License by Endorsement Recommendations

License by Endorsement is a regulatory mechanism that allows practitioners licensed in one jurisdiction to obtain a license in another jurisdiction without undergoing the full licensure process again. This is particularly relevant for professionals moving between states or countries.

Key Components of License by Endorsement

- Recognition of Existing Licenses:**
 - The state of Nevada would recognize the naprapathy licenses issued by other states or accredited institutions.
 - This recognition is based on the premise that the educational and professional standards in the originating jurisdiction are comparable to those in Nevada.
- Eligibility Criteria:**
 - Good Standing:** The applicant must hold a current, active license in good standing from another jurisdiction.
 - Comparable Standards:** The educational and examination requirements in the originating jurisdiction must be equivalent to or exceed those in Nevada.
 - No Disciplinary Actions:** The applicant should not have any pending or past disciplinary actions that would disqualify them from practicing in Nevada.
- Application Process:**
 - Submission of Documentation:** Applicants must submit proof of their current license, educational qualifications, and any other required documentation.
 - Verification:** The Nevada regulatory body will verify the authenticity and standing of the applicant's credentials.
 - Fees:** Applicants may need to pay a fee for the endorsement process.
- Provisional Licenses:**
 - In some cases, a provisional license may be issued while the endorsement application is being processed. This allows the practitioner to begin working under certain conditions.

Potential Issues and Considerations

- Standardization:**
 - Ensuring that the standards of education and practice in other jurisdictions are truly comparable can be challenging. This requires a thorough evaluation process.
- Bias and Discrimination:**
 - If the criteria for endorsement are too stringent or subjective, it could unfairly exclude qualified practitioners from other reputable institutions.
 - The process should be transparent and based on clear, objective criteria to avoid any potential bias.
- Impact on Local Practitioners:**
 - Local practitioners may feel that endorsement dilutes the value of their own licensure process. It's important to balance the need for inclusivity with maintaining high professional standards.
- Legal and Administrative Framework:**
 - The regulatory body must have a robust legal and administrative framework to handle endorsement applications efficiently and fairly.

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American Naprapathic Association

Headquarters at the NCNM University
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Recommendations for Improvement

1. Clear Criteria:

- Define clear, objective criteria for what constitutes "comparable standards" in education and practice.
- Include specific guidelines on how to evaluate foreign or out-of-state credentials.

2. Transparency:

- Ensure the endorsement process is transparent, with clear communication to applicants about the requirements and steps involved.

3. Flexibility:

- Allow for some flexibility in recognizing equivalent competencies, even if the exact curriculum or licensure process differs.

4. Stakeholder Input:

- Involve a broad range of stakeholders, including representatives from various naprapathy schools and professional associations, in developing and refining the endorsement criteria.

Conclusion

License by Endorsement is a valuable mechanism for facilitating the mobility of qualified naprapaths while maintaining high professional standards. By addressing potential issues and implementing clear, fair, and transparent criteria, Nevada can ensure that its regulations are inclusive and beneficial for both practitioners and the public.

Sincerely,

Dr. Shante Griggs, PharmD, RPh, DN
President, American Naprapathic Association
President & CEO, NCNM University



American Naprapathic Association

Headquarters at the NCNM University
3330 N. Milwaukee Avenue
Chicago, Illinois 60641

July 25, 2024

Concerns and Recommendations Regarding Nevada's Naprapathy Proposed Regulations 2024 V2.0

I am writing to you on behalf of the American Naprapathic Association (ANA) to address concerns regarding the "Naprapathy Proposed Regulations 2024 V2.0." As the President of the ANA and the President & CEO of NCNM University, I represent a significant portion of the naprapathic community, including graduates from other institutions with DN programs across the United States. Additionally, the ANA maintains strong relationships with international naprapathy associations in countries such as Canada, Spain, Sweden, Finland, Norway, and Italy, among others. These international collaborations underscore the global reach and influence of the ANA, positioning us as a key player in the advancement and standardization of naprapathic education and practice worldwide.

First and foremost, I would like to express my appreciation for the efforts made to advance the practice of Naprapathy in the state of Nevada. The proposed regulations are a significant step forward in ensuring the professional standards and public safety within our field. However, I have several points of concern that I believe warrant further consideration to ensure the regulations are fair and inclusive for all qualified practitioners.

Points of Concern

1. Potential Bias in Advisory Input:

- It appears that the current advisory input for the proposed regulations is predominantly influenced by a single institution with an accredited DN program. This may inadvertently create a bias, as the regulations do not adequately consider the contributions and methodologies of other established institutions, such as the Chicago National College of Naprapathy (CNCN), dba NCNM University. CNCN is a direct descendent of the original school of Naprapathy. We will simply refer to CNCN as NCNMU when speaking of the trademarked "Oakley Smith" method of Naprapathy, which is integral to our practice; and is not sufficiently acknowledged, despite its historical and practical significance.

2. Recognition of Established Institutions:

- The proposed regulations may inadvertently discriminate against graduates from established US naprapathy schools, particularly CNCN, established in 1908. The Doctor of Naprapathy (DN) program at NCNM University is based on the "Oakley Smith" method, trademarked by CNCN. Institutions must obtain explicit permission from CNCN to teach this method. Furthermore, it is important to note that NCNMU serves as the connector between all three institutions: NCNMU, SUNM, and National University of Medical Sciences (NUMS), where there is a pending alliance and agreement to teach NCNMU's DN program to their students and graduates to help support licensure of these practicing naprapaths throughout the country. Concerning naprapathic education, NCNMU will be leading the standardization of naprapathic education nationwide. With that said, all naprapathy programs, including Southwest University of Naprapathic Medicine (SUNM), utilize the same curriculum, the "Oakley Smith" method of Naprapathy.
- About NCNMU:**
 - NCNM University is chartered by the State of Illinois and recognized by the Illinois Board of Higher Education to grant the degree, Doctor of Naprapathy (D.N.), and to offer certifications and



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3330 N. Milwaukee Avenue
Chicago, Illinois 60641

postgraduate continuing education. The Doctor of Naprapathy program is approved by the Illinois Department of Financial and Professional Regulation. Graduates of the institution are eligible to take the Illinois Written Clinical Competency Examination to become a licensed Doctor of Naprapathy. The doctoral license is similar to the limited doctoral licenses that are granted to Optometrists, Podiatrists, and Dentists. The first school was chartered in 1908 in Chicago, Illinois and was named "Oakley Smith School of Naprapathy," becoming the Chicago College of Naprapathy in 1912. Another school, the National College of Naprapathy, was founded in Chicago in 1949. The two schools combined in 1971 to form the Chicago National College of Naprapathy, then to form the National College of Naprapathic Medicine and exist today as NCNM University.

3. Licensing Reciprocity:

- **Section 2: Licensing Requirements**

- **License by Endorsement:** While this section aims to streamline the process for practitioners licensed in other jurisdictions, it may still pose barriers. The specific requirements for endorsement are not detailed, which could lead to subjective interpretations and potential discrimination against naprapaths from other states or schools.

4. Educational Requirements:

- **Section 4: Educational Program Standards**

- **Curriculum Requirements:** The document mandates specific course content and duration, which may not align with the curricula of other schools with naprapathy programs. This could disadvantage graduates from those institutions when seeking licensure in Nevada.
- **Accreditation:** If the regulations only recognize certain accrediting bodies, this could exclude graduates from other reputable programs, creating an unfair barrier to entry.

Recommendations

- **Clarify Endorsement Criteria:** Provide detailed and objective criteria for license endorsement to ensure fair treatment of out-of-state practitioners.
- **Flexible Curriculum Recognition:** Allow for the recognition of equivalent courses and competencies from other accredited programs to facilitate smoother transitions for transfer students.
- **Inclusive Accreditation:** Recognize a broader range of accrediting bodies to ensure that graduates from various reputable programs are not unfairly excluded.

This presents an opportunity for Nevada to benefit from the expertise and contributions of these institutions by adopting language similar to the Illinois Naprapathic Practice Act, which provides a clear pathway for licensure by endorsement. Specifically, the Illinois Act states:

"The Department shall issue a license to any person who has been licensed to practice naprapathy in another state or territory of the United States or the District of Columbia, provided that the requirements for licensure in that jurisdiction are, on the date of licensure, substantially equivalent to the requirements of this Act."

By incorporating similar language, Nevada can ensure that its regulations are fair and equitable, allowing qualified practitioners from other states to contribute to the healthcare landscape in Nevada.

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American Naprapathic Association

Headquarters at the NCNM University
3330 N. Milwaukee Avenue
Chicago, Illinois 60641

Additionally, we would like to highlight the role of the Accreditation Council of Naprapathic Education (ACNE), formerly known as the American Naprapathic Association Council on Colleges (ANACOC). ACNE is recognized by the American Naprapathic Association as the accreditation and recognition agency for schools of naprapathic medicine or naprapathy both in the United States and internationally. Schools of naprapathic medicine or naprapathy should at this time be minimally recognized by ACNE. ACNE is developing accreditation procedures and shall pursue the process of approval as an accreditor by the U.S. Department of Education. Please consider ACNE as a resource and guide for all matters pertaining to naprapathic education nationwide. By considering feedback from a broader range of sources within the profession, the regulations can better serve the public and the profession as a whole. We believe that this inclusivity will enhance the quality of care provided to patients and support the growth and development of naprapathy as a recognized and respected field of healthcare.

Thank you for your attention to this matter. We look forward to your response and are available for further discussion to ensure that the regulations are fair and equitable for all qualified practitioners.

Sincerely,

Dr. Shante Griggs, PharmD, RPh, DN

President, American Naprapathic Association

President & CEO, NCNM University

Public Comment - Practice of Naprapathy.



fionda <fionda@fimasfi.com>
To: Leticia Metherell

Reply Reply All Forward ...
Fri 7/26/2024 3:47 AM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello Ms. Metherell,

Thank you for this opportunity to share my comments related to the proposed regulations for the Practice of Naprapathy.

First, a thank you to Dr. Nuzzo for working to introduce this legislation in the State of Nevada. As one who is in the state daily, I appreciate the opportunity that this could afford me as a new Naprapath.

On review of the *Proposed Regulations of the State Board of Health Practice of Naprapathy/Authority: Assembly Bill (AB) 153 of the 82nd legislative session (2023)*, I realized, as a newly graduated Naprapath, I am not eligible for licensure in the state in which I intend to practice. The legislation mirrors the curriculum that is offered at Southwest University of Naprapathic Medicine, of which Dr. Nuzzo is the founder. Though the University is accredited by a United States Department of Education accrediting agency, it does not follow any discipline-specific criteria or any updated standards for doctoral programs in healthcare that have been adopted by the American Naprapathic Association, European Council on Naprapathic Education or even those of closely related professional regulatory agencies: The Commission on Accreditation in Physical Therapy Education or the Council on Chiropractic Education.

Standards across these agencies have been updated recently to decrease attrition in doctoral programs following the emotional and financial stress that families have faced post-pandemic. Nevada has a younger, wealthier, employed citizenry when compared to New Mexico. Nevadans have plenty of educational, innovative options to choose from both in-state and via distance.

As the regulations are currently written, they would effectively prohibit graduates of any currently operating Naprapathic program from licensure, including those from the original and oldest Naprapathic college in the world--National University of Naprapathic Medicine--of which Dr. Nuzzo is a graduate. Why the regulations would be written to exclude 3000 potential practitioners globally and 200 Naprapaths domestically, in

comparison to the 50 who have graduated from Southwest University of Naprapathic Medicine, is confounding and disappointing.

Additionally, as Dr. Nuzzo did not share information related to the workshop or advisory board application with the members of the American Naprapathic Association, the Canadian Naprapathic Association or the International Federation of Naprapathic Associations one must question the absence of communication with the Naprapathic community external to his operations in New Mexico. The absence of these voices and their assessment of this legislation is significant. I am very active in the national association and find this lack of transparency daunting.

Each institution should be permitted to determine its own structure for the program's delivery as long as applicable hours are met. This allows for innovation in programming, course delivery, alignment with market needs, and adherence with ever-changing workforce needs.

1. **"Assessment of Learning Outcomes and Curricular Effectiveness:** The meta-competency outcomes are assessed through case-based activities and supervised student experiences at a DCP-managed clinic site, DCP-approved external sites, or both. In the case of external sites, student learning outcomes are identified and evaluation of these meta-competency outcomes is consistent with evaluation in the DCP settings. The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Best practices are employed to assess and demonstrate achievement of meta-competency outcomes. Assessment of clinical competency must: •

- be performed in the context of the clinical workplace, based on authentic encounters, which may include simulated patient encounters, clinical case studies, or similar methods.
- be criterion-referenced through the identification of expected behaviors and skills with defined performance standards;
- include frequent assessments by multiple qualified evaluators;
- include multiple assessment strategies, as appropriate; and
- be a valid and reliable measure of the meta-competency outcome .

2. **Integrity:** The legislation should "promote integrity and transparency including, but not limited to, avoidance of conflicts of interest; advertising and marketing activities; student admissions and financial aid processes; recruiting; development and delivery of the DCP curriculum; identity verification in both student enrollment and student course

assessments; grading policies and grade appeal processes; protection of student and patient privacy; research activities; hiring; performance reviews; and catalogs and publications. Policies and procedures related to these matters are accurate, current, and readily available to all constituencies." (From Council on Chiropractic Education)

I was very much looking forward to opening my practice this month in Nevada and hope that my comments will be of assistance. Again, thank you to Dr. Nuzzo for trailblazing and hopefully increasing the profession's capacity and influence.

Thank you,

Fionda Williams Brock, PhD, DN, MSN, MSHS, RN