

**ADOPTED REGULATION OF THE ADMINISTRATOR OF THE
DIVISION OF INDUSTRIAL RELATIONS OF THE
DEPARTMENT OF BUSINESS AND INDUSTRY**

LCB File No. R006-06

Effective June 1, 2006

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 616A.400 and 616C.490.

A REGULATION relating to industrial insurance; revising the requirements for a physician or chiropractor to qualify for and maintain designation as a rating physician or chiropractor for the purposes of determining the extent of disability of certain injured employees; and providing other matters properly relating thereto.

Section 1. NAC 616C.021 is hereby amended to read as follows:

616C.021 1. The designation of a rating physician or chiropractor pursuant to NRS 616C.490 must be in writing.

2. To qualify for designation, a physician or chiropractor must:

(a) Possess the qualifications required of a physician or chiropractor who is appointed to the panel of physicians and chiropractors established pursuant to NRS 616C.090 and NAC 616C.003

~~. { }~~

(b) Demonstrate a special competence and interest in industrial health by:

(1) ~~[Performing ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490, except disabilities related to an injured employee's vision or functional limitations, including deficiencies in brain function, resulting from an industrial accident or occupational disease;~~

~~— (2) Scheduling and performing a rating evaluation within 30 days after receipt of a request from an insurer, a third party administrator or an injured employee or his representative; and~~

~~— (3) Serving without compensation for a period not to exceed 1 year on the panel to review ratings evaluations established pursuant to NAC 616C.023;~~

~~— (c) Except as otherwise provided in this section:~~

~~— (1) Successfully complete]~~ **Completing:**

(I) An appropriate level of training, as determined by the Administrator, related to industrial health from a nationally recognized program that provides training related to industrial health; or

(II) One year or more of experience concerning industrial health in private practice. The Administrator shall determine whether the experience in private practice concerning industrial health is sufficient to qualify for designation as a rating physician or chiropractor on a case-by-case basis.

(2) Except as otherwise provided in subsection 3, successfully completing a course on rating disabilities , in accordance with the most recent edition of the Guide, that is approved by the Administrator . ~~[and pass]~~

(3) Except as otherwise provided in subsection 3, passing an examination ~~[covering this subject]~~ on evaluating disabilities and impairments that is administered by the American Board of Independent Medical Examiners or its successor organization, or by any other organization or company recognized by the Division . ~~[; and]~~

~~— (2) Successfully complete a course on the most recent edition of the *Guide*, as adopted by reference pursuant to NAC 616C.002, and pass an examination covering this subject that is~~

~~administered by the American Board of Independent Medical Examiners or its successor organization, or by any other organization or company recognized by the Division; and~~

~~—(d)]~~ *(4) Except as otherwise provided in subsection 3, passing the Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the Guide with a score of 75 percent or higher.*

(c) Demonstrate an understanding of ~~the:~~

~~—(1) Regulations]:~~

(1) The regulations of the Division related to the evaluation of permanent partial disabilities; and

~~(2) [Guide, as adopted by reference pursuant to NAC 616C.002.~~

~~—2.]~~ *The Guide.*

3. The Administrator may ~~[authorize ophthalmologists and psychiatrists who are]~~ *exempt an ophthalmologist or psychiatrist who is* authorized to practice in this State ~~[to attend the relevant portions of the courses required by paragraph (c) of subsection 1 and, upon the recommendation of the instructor of such a course, may approve]~~ *from the requirements set forth in subparagraphs 2, 3 and 4 of paragraph (b) of subsection 2 and authorize* an ophthalmologist or psychiatrist to evaluate injured employees with impaired vision or brain ~~[damage]~~ *function* according to his area of specialization.

~~[3.—In lieu of the individual courses and examinations required by paragraph (c) of subsection 1, a physician may qualify for designation if he has:~~

~~—(a) Successfully completed a course that covers both rating disabilities and the most recent edition of the *Guide*, as adopted by reference pursuant to NAC 616C.002; or~~

~~—(b) Passed an examination covering both subjects that is administered by the American Board of Independent Medical Examiners or its successor organization, or by any other organization or company recognized by the Division;~~

~~→ as appropriate.]~~

4. *In order to maintain designation as a rating physician or chiropractor, the physician or chiropractor must:*

(a) Except as otherwise provided in subsection 5, perform ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490, except disabilities related to an employee's vision or brain function resulting from an industrial accident or occupational disease;

(b) Schedule and perform a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his representative;

(c) Except as otherwise provided in subsection 5, serve without compensation for a period not to exceed 1 year on the panel to review ratings evaluations established pursuant to NAC 616C.023 upon the request of the Administrator;

(d) Except as otherwise provided in subsection 5 and after the date of designation as a rating physician or chiropractor, successfully complete biennially a course on rating disabilities, in accordance with the most recent edition of the Guide, that is approved by the Administrator; and

(e) Except as otherwise provided in subsection 5, if the physician or chiropractor passed an examination concerning an edition of the Guide that is not the most recent edition adopted by

the Administrator to become designated as a rating physician, pass the Nevada Impairment Rating Skills Assessment Test which is administered by the American Academy of Expert Medical Evaluators or its successor organization and which examines the practical application of the rating of disabilities in accordance with the Guide with a score of 75 percent or higher.

5. If an ophthalmologist or psychiatrist has been designated as a rating physician and wishes to maintain such designation, the Administrator may exempt the ophthalmologist or psychiatrist who is authorized to practice in this State from the requirements set forth in paragraphs (a), (c), (d) and (e) of subsection 4 and authorize the ophthalmologist or psychiatrist to continue to evaluate injured employees with impaired vision or brain function according to his area of specialization.

6. A rating evaluation of a permanent partial disability may be performed by a chiropractor only if the injured employee's injury and treatment is related to his neuromusculoskeletal system.

~~15.1~~ 7. A rating physician or chiropractor may not rate the disability of an injured employee if the physician or chiropractor has:

(a) Previously examined or treated the injured employee for the injury related to his claim for workers' compensation; or

(b) Reviewed the health care records of the injured employee and has made recommendations regarding the likelihood of the injured employee's ratable impairment.

~~16.1~~ 8. A rating evaluation of a permanent partial disability performed by a rating physician or chiropractor is subject to review by the Administrator pursuant to the provisions of NAC 616C.023.

**NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R006-06**

The Administrator of the Division of Industrial Relations of the Department of Business and Industry adopted regulations assigned LCB File No. R006-06 which pertain to chapter 616C of the Nevada Administrative Code on May 12, 2006.

Notice date: 1/13/2006
Hearing date: 2/14/2006

Date of adoption by agency: 5/12/2006
Filing date: 6/1/2006

**IN THE MATTER RELATING TO INDUSTRIAL
INSURANCE: REVISING THE REQUIREMENTS
FOR A PHYSICIAN OR CHIROPRACTOR TO
QUALIFY FOR AND MAINTAIN DESIGNATION
AS A RATING PHYSICIAN OR CHIROPRACTOR
FOR THE PURPOSES OF DETERMINING THE
EXTENT OF DISABILITY OF CERTAIN INJURED
EMPLOYEES; AND PROVIDING OTHER MATTERS
PROPERLY RELATING THERETO**

INFORMATIONAL STATEMENT

1. A description of how comments were solicited from the public and affected businesses, a summary of responses from the public and affected businesses and an explanation of how other interested persons may obtain a copy of the summary.

After reviewing long-term data on permanent partial disability (PPD) ratings, the Division is compelled to seek the potential adoption, revision and/or repeal of regulations to better assist the Administrator and members of the panel established by the Division pursuant to NAC 616C.023 to ensure that the PPD evaluations comply with the standards set forth in the guide and the regulations of the Division.

Accordingly, the Division held a workshop on **July 18, 2005** and public hearing on **February 14, 2006**, on the draft regulation that details the potential adoption, revision and/or repeal of regulations to increase requirements for designation to the Rating Panel of Physicians and Chiropractors; the potential adoption, revision and/or repeal of regulations to increase training requirements for rating physicians and chiropractors; the potential adoption, revision and/or repeal of regulations to require continuing education requirements for rating physicians and chiropractors; and the potential adoption, revision and/or repeal of regulations to require testing on current editions of the AMA "Guides to the Evaluation of Permanent Impairment" as adopted by the Division . In conjunction with providing notice to the public and interested parties of the

workshop and public hearing, the Division prepared the Small Business Impact Statement required by NRS 233B. The Division submitted the draft regulation and Small Business Impact Statement to the Legislative Counsel Bureau pursuant to NRS 233B.

A summary of the responses from the public and affected businesses is included in #2 of this Informational Statement and may be obtained by contacting the Division of Industrial Relations' Workers' Compensation Section at the following locations:

Workers' Compensation Section
1301 N. Green Valley Pkwy., #200
Henderson, NV 89074
Telephone: (702) 486-9080

Workers' Compensation Section
400 W. King St., #400
Carson City, NV 89703
Telephone: (775) 684-7270

2. The number of persons who attended the workshop, testified at each workshop, and submitted written statements to the agency.

The workshop was conducted on **July 18, 2005**, at two sites via videoconference: The main site was at the Sawyer Building in Las Vegas; the other site was at Legislative Building, Room 2135, 401 South Carson Street, Carson City, Nevada. In Las Vegas, **29** people attended and **1** testified; in Carson City, **12** attended and **1** testified. The oral testimony is summarized as follows:

Dr. Sidney Carter, Carter and Carter Professional Corporation

- Dr. Carter inquired about the continuing education and continuing requirements that passed new editions. He was concerned that doctors would be required to continually take tests that were unnecessary or duplications of certification requirements given by the American Board of Independent Medical Examiners (ABIME). He suggested that if the doctors could prove certification by the ABIME board, this would be sufficient certification and no additional testing would be required.

Larry Matheis, Nevada State Medical Association

- Mr. Matheis will submit this proposal to all physician communities to gather suggested language. He believes that if rating physicians have the ABIME certification and testing, they'll meet all DIR requirements.

The Division received **2** written comments by the deadline. These comments are summarized as follows:

Larry Matheis, Nevada State Medical Association

Re: (I) substitute with **“Having appropriate medical school or residency training that can be applied to industrial health or having a year of industrial health experience in private practice.”** The Administrator could ask for appropriate documentation.

Re: Adding continuing medical education requirements for rating panel physicians and chiropractors ... , recommends that the Division consider an option that requires panel physicians to have a current national certification by the American Board of Independent Medical examiners either as “Certified Independent Medical Examiners” (for M.D.s and D.O.s) or “Certified Independent Chiropractic Examiners” (for chiropractors). It might then be appropriate to require any current member of the Panel of Rating Physicians and Chiropractors who is not ABIME certified to demonstrate that he or she has completed successfully a minimum 1 hour of Category 1 CME (for M.D.s licensed pursuant to Chapter 630), or 1 hour of category 1A CME courses (for D.O.s licensed pursuant to NRS 633) or 1 hour of continuing education approved by the Chiropractic Physicians’ Board (pursuant to NRS 634). The Division may wish to consider requiring all panel members to attain ABIM certification within a period of time.

Sidney Carter, DC

If rating physicians maintain the CICE certification through the ABIME, the additional testing and/or continuing education requirements through the DIR would be unnecessary and redundant.

The hearing was conducted on **February 14, 2006**, at two sites via videoconference: the main site was at the Sawyer Building in Las Vegas; the other site was at the Legislative Building in Carson City. In Las Vegas, **25** people attended and **3** testified; in Carson City, **14** attended and **3** testified. The oral testimony is summarized as follows:

Nancy Ann Leeder, NAIW

- Notes that at the beginning of the bold face in the middle of the page that there are two ways for a physician to become a rating physician. Roman numeral I and II.
- Roman numeral II appears to prevent an orthopedic surgeon to rate a broken leg. This is inappropriate.
- Would like to have a semi-colon (;) and “or” inserted after Roman numeral II, the last line of which reads, “on a case by case basis.”
- Change (2) to a Roman numeral IIIa.
- At the end of the paragraph where it says “administrator” would have a semi-colon (;) and “and” inserted.
- The (3) would become “b.”
- These changes would then enable an orthopedic physician to become a rating physician.

John Wiles, Legal

- Stated that the wording was changed by LCB to clarify the requirements of I and II and is appropriate.
- Numbers II and III below that are additional requirements to I and II.
- If it is still not clear, it can still be straightened out with LCB.

Mark Witt, Nevada Rating Physician

- Refers to his written statement. Cited a case where a patient was sent to a chiropractor for a rating evaluation. The patient was rated stable and ratable and his medication was removed by the rating chiropractor.
- Dr. Witt asked if they (the rating panel) were conducting medical evaluations.
- Stated that if they are conducting medical evaluations then they are required to have a license to conduct the examination.
- Questions whether a chiropractor's license allows him to conduct a medical examination.
- States that regardless of the additional requirements of the Board or DIR, they would still be required to be practicing under the scope of their license.

Mike Livermore, Alternative Service Concepts

- Asks for clarification on meaning of and what are the qualifications for "industrial health" and "experience in industrial health in private practice."

Reddy Villanueva, Office of the Governor/Consumer Health

- Referring to subsection IV, he asks where the figure, 75% or higher, came from in relation to testing.

John Wiles, Legal

- Stated that 75% or higher is being used in several other states, and that it was originally assumed that it would be higher.

Reddy Villanueva, Office of the Governor/Consumer Health

- Commented that when an evaluation has questionable methodology relative to the guides, it is usually sent back to DIR, Smiddy Lamb or Gail McGuire specifically. The PPD is then audited and it may be determined that the physician needs additional training on the guide.
- Asked if there was any correlation between the physicians' test scores and re-education from DIR.

Charles Verre, WCS/CAO

- Stated the reason for this change came about as a result of hearings conducted a year or two ago regarding activities of daily living and other issues. Based on input from Smiddy Lamb and Gail McGuire, it was determined that some additional training for physicians who rate injured workers would be appropriate.
- It was thought that some of the rating physicians might not completely understand some of the AMA guides for impairment.
- Mr. Verre stated that the additional training could also prevent some litigation and would provide a more fair and equitable rating for the injured workers.

Jay Betz, Nevada Rating Physician

- Believes that if the intent of adding this regulation is to improve the quality and consistency of rating evaluations, it is missing some important points that are recurring problems.
 1. AELs – still
 2. Radiculopathy – needs a regulatory definition beyond dermatomal pain, sensory loss, or subjective complaint. It must include at least one objective measure, whether it be [unintelligible] diagnostic, atrophy, degenerative reflexive loss, etc.
 3. Apportionment
- Believes that 75% of his cases would go away if these issues were addressed, and the readers be given the tools needed to do a better job of deciding when these things exist and when apportionment would be appropriate.
- Believes an ombudsman with the appropriate knowledge to assist raters in doing proper exams would be valuable.
- Dr. Betz stated that he doesn't believe the problem is in training but rather in definitions and lack of guidance in issues that go beyond what the guidelines teach.

Charles Verre, WCS/CAO

- Stated that a decision had already been made to leave the guides as written in regards to “activities of daily living.”

Dave Rovetti, Chiropractor/Rating Physician

- Wanted to know if there were any plans to have existing physicians take the exams referred to in subsection 4.

Charles Verre, WCS/CAO

- Stated he was not aware of any plans to require members of the existing panel to take the exams.

Gail McGuire, DIR/WCS/Medical Unit

- Stated the new exams would be an open-book test for all rates and that the existing panel would be required to take the exams.

Dave Rovetti, Chiropractor/Rating Physician

- Stated that it would be a very good idea.

Nancy Ann Leeder, NAIW

- Believed that the change in wording in the proposed section 4a is misleading because it now reads: “Injured Employee’s vision or functional limitations” in the same phrase, with a comma, then talks about deficiencies in brain function.
- Thinks that “mental” should be added before “functional limitations” would not appear to be two different ways under “vision.”
- States that under 4b there should be some exception, as it now reads, it is a mandatory for a required rating to be scheduled within 30 days. She would like to see ¾ of the time inserted, believing that it is conceivable that someone could be gone for that 30 day time period. The rating physician may not be able to schedule ratings and that it would be unjust to throw them off f the panel for that one time.

David Rovetti, Chiropractor/Rating Physician

- States that chiropractors should be allowed continuing education classes through the American Chiropractor’s Association, the International Chiropractor’s Association, or other courses approved through the State Licensing Board.

Mike Livermore, Alternative Service Concepts

- States (referring to Nancy Ann Leeder’s testimony) that there should be some form of exemption on the basis that is possible that an injured employee may be unable to schedule a rating.
- In response to David Rovetti’s testimony, Mr. Livermore states that it would be appropriate for DIR to sponsor continuing education courses that would include the apportionment issues raised in Dr. Betz’s testimony, and include Nevada specific requirements that are not covered in the generic training in the guides. DIR would have knowledge of the questions and complaints submitted by TPAs, insurers, etc. and could address those issues in the context of continuing education courses.

Mark Witt, Nevada Rating Physician

- Compares the education and licensing procedures that a physician must accomplish to that of a chiropractor. States that an additional 8-hour class for chiropractors would be a good idea.
- States that it is inappropriate for a chiropractor to render an opinion on medical and surgical patients.
- Asked if a rating panel physician is unable to perform an evaluation within 30 days, whether a chiropractor would be assigned to do the evaluation.

Charles Verre, WCS / CAO

- Stated chiropractors are on a rotating list and the Administrative Code prohibits chiropractors from completing any evaluations except those dealing with the musculoskeletal system itself. They are limited in the scope of what they can evaluate.

- Stated that if this regulation becomes the rule, some decision would be made as to what to do with the physician who doesn't complete the evaluation within the specified time. The final determination hasn't been made.

Chuck Verre, WCS CAO

- Written comments due by February 28, 2006.
- Hearing adjourned

There were **7** written comments submitted by the February 28, 2006 deadline announced at the hearing. These comments are summarized as follows:

David G. Rovetti, DC

Suggests additional wording for Section II 4 (d): "... courses by the Accreditation Council for Continuing Medical Education or the **Chiropractic Physicians' Board of Nevada**; and

Carolyn Kellogg, Attorney

Consider amending Subsection 5 of NAC 616C.021 to conform to ACOEM guidelines for Independent Medical Examiners by adding the following qualification:

A rating physician or chiropractor may not rate the disability of an injured employee if the physician or chiropractor:

(c) Has a relationship with any physician testing, diagnosing or treating the patient, or with any attorney or other party at interest in the case.

Mark W. Witt, DO (Received 2/10/06)

The AMA guides indicate that permanent impairment evaluations are conducted by "physicians" by using a general set of guidelines and principles as outlined in the text. Chiropractors fail to meet the educational, training and experience to qualify as "physicians" and have been discredited by the courts as "medical experts" in the performance of medical evaluations and impairment ratings based upon the professional qualifications and lack of medical education, training and experience. NRS 634.220 specifically precludes chiropractors from the practice of medicine.

Chiropractors who perform Impairment Ratings and Independent Medical Examinations which include the evaluation of medical and surgical records and evaluate the medical and or surgical conditions of patients are conducting medical examinations and are providing medical opinions which are not within the statutory limits of the "chiropractic scope of practice" as defined by NRS 634.013.

The proposed changes to NRS 616 contemplate additional requirements for chiropractors which are not sufficient to allow a chiropractor to legally conduct a medical examination or render a

medical decision in Nevada without violating statutes covering the unlicensed practice of medicine.

Mark W. Witt, DO (Received 2/21/06)

The term “Neuromusculoskellatal system” is incorrect and provides no useful limits on the performance of PPD evaluations. Any limits placed upon chiropractic impairment ratings should be clearly defined by law, within the regulations, or within the AMA guides.

The AMA guides 5th edition does not provide one reference to the term “neuromusculoskellatal system.” The very use of the term “neuromusculoskellatal system” is inappropriate. Similarly contrived terms such as “Cardiourinary system” or the “Neurodigestiveintegumentary system” simple do not exist. These terms may sound impressive but in reality are improper conjugations of the terms used to describe biologic systems.

The American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines have been established by regulation to provide a minimum standard of service for ensuring the quality of treatment provided to injured workers in Nevada (NAC 616C.123) The ACOEM guides devotes a chapter to performing IMEs. The requirements for qualifications to perform IME and PPD examinations is reviewed in this chapter and therefore many pf the recommended or proposed regulations are largely redundant.

Scott Forbes, DC

Dr Witt (see above) is arbitrarily distorting and misinterpreting Nevada law. He is doing so under the smokescreen of deceit, stating that he is trying to protect the public. However, his true intention is self serving to garner more PPD evaluations for himself and his colleagues. In some ways he is trying to legislate what a federal appeals court ruled in the early 1980s in Wilk v AMA was illegal: discrimination against chiropractic physicians by the medical establishment.

William R. McKnight, DC

Dr. Witt’s arguments regarding chiropractors appear unfounded, and I encourage DIR to dismiss complaints and suggestion relative to the chiropractic profession.

Genie Hults, DC

Re II 4 (d): Comments on wording that now reads: “Complete biennially after the date of designation as a rating physician or chiropractor not less than 8 hours of classes ..” This is redundant, as Certification already requires 60 hours of training every 5 years for ABIME. Also more training is required with each new edition of the Guides, roughly every 3 years. Therefore, once the designation has been earned and evaluations are regularly performed, an additional 8 hours every 2 years on top of new Edition training seems unnecessary and would not be cost effective administratively to DIR or time wise for the rater.

3. If the regulations were adopted without changing any part of the proposed regulations, a summary of the reasons for adopting the regulations without changes.

The Division did change the wording as suggested by the oral testimony during the workshop and hearing and the written comments submitted by the announced deadline. Wording in proposed section 3 is changed from "... brain damage..." to "brain function" while in section 4(a) "disabilities related to an injured employee's vision or functional limitations, including deficiencies in brain function" is changed to read "disabilities related to an employee's vision or brain function ..."

In section 1, paragraph 2 (II), the words "industrial health" are changed to "occupational injuries and diseases."

Most importantly, Section 4, paragraph 4 (d) is deleted and wording in Section 1, paragraph 4 and Section 4, paragraph 4 (e) is changed to specify that "The Certified Impairment Rating Test™" is the "examination designated by the Administrator"

Other suggestions that were not adopted were changing language in Section five to prohibit selection of a rating physician or chiropractor who has a "relationship" with a treating physician, or any attorney or other party with an interest in the case. On its face, the situation described in the suggested comments does not necessarily establish a bona fide conflict of interest. In addition, statutes and regulations already in effect sufficiently address possible conflict of interest situations.

The term "Neuromusculoskeletal system" is valid in the chiropractic community and will remain in the regulation.

Finally, changes to the 30-day rating evaluation deadline to allow for extenuating circumstance are unnecessary, as real world flexibility already exists to pardon unforeseen emergencies that cause a rating to be performed more than 30 days after being requested. The Division has never disciplined a rater for this reason and all parties continue to operate in good faith of trying to adhere to the 30-day deadline.

4. The estimated economic effect of the adopted regulations on the businesses which it is to regulate, and on the public.

Adverse: The Division believes that there is an immediate adverse economic effect of the regulations on regulated business. Physicians and chiropractors who are members of the Division's rating panel must pay for the additional testing required by the proposed regulations. The Division also anticipates no long-term adverse economic effect of the proposed regulations on affected employers or insurers. The regulations do not increase fines or penalties. The regulations also do not impose any significant regulatory burdens associated with compliance.

The Division believes that there is no immediate adverse economic effect of the regulations on the public. The Division also believes that there is no long-term adverse economic effect of the

regulations on the public. The regulations also do not impose any significant regulatory burdens associated with compliance.

Beneficial: The Division believes that the immediate beneficial economic effect of the regulations on business is minimal. The Division believes that the long-term beneficial economic effect of the regulations on business is also minimal. The regulations do not increase fines or penalties. The regulations also do not impose any significant regulatory burdens associated with compliance.

The Division believes that there is no immediate beneficial economic effect of the regulations on the general public. The Division also believes that there is no long-term beneficial economic effect of the regulations on the public. The regulations also do not impose any significant regulatory burdens associated with compliance.

5. The estimated cost to the agency for enforcement of the adopted regulations.

The Division estimates that the costs of the enforcing and administering this regulation will be minimal.

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

The Division believes that the proposed regulations do not overlap or duplicate any existing state, federal or other government regulations.

7. If the regulations include provisions which are more stringent than a federal regulation which regulates the same activity, a summary of such provisions.

There is no federal regulation that regulates the same activity.

8. If the regulations provide a new fee or increase in existing fees, the total annual amount the agency expects to collect and the manner in which the money will be used.

The regulations do not provide for ongoing new fees or an increase in existing fees.