

April 18, 2018

## **Comment regarding WorkShop(Date: May 7, 2018) on proposed Regulation of the State of Nevada Board of Oriental Medicine, LCB File No:TBA March 15, 2018**

\*\*\* Regarding Intervention of ACAOM, NCCAOM & CCAOM on proposed regulations of 634A.005, 634A.080 1 3 4, 634A.085, 634A.090, 634A100 4, 634A.135 5 6, 634A.137 2 .\*\*\*

We wonder that ACAOM, NCCAOM and CCAOM have any certificate to be recognized by National Institutional and Specialized Accrediting bodies of US Department of Education to control the degree or program of Doctor of Oriental Medicine in the State of Nevada.

We need to understand the history of Oriental medicine in USA. For the first time in USA, the State of Nevada legislated Oriental medicine System that includes Dr of Acupuncture, Dr of Herbal medicine and Dr of Oriental medicine in 1972. As time goes by, the system of Dr of Acupuncture and Dr of Herbal medicine were repealed because Acupuncture and Herbal medicine are parts of Oriental medicine and public wanted to get such services through Dr of Oriental medicine as a physician for public them selves.

Each state in USA has its own different system in Oriental medicine. Unfortunately, most other states couldn't follow the system of Doctor of Oriental medicine and established Acupuncturist system by low educated or uneducated Asian immigrant people who did not have any certificate in Oriental medicine since 1972 first Nevada legislation of Oriental medicine. And category of practice is also different according to its license. Currently, almost states in USA have Acupuncturist systems. The State of Nevada has Dr of oriental medicine as a physician like as other professional healthcare doctors.

If the tree organizations do not have any recognized certificate to control doctor degree or program of Oriental medicine, they cannot intervene the regulation of NRS 634A.

Here are some examples for recognized healthcare organizations:

- a) American Osteopathic Association, Commission on Osteopathic College Accreditation

1952/2011/S2018

Scope of recognition: the accreditation and preaccreditation throughout the United State of freestanding institutions of Osteopathic medicine and of osteopathic medical programs leading to the degree of Doctor of Osteopathy or Doctor of Osteopathic medicine..

- b) The Council on Chiropractic Education

1974/2016/F2018-C

Scope of recognition: the accreditation of programs leading to the Doctor od Chiropractic degree and single-purpose institions offering the Doctor of Chiropractic program.

- c) American Dental Association, Commission on Dental Accreditation

1952/2017/S2022



Scope: the accreditation of predoctoral dental education programs(leading to the D.D.S. or D.M.D. degree), advanced dental education programs, and allied dental education programs that are fully operational or have attained "Initial Accreditaion" status, including programs offered via distance education.

And let us compare them with this organization "ACAOM"

"Accreditaion Commission for Acupuncture and Oriental Medicine"

1988/2016/S2021

Scope of recognition: the accreditation and preaccreditation (Candidacy") throughout the United States of professional non-degree and graduate degree programs, including professional doctoral programs, in the field of acupuncture and/or Oriental medicine, as well as free standing institutions and colleges of acupuncture and/or Oriental medicine that offer such program.

ACAOM's scope of recognition is odd. There is no degree from school or college. So, they may intervene in states that have acupuncturist systems but not in the State of Nevada that has the system of Doctor of Oriental medicine.

The proposal that a Master's level degree from an ACAOM is deemed qualified to apply for licensure an Oriental Medical Doctor in Nevada. It does not make sense. They try to produce Doctor of Oriental medicine by Master degree education without education of Doctor of Oriental medicine. The ACAOM is going far away beyond its scope of recognition from US Department of Education.

The Nevada Oriental medicine law(NRS 634.90) is describing regarding course of study required for the degree of doctor of Oriental medicine and curriculum of school or college of Oriental medicine which are approved by the Board because there is currently no agency or organization in USA for school or college that can grant the degree of Doctor of Oriental medicine through right curriculum.

If ACAOM wants to intervene in the State of Nevada, they need to go back to US Department of Education to get recognition like as other medical professional doctors' agencies. If ACAOM's scope of recognition is like " the accreditation and preaccreditation throughout the United State of freestanding institutions of Oriental medicine and Oriental medical programs leading to the degree of Doctor of Oriental medicine.", then it will be OK for ACAOM to intervene in the State of Nevada.

We have waited for a long time to have right agency or organization through US Department of Education but we need more time to get it.

These proposed regulations will destroy the current Nevada oriental medical doctor's system and bring a dark Oriental medicine future in Nevada and further more in USA.

We recommend it to the Board that the Board needs more effort to keep the current Doctor of Oriental medicine system that we have made tremendous effort for 46 years for the public and Oriental medical doctors. We(Nevada Society of Oriental medicine) hope that the Board does not act on this undesirable proposed regulation.

Dr.Seung B. Park,O.M.D.

Vice president of Nevada Society of Oriental Medicine



OM Board &lt;omboardexecutivedirector@gmail.com&gt;

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## Proposed changes in NAC 634

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**LEGACY ORIENTAL MEDICAL C**

Mon, Apr 30, 2018 at 10:49 PM

To: omboardexecutivedirector@gmail.com

Cc:

Dear President Tracey, Executive Director Mrs. Lok and all board members:

Thank you for your time and efforts improving Nevada Oriental Medicine legislation. Since I am not able to attend the proposed regulation workshop on 05/07/2018, I would like to express my opinion regarding the proposed changes. Please post my opinion in the public record.

The currently proposed amendment does not provide a valid pathway for current and previously licensed Oriental Medical Doctors under previous NAC 634A. Such dramatic change in state law would inevitably causing some former licensees to lose their licenses. Doctors who were licensed under the grandfather law should be excluded from 634A.135 item 5 and 6 requirement change. These clarifications are need to add to 634.135 item 5 and 6 that all licensees under the grandfather law should be excluded from any proposed regulatory changes.

NCCAOM is one of the many trade associations related to oriental medicine. As former board member, I personally believe it is inappropriate to promote one trade union over others, such as AAAOM, or NOMA, in the state law. Just like both SAT and ACT can be used for college admission, but writing SAT into college constitution is inappropriate. Board may have its own authority to decide what examinations satisfy Nevada licensing requirement. Writing NCCAOM into the law could potentially expose the board to future legal challenges.

Thank you again for your time and hard working. If there is any question, please don't hesitate to contact me at (702) 898-7899.

Sincerely,

Huiwen Zhang, OMD

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*Lin Zhang, O.M.D.  
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Tele. (702) 839-2885; Fax (702) 839-9728*

March 29, 2018

To: State of Nevada Board of Oriental Medicine.

Re: Small Business Impact Survey.

Dear Members of the Board,

I wish to comment on one of the proposed amendments to NAC 634A. Specifically, 634A.135, section 6.

I understand this requirement for NCCAOM certification applies **only** to licensee applicants who are approved after December 2018, not to existing licensees. In other words, myself and a number of other current practitioners will **not** be required to obtain and maintain NCCAOM certification to renew our licenses in the future. Is my understanding correct? Such a requirement would have catastrophic consequences for anyone failing to obtain certification. It could result in loss or delay of license renewal and therefore loss of their livelihood. I do not think it is the intention of the Board that this could be a result of the proposed amendments, but still I think wording should be included in this section 6 or another section to "grandfather" current licensees and exempt them from the requirement of NCCAOM certification.

Thank you for your consideration.

Sincerely,

Lin Zhang, O.M.D.

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April 30, 2018

To: Ms. Merle Lok, Executive Director, State of Nevada Board of Oriental Medicine.

Dear Ms. Lok:

I will not be able to attend the public workshop for the adoption of the new regulations being considered by the Board. Instead, I am sending you a copy of my letter to the Board dated March 29, 2018. My concern is self-explanatory and shared by several other practicing O.M.D.s with whom I have spoken.

I applaud the Board for its efforts to maintain the high standards of qualifications required to practice in Nevada.

Sincerely,

Lin Zhang, O.M.D.

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Las Vegas, NV 89146  
TEL: 702-444-4775 FAX: 702-444-4776

**VINCE LINK, OMD**

# Fax

ANN. MERIE

To: NEVADA BOARD OF O.M. From: VINCE LINK, OMD  
 Fax: (702) 989-8584 Pages: 2 (including cover)  
 Phone: (702) 675-5326 Date: 4/30/18  
 Re: WORKSHOP MAY 7 - 2018 CC:

- Urgent
- For Review
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Please have this item added to the public comments and make it part of the public Record.

Thank you

**REGULATION NCA 634A. 135 5 (d)**

Many OMD licensees from the past that did not have NCCAOM certification, therefore to require them now to provide documentation of maintaining the NCCAOM during their inactive status time is totally unfair and unjustifiable. This will definitely bring hardship to these licensees as the cost to obtain full NCCAOM certification would be in the thousands of dollars. Also, there are other OMD licensees that were NCCAOM certified in the past but did not want to keep their NCCAOM certification due to its high cost to maintain 60 hours of continuing education every 4 years and still have to fulfill their 10 CEUs each year for the state of Nevada.

My recommendation, if the board has some concerns of the proficiency of the inactive status licensees skills, then the board should require these licensees to be subjected to one of the following options:

(1) To keep up the Nevada annual CEU requirement just like those on active status or (2) to provide proof of active practicing license at any other state during their inactive time in Nevada. Meeting one of these 2 options should be satisfactory to the reinstatement to active status. Thank you board for your utmost consideration to this matter.

Vince Link, OMD