

RESPONDING TO UNLICENSED HEALTH CARE IN NEVADA: A Plan for Action

June, 2012

A Report to Nevada Attorney General Catherine Cortez-Masto,
The Nevada Public Health Foundation and
The Nevada State Health Division
By Frankie Sue Del Papa

INTRODUCTION

In response to a significant number of illegal surgeries, other unlicensed health care, and incident reports, including death, primarily in Nevada's Latino community, the Nevada State Health Division initiated a statewide review. This led to a partnership opportunity between the Nevada Attorney General's office and the Nevada Public Health Foundation. In turn, the Latino Research Center at the University of Nevada Reno, was tasked with creating a cultural awareness program to inform the community about this problem and create educational materials to address this issue in Nevada. Former Nevada Attorney General, Frankie Sue Del Papa, was asked to assist in the formation of a task force of stakeholders including among others, representatives of Nevada's Health and Law Enforcement communities, the Mexican Consulate, Congressional delegation staff, the Ombudsman of Consumer Affairs, and a host of other interested individuals to identify challenges, solutions, a timeline and implementation route to better address this issue in Nevada. The Ad Hoc Unlicensed Health Care Task Force met three times to discuss the resources available in Nevada to address the steps needed to combat unlicensed health care practices. The video teleconferenced meetings were held February 28, 2012, March 28, 2012, and April 24, 2012. Minutes of the meetings are available upon request. In addition, relevant information and best practices being used throughout Nevada and the country were reviewed and analyzed over six months.

This Action Plan is a result of this process.

SCOPE OF THE PROBLEM

What is occurring in Nevada is also occurring in many other states. Florida appears to be the most advanced in meeting the challenge of unlicensed health care, in that Florida has a comprehensive unlicensed activity (ULA) program as a part of its Division of Medical Quality Assurance within the Florida Department of Health. California has also been very active in this regard. There is an Enforcement Unit within their Medical Board. Some of their activities have been curtailed due to resource challenges. Information regarding activities in other states is limited and has been difficult to obtain.

Florida's program is funded by a \$5 per health licensee initial and renewal fee which funds efforts to combat unlicensed activity.

A copy of Florida's ULA Program can be found on the Health Division Website at <http://health.nv.gov/>.

A member of the Task Force, third year Boyd School of Law student (now graduate), Jason Bacigalupi, participated and completed a legal overview of the issue and a 50 State Statutory Review. The 50 State Statutory Review can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/Table_of_Medical_Practice_Acts.pdf

The legal overview titled *A Uniform Approach to the Unlicensed Practice of Medicine* can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/A_UniformApproachtotheUnlicensedPracticeofMedicine.pdf

The public health mission is about shaping change that yields healthier lives in healthier communities. Dr. Tracey Green, State Health Officer, articulated the inherent complexities regarding cultural differences and access to care and the fact that there is no single cause or single solution regarding unlicensed health care in Nevada.

There were many concerns expressed about under reporting of unlicensed activity, as well as fear of reporting. In addition to reporting to law enforcement, one major step forward for Nevada is the Nevada Health Division's enhanced efforts regarding reporting of unlicensed health care. Nevada 2-1-1 agreed to make its services available to take reports regarding unlicensed health care activity. Calls or texts to 2-1-1 are fast, convenient and confidential. An explanation of Nevada 2-1-1 reporting can be found at:

http://health.nv.gov/PDFs/unlicensedMedicalActivity/2-1-1_InstructionsandInformation.pdf

A significant number of entities from Nevada's Health Care Community were helpful in the process discussed herein and are engaged and mindful of the role they can play in responding to the issue of unlicensed care. Of particular note were the efforts of the Pharmacy Board which regularly participates in multi-agency projects and provides cross training, the Nevada State Board of Dental Examiners which has an outstanding lengthy record of investigating and otherwise handling unlicensed care, as well as the Cosmetology Board which gave some particularly thoughtful insights and recommendations. The Nevada State Medical Association participated in the Task Force deliberations and supports the report and the work to protect Nevadans from unlicensed health care.

Brett Kandt, Executive Director of Nevada's Prosecution Advisory Council and Special Deputy Attorney General, along with the Las Vegas Metropolitan Police Department deserve special recognition regarding this project. They have worked with other members of Nevada's Law Enforcement Community in participating in the task force process and discussing new legislation to be proposed during the 2013 Nevada Legislative Session. They have also been instrumental in outreach to Nevada's Sheriffs and Chiefs, the District Attorney's Association, and other officials at the local, state and federal levels. The proposed legislation can be found at:

<http://health.nv.gov/PDFs/unlicensedMedicalActivity/UnlicensedHealthcareLegislation.pdf>

A copy of the Complaint Flow Chart can be found at:

<http://health.nv.gov/PDFs/unlicensedMedicalActivity/CJSFlowChart.pdf>

A copy of the Homeland Security Tip Line Process can be found at:
http://health.nv.gov/PDFs/unlicensedMedicalActivity/HSI_TipLineBrochure.pdf

The work of the Latino Research Center at the University of Nevada Reno has been invaluable in addressing the issue of unlicensed care and in providing access to resources. A compilation of the body of their efforts including key recommendations can be found in their final report at:

<http://health.nv.gov/PDFs/unlicensedMedicalActivity/LatinoResearchCenterFinalReport.pdf>

Copies of the media materials which include posters and brochures related to, “NO a los Medicos Clandestinos!” (Say No to Unlicensed Physicians) can be found at:

<http://health.nv.gov/unlicensedmedactivity.htm>

Most importantly, a compilation of those organizations and individuals in the Latino community interested and engaged in these issues was named the “Latino Master List,” and can be found at: <http://health.nv.gov/unlicensedmedactivity.htm>

DEMOGRAPHICS

It is important to understand the scope of the problem in relation to relevant demographics, both on the state and national levels. Data from the 2010 Census provide insights to our ethnically diverse nation. More than half the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population.

Nevada’s diverse Hispanic population was reported to be 716,501 or 26.5 percent of the total population in the 2010 Census. It grew from 393,970 or 19.7 percent in 2000.

State and National Census data can be found at:

<http://health.nv.gov/unlicensedmedactivity.htm>

ON-GOING EFFORTS

Both the efforts of the Nevada State Health Division and the Nevada Attorney General’s office are to be commended for the commitment and concern shown in initiating and continuing the progress to address unlicensed care in this time of limited resources.

1. The first recommendation is that the Health Division maintain the momentum (particularly through the next Legislative Session) that has been established regarding this issue by continuing to communicate, collaborate, and cooperate with the so-called Health Community of Nevada, including but not limited to the health related Boards and Commissions, many of whom have already made strides in improving their own ability to respond to the issue.

April is National Minority Health Month and the first week of April is National Public Health Week. These dates should be utilized as a reminder to double back to these issues and to include outreach to Nevada's Health Community and other interested parties.

2. The second recommendation is for the Health Division, in concert with Nevada's Health Community to meet periodically to monitor the problem and continue to identify solutions. Periodic outreach to other partners such as the Legislative Hispanic Caucus, committees of the Nevada Legislature with primary jurisdiction for issues related to health care and professional licensing, the Ombudsman of Consumer Affairs and the Commission on Minority Affairs is important. Particular attention to various concerns regarding possible ramifications surrounding the reporting of unlicensed activity is advised.

3. The third recommendation is for the Health Division and the Attorney General's office, as well as the Nevada Legislature, to support, encourage, and facilitate the Executive Directors of the major health care boards to meet regularly to see how they can best share resources and training as well as discuss on-going efforts to address the issue of unlicensed health care. There is support for having a statute in place to aid a coordinated effort between certain boards and law enforcement as well as support for fining authorization and inclusion where appropriate for boards to obtain remuneration for investigative costs.

4. The fourth recommendation is for the Health Division and the Attorney General's office to consider supporting legislation giving certain Health Boards and Commissions the authority to conduct unannounced inspections. Supportive legislation giving those boards the authority to issue citations and prosecute violations of the scope of practice when appropriate should also be considered.

5. The fifth recommendation is for the Health Division and Attorney General's office to reexamine the definition of "direct supervision" between supervising physicians and medical assistants.

6. The sixth recommendation is for the State Health Officer to annually attend one state-wide meeting of the Sheriffs and Chiefs so as to help keep the lines of communication open between the Health Community of Nevada and the Law Enforcement Community.

7. The seventh recommendation is for the continued sharing of resources between the urban and rural parts of Nevada. The Las Vegas Metropolitan Police Department deserves recognition for its efforts to share training and information regarding Nevada's immigrant community regarding unlicensed health care in Nevada. Often there are resources available in urban areas that the rural areas do not have. It is also helpful during periodic reviews of policies and training to give attention to the changing demographics of Nevada.

8. The eighth recommendation is for continued recognition of the important role the Attorney General's office plays in facilitating and coordinating the information flow between local, state and federal law enforcement. The Prosecution Advisory Council plays a crucial role in the alignment of assets and building on shared strengths.

9. The ninth recommendation is for the Health Division to conduct an annual review of resources available to Nevada's most vulnerable populations and to prepare a report to share with other partners, including Nevada's Health Community, the media, and other entities such as the Mexican Consulate, Nevada's Congressional Delegation and anyone on the frontline of serving Nevada's vulnerable populations.

10. The tenth recommendation is for the Health Division to stay engaged with Nevada's Faith Community to share information and to keep the lines of communication open to Nevada's Hispanic communities and other vulnerable populations.

11. The eleventh recommendation is to encourage all of Nevada's health related licensing boards and commissions to share with their respective national associations this action plan and/or the fact that an initiative regarding unlicensed health care was undertaken to invite conversation and additional information from other statewide or other national groups.

12. The twelfth recommendation is for the Attorney General to share this plan with her colleagues in the National Association of Attorneys General and the Conference of Western Attorneys General, so as to both inform and invite further discussion of this important public policy issue.

13. The thirteenth recommendation is that this plan be distributed to other interested state legislatures through the national conference of state legislatures and other nationally recognized legislative forums.

14. The fourteenth recommendation is that this plan be distributed to Nevada's Congressional Delegation.

15. The fifteenth recommendation is that this plan be distributed to the Nevada Governor's office so it can be shared as appropriate with his colleagues and the staff of the National Governors Association, again to inform and invite discussion. It should be noted that the Governor's office has in the past held meetings with agencies and/or health care boards to discuss ways to address the issue of unlicensed health care and related issues.

CONCLUSION

Nevada's demographics and the incidents that have occurred point to the fact that unlicensed health care is a serious and growing issue. There are also important related issues such as scams regarding immigration services, and the repeatedly mentioned access to care by Nevada's uninsured and under-insured that are beyond the scope of this Action Plan.

However unlicensed health care is an issue that will no doubt be dealt with by the 2013 Legislative Session. Outreach to and involvement with Nevada's Latino Community and

those who are trusted to give advice to Nevada's immigrant community is needed if we are to better protect Nevada citizens from unlicensed health providers.

There is no one solution, but the best path going forward includes public-private partnerships and shared resources. A coalition dealing with a related issue recently used the slogan, "The wrong help can hurt." It is up to all of us who were involved in this process to see to it that positive change continues to occur and to remember that a victim is a victim is a victim and that unlicensed health care is against the law.

Notes:

There are many people who have contributed to this project. Special acknowledgements are due to Jean Kvam from the Health Division for her enthusiasm and dedication and also Drew Bradley from the Latino Research Center for her hard work and caring. Nevada's Attorney General, Catherine Cortez-Masto also deserves mention for her leadership and for funding this project.

Anyone who has questions, comments, or suggestions can direct them to Frankie Sue Del Papa, renofsdp@aol.com 775-322-1323.

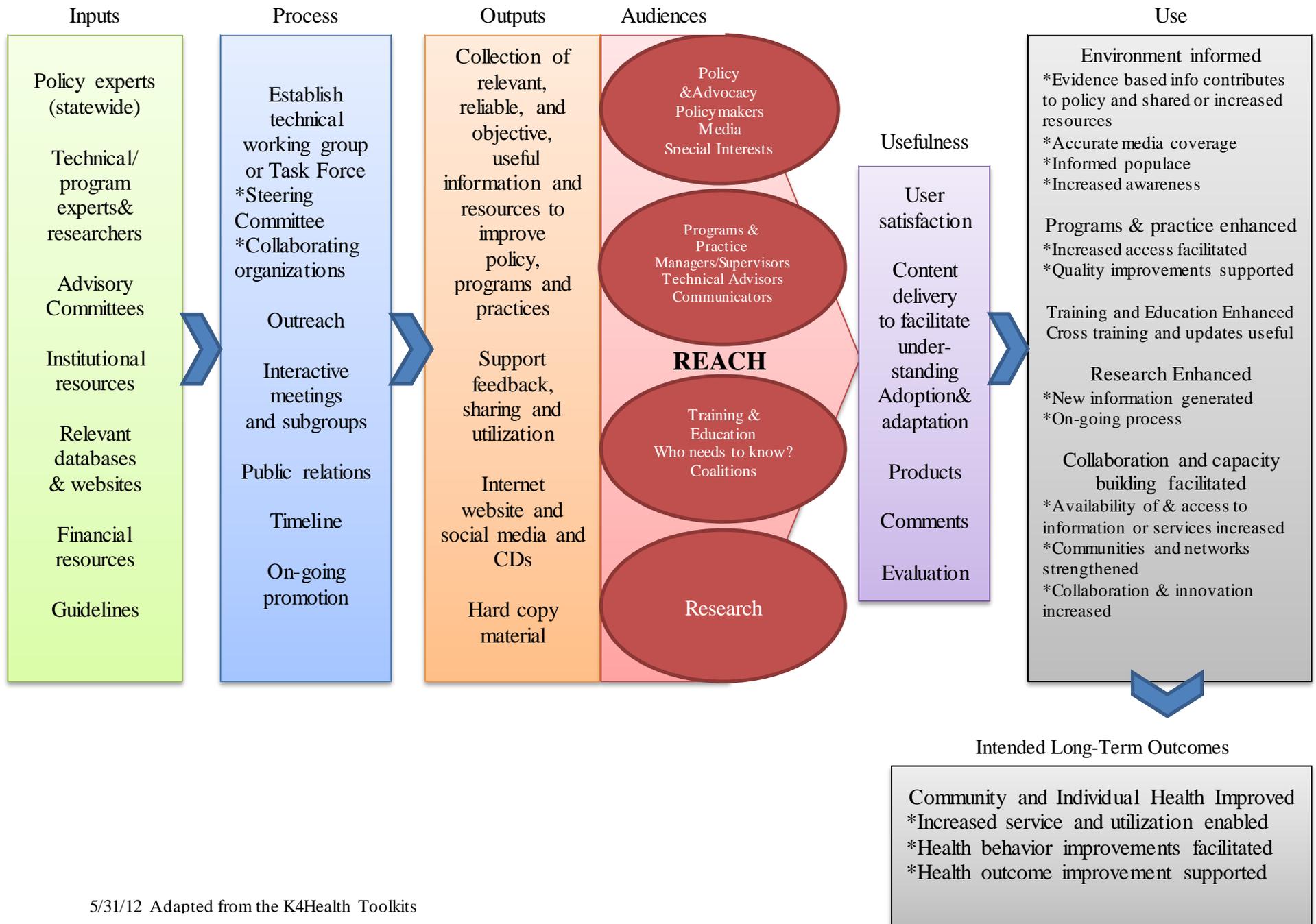
A short follow up evaluation will be done following the 2013 Nevada Legislative Session including a survey of all Nevada health related boards and commissions regarding steps they have taken to advance the objectives of responding to unlicensed health care.

ACTION PLAN CONCEPT AND TOOLKIT AT A GLANCE

A *Toolkit At a Glance* is attached as a summary outline that discusses how to develop an Action Plan, represented through a conceptual framework chart outlining the steps necessary to develop a plan addressing the problems and challenges of a public health issue. The Toolkit is useful in facilitating and creating a process to address any number of matters and to bring about public-private partnerships. A one page summary of the efforts of the Unlicensed Health Care Task Force is also included.

ACTION PLAN CONCEPT AND TOOLKIT AT A GLANCE

Conceptual framework for producing a Toolkit to address the problem and/or challenges of public health issues.



UNLICENSED HEALTH CARE IN NEVADA'S LATINO COMMUNITY

What Nevada can do to address this issue

IN BRIEF

In response to a significant number of reports involving illegal health care in Nevada's Latino community, including death, an initiative was undertaken to create a cultural awareness program revolving around the issue of unlicensed health care. The initiative included discussions among community stakeholders, law enforcement, the Nevada State Health Division, and political leaders in order to identify immediate solutions, create an on-going process to increase collaboration and communication in developing a cohesive response to the growing incidences of these practices, and to communicate to the public at large the dangers of engaging unlicensed health care practitioners.

RESPONDING TO UNLICENSED HEALTH CARE IN NEVADA: A Plan for Action is the result.

The full Plan includes a 50 State Statutory Review and an in-depth report about unlicensed activity. The Nevada Legislature is expected to address this issue during the 2013 Session.

The Plan includes many recommendations and strategies designed to educate policy makers and the public, and to increase cooperation between Nevada's Health and Law Enforcement Communities.

The Plan includes 2010 Census information that shows 26.5% of the population in Nevada are members of the Latino Community.

The Plan also includes a compilation of the extensive work the Latino Research Center of the University of Nevada, Reno has done on this project and the "NO a los Medicos Clandestinos" campaign.

2-1-1 in Nevada is now available to take reports of illegal health care activity.

CONCLUSION

Nevada is not the only state facing this problem. Unlicensed health care is a serious and growing issue and is against the law. Those who are interested in improving health care should also be interested in stopping unlicensed health care.

ATENCIÓN MEDICA SIN LICENCIA EN LA COMUNIDAD HISPANA DE NEVADA

Que puede hacer Nevada para abordar el problema

En breve

En respuesta al gran número de reportes involucrados con atención médica ilegal en la comunidad hispana de Nevada, incluyendo reportes de muerte, se ha puesto en marcha una iniciativa de concientización en torno al problema de atención médica ilegal. La iniciativa incluyó discusiones entre las partes interesadas dentro de la comunidad, las fuerzas de seguridad y el orden, la división de salud del estado de Nevada, y líderes políticos para identificar soluciones inmediatas, crear un procedimiento que incremente la colaboración y la comunicación para desarrollar una respuesta cohesiva y responder a la creciente incidencia de estas prácticas, y para comunicarle al público el peligro de involucrarse con médicos clandestinos.

Respondiendo a la práctica médica sin licencia en Nevada : *Un Plan Por Acción* es el resultado

El Plan entero incluye una revisión del estatuto legal de 50 estados y un reporte a fondo sobre actividades ilegales. Se espera que la legislatura de Nevada aborde el problema durante el periodo de sesiones del 2013.

El Plan incluye varias recomendaciones y estrategias destinadas a educar tanto a legisladores como a los al público en general y para aumentar cooperación entre la salud de Nevada y las comunidades de las agencias del orden.

El Plan incluye información del Censo del 2010 que indica que el 26.5% de la población en Nevada son miembros de la comunidad Latina.

El Plan también incluye una compilación de el extensivo trabajo llevado a cabo por el Centro de Investigación Latino de la Universidad de Reno, Nevada en este proyecto y la campaña “NO a los Médicos Clandestinos.”

2-1-1 en Nevada ahora está disponible para tomar reportes concernientes a actividades de atención médica ilegal.

Conclusión

Nevada no es el único estado enfrentando este problema. Las prácticas de atención médica sin licencia son un problema grave y creciente y están reñidas con la ley. Aquellos interesados en mejorar el sistema de salud también deberían estar interesados en detener la práctica de la medicina sin licencia.

