

Legislative Committee on Health Care
(*Nevada Revised Statutes 439B.200*)

**WORK SESSION
DOCUMENT**

(Includes Exhibits)



August 29, 2012

Prepared by the Research Division
Legislative Counsel Bureau



WORK SESSION DOCUMENT

LEGISLATIVE COMMITTEE ON HEALTH CARE (NEVADA REVISED STATUTES 439B.200)

August 29, 2012

The following “Work Session Document” has been prepared by the staff of the Legislative Committee on Health Care (LCHC) (*Nevada Revised Statutes* [NRS] 439B.200). Pursuant to NRS 218D.160, the Committee is limited to ten legislative measures and must make its bill draft requests (BDRs) by September 1, 2012, unless the Legislative Commission authorizes submission of a request after that date.

This document contains a summary of BDRs and other actions that have been presented during public hearings, through communication with individual Committee members, or through correspondence or communications submitted to the LCHC. It is designed to assist the Committee members in making decisions during the work session. The Committee may accept, reject, modify, or take no action on any of the proposals. The concepts contained within this document are arranged under broad topics to allow members to review related issues. Actions available to the Committee members include: legislation to amend the NRS; transitory sections that do not amend the statutes; resolutions; statements in the Committee’s final report; and letters of recommendation or support.

Committee members should be advised that Legislative Counsel Bureau staff may, at the direction of the Chair, coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the final report. The recommendations may have been modified by being combined with similar proposals or by the addition of necessary legal or fiscal information. It should also be noted that some of the recommendations may contain an unknown fiscal impact. If a recommendation is adopted for a BDR, then the Committee staff will work with interested parties to obtain fiscal estimates for inclusion in the final report.

Additional recommendations may be considered based on discussions held and presentations made at the August 29, 2012, hearing. Please see the agenda for details concerning the scheduled presentations.

The approved recommendations for legislation resulting from these deliberations will be prepared as BDRs and submitted to the 2013 Legislature.

Committee members will use a “Consent Calendar” to quickly approve those recommendations, as determined by the Chair, that need no further consideration or clarification beyond what is set forth in the recommendation summary. Any Committee member may request that items on the consent calendar be removed for further discussion and consideration.

RECOMMENDATIONS

Recommendations Nos. 1 through 7 listed below have been placed on a Consent Calendar by the Chair and Committee staff to assist the Committee in quickly taking action on certain selected items. Committee members may request to remove items from this list for further discussion and consideration. If so desired, other recommendations from the “Work Session Document” may be added to the Consent Calendar with the approval of the Committee.

CHILDREN’S MENTAL HEALTH SERVICES IN NEVADA

- 1. Send a letter** to Nevada’s Congressional Delegation regarding access to care for certain children who have access to care through a variety of governmental entities such as Medicaid, child welfare, and juvenile justice. The letter will:
 - a) Inform them of the Institution for Mental Diseases (IMD) exclusion that disallows group homes of 16 beds or more from being reimbursed through Medicaid and the impact of this federal regulatory hindrance on Nevada. Specifically, this prohibition is not allowing medically necessary behavioral health services to be reimbursed in a delivery model that is in the least restrictive, most normative setting for the child. The Division of Health Care Financing and Policy’s goal is to develop funding models that are innovative and within the community setting.
 - b) Request that the delegation advocate for the IMD exclusion regulation to be reconsidered by the Centers for Medicare & Medicaid Services (CMS) provide specification on the severity of the mental disease rather than the existence of a mental disease in combination with the bed count (i.e. 16 beds or more). This will place more emphasis on the acuity of the child instead of the facility.

Because of these prohibitions in current federal regulation, these facilities have been mistaken for the more traditional higher level of care psychiatric hospitals and psychiatric residential treatment facilities.

2. Send a letter to the Director of the DHHS and the Executive Director of the Silver State Health Insurance Exchange. The letter will:

- a) Encourage the development of a mechanism for Children's Mental Health Consortiums (NRS 433B.333) to provide input into State implementation of the federal health reform initiative to ensure that targeted case management and service delivery for children with serious emotional disturbance is provided with a family-driven, individualized, wraparound approach.
- b) Request that the appropriate Director consider the viability of pursuing the following proposals, which were presented by the Children's Mental Health Consortiums:
 - i. Include the following as essential health benefits to be covered for children with serious emotional disturbance under benchmark plans for Medicaid, health insurance exchanges, and other plans: family-to-family support, mentoring, mental health consultation, mobile crisis intervention, and respite care.
 - ii. Build in reimbursement incentives for use of evidence-based practices in case management and direct services.
 - iii. Build family navigators into the essential benefits package to provide outreach and navigation to assist families of children with serious emotional disturbance in choosing the best benefits package.
 - iv. Develop a mechanism/legislation for re-investing savings from health care reform's increased federal financial participation into community-based services.
 - v. Submit to CMS a Medicaid State plan amendment for review and approval to establish a 1915(i) Home and Community Based Services waiver, in an effort to increase the capacity of Medicaid mental health service providers to deliver in-home services and supports, and decrease the need for out-of-home care.

CANCER DRUG DONATION PROGRAM

3. **Send a letter** to the following medical and related groups: the Clark County Medical Society, the Washoe County Medical Society, Nevada Nurses Association, Nevada Osteopathic Medical Association, Nevada State Medical Association, the Nevada Pharmacist Association, Nevada Society of Health-System Pharmacists, the Retail Association of Nevada, and other relevant groups. The letter will: (a) emphasize the Committee's strong support for the Cancer Drug Donation Program; (b) highlight the cost of prescriptions for the treatment of cancer and the availability of unused medication; and (c) encourage the groups to educate their members about the program in an effort to make them more knowledgeable and comfortable referring individuals who may benefit.

PRESCRIPTION DRUG ABUSE AND THE PRESCRIPTION DRUG MONITORING PROGRAM IN NEVADA

4. **Send a letter** to Nevada's Congressional Delegation related to prescription drugs. The letter will: (a) emphasize the impact of prescription drug abuse, misuse, and diversion in Nevada; and (b) encourage the development of policies that recognize the impact of prescription drug advertising, promotion, and marketing, to health care professionals, and-direct-to-consumer on excessive or unnecessary prescription drug use.
5. **Include a statement** in the Committee's final report: (a) emphasizing the Committee's support for the efforts of the Substance Abuse Working Group within the Office of the Attorney General (Assembly Bill 61 [Chapter 89, *Statutes of Nevada 2011*]) and the Prescription Controlled Substance Abuse Prevention Task Force; and (b) recognizing their accomplishments related to addressing substance abuse issues and challenges in the State of Nevada.
6. **Send a letter** to the DHHS encouraging collaboration with the United States Drug Enforcement Administration, Nevada Statewide Coalition Partnership, and other entities as appropriate, to provide for safe and available destruction and disposal of medications; including the creation of safe disposal sites in each county in Nevada.
7. **Send a letter** to the DHHS encouraging collaboration with the Nevada Statewide Coalition Partnership, and other entities, as appropriate, to develop consumer education related to prescription medications. The letter will encourage the development of:
 - a) A media campaign that teaches consumers how to work with their health care professionals around prescription drugs, including how to store, keep, and use their prescriptions.
 - b) Training information for consumers on safe handling, storage, et cetera, along with education on potential for abuse and misuse.

Recommendations Nos. 8 through 21 are being proposed for potential legislation.

PROPOSAL RELATING TO THE CANCER DRUG DONATION PROGRAM

- 8. Amend NRS 457.460** to allow dispensing practitioners to dispense donated cancer drugs. Allowing dispensing practitioners to dispense along with the voluntary pharmacies may broaden the program.

Proposed by Larry L. Pinson, Pharm. D., Executive Secretary, and Carolyn J. Cramer, General Counsel, Nevada State Board of Pharmacy, May 8, 2012.

PROPOSAL RELATING TO PRESCRIPTION DRUG ABUSE AND THE PRESCRIPTION DRUG MONITORING PROGRAM IN NEVADA

- 9. Amend Chapter 453 of NRS** to increase penalties for trafficking prescription medications by:
- a) Including specific pill quantities in addition to the gram weights currently listed in NRS related to trafficking schedule II controlled substances; and
 - b) Adding similar provisions for trafficking schedule III, IV, and V controlled substances that are prescribed.

See Tab A for sample language.

Proposed by Brian O'Callaghan, Government Liaison, Office of Intergovernmental Services, Las Vegas Metropolitan Police Department, via e-mail July 11, 2012.

**PROPOSALS RELATING TO STANDARDIZING LANGUAGE IN CHAPTER 450B
“EMERGENCY MEDICAL SERVICES” OF NRS TO CONFORM TO THE
NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS
RELEASED BY THE NATIONAL HIGHWAY TRAFFIC SAFETY
ADMINISTRATION IN 2009 (PROPOSED IN ASSEMBLY BILL 51
OF THE 2011 LEGISLATIVE SESSION)**

- 10. Amend NRS 450B to:**

- a) Remove all references to “advanced emergency medical technician” (currently defined at NRS 450B.025) in the NRS and change the term to “paramedic.”
- b) Remove all references to “intermediate emergency medical technician” (currently defined at NRS 450B.085) in the NRS and change to “advanced emergency medical technician.”

The National Emergency Medical Services (EMS) Education Standards address the core competencies of four emergency medical technician classifications: Emergency Medical Responder, Emergency Medical Technician (EMT); Advanced EMT; and Paramedic. These classifications are aligned with the National EMS Education Standards, as well as other components of the *EMS Agenda for the Future*. These revisions to personnel will make Nevada consistent with the National Standards and provide an integrated systems approach to regulation of EMS education, certification, and licensure.

If the classifications are changed as stated above, certain statutes would need to be amended to be inclusive of all classifications as indicated.

*Proposed by Marla McDade Williams, B.A., M.P.A., Deputy Administrator,
Health Division, Department of Health and Human Services, May 8, 2012.*

PROPOSALS RELATING TO UNLICENSED HEALTH CARE IN NEVADA

- 11. Amend NRS** to provide consistent practices, and authority to address the unlicensed practice of health care and related issues to the following health care professional licensing boards: Board of Examiners for Audiology and Speech Pathology (NRS 637B.100); Chiropractic Physicians' Board of Nevada (NRS 634.020); State Board of Cosmetology (NRS 644.030); Board of Dental Examiners of Nevada (NRS 631.120); Board of Hearing Aid Specialists (NRS 637A.030); Board of Examiners for Long-Term Care Administrators (NRS 654.050); Board of Homeopathic Medical Examiners (NRS 630A.100); Board of Medical Examiners (NRS 630.003); State Board of Nursing (NRS 632.020); Board of Occupational Therapy (NRS 640A.080); Board of Dispensing Opticians (NRS 637.030); Nevada State Board of Optometry (NRS 636.030); State Board of Oriental Medicine (NRS 634A.030); State Board of Osteopathic Medicine (NRS 633.181); State Board of Pharmacy (NRS 639.020); State Board of Physical Therapy Examiners (NRS 640.030); and State Board of Podiatry (NRS 635.020).

See Tab B for current board authority regarding unlicensed practice.

Authorize the following amendments to statute:

- a) Establish a category D felony as the penalty for practicing any of the health care professions identified above without a license. Additionally, give law enforcement agencies the authority to seize the property, drugs, and assets used in the crime for purposes of forfeiture.

Provide each health care professional licensing board with:

- b) Authority to cite and fine those who represent themselves as licensed practitioners when they are not duly licensed or who perform acts which require them to be licensed.
- c) Authority to seek from the District Court an injunction prohibiting unlawful conduct.
- d) Authority to write and enforce a cease and desist letter.

- e) Authority to enter the premises where an individual licensed by that board is practicing or where an individual is performing activities that require licensure.
- f) Authority to investigate based on an anonymous complaint. Provide that if a complaint is submitted anonymously, the board may accept the complaint but may refuse to consider the complaint if the lack of the identity of the complainant makes processing the complaint impossible or unfair to the person who is the subject of the complaint.

*Proposed by Vincent Jimno, Executive Director, Nevada State Board of Cosmetology;
Kathleen Kelly, Executive Director, Nevada State Board of Dental Examiners;
Douglas Cooper, CMBI, Executive Director, Nevada State Board of Medical Examiners;
Debra Scott, MSN RN FRE, Executive Director, Nevada State Board of Nursing;
Barbara Longo, CMBI, Executive Director, Nevada State Board of Osteopathic Medicine;
and Larry L. Pinson, Pharm.D, Executive Secretary, Nevada State Board of Pharmacy,
June 5, 2012*

- 12. Amend NRS** to require the State Board of Cosmetology to establish regulations to determine when a licensed aesthetician may use the title “medical aesthetician” or any other designation indicating medical knowledge.
- 13. Revise NRS** to require the health care professional licensing boards to refer substantiated violations to the proper entities for prosecution and to take all lawful and necessary actions to discontinue the unlawful practice.
- 14. Revise NRS** to authorize health care professional licensing boards to develop alternate means of providing for the investigation of the unlicensed practice of health care, including combining resources and working collaboratively, if, in the judgment of the board, it would be financially justifiable for them to do so.

*Inclusion of additional boards and Recommendations Nos. 12, 13, and 14
proposed by Assemblywoman Mastroluca.*

- 15. Revise Chapter 200 of NRS** to strengthen criminal penalties for the practice of unlicensed health care by creating two new statutes regarding crimes and punishments.
 - a) Establish that unlicensed health care procedures that result in death or substantial bodily harm are subject to a category C felony for the first offense and a category B felony for subsequent offenses.
 - b) Establish that an unlicensed surgical procedure, regardless of substantial bodily harm, is subject to punishment for a category C felony for the first offense. For subsequent offenses or if substantial bodily harm to the victim results, the defendant is subject to a category B felony.

See Tab C for sample language.

*Proposed by Brett Kandt, Executive Director, Nevada’s Advisory Council for Prosecuting Attorneys, and Special Deputy Attorney General, Office of the Attorney General. He noted on the record that law enforcement and prosecutors support the proposed language.
June 12, 2012.*

PROPOSALS RELATING TO CHILDREN IN THE CARE OF CERTAIN GOVERNMENTAL ENTITIES

16. **Amend NRS** to require agencies which provide child welfare services to collect information concerning the actions of PLRs, including data on the number of medical evaluations attended by persons legally responsible (PLR) (NRS 432B.4684), the number of medications approved or denied by PLRs and the number of second opinions requested by PLRs. The information collected must be compiled by the Division of Child and Family Services (DCFS) and included in a report submitted annually to the Legislative Committee on Health Care.
17. **Amend NRS** to require the DCFS, DHHS, to establish by regulation a limit on the number of clients each PLR may have simultaneously.
18. **Amend NRS** to require the DCFS to establish a standardized training curriculum for PLRs. Require PLRs to receive such training. The DCFS must further provide for such training to be made available online.
19. **Amend NRS** to revise the fictive kin process to allow placement with fictive kin even if the record indicates that there has been a previous substantiation of child abuse or neglect if a case plan was established and successfully completed.
20. **Amend NRS** to require older children in foster care to receive information about psychotropic medication before they begin taking the medication to notify them about the risks and benefits of the medication, including any side effects of taking the medication, the potential impact of taking the medication on employment and any other issues related to the use of the psychiatric medications. Allow the foster children to refuse such medication based on that information, unless a court orders the child to take the medication.

*Proposed by Barbara Buckley, Executive Director, Legal Aid Center of Southern Nevada,
and Janice Wolf, Directing Attorney, Children's Attorneys Project,
Legal Aid Center of Southern Nevada*

PROPOSALS RELATING TO THE USE OF EPINEPHRINE AUTO-INJECTORS AT SCHOOLS IN NEVADA

21. **Amend NRS** to apply the following provisions to all public and private elementary and secondary educational institutions, and institutions of higher education in Nevada:
 - a) Authorize school nurses and other trained school personnel to administer an epinephrine auto-injector to an individual at school or at a school function when the nurse or designated, trained personnel believe the individual is experiencing anaphylaxis (NRS 392.425 and NAC 632.226).
 - b) Implement Good Samaritan protections (NRS 41.500) for school systems, school nurses, and trained personnel who administer an epinephrine auto-injector to an individual when acting in good faith in an emergency.

- c) Authorize schools to stock epinephrine auto-injectors for use in emergencies, regardless of whether the student has been previously diagnosed.
- d) Authorize physicians to write a prescription for an entity, such as a school, and not just an individual.
- e) Encourage schools to make food allergy training available to food service workers and other school personnel. Encourage each school to develop a comprehensive anaphylaxis action plan, so that students, teachers, and school employees:
 - i. Understand the risk of anaphylaxis;
 - ii. Avoid their allergic triggers;
 - iii. Recognize the signs and symptoms;
 - iv. Are prepared with access to epinephrine auto-injectors (two doses); and
 - v. Know to seek emergency medical care following administration of treatment.

Proposed by Bruce Lott, Vice President of State Government Relations, Mylan Inc.

TAB A

TAB A

453.3395 Trafficking in controlled substances: Schedule II substances

Except as otherwise provided in NRS 453.011 to 453.552, inclusive, a person who knowingly or intentionally sells, manufactures, delivers or brings into this State or who is knowingly or intentionally in actual or constructive possession of any controlled substance which is listed in schedule II or any mixture which contains any such controlled substance shall be punished, unless a greater penalty is provided pursuant to NRS 453.322, if the quantity involved:

1. Is 28 grams or more, but less than 200 grams, or a pill quantity of 60 to 90 pills, for a category C felony as provided in NRS 193.130 and by a fine of not more than \$50,000.
2. Is 200 grams or more, but less than 400 grams, or a pill quantity of 91 to 120 pills, for a category B felony by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 10 years and by a fine of not more than \$100,000.
3. Is 400 grams or more, or a pill quantity of 121 or more pills, for a category A felony by imprisonment in the state prison:
 - (a) For life with the possibility of parole, with eligibility for parole beginning when a minimum of 5 years has been served; or
 - (b) For a definite term of 15 years, with eligibility for parole beginning when a minimum of 5 years has been served, and by a fine of not more than \$250,000.

453.3395-2 Trafficking in controlled substances: Schedule III, IV, and V prescribed substances

Except as otherwise provided in NRS 453.011 to 453.552, inclusive, a person who knowingly or intentionally sells, manufactures, delivers or brings into this state or who is knowingly or intentionally in actual or constructive possession of any controlled substance which is listed in schedule III, IV, or V or any mixture which contains any such controlled substance, without proper authority pursuant to NRS 454.213 or without a valid prescription pursuant to NRS 454.316, shall be punished, unless a greater penalty is provided pursuant to NRS 453.322, if the quantity involved:

1. Is 28 grams or more, but less than 200 grams, or a pill quantity of 60 to 90 pills, for a category C felony as provided in NRS 193.130 and by a fine of not more than \$50,000.
2. Is 200 grams or more, but less than 400 grams, or a pill quantity of 91 to 120 pills, for a category B felony by imprisonment in the state prison

for a minimum term of not less than 2 years and a maximum term of not more than 10 years and by a fine of not more than \$100,000.

3. Is 400 grams or more, or a pill quantity of 121 or more pills, for a category A felony by imprisonment in the state prison:
 - (a) For life with the possibility of parole, with eligibility for parole beginning when a minimum of 5 years has been served; or
 - (b) For a definite term of 15 years, with eligibility for parole beginning when a minimum of 5 years has been served, and by a fine of not more than \$250,000.

The recommendation for schedules III, IV, and V, includes the grams, because some of these abused medications are also in liquid or patch form.

TAB B

Comparison of the Authority of
Certain Health Care Licensing Boards
to Investigate, Regulate and Prevent the
Unlicensed Practice of Health Care

Licensing Boards	Med. Exam'rs Ch. 630	Homeopathic Ch. 630A	Dental Exam'rs Ch. 631	Nursing Ch. 632	Osteopathic Med. Ch. 633	Chiropractic Ch. 634
Practice w/o license - penalty	Felony (D) NRS 630.400	Felony (D) NRS 630A.590, 630A.600	Gross misdemean. or Felony (D)* NRS 631.395, 631.400	Misdemeanor NRS 632.285, 632.291, 632.315	Felony (D) NRS 633.741	Felony (D) NRS 634.227
Authority to cite and fine	Yes NRS 630.3065, 630.352	No	No** (See NRS 631.350)	Yes NRS 632.495	No	No** (See NRS 634.190)
Authority to seek injunction	Yes NRS 630.388	Yes NRS 630A.460, 630A.570	Yes NRS 631.400	Yes NRS 632.480	Yes NRS 633.711	Yes NRS 634.208
Cease and desist letter	No	No	No	Yes NRS 632.285, 632.291, 632.315	No	No
Authority to enter premises	No	No	No	No	No	Yes NRS 634.043
Investigate anon. complaint	Yes*** NRS 630.307	No	No	No	Yes*** NRS 633.533	No

(Shaded cells represent provisions that are not included in NRS.)

* NRS 631.400(1) makes illegal practice as set forth in NRS 631.395 a felony; NRS 631.400(2) makes unlicensed practice a gross misdemeanor or felony depending on number of offenses.

** Board has authority to take disciplinary action against a licensee or applicant for a license, including imposition of a fine, but does not have authority to cite or impose a fine if the person is practicing without a license.

*** Provisions apply only to a complaint against a licensee.

Licensing Boards	Oriental Med. Ch. 634A	Podiatry Ch. 635	Optometry Ch. 636	Dispen. Opticians Ch. 637	Hearing Aid Spec. Ch. 637A	Aud. & Speech Path. Ch. 637B
Practice w/o license - penalty	Gross misdem. NRS 634A.230	Gross misdem. NRS 635.167	Gross misdem. NRS 636.410	Misdemeanor NRS 637.090, 637.200	Misdemeanor NRS 637A.352, 637A.360	Misdemeanor NRS 637B.290, 637B.320
Authority to cite and fine	Yes NRS 634A.250	Yes NRS 635.180	No ^{**} (See NRS 636.420)	Yes NRS 637.181	No ^{**} (See NRS 637A.250, 637A.290)	No ^{**} (See NRS 637B.250, 637B.280)
Authority to seek injunction	Yes NRS 634A.240	Yes NRS 635.162	Yes NRS 636.407	Yes NRS 637.185	Yes NRS 637A.355	Yes NRS 637B.310
Cease and desist letter	No	No	No	Yes 637.181	No	No
Authority to enter premises	No	No	No	No	No	No
Investigate anon. complaint	No	No	Prohibited (See NRS 636.310)	Prohibited (See NRS 637.181)	Prohibited (See NRS 637A.260)	Prohibited (See NRS 637B.260)

(Shaded cells represent provisions that are not included in NRS.)

^{**} Board has authority to take disciplinary action against a licensee or applicant for a license, including imposition of a fine, but does not have authority to cite or impose a fine if the person is practicing without a license.

Licensing Boards	Pharmacy Ch. 639	Physical Therapy Ch. 640	Occupation'l Ther. Ch. 640A	Cosmetology Ch. 644	Long-Term Care Ch. 654
Practice w/o license - penalty	Misdemeanor NRS 639.100, 639.230, 639.233, 639. 235, 639.285, 639.310	Misdemeanor NRS 640.169	Misdemeanor NRS 640A.230	Misdemeanor NRS 644.190, 644.480	Misdemeanor NRS 654.200
Authority to cite and fine	No ^{**} (See NRS 639.255)	Yes NRS 640.169	No	Yes NRS 644.490	Yes NRS 654.190
Authority to seek injunction	Yes NRS 639.097	Yes NRS 640.210	No	Yes NRS 644.500	No
Cease and desist letter	No	No	No	Yes NRS 644.490	No
Authority to enter premises	Yes NRS 639.090, 639.2327, 639.2328, 639.23284	Yes NRS 640.050	No	Yes NRS 644.090	No
Investigate anon. complaint	No	Prohibited (See NRS 640.161)	No	No	No

(Shaded cells represent provisions that are not included in NRS.)

^{**} Listed authority gives the Board authority to take disciplinary action against a licensee or applicant for a license, including imposition of a fine, but does not apply to a person practicing without a license.

TAB C

TAB C

NRS 200.XXX Unlicensed health care procedure causing death or substantial bodily harm; penalties.

1. Any person who performs a health care procedure on another person without any license required under the laws of this state:

(a) If substantial bodily harm to the victim results,

(i) For the first offense, shall be punished for a category C felony as provided in NRS 193.130.

(ii) For any subsequent offense, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years and must be further punished by a fine of not less than \$2,000 nor more than \$5,000.

(b) If death to the victim results, unless a more severe penalty is prescribed by law for the act or omission which brings about the death of the victim, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years and must be further punished by a fine of not less than \$2,000 nor more than \$5,000. A sentence imposed pursuant to this subsection may not be suspended nor may probation be granted.

2. As used in this section, "health care procedure" means any procedure for which a license is required under NRS chapter 630, NRS chapter 630A, NRS chapter 631, NRS chapter 632, NRS chapter 633, NRS 634, NRS chapter 634A, NRS chapter 635, NRS chapter 636, NRS chapter 637, NRS chapter 639, or NRS chapter 640, that does not otherwise fall within the definition of "surgical procedure" set forth in NRS 200.XXY(2).

NRS 200.XXY Unlicensed surgical procedure; penalties.

1. Any person who performs a surgical procedure on another person without any license required under the laws of this state:

(a) For the first offense, if no substantial bodily harm to the victim results, shall be punished for a category C felony as provided in NRS 193.130.

(b) For any subsequent offense, or if substantial bodily harm to the victim results, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years and must be further punished by a fine of not less than \$2,000 nor more than \$5,000.

(c) If death to the victim results, unless a more severe penalty is prescribed by law for the act or omission which brings about the death of the victim, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years and must be further punished by a fine of not less than \$2,000 nor more than \$5,000. A

sentence imposed pursuant to this subsection may not be suspended nor may probation be granted.

2. As used in this section, "surgical procedure" means any invasive procedure where a break in the skin is created and there is contact with the mucosa, or skin break, or internal body cavity beyond a natural or artificial body orifice procedure, for which a license is required under NRS chapter 630, NRS chapter 630A, NRS chapter 631, NRS chapter 632, NRS chapter 633, NRS 634, NRS chapter 634A, NRS chapter 635, NRS chapter 636, NRS chapter 637, NRS chapter 639, or NRS chapter 640. 2

NRS 630.400 Penalty for certain violations. A person who:

1. Presents to the Board as his or her own the diploma, license or credentials of another;

2. Gives either false or forged evidence of any kind to the Board;

3. Practices medicine, perfusion or respiratory care under a false or assumed name or falsely personates another licensee;

4. Except as otherwise provided by a specific statute, practices medicine, perfusion or respiratory care without being licensed under this chapter;

5. Holds himself or herself out as a perfusionist or uses any other term indicating or implying that he or she is a perfusionist without being licensed by the Board;

6. Holds himself or herself out as a physician assistant or uses any other term indicating or implying that he or she is a physician assistant without being licensed by the Board; or

7. Holds himself or herself out as a practitioner of respiratory care or uses any other term indicating or implying that he or she is a practitioner of respiratory care without being licensed by the Board, is guilty of a category D felony and shall be punished as provided in [NRS 193.130](#), unless a more severe penalty is provided pursuant to NRS 200.XXX or NRS 200.XXY.

NRS 630A.590 Penalty for certain violations. A person who:

1. Presents to the Board as his or her own the diploma, license, certificate or credentials of another;

2. Gives either false or forged evidence of any kind to the Board;

3. Practices homeopathic medicine under a false or assumed name; or

4. Except as otherwise provided in [NRS 629.091](#), practices homeopathic medicine without being licensed or certified under this chapter,

□ is guilty of a category D felony and shall be punished as provided in [NRS 193.130](#), unless a more severe penalty is provided pursuant to NRS 200.XXX or NRS 200.XXY.

NRS 630A.600 Penalty for practicing without license or certificate. Except as otherwise provided in [NRS 629.091](#), a person who practices homeopathic medicine without a license or certificate issued pursuant to this chapter is guilty of a category D felony and shall be punished as provided in [NRS 193.130](#), unless a more severe penalty is provided pursuant to NRS 200.XXX or NRS 200.XXY.

NRS 631.400 Penalties; injunctive relief.

1. A person who engages in the illegal practice of dentistry in this State is guilty of a category D felony and shall be punished as provided in [NRS 193.130](#), *unless a more severe penalty is provided pursuant to NRS 200.XXX or NRS 200.XXY.*

2. Unless a more severe penalty is provided pursuant to NRS 200.XXX or NRS 200.XXY, a person who practices or offers to practice dental hygiene in this State without a license, or who, having a license, practices dental hygiene in a manner or place not permitted by the provisions of this chapter:

(a) If it is his or her first or second offense, is guilty of a gross misdemeanor.

(b) If it is his or her third or subsequent offense, is guilty of a category D felony and