Minutes of Meeting - HEALTH AND WELFARE COMMITTEE - 56th ASSEMBLY SESSION - March 18, 1971

Present: Smalley, Wilson, Valentine, Poggione, Prince, Homer Swallow and Glaser

Absent: Mrs. White

Guests: Ernie Gregory, Nevada Division of Health; Bill Artlip, Associate Drilling Company; Dee Artlip, Truckee Riber Republican Club; Shirlee Wedow, Nevada PTA; Carolyn Cox, League of Women Voters; Donna Dixon, Private citizen; Etta Sonehard, League of Women Voters; Dorothy Eisenberg, League of Women Voters, Tom Gonger, Student of University of Nevada; Jane Noland, League of Women Voters; Pete Kelley, Nevada Retail Association; Clair Rodgers, Propriety Association; William Locke, Nevada State Board of Pharmacy; Robert Groves, Attorney General's Office; John Riggs; and Ella Mae Peterson.

Meeting was convened by Chairman Wilson at 3:30 P.M.

A.B. 487: Provides for use of unmarked motor vehicles in venereal disease control activities.

Mr. Smalley, a co-sponsor of this bill, stated the reason for this bill is to be able to check these people for venereal disease without the neighbors having to know about it.

A.B. 492: Requires reports of drug-related crimes of pharmacy and makes administrative changes in pharmacy act.

Clair Rogers, Propriety Association, stated he was opposed to this bill. (Attachment 1)

Mr. Swallow stated the purpose of this bill is to stop some of this drug abuse. It wasn't designed as an economic gain.

Mr. Locke, Board of Pharmacy, stated the only purpose of this bill is to have the authority to take a product off the shelf if they find it to be dangerous.

Robert Groves, Deputy Attorney General for Board of Pharmacy, stated when they find a product to be dangerous they want to take it off the shelf and put it under the supervision of a druggist.

Mr. Poggione questioned this bill. He felt Mr. Groves was contradicting himself. First he said he wanted to take it off the shelves but yet he said he could control it better in a drug store. Mr. Poggione felt it could not be controlled any better in a drug store if it were not a prescription product.

Mr. Groves suggested amendments to the committee. (Attachment 2)

A.B. 713: Requires first-time and current public and private school enrollees to be immunized for certain diseases.

Carolyn House, Mr. Swallow's Intern, spoke in favor of this bill (Attachment 3)

Mr. Schofield, co-sponsor of this bill, felt this bill is very necessary. He felt a person needs to be prepared. This would prevent an epidemic from happening when our children get older. Some people do not get their immunizations because they just put it off. This bill would just give us a push in the right direction.

Etta Sonehard, League of Women Voters, stated after World WarII a soldier came home and had smallpox. After awhile there was an epidemic of smallpoz. If people would have been vaccinated, this would not have happened.

Shirlee Wedow, PTA, stated the Health Department will set up clinics for immunizations. The only thing it would cost is a donation of whatever a person could afford.

A.B. 662: Enacts Family Planning Services and Population Research Law.

Donna Dixon, Private citizen, spoke in favor of this bill. (Attachment 4) She stated there was an error in the bill. In Section 7 Line 46 instead of saying Welfare Division, it should read Health Division.

Assemblyman May, introducer of this bill, spoke in behalf of it. (Attachment 5)

A.B. 495: Requires sewage disposal and water quantity and quality of new sub-divisions to be approved by health division.

Ernie Gregory, Nevada Division of Health, spoke in behalf of this bill. If the Division could inspect sub-division sites before they start building, it would save time and money. Some of these places do not have enough water to be adequate for all of the people that will be living there. Some of the places do not have suitable soil for sewage disposal. Several persons have built homes and the VA or FHA will not approve their homes.

Mr. Valentine discussed A.B. 499, which the Committee heard testimony on yesterday. He introduced an amendment to this bill. Mr. Valentine made a motion to Amend A.B. 499 and Do Pass; Prince seconded; motion carried.

Meeting adjourned at 5:10 P.M.

ASSEMBLY

AGENDA FOR COMMITTEE ON HEALTH AND WELFARE

Date March 18 Time P.M. Recess Room 328

Bills or Resolutions to be considered	Subject	Counsel requested*
A.B. 487	Provides for use of unmarked motor vehicles in venereal disease control activities.	
A.B. 492	Requires reports of drug related crimes to Board of Pharmacy and makes administrative changes in pharmacy act.	
A.B. 495	Requires sewage disposal and water quantity and quality of new subdivisions to be approved by Health Division.	

*Please do not ask for counsel unless necessary.

HEARINGS PENDING

Date_____ Time_____ Room_____
Subject_____

Date_____ Time_____ Room_____
Subject_____

IN ADDITION TO OTHER AGENDA ON THIS DATE

ASSEMBLY

AGENDA FOR COMMITTEE ON HEALTH AND WELFARE

Date March 18 Time P.M. Recess Room 328

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Subject _____

5996

IN ADDITION TO OTHER AGENDA ON THIS DATE

ASSEMBLY

AGENDA FOR COMMITTEE ON HEALTH AND WELFARE

Date March 18 Time P.M. Recess Room 328

Bills or Resolutions to be considered	Subject	Counsel requested*
A.B. 713	Requires first-time and current public and private school enrollees to be immunized for certain diseases.	

*Please do not ask for counsel unless necessary.

HEARINGS PENDING

Date _____ Time _____ Room _____
Subject _____

Date _____ Time _____ Room _____
Subject _____

Rogers

HOUSE No. 3075

The Commonwealth of Massachusetts

REPORT

OF THE

SPECIAL COMMISSION ESTABLISHED TO MAKE AN INVESTIGATION AND STUDY RELATIVE TO ESTABLISHING AND REGULATING A NEW CATEGORY OF OVER-THE-COUNTER PROPRIETARY PREPARATIONS USED FOR SELF TREATMENT TO BE KNOWN AS "POTENTIALLY HARMFUL" DRUGS

UNDER CHAPTER 97 OF THE RESOLVES OF 1964

JANUARY, 1966

BOSTON
WRIGHT & POTTER PRINTING CO., LEGISLATIVE PRINTERS
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1966

The Commonwealth of Massachusetts

MEMBERS OF THE COMMISSION.

Rep. JOSEPH G. BRADLEY,
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Sen. DENIS L. MCKENNA.
Sen. ALLAN F. JONES.
Rep. JAMES D. O'BRIEN, Jr.
Rep. JOHN A. ARMSTRONG.
Dr. ALLAN G. ROSENFIELD.
Dr. THEODORE B. BAULES.
Dr. CHESTER S. KEEFER.
Mrs. JOANNE M. MOORE.
Mr. AARON O. COHEN.
Dr. GEORGE A. MICHAEL,
Director of Food and Druys.

The Commonwealth of Massachusetts

REPORT OF MASSACHUSETTS COMMISSION ON "POTENTIALLY HARMFUL" DRUGS.

To the Honorable Senate and House of Representatives.

I. *Creation and Authority of Commission.*

This Interim Study Commission was created by the 1964 Legislature of the Commonwealth of Massachusetts. By joint resolution the Special Commission was directed to make an investigation and study "relative to establishment and regulating a new category of over-the-counter proprietary preparations used for self-treatment to be known as 'Potentially Harmful' drugs."

The Commission, appointed by the then Governor, President of the Senate and Speaker of the House consists of two members of the Senate, three members of the House of Representatives, the Director of Food and Drugs of the Department of Public Health, and three physicians (one skilled in pharmacology, one a clinical pharmacologist, and one a specialist in internal medicine), one member of the general public, and one retail merchant. The names of the Commissioners so appointed are appended hereto.

The subject matter of the investigation and study was House Document 1819, then pending before the 1964 Legislature. The Commission was directed to report its findings and recommendations to the present Legislature.

II. *Activities of Commission.*

The Commission held public hearings in Boston on five separate occasions and met in four executive sessions. A total of fifteen witnesses appeared before the Commission, representing various segments of the drug industry, retailers, the medical and pharmacy

professions, labor and the public. In addition, a number of witnesses offered printed documents and other writings in the record.

III. *House Document 1819.*

A copy of H. 1819 which was introduced in the 1964 session of the Legislature and was the object of study and investigation by this Commission is appended hereto. As stated, its purpose was to create a new class of over-the-counter drugs to be known as "Potentially Harmful" drugs. Most of such drugs are now generally sold in various non-drug outlets and at self-service or by unregistered personnel within the drugstores in the Commonwealth of Massachusetts. The bill, if enacted, would restrict certain categories of such drugs to sale in drugstores by a registered pharmacist who would have certain obligations to advise or warn the customer at the time of the transaction.

IV. *Present State of Massachusetts Law.*

Massachusetts law now provides that all drugs and medicines be sold at retail under the supervision of a registered pharmacist (Ch. 112, section 30). There is, however, a specific exemption for the manufacture and sale of "patent and proprietary medicines" (Ch. 112, section 35). The Commission found that there was no real controversy over the meaning of the quoted phrase nor of the products generally within that category. It is generally used to indicate trademarked non-prescription preparations advertised and sold directly to the general public for use in self-medication.

It is important to note that the exemption for "patent and proprietary medicines" relates to the person who may sell such items and not the type of outlet in which they may be sold. Thus, a preparation which may not be sold in a general store or supermarket may not be sold by an unregistered clerk within a drugstore. The Commission has been advised that the failure to exempt the sale of such items, unless the pharmacist performs some function related to the public health in connection with said sale, would be of doubtful constitutionality.

It is the opinion of the Commission that the Board of Pharmacy, composed of registered pharmacists, should not be in a position to regulate its competition, *i.e.*, the non-drug outlets. The principal function of the Board is to police and regulate its own profession and

The composition, safety and efficacy of drug products within the Commonwealth is regulated by the Food, Drug, Cosmetic and Device Law (Ch. 94). This is ably administered by the Department of Public Health, although there are indications that its functions could be improved were more funds available.

The Commission feels that the origin of H. 1819 was prompted by the abuse of certain medicines, rather than the use of them. To this end the Commission recommends that the Legislature look into the advisability of giving the Food and Drug Division additional funds in order to institute a broader program of Public Education on the proper use of drugs and medicines. This program, if allowed, would be in keeping with the recommendations of the United States Department of Health, Education and Welfare, Food and Drug Administration on the responsibilities of States.

It appears that the situation with respect to the sale of proprietary medicines in non-drug outlets in the other forty-nine states is comparable to that existing in the Commonwealth. They have all exempted some class of trademarked over-the-counter preparations generally known as "patent or proprietary" medicines. None of them has adopted the so-called "third class" theory whereby such drugs would be classified as safe or unsafe for sale by non-pharmacists. For practical considerations, some of the states do restrict certain items, such as insulin, exempt narcotics or "ethicals", which are not advertised to the public and where the manufacturer has chosen to restrict his distribution patterns.

The Federal Food, Drug, and Cosmetic Act regulates all drugs in interstate commerce. Section 503(b) of that Act, the Durham-Humphrey Amendment, divides all drugs into two classes — those that are safe for use in self-medication and are so labeled and those which should be used under the supervision of a physician and are restricted to sale on prescription. The underlying philosophy of this provision is that, unless a drug is safe for all lay use on the basis of its labeling alone (irrespective of place of sale), it must be restricted to sale on prescription.

V. *General Findings.*

The Commission finds that the Federal law, complemented by existing Massachusetts law, is effective in the control of drug and related products. The Federal authority in this field has been very much expanded in recent years and vigorously enforced. There does not appear to be any need for legislation of the type

proposed in H. 1819. There has not come to the attention of the Commission any harm or danger resulting from the unrestricted sale of the popularly advertised proprietaries. Harm, if any, would not depend upon the place of sale, but would occur from the abuse or misuse of such items. Under Federal law they are safe, if used in accordance with label directions, and neither the pharmacist nor the physician is in a position to obviate such abuse or misuse once the transaction has been completed. If drug problems do exist in the Commonwealth, they would appear to involve narcotics and related items which are not generally available for sale as are the proprietary medicines.

It would appear to some, however, that the basic problem relating to the place of sale of proprietaries is fundamentally economic. The Commission did not delve deeply into the economic question. It was apparent that the sponsors of the bill were concerned about abuses of drugs. It is the feeling of the Commission that a stepped-up program of education for the public would be of great benefit and we ask all persons concerned; doctors, pharmacists, manufacturers, and retailers, to assist in greater public awareness of the responsibilities of purchasing and using all drugs. Since these proprietary products are primarily palliatives for minor ills, they should be generally available. Restriction to the drugstore would result in a great inconvenience to the public. If they are not indeed safe for use in self-medication, they should be restricted to sale on prescription. Wide-spread sales of such items in both drug and non-drug outlets should tend to foster price competition of proprietaries which go a long way toward curbing the high cost of health care.

VI. *House Document 1819.*

The three criteria for restricting drugs to pharmacist sale under H. 1819 and which the commission rejected were:

A. *Any drug or preparation sold to the public whose label bears a warning or cautionary statement pertaining to dosage or any contra-indication.* Virtually all over-the-counter preparations bear such warnings. The labels of these products bear warnings against over usage, against usage in certain conditions and against usage by certain persons. They are not warnings against the particular drug, but rather warnings against conditions in which certain persons should not use that drug. They are not warnings against the drug itself, but special precautions which make the product safer than it otherwise would be. As stated above, the substance

BIOGRAPHICAL INFORMATION

Members of The Massachusetts Commission to Investigate and Study Alleged "Potentially Harmful" Drugs

REPRESENTATIVE JOSEPH G. BRADLEY, *Commission Chairman*

Occupation: Insurance Broker and Real Estate Agent; Organizations American Legion, Knights of Columbus, Elks, Disabled American Veterans, Hibernians; Public Office: Newton Board of Aldermen (1958-63) Massachusetts House of Representatives (1963-present); Legislativ Activity: Member of Committee on Metropolitan Affairs, Vice Chairma of Committee on Insurance, Member of Recess Commission on Struc ture of Civil Defense, Member of Insurance Recess Commission o Immediate Certification, Vice Chairman of Special Committee on Lo Income Housing, Member of Recess Commission on Economic Conver sion, Member of Recess Commission on Disposal of Solid Waste Matte

REPRESENTATIVE JOHN A. ARMSTRONG

Occupation: Sales Promotion; Organizations: Old Colony Club, Masons Plymouth Country Club, Scots' Charitable Society; Public Office: Select man (six years), Massachusetts House of Representatives (1943 present); Legislative Activity: Assistant Minority Leader, Member o Committee on Rules, Member of Committee on Public Health, Membe of Committee on Water Resources and Water Supply.

DR. THEODORE B. BAYLES

Born: 1911; B.S. Rutgers; M.D. Harvard University, 1936; Intern i Medicine and Pathology, Bellevue Hospital, New York City; U.S Army Medical Corps, 1st Lt. to Lt. Col.; Chief, Arthritis Clinic, Pete Bent Brigham Hospital; Director of Research, Robert B. Brighan Hospital; Lecturer in Medicine, Boston University School of Medicine Senior Associate in Medicine, Peter B. Brigham Hospital; Assistan Clinical Professor of Medicine, Harvard Medical School; Member, Medi cal and Scientific Committee, Arthritis and Rheumatism Foundation Editorial Board, *Arthritis and Rheumatism*, Journal of the Americai Rheumatism Association; Trustee, Perkins School, Lancaster, Mass. Member: American College of Physicians, American Federation fo Clinical Research, American Medical Association, Massachusetts Medi cal Society; President, New England Rheumatism Society (1950-51)

AARON O. COHEN

Graduated: Baltimore, Maryland Public Schools; Attended Baltimor City College; University of Maryland; attended selected business course Harvard College in Boston University; Chairman of Board, Kings De partment Store; Vice President Brookline Hospital; Board of Officers Jewish Theological Seminar of America; Fellow, Brandeis University

SENATOR ALLAN F. JONES

Public Office: Massachusetts House of Representatives (1949-62); Mas sachusetts Senate (1963-present); Legislative Activity: Member, Com

mittee on Ways and Means; Member, Committee on Engrossed Bills; Member, Committee on Election Laws; Member, Committee on Harbors and Public Lands; Member, Committee on State Administration.

DR. CHESTER SCOTT KEEFER

University Professor, Emeritus, Boston University; Previously Resident Physician, Johns Hopkins; Instructor of Medicine, Johns Hopkins; Resident Physician, Billings Hospital; Associate Professor of Medicine, Harvard Medical School; Physician in Chief, Massachusetts Memorial Hospital; Director of Boston University School of Medicine; Special Assistant to the Secretary of Health, Education and Welfare; Decorated with the Medal of Merit, United States; His Majesty's Medal; Diplomate of the American Board of Internal Medicine; Fellow of the American College of Physicians; Member: the American Academy of Arts and Sciences, American Society of Clinical Investigation, Association of American Physicians, and American Medical Association; area: Pharmacology.

SENATOR DENIS L. MCKENNA

Occupation: Insurance Broker; Organizations: Elks, Knights of Columbus, American Legion, Disabled American Veterans, Veterans of Foreign Wars; Public Office: Board of Aldermen (six years); Ex Officio Member, Somerville School Committee; Massachusetts Senate (1961-present); Legislative Activity: Member, Committee on Rules; Member, Committee on Ways and Means; Chairman, Committee on Insurance; Member, Committee on Public Safety; Member, Committee on Public Service.

GEORGE A. MICHAEL

Director of the Food and Drug Division of the Massachusetts Department of Public Health since September, 1952; Joined the Department of Public Health in June, 1941; Member of The Association of Food and Drug Officials of the United States.

JOANNE MOORE

Occupation: Housewife, married to Dace Moore, Esq.; mother of three children; Education: Boston University, B.S.; Organizations: Second Vice President, League of Women Voters of Braintree; and Braintree Parent Teachers Association.

REPRESENTATIVE JAMES A. O'BRIEN, JR.

Occupation: Sanitarian; Organizations: American Legion, Veterans of Foreign Wars, Knights of Columbus, Elks, Corky Row Club, Cathedral Men's Club; Public Office: Massachusetts House of Representatives (1961-present); Legislative Activity: Vice Chairman, Committee on Harbors and Public Lands.

DR. ALLAN G. ROSENFIELD

Born 1933; M.D. 1959, Columbia Medical School; National Boards, 1960; License, 1961; Residency, Beth Israel Hospital, Lying-In Hospital, Free Hospital for Women, Boston; Surgeon U.S. Air Force; Specialist, Internal Medicine; Lying-In Hospital, Boston, Massachusetts.

and spirit of the Federal law is to make these proprietary medicines safe for use in self-medication upon the basis of their labeling alone. It is the feeling of the Commission that the law of the Commonwealth should encourage such self-regulation and not penalize the manufacturer for compliance with the law. Obviously, many manufacturers of proprietary remedies go beyond the strict requirements of the law and warn the consumer against conditions and make every effort to encourage the consumer to consult a physician, if there is any possibility that the particular remedy may not serve his purposes.

There was frequent mention during the hearings of one time capsule preparation, the label of which bears rather extensive cautions for the consumer. We believe that this product is an example of the extreme caution of a particular manufacturer. In accordance with federal law its "new drug" application has been approved by the Federal Food and Drug Administration. On the basis of its present labeling we may assume that it is safe for use in self-medication. There is no reason or public health justification for restricting the sale of any product on the basis that the manufacturer has attempted to warn the consumer against every conceivable condition in which its preparation might not be indicated.

B. *Any drug or preparation which has an active ingredient, which, when prescribed in large doses or higher potency, is subject to sale on prescription.* This provision would include all drug preparations, since any drug, if recommended in sufficiently large doses, becomes a prescription item. This is contrary to the philosophy of the Federal and state food and drug acts, as well as the entire science of pharmacology, which determine drug safety on the basis of dosage. It is well recognized that too much of anything, whether it be food or drink or medication, can cause harm if taken in sufficiently large doses. Table salt, drinking water, seafood and whisky can be poisonous if taken in sufficiently large doses.

The AFL-CIO, in its presentation before the Commission endorsed the existing federal authority and stated, "Any medication not safe for people to purchase over-the-counter without a prescription should be, and under Federal law is, restricted to sale by prescription. Any product which is safe for people to buy over-the-counter should be, and under both Federal and state law is, available for people to purchase where they choose and from whom they choose."

Aspirin tablets, labeled to be used one or two at a time for relief of simple headache, may be sold over-the-counter without prescription. Aspirin tablets, recommended to be used ten or twelve at a time to relieve arthritis and rheumatism, are restricted to use under the care of a physician. Labeling recommending such dosage would require sale upon prescription.

Vitamins containing the minimum daily requirements of Vitamin A are sold as a food supplement. A preparation containing three times that amount of Vitamin A, and recommended for relief of night blindness or other deficiency symptoms, becomes a therapeutic drug restricted to sale on prescription. Even Vitamin C found in many cough drops, is at higher dosage, a prescription item. Thus, this criterion is entirely contrary to the accepted basis on which the laws of both the Federal Government and Commonwealth are based.

C. *Any drug or preparation the Commissioner of Public Health may designate as being "potentially harmful".* Everything ingested into the system is "potentially harmful". That is why the Federal and state laws have adopted as their standards of safety for drugs the likelihood of danger to health when the drug is used in the dosage prescribed or recommended in its labeling. This standard is a workable one which has been subjected to the test of time and has provided the public with the maximum of protection. The Commissioner should not be asked to assume the responsibility of interjecting his own subjective determinations with its awesome concomitant liabilities in such an area. Presumably, there would be many instances where the Commissioner would be asked to act contrary to the Federal authorities without sufficient esoteric justifications.

The Commission, after due deliberation, concurs with the action of the House of Representatives in rejecting H. 1819.

VII. *Recommendations.*

The Commission feels that the present laws of the Commonwealth governing the sale of drugs are sufficient to protect the health of its citizens.

The Commission also feels that a further definition of "harmful drugs" should be added to the statutes. This recommendation which conforms to the Durham-Humphrey Amendment is included in Appendix A.

It is the wish of the Commission that a copy of this report be forwarded to the Federal Food and Drug Administration for their

information. This is just one more step in the continuing responsibilities of the State, Labor, Manufacturers, Pharmacists and retailers in maintaining and making this a safer and better world in which to live.

MASSACHUSETTS COMMISSION ON "POTENTIALLY HARMFUL" DRUGS.

Rep. JOSEPH G. BRADLEY,
Chairman.
Sen. ALLAN F. JONES.
Rep. JAMES D. O'BRIEN, Jr.
Rep. JOHN A. ARMSTRONG.
Dr. ALLAN G. ROSENFIELD.
Dr. THEODORE B. BAYLES.
Dr. CHESTER S. KEEFER.
Mrs. JOANNE M. MOORE.
Mr. AARON O. COHEN.
Dr. GEORGE A. MICHAEL,
Director of Food and Drugs.

APPENDIX A.

MASSACHUSETTS COMMISSION ON "POTENTIALLY HARMFUL" DRUGS.

Amend Chapter 94, section 187A of the Food, Drug, Cosmetic and Device Law by inserting the following language at the end of the first full paragraph of said section: "The term 'harmful drug' shall also include any drug, intended for use by man, which is habit forming, or which, because of its toxicity or other potentiality for harmful effect, or the method of its use, or the collateral measures necessary for its use, is not safe for use, except under the supervision of a practitioner licensed by law to prescribe such a drug."

APPENDIX B.

HOUSE **No. 1819**

By Mr. O'Farrell of Malden, petition of George H. O'Farrell and another for legislation to classify as potentially harmful drugs certain over-the-counter proprietary preparations used for self treatment Public Health.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Sixty-Four.

AN ACT ESTABLISHING AND REGULATING A NEW CATEGORY OF OVER-THE-COUNTER PROPRIETARY PREPARATIONS USED FOR SELF TREATMENT TO BE KNOWN AS "POTENTIALLY HARMFUL" DRUGS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

Chapter 94 of the General Laws is hereby amended by inserting after section 187F, as most recently amended by chapter 603 of the acts of 1961, the following section: —

Section 187G. (1) Any drug or preparation sold to the public whose label bears a warning or cautionary statement pertaining to dosage or usage or any contra-indications, shall be sold only in registered drug stores by a registered pharmacist who shall direct attention to all warnings and cautionary statements at the time of sale.

(2) Any drug or preparation which has an active ingredient which when prescribed in larger dosage or higher potency is subject to section one hundred and eighty-seven A of this chapter, shall be sold only in registered drug stores by a registered pharmacist who shall direct attention to all warnings and cautionary statements at time of sale.

(3) Any drug or preparation the commissioner of public health may designate as being potentially harmful shall be sold only in

registered drug stores by a registered pharmacist who shall direct attention to all warning and cautionary statements at the time of sale. Except as otherwise provided whoever violates any provision of this section or any rule or regulation authorized hereunder shall be punished by a fine of not more than one thousand dollars, or by imprisonment in jail or house of correction for not more than one year, or both.

The department of public health shall enforce the provisions of this section and said department and the board of registration in pharmacy acting jointly may make such rules and regulations as they deem necessary for the proper enforcement thereof. Said board shall also enforce the provisions of this section, excepting that such enforcement shall be limited to violations by registered pharmacists, registered retail drug stores and licensed drug wholesalers. Any information acquired by said board that a physician, dentist or veterinarian may be in violation of any provision of this section shall forthwith be communicated in writing and in detail to the commissioner of public health. Said commissioner may cause an investigation to determine whether or not such violation has been committed and shall advise said board of his findings and decision.

Rogers

NEVADA A. B. 492
Druggists' Monopoly Bill

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Section 7 of this bill would amend the Nevada Pharmacy Law to provide that the State Board of Pharmacy (composed solely of druggists) may, by regulation, restrict the sale of any drug or preparation it finds to be injurious to public health or safety to sale by or under the supervision of a pharmacist.

Without proper amendment, A. B. 492 could be interpreted as authorizing the Board to restrict the sale of proprietary medicines -- non-prescription, non-narcotic packaged medicines advertised directly to the public -- to drugstores only, thereby giving drugstores a monopoly on the sale of such safe, well-known products, and denying the public's right to continue purchasing such items at grocery stores, supermarkets, variety stores, department stores, and other general merchants. Proprietary medicines include such safe and well-known products as Bayer Aspirin, Bufferin, Vaseline, Vicks, Alka-Seltzer, Dristan, and Ex-Lax.

The public interest of Nevada can best be served by amending the bill to assure the public's right to be able to continue to buy these safe, well-known medicines at convenient locations and at competitive prices, without having to travel (in many cases) many miles to reach a drugstore.

The Nevada Legislature in 1967 recognized and provided for the possibility of a potential problem of abuse to produce hallucinations of any drug products (including proprietary medicines) in enacting Section 454.220 of the Nevada Revised Statutes, relating to dangerous drugs. This act authorizes the Board of Pharmacy to restrict to prescription sale only any drug which the Board of Pharmacy finds dangerous to public health or safety. The 1967 enactment provides a sound way to deal with the problem of drug abuse and its concept is supported by leading authorities. For example, the President's Advisory Commission on Narcotic and Drug Abuse reported in 1963 that "The dispensing of dangerous drugs by a pharmacist...should always be made pursuant to a written prescription."

If a proprietary medicines or any other drug is dangerous or unsafe, to protect the public health, it should -- and under Section 454.220 can -- be limited to sale by prescription only.

A. B. 492 should be amended to make it clear that safe, non-prescription, non-narcotic proprietary medicines may continue to be purchased by citizens of Nevada at convenient locations and at competitive prices.

If, in fact, a drug is "injurious or dangerous to public health or safety" -- to quote A. B. 492, to protect the public, it should be placed on prescription. This can be done by inserting the words "on prescription" after the word "sale" on line 47, page 2. Otherwise, Section 7 should be removed from the bill as an attempt to create a monopoly.

March 12, 1971

Groves Amendments

PROPOSED AMENDMENT TO A. B. 492

Sec. 3 to read:

1. An application for the annual renewal of a pharmacist's certificate, as required by NRS 639.180, shall be made on forms furnished by the board. The secretary shall issue renewal receipts to registered pharmacists, under the following conditions:

(a) If a registered pharmacist has been engaged in the active practice of pharmacy during the 3 years next preceding the date of renewal, he shall be issued a renewal receipt entitling him to practice pharmacy in this state for one year from the date of renewal; provided that such application for annual renewal be accompanied by a certification under penalty of perjury that the applicant has been engaged in the active practice of pharmacy during said period.

(b) If a registered pharmacist has not been engaged in the active practice of pharmacy during the years next preceding the date of renewal, he shall be issued an inactive renewal receipt.

2. A person to whom an "inactive" renewal receipt has been issued shall enjoy all other rights and privileges provided by law except that he shall not engage in the practice of pharmacy in this state until his certificate has been restored to active status. A certificate may be restored to active status without charge, but only after the board has determined by examination, either oral or written, that the applicant is then qualified by education or experience, or both, adequately to practice pharmacy in this state. The board may restore a certificate to active status under such terms and conditions as may be deemed necessary in the public interest.

3. The board shall adopt by regulation a definition of "active practice of pharmacy" within the meaning and for the purposes of this section.

House

As part of my student teaching experience this fall at Veteran's Memorial Elementary School in Reno, I helped with the registration of new students. The Reno schools request shot records from each student, and I was appalled to find out that many students had never had any shots in their life, not even a small pox vaccination. No immunizations are required in the state of Nevada. And so began my involvement in the substance of what is now AB 713.

Immunizations are developed because of the need to combat specific diseases. The consequences of polio, small pox, rubella, diptheria, and tetnus are often with you for life if they are not fatal. Blindness, deafness, physical handicapps, and mental retardation are frightening and extremely costly both in dollars and emotional and mental stress for the individual and public institutions. And so research resulted in the development of immunizations.

As use of these immunizations has become wide spread, the incident of occurrence of each of the diseases has diminished. So today there has not been a case of small pox in the United States in 30 years.

But also with this decline of disease incidence has come a decline in use of immunizations. So long has a disease seldom occurs people feel —— why do I need the immunization, nobody ever gets the disease any more.

But as fewer young children are immunized and as the state of Nevada continues to grow (70% in the last 10 years), and travel continues to increase, what is to stop the inflow of these diseases into Nevada. THE IMMUNIZATION.

Twenty-nine states currently have some immunization requirements. (see attached sheet) These immunization requirements are a preventative measure urged by people throughout the state of Nevada and the nation. The 1970 Governor's White House Conference recommended legislation for immunizations for preventable diseases —— D.P.T., Polio, Smallpox, and Rubella. Dr. Donald Dickenson of Clark County School District said: "Those of us affiliated with special education for the handicapped know that our most effective educational program would be a preventative program aimed at eliminating mental retardation, and orthopedic handicaps caused by measles and polio respectively. Not only would such a program prevent much suffering and hardship but it would present a more economical program for the schools."

It costs Washoe County School District:

$1978 per year to educate a physically handicapped child
$2101 " " " " " blind "
$1704 " " " " " deaf "
$1450 " " " " " educationally " "

There are no facilities in the state of Nevada equiped to educate these children beyond the sixth grade. So the state must pay to send these children to California or Oregon or another state to complete junior high school and high school. This is very costly for the state!

The immunization program as prescribed in this bill would have little cost effect to the state. Most responsible parents have their children immunized by their private physicians during early childhood. Those most effected would be those who have the public health serveces available to them now and would only require that they make use of those facilities during the annual immunization clinics. Immunization measures are much cheaper in the long run than the consequences of widespread occurrence of any one of these diseases. With the exception of tetnus each of these diseases occurs epidemically.

In order to keep the occurrence of these dreaded diseases of Polio, Smallpox, Diptheria, Tetnus and Rubella in check, I urge your support of AB 713 --- a preventative bill to help insure the good health of Nevada youth.

Carolanne House
Legislative Intern
for
Grover Swallow

House

Immunization Requirements Prior to School Entry
October 1970

State	Is there a state law requiring immunization for a specific disease or diseases prior to school entry?	Diphtheria Immunization Required	Measles Immunization Required	Pertussis Immunization Required	Polio Immunization Required	Rubella Immunization Required	Smallpox Immunization Required	Tetanus Immunization Required	If state laws are currently in effect, list the administrative body having responsibility for issuing implementing regulations?		Have regulations been issued?	If yes, is compliance required?	If the authority to issue these regulations has been delegated to a level of the government, list the governmental dept.		If no state law at present, are there plans pending for proposing such a law?
									Dept. of Health	Dept. of Education			Health	Education	
Alabama	No														No
Alaska	No														No
Arizona	No														Yes
Arkansas	Yes	Yes	Yes	Yes	Yes		Yes	Yes		X	Yes	Yes		X	
California	Yes		Yes		Yes				X		Yes	Yes			
Colorado	No														
Connecticut	Yes		Yes		Yes		Yes							X	
Delaware	No														No
District of Columbia	Yes						Yes		X		Yes				
Florida	No													X	No
Georgia	Yes	Yes	Yes	Yes	Yes		Yes	Yes	X		Yes	Yes			
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X		Yes	Yes			
Idaho	No														No
Illinois	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X	X	Yes	Yes			
Indiana	No													X	No
Iowa	No														Yes
Kansas	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X		Yes	Yes		X	
Kentucky	Yes	Yes	Yes		Yes	Yes	Yes	Yes	X		Yes	Yes			
Louisiana	Yes	Yes	Yes	Yes	Yes		Yes	Yes							
Maine	No														No
Maryland	Yes						Yes		X		Yes	Yes	X	X	
Massachusetts	Yes	Yes	Yes	Yes	Yes		Yes	Yes	X		Yes	Yes			
Michigan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X		Yes	Yes			
Minnesota	Yes		Yes						X	X	Yes	Yes		X	
Mississippi	Yes	Yes	Yes	Yes	Yes		Yes	Yes	X	X	Yes	Yes		X	
Missouri	Yes	Yes			Yes		Yes		X		Yes	Yes			
Montana	No								X		No			X	Yes
Nebraska	No													X	No
Nevada	No														No
New Hampshire	Yes						Yes		X		No				
New Jersey	Yes	Yes	Yes		Yes		Yes							X	
New Mexico	Yes	Yes		Yes	Yes		Yes	Yes	X	X	Yes	Yes			
New York	Yes		Yes		Yes	Yes	Yes		X		Yes	Yes			
North Carolina	Yes	Yes		Yes	Yes		Yes	Yes	X		No		X		
North Dakota	No														No
Ohio	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X	X	Yes	Yes			
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes		Yes	X		Yes				
Oregon	No													X	Yes
Pennsylvania	Yes						Yes		X		Yes	Yes			
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		X			X	X	
South Carolina	Yes						Yes		X		Yes	Yes	X		
South Dakota	No														No
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X		Yes	Yes			
Texas	No													X	No
Utah	No														No
Vermont	No														No
Virginia	Yes						Yes			X	Yes	Yes		X	
Washington	No														No
West Virginia	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	X		Yes	Yes			
Wisconsin	No														No
Wyoming	No														No
Puerto Rico	Yes						Yes		X		Yes	Yes			
Virgin Islands	Yes		Yes							X	Yes				Yes
Total	31 Yes 22 No	19	21	16	22	11	27	17	Health: 20 Education: 4 Combined: 5		25 Yes 3 No	22 Yes	Health: 2 Education: 13 Combined: 2		5 Yes

Source of Information: Immunization Projects, Immunization Branch, State and Community Services Division, Center for Disease Control, Atlanta, Georgia.

Mrs. Donna J. Dixon
322-7372

Today we face a grave challenge--one which will affect our future more vitally than many a sensational subject of the daily headlines. The challenge is that of a soaring population, a shrinking allotment of space per person, and the gathering storm of conflict over how to apportion available space, how to stretch natural resources, how to preserve the quality of our environment.

The greatest threat to quality living in this country is over-population. We need much more research and public education on this subject.

Today there seems to be plenty of everything to go around. But more and more people are beginning to watch more and more anxiously as science and technology attempt to stretch a predictably finite wealth of natural resources to cover ever-growing demands. The handwriting on our natural resources wall could read: "A rationed tomorrow."

The land that feeds man is shrinking. We have had excessive use of our lands, forests, lakes--as a matter of fact--a general overdevelopment of our natural resources. We have polluted our land, water and air. This excessive use of natural resources, and the excessive competition which is taking place between individuals and nations is the fundamental cause of a chain of events which could lead to the ultimate destruction of civilization.

We can expect increased congestion in our urban center: bigger traffic jams, worse urban blight, greater suburban spread, severe strain on education, and a non-reaching tax dollar.

Water pollution and increased demands on water may result in a chronic water shortage. This, of course, has all kinds of ramifications. Consider just one. In the Western states 40% of all agriculture depends on irrigation. Much of this will have to be abandoned. This means much of agricultural programs will have to be shifted back to the more humid zones in the Eastern zones, which are precisely the ones, now urbanizing most rapidly.

Today all men face threats to the quality of their lives undreamed of a few centuries ago. Science has also given man power to alter his environment, to modify his physical health, to lengthen his life, to free himself from want--if he will, and, at the same time to threaten the very survival of his species.

Scientists and technicians who have developed technology are those who champion the rational approach to the solution of problems, those, who feel that man through control of nature and ourselves, can improve the quality of our lives and thereby become more human. However, change in general is feared by a majority of a society which in turn must shoulder the responsibility for the development of the institutions required for the implementation of this technology.

The impact of scientific knowledge on human life has created a new urgency and an inescable obligation to weigh very carefully the choices we make from now on, the priorities we set for the use of our powers and our resources. Indeed, if man is to have a future at all, we are forced to think of the choices open to us.

These are difficult and painful, for they affect not only the beginning and end of human life but the quality of life in all the years that lie between.

People have always wanted children--but not in unlimited numbers. Men and women have always longed for both fertility and sterility, each at its appointed time and in its chosen circumstances. This has been a universal aim, whether people have always been conscious of it or not.

Over-population can become a critical problem very rapidly in Nevada. We have limited water resources in this desert Nevada climate which impose a relatively low people carrying capacity.

Excess population concentrations (and it will be concentrated where water is available) will bring about excessive environmental pollution. Nevada will experience a great influx of people from the over-populatedand polluted East and California unless we warn them that Nevada is no longer the last frontier.

National awarness of population problems means that the federal government will make funds available for such programs. This in essence is what AB662 does. This bill is an act establishing the bureau of population affairs in the health division of the department of HWR. The federal government will provide funds for us to expand our already existing programs for family planning, and allow us research funds.

We should have a crash research program now, to determine the population carrying capacity of Nevada. Limited water resources severely restrict the number of people thatcan

inhabit this region without serious consequences to the ecosystem.

The future holds many dramatic changes for us. We who believe in solving problems by reason should dedicate ourselves to designing these changes, for if they are not designed by man, changes will occur by accident.

Let's check our population while we still may explore other avenues, and continue to develop our total being. I look to you not as followers but as leaders in passage of AB662.

ASSEMBLY

AGENDA FOR COMMITTEE ON HEALTH AND WELFARE

Date March 19 Time P.M. Recess Room 328

Bills or Resolutions to be considered	Subject	Counsel requested*
A.B. 610	Changes certain residence requirements for recipients of aid to dependent children and old-age assistance.	
A.B. 556	Provides that grants of old-age assistance recipients shall not be decreased by reason of sharing an abode.	
A.B. 575	Allows only Nevada residents to be committed to juvenile correctional institutions.	

*Please do not ask for counsel unless necessary.

HEARINGS PENDING

Date_____ Time_____ Room_____
Subject_____

Date_____ Time_____ Room_____
Subject_____