#### Assembly

#### HEALTH & WELFARE COMMITTEE MINUTES

#### APRIL 16, 1973

MEMBERS PRESENT: BENNETT, MCNEEL, CRADDOCK, WITTENBERG,

HICKEY, FRY

MR. GETTO APPEARED LATE DUE TO THE FACT HE HAD TWO OTHER MEETINGS TO ATTEND.

**GUESTS:** 

William W. Bailey, Proprietary Assn.
Dr. O. W. White, Nevada Osteopatic Board
George T. Bennett, State Bd. of Pharmacy
Pete Kelley, Nevada Retail Assn.
Bob Grover, Attorney General's Office
Dr. Wm. Edwards, State Health Division
Orville Wahrenbrock, Dept. of H.W.R.
E. Yamashita, Welfare Dept.
W. J. LaBodie, Welfare Dept.
Dr. Chuck Dickson, Div. Mental Health & Mental Retard.
Tom Wilson, State Comp. Health Planning

Chairman Bennett called the meeting to order at 8:10 a.m. and SB 435 was the first bill to be discussed.

Mr. LaBodie of the Welfare Department says this is merely a technical change in the law. Somebody has to be a single state agency for the receipt of funds from the Federal Government, and the Welfare Department will be the agency rather than through the director.

SB 588. Bob Grover of the Attorney General's Office appeared for the State Board of Pharmacy in support of this bill. The background of this proposed legislation grows out of an experience the Board of Pharmacy had several year ago in which a particular drug which was readily available on supermarket shelves began to be abused by high school kids. Many other drugs are capable of abuse. The bill is designed to extend the authority of State Board of Pharmacy to control convenience drugs by requiring permits, providing penalties, etc. in outlet stores. This regislation was primarily copied from the law in effect in Arizona, which seems to be working well and has solved a lot of problems.

Mr. Bennett, State Board of Pharmacy, stated they needed to control some of these common drugs - they are improperly displayed on racks in the sun at times, often the markets do not know what should go on a rack and it is too easily available. The anticipated permit fee would be about \$10. The results of certain drugs are changing all the time and the dealers should be kept informed and inspected regularly. Mr. Wittenberg asked how many times this bill had been before the Legislature and Mr. Bennett said this was the first time

April 16, 1973 Page 2

he knew of, and the first time he had appeared. The Federal Drug Administration goes from no control to prescriptions and has no control over these convenience drugs.

William Bailey, Attorney for the Proprietary Association, appeared in opposition to SB 588. This bill grants the Board of Pharmacy the power to adopt rules and regulations that would restrict the sale of many drugs. If these rules were adopted the public would no longer have the right to purchase proprietary medicines such as Bayer Aspirin, Bufferin, Vaseline, etc., from grocery stores, supermarkets, variety stores, etc. This would lessen the competition and result in higher prices. This bill has been before the Nevada Legislature in 1969 (AB-37) and 1971 (AB-107 and AB-492) and was defeated each time. A condensed version of Mr. Bailey's remarks is marked Exhibit A, attached hereto and made a part hereof.

Mr. Bailey stated he knew of no other states that had this law. Mr. Grover stated he had a copy of the Arizona law, and submitted a list of 35 other states who require licensure requires for drug distribution. A copy of such list, marked Exhibit B, is attached hereto.

- Dr. Edwards of the Health Division urged a "do pass" on this bill. He said it would help solve a problem for them by legalizing what they are now doing. It allows nurses to dispense drugs under a physician's direction in the various rural clinics. This bill is approved by the Nevada Nurses Association and the Medical Association, also the State Board of Pharmacy.
- John Meder, ( ) Executive Secretary of Nevada Association of County Commissioners, said this bill would allow counties to have the option of giving cash grants to indigents. It is a convenience measure, both to individuals receiving the grant and to the counties, to speed up the grants on certain occasions. It should result in savings to Clark County alone of \$20,000 to \$25,000. The decision to issue cash grants would be left to discretion of head of Department.
- SB 274: Tom Wilson, State Comprehensive Health Planning, said this legislation was to allow the Board of Osteopathy to make assistants available to osteopathic physicians just as Board of Medical Examiners makes assistants available to physicians.

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Dr. Chuck Dickson, Division of Mental Health and Mental Retardation, asked to be allowed to testify on AB 959, even though it was not on the agenda, since the Senate was considering it today. He submitted a statement covering the main points of AB 959, a copy of which is attached hereto marked Exhibit C. He also submitted a list of Amendments they are requesting to be considered. The Committee postponed any consideration of AB 959 until they have had an opportunity to study it.

Committee action (See Legislative Action sheets attached)

SB 435: Passed

SB 274: Passed

SB 616: Passed

SB 588: Killed

SB 522: Passed

SB 486: Passed

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#### 57TH NEVADA LEGISLATURE

## HEALTH AND WELFARE COMMITTEE LEGISLATION ACTION

329

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Exhibit A 333

#### <u>NEVADA S.B. 588</u> Druggists' Monopoly Bill

Section 3 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. In addition, the bill would establish a class of convenience drugs which could be sold by general merchants and allow the Board, their competitors, to regulate them.

S.B. 588 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 A Aspirin, Bufferin, Vaseline, Vicks, Alka-Seltzer, Dristan, and Ex-Lax.

In 1969 and again in 1971, the Nevada legislature rejected attempts to do exactly what S.B. 588 would accomplish. Nothing has changed which would warrant the passage of this bill.

The public interest of Nevada can best be served by defeating the bill to assure the public's right to be able to continue to buy these <u>safe</u>, well-known medicines at convenient locations and at <u>competitive prices</u>, 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 medicine or <u>any other drug</u> is dangerous or unsafe, to protect the public health, it should -- and under Section 454.220 can -- <u>be limited</u> to sale by prescription only.

S.B. 588 should be defeated so that safe, non-prescription, non-narcotic proprietary medicines may continue to be purchased by citizens of Nevada at convenient locations and at competitive prices.

# XI. LICENSURE REQUIREMENTS FOR DRUG DISTRIBUTION

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1 Georgia	Yes	25.	15.	x	х	<u> </u>	No
1 Hawaii	Yes	18.	18.	×	х		18.
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1 West Virginia	Yes	50. B	25.	х	x		No
1, 2 Wisconsin	Yes	85. A	40.	x	х	L.	10,H
Wyoming	Yes	50.	50.	х	X	ĸ	Yes
FOOTNOTES	·	·····					

- FOOTNOTES:

  1 License required to manufacture drugs.

  2 License required to wholesale drugs.

- 2 License required to wholesale drugs.
   A Not transferable.
   B Transfer fee same.
   C Transfer fee \$1.00
   D Transfer fee \$5.00
   E Transfer fee \$15.00
   F Transfer fee \$25.00
   H Only to dealers located remote from a pharmacy.

- Drugs saleable designated by law.
   Drugs saleable designated by Board.
   Examination given applicants.
   Louisiana Bd. Health License products of Mfg.
   Minimum standards of equipment designated by Board except in Louisiana where it is by law.
   Massachusetts permit fee—biennial
   New Hampshire—twice annually
   Average renewal fee \$23.42

Exhibit C 335

#### MAIN POINTS OF AB 959

This bill revises the existing mental health code and positions of mental retardation laws. Much of the work is simply "clean up" and reorganization. Some sections were not changed substantially. However, others were. The following are the major changes and new sections proposed in this bill:

- 1. <u>Legislative Intent</u>. The legislative intent is declared as ensuring that clients retain their civil and legal rights and that they be treated in the least restrictive environment possible. For example, if possible, to treat people in their home communities.
- 2. <u>Client Rights</u>. On admission, clients and relatives are informed of their rights:
  - \* to wear his own clothing; to keep and use his own personal possessions, including toilet articles, unless such articles may be used to endanger his or others' lives;
  - \* to keep and spend a reasonable sum of his own money;
  - \* To have access to individual storage space for his private use;
  - \* to see visitors every day;
  - \* to have reasonable access to telephones, both to make and receive confidential calls;
  - \* to have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence:
  - \* to be advised of the nature of treatment before treatment and have the right to refuse treatment. Guardians of minors may refuse treatment for the minor.

Persons are designated to ensure rights are kept and to determine special instances when rights need to be suspended to protect the health or safety of the client. For mental health facilities, the Medical Director is responsible. For mental retardation facilities, a person in the field of retardation is responsible.

3. Minimum Wage. Clients who work for the maintenance of a facility are entitled to minimum wage for their labor.

- 4. <u>Guidelines for Sterilization</u>. Four conditions must all be met to permit sterilization:
  - \* the person to be sterilized voluntarily requests it and files written consent;
  - \* inquiry is made that the person understands the nature and effects of the operation;
  - \* written consent of parent or next of kin is obtained when the person is a minor;
  - \* a multidisciplinary team of professionals, including a physician and skilled surgeon, determine that it would be in the person's own best interest.
- 5. Admissions and Releases. Admissions to mental health facilities are reduced to three types and clarified:
  - \* voluntarily admitted persons may be released immediately upon request;
  - \* persons considered a danger to themselves or others may be held on an emergency basis for 7 days to obtain an involuntary court admission;
  - \* involuntary admission may be made only through specified court procedures when the person is a danger to himself or others.

New sections allow the court to choose evaluation of the person by a multidisciplinary team from the Division. Court-ordered involuntary admissions must be made for specified period of time up to 6 months each. This assures periodic evaluation and requires the facility to show why the person should be kept any longer.

- 6. <u>Incompetency</u>. No person admitted to a mental health facility loses any of his rights unless adjudicated mentally incompetent. There is annual evaluation to determine if clients should be restored to legal competency.
- 7. Rights of Retarded Persons. Civil rights are retained unless taken away by due process of law in the best interests of the client.
- 8. Cost of Treatment of Retarded. Parents or relatives shall not be responsible for the cost of treatment of retarded persons 21 years of age or older.