SENATE COMMERCE AND LABOR COMMITTEE

MINUTES OF MEETING

TUESDAY, FEBRUARY 20, 1973

The meeting was called to order at 9:00 a.m.

Senator Drakulich in the Chair.

PRESENT: Senator Herr
Senator Swobe
Senator Pozzi
Senator Hecht
Senator Blakemore

Many interested citizens which list is attached hereto as exhibit A.

S. B. 103 - Provides that insurer declining to issue policy must give applicant timely written notice of reasons for rejection.

Milo Terzich, representing American Life Convention and the Life Insurance Association of America, which have recently merged into the American Life Insurance Association. Mr. Terzich spoke in opposition to the bill, giving as his reasons that the Life Insurance Companies are in the business of selling life insurance and very few life insurance applications are declined. It is less than 3% in America. He further stated that this entire matter is already covered by United States Code, or Federal law. He presented for the information of the Committee Title 15 of the United States Code Annotated, Subsections 1115 Commerce and Trade which deals with this matter. He further stated that this act became law in 1970. He stated that this deals with all insurance, not solely life insurance. He further stated that the bill should read "Upon request of the applicant". It was his feeling that if every applicant who was denied insurance were to be informed in writing the cost would be prohibitive to the insurance companies and the cost may well be evident in increased insurance premiums. He felt also the penalty was too severe. He further stated that the insurance companies could be charged with slander when it is dictated to a secretary, this information is made public.

Mr. Terzich further stated that the company should not be held liable to tell the applicant of any medical problems which he may have. This should come from the examining physician.

Mr. Terzich informed the Committee that all applicants have recourse against the insurance companies by going to the Federal Trade Commission and reporting any company which refused to give a reason why an applicant was turned down for insurance. If the insurance company fails to abide by this code, it is subject to penalties under this law.

Sharon Greene, Director of the Nevada Hospital Association informed the committee that if a law were passed requiring the insurance companies to reveal medical history that company would, in a sense be practicing medicine without a license.

Senator Drakulich suggested that this bill be tabled until Thursday, February 22, 1973, at the hour of 12:00 noon, at which time it would be acted upon. It was so ordered.

S. B. 174 - Permits open-market advertising and sale of prescription drugs.

Mike Melner, State Commerce Director, spoke in favor of the bill. He stated that this bill was strictly a consumer bill and that there was no intent in the bill to single out pharmacies or pharmacists. He stated that pharmacists are the only ones who this type of price control. There is no price control written into the drug bills. There should be open competition in the market place for prescription drugs, so that consumers know what price they are paying. It is impossible for the consumer to know as the law is now, because advertising is not allowed. Additionally, this would allow the discount of prescription drugs. Mr. Melner informed the Committee that there is too much price differential in the sale of prescription drugs.

Paul Knerr, Director of Advertising for Ames Wholesale Drug Company, spoke in favor of the bill. He stated that his company has several companies in several states. He feels that advertising will benefit the public and also will not hurt the pharmacies. He stated that advertising would not hurt the pharmacies any more than any other advertising. He stated that when fair trade became less of an influence in the drug market there was no lessening of the quality of drugs, such as aspirin, etc. He stated that there is no need for large chain drug stores to move in and run the small druggist out of business. He stated that the public is entitled to the lowest price possible.

Several members of the committee expressed concern that perhaps large chains would come, run the corner drug store out of business and then prices would go out of sight.

He stated that his company was not going to give discounts, but would advertise their price to the public. He stated that under the Robinson-Patman Act, all people in the same group must receive the same price. He stated, however, that it might not be practiced. Mr. Knerr was referring here to wholesale drugs.

Many members of the committee voiced their opinion that all pharmacists should be allowed to pay the same price per pill as any chain.

Joe St. Denis, who is employed by a pharmaceutical company, appeared on behalf of the Nevada State Pharmacy Association, spoke in opposition to the bill.

Mr St. Denis was concerned that the advertising might be in a brand name. He was fearful that generic names might be advertised which would not be an equivalent drug. He stated that the average prescription costs the public $4.90. He said this is 3% less that the public paid for the same medicine ten years ago. He quoted from an article in Time Magazine of February 12. He stated that Senator Alan Bible has co-sponsored legislation designed to protect small business from predatory price cutting practices. He stated that consumers are critically hurt when a business forces its small competitors into bankruptcy and then unscrupulously raises its prices. Even though products are being manufactured at a greater rate, companies are on the decline. Mr. St. Denis stated that pharmacy costs have gone up just as in any other business. He stated that companies who can cut their prices on all commodities present unfair competition. He stated that the FDA has only a cursory control over generic drugs.

Robert F. Laman, President of the Nevada State Pharmaceutical Association, spoke in opposition to the bill.

He stated that one reason his group was opposed to the bill is that if the prices of drugs were allowed to be published it would induce, create and increase the demand for dangerous drugs and contribute to the drug abuse problem. He said that much of the drug abuse today is attributed to the wide promotion to the comsumer of non-prescription drugs. The public has been made to believe that there is a pill for every malady. The power of a skillfully erected sign or advertisement has an inducing effect upon the public in its use of dangerous drugs. He stated that another reason to oppose the advertising of drugs is that it tends to encourage the prescribing of larger dosages than are needed. A further statement by Mr. Laman is attached hereto and marked Exhibit C.

He said a danger of persons using unused portions of the prescribed drugs could use them to treat friends and relatives. Larger dosages tend to delay the visits to the physicians and would delay the detection of adverse drug reaction. There is now unanimity in the dispensing of drugs throughout the world. He stated that a patient could further persuade his physician to prescribe a drug on the basis of cost rather than necessity. He stated that the advertising of drugs would also enhance the mail order sale of drugs. He said out of state pharmacies should be prohibited from advertising drugs in Nevada. He stated that drug advertising would not necessarily lead to lower drug prices. He said much of the higher price of brand name non-prescription drugs is attributed to advertising. Drug advertising confuses the relationship between the patient and his medication. Shopping for drugs is a sport with potential for injury. Prescription drug use must be sane, sensible and supervised, not pushed by public promotion.

He stated that the Nevada Pharmaceutical Association was deeply concerned with the price of drugs and are beginning to take certain steps along these fronts.

Patricia Van Betten, President of the Consumer's League of Nevada, representing the Consumers of Nevada. She asked for support of the bill.

Her contention was that everyone has a right to know in advance what he must spend for any item. Prescription prices are buried in obscurity and the price of such is overwhelming. She presented to the Committee a drug price list. Sometimes reliable generic drugs are available and the physician can take this into consideration. She cited varying price ranges between comparative drugs. Consumer's are asking for the right to know prices for comparative shopping. Drugs are too expensive not only to older people who are on fixed incomes but to all consumers. To choose the place to shop is a person's right and the choice is made after receiving certain pertinent available information. Prices must be made available to the consumer, price information must be made available over the phone. The Pennsylvania Supreme Court struck down all regulations on price information and the State of Maryland has just recently repealed its laws which prohibit open price advertising.

It was suggested that drug stores could post price lists on the wall for all to see.

George R. Tucker, an independent pharmacist from Fallon spoke in opposition to the bill. He wanted all to know that the druggists are not adverse to meeting price controls. His contention was that small independent drug stores could not compete with larger chains. He

stated that he would not be able to pay his pharmacist and he would have to do all the work himself. This would eliminate all the little personal things he can do for his customers at this point, such as family profile cards.

He further stated that he cannot buy his drugs and pills at the same price that the larger stores do who buy in larger quantities.

George Bennett, Nevada Board of Pharmacy, spoke in opposition to the bill.

He informed the Committee that the State Board of Pharmacy exists only for the good of the public. He stated that many of the small drug stores in outlying areas would completely disappear if they were forced to compete with prices put down by the chain stores. He stated that the FDA does not have funds or manpower to run a check on drugs constantly.

Mr. Bennett presented to the Committee for its information from the Federal Register 1.105 and 1.106 which copies are attached and marked Exhibit B.

Tom McSweeney, Division for Aging Services, spoke about his concern for the retired persons on fixed incomes who must necessarily have some type of relief from drug bills.

Chairman Drakulich asked for any suggestions on a compromise bill which would be beneficial to all concern.

Frank Titus, Bill Locke and Al Jones, all registered pharmacists spoke in opposition to the bill.

Earl Wooster, representing AARP, spoke in favor of the bill.

The meeting was adjourned at 11:00 a.m.

Respectfully submitted,

Secretary

APPROVED:

Stanley Drakulich, Chairman

Exhibit A

Name	Representing
BENNETT, GEORGE T.	BOARD OF PHARMACY
Joe St. Denis	State Phcy, Treas.
Robert F. Lamau	Pres. - Nevada State Phar. A.
Frank Desmond	Keystone Drug
Robert Groves	Dep. Atty Gen'l
Nelli Land	NRTA/AARP Joint Legislative Comm.
Margaret Pilkington - NRTA/AARP Joint Leg. Comm.	
Earl Wooster	" " " " "
Eulalee Reinstedt	" " " " "
Earl V. Zehntbeft	AARP.
John McSweeney	Div. for Aging Services
Brooke Swallow -	Pharmacist -
MIKE MELNER	STATE COMMERCE DIRECTOR
Pete Knerr	Director of Pharmacies - Amer. Assoc.
Dave Mulligan	Nevada Association of Realtors
Richard E. Rock	Pharmacist -
Richard P. Jensen	Pharmacist.
Sharon Greene	Nev. Hosp. Assn.
Jan Ford	Nev. Assembly #15
Gene Echols	Nev. Senate
Russ Nielsen	Press
Frank Zetts	Pharmacist - Reno
George R. Tucker	Pharmacist - Fallon, N
Sherm Rigby	Pharmacist - Reno
Bill Loch	Nevada State Bd Ph.
N.C. Matthews	Rep " " " "
Jim Smith	INTERN

Exhibit 15

Amendment published in Federal Register: * February 12, 1972; 37 F.R. 3175

PART 1--REGULATIONS--Page 16
Remove old page 16 and insert this new page in your reprint.

(e) True statement of information in brief summary relating to side effects, contraindications, and effectiveness:

(1) *When required.* All advertisements for any prescription drug ("prescription drug" as used in this section means drugs defined in section 503(b)(1) of the act and § 1.106(c), applicable to drugs for use by man and veterinary drugs, respectively), except advertisements described in subparagraph (2) of this paragraph, shall present a true statement of information in brief summary relating to side effects, contraindications (when used in this section "side effects, contraindications" include side effects, warnings, precautions, and contraindications and include any such information under such headings as cautions, special considerations, important notes, etc.) and effectiveness. Advertisements broadcast through media such as radio, television, or telephone communications systems shall include information relating to the major side effects and contraindications of the advertised drugs in the audio or audio and visual parts of the presentation and unless adequate provision is made for dissemination of the approved or permitted package labeling in connection with the broadcast presentation shall contain a brief summary of all necessary information related to side effects and contraindications.

(2) *Exempt advertisements.* The following advertisements are exempt from the requirements of subparagraph (1) of this paragraph under the conditions specified:

* (i) *Reminder advertisements.* Reminder advertisements if they contain only the proprietary or trade name of a drug (which necessitates declaring the established name, if any, and furnishing the formula showing quantitatively each ingredient of the drug to the extent required for labels) and, optionally, information relating to dosage form, quantity of package contents, price, the name and address of the manufacturer, packer, or distributor or other written, printed, or graphic matter containing no representation or suggestion relating to the advertised drug: *Provided, however,* That if the Commissioner finds that there is evidence of significant incidence of fatalities or serious damage associated with the use of a particular prescription drug, he may notify the manufacturer, packer, or distributor of the drug by mail that this exemption does not apply to such drug by reason of such finding: *And provided, however,* That reminder advertisements are not permitted for a drug for which an announcement has been published pursuant to a review of the labeling claims for the drug by the National Academy of Sciences-National Research Council, Drug Efficacy Study Group, and for which no claim has been evaluated as higher than "possibly effective." If the Commissioner finds the circumstances are such that a reminder advertisement may be misleading to prescribers of drugs subject to NAS–NRC evaluation, such advertisements will not be allowed and the manufacturer, packer, or distributor will be notified either in the publication of the conclusions on the effectiveness of the drug or by letter. *

(ii) *Advertisements of bulk-sale drugs.* Advertisements of bulk-sale drugs that promote sale of the drug in bulk packages in accordance with the practice of the trade solely to be processed, manufactured, labeled, or repackaged in substantial quantities and that contain no claims for the therapeutic safety or effectiveness of the drug.

(iii) *Advertisements of prescription-compounding drugs.* Advertisements of prescription-compounding drugs that promote sale of a drug for use as a prescription chemical or other compound for use by registered pharmacists in compounding prescriptions if the drug otherwise complies with the conditions for the labeling exemption contained in § 1.106(k) and the advertisement contains no claims for the therapeutic safety or effectiveness of the drug.

(3) *Scope of information to be included; applicability to the entire advertisement.* (i) The requirement of a true statement of information relating to side effects, contraindications, and effectiveness applies to the entire advertisement. Untrue or misleading information in any part of the advertisement will not be corrected by the inclusion in another distinct part of the advertisement of a brief statement containing true information relating to side effects, contraindications, and effectiveness of the drug. If any part or theme of the advertisement would make the advertisement false or misleading by reason of the omission of appropriate qualification or pertinent information, that part or theme shall include the appropriate qualification or pertinent information, which may be concise if it is supplemented by a prominent reference on each page to the presence and location elsewhere in the advertisement of a more complete discussion of such qualification or information.

(ii) The information relating to effectiveness is not required to include information relating to all purposes for which the drug is intended but may optionally be limited to a true statement of the effectiveness of the drug for the selected purpose(s) for which the drug is recommended or suggested in the advertisement. The information relating to effectiveness shall include specific indications for use of the drug for purposes claimed in the advertisement; for example, when an advertisement contains a broad claim that a drug is an antibacterial agent, the advertisement shall name a type or types of infections and micro-organisms for which the drug is effective clinically as specifically as required, approved, or permitted in the drug package labeling.

(3) (i) Labeling on or within the package from which the drug is to be dispensed bears adequate information for its use, including indications, effects, dosages, routes, methods, and frequency and duration of administration, and any relevant hazards, contraindications, side effects, and precautions under which practitioners licensed by law to administer the drug can use the drug safely and for the purposes for which it is intended, including all purposes for which it is advertised or represented; and

(ii) If the article is subject to section 505, 506, or 507 of the act, the labeling bearing such information is the labeling authorized by the approved new-drug application or required as a condition for the certification or the exemption from certification requirements applicable to preparations of insulin or antibiotic drugs: *Provided, however,* That the information required by subdivision (i) of this subparagraph may be omitted from the dispensing package if, but only if, the article is a drug for which directions, hazards, warnings, and use information are commonly known to practitioners licensed by law to administer the drug. Upon written request, stating reasonable grounds therefor, the Commissioner will offer an opinion on a proposal to omit such information from the dispensing package under this proviso.

(4) Any labeling, as defined in section 201(m) of the act, whether or not it is on or within a package from which the drug is to be dispensed, distributed by or on behalf of the manufacturer, packer, or distributor of the drug, that furnishes or purports to furnish information for use or which prescribes, recommends, or suggests a dosage for the use of the drug (other than dose information required by subparagraph (2) (ii) of this paragraph and paragraph (c) (2) (ii) of this section) contains:

(i) Adequate information for such use, including indications, effects, dosages, routes, methods, and frequency and duration of administration and any relevant warnings, hazards, contraindications, side effects, and precautions, under which practitioners licensed by law to administer the drug can use the drug safely and for the purposes for which it is intended, including all conditions for which it is advertised or represented; and if the article is subject to section 505 or 507 of the act, the parts of the labeling providing such information are the same in language and emphasis as labeling approved or permitted under the provisions of section 505 or 507, respectively, and any other parts of the labeling are consistent with and not contrary to such approved or permitted labeling; and

* (ii) The same information concerning the ingredients of the drug as appears on the label and labeling on or within the package from which the drug is to be dispensed: *Provided, however,* That the information required by subdivisions (i) and (ii) of this subparagraph is not required on the so-called reminder-piece labeling which calls attention to the name of the drug but does not include indications or dosage recommendations for use of the drug: *And provided, however,* That reminder-piece labeling is not permitted for a drug for which an announcement has been published by the Food and Drug Administration pursuant to a review of the labeling claims for the drug by the National Academy of Sciences—National Research Council, Drug Efficacy Study Group, and for which no claim has been evaluated as higher than "possibly effective." If the Commissioner finds the circumstances are such that reminder-piece labeling may be misleading to prescribers of drugs subject to NAS–NRC evaluation, such reminder labeling will not be allowed and the manufacturer, packer, or distributor will be notified either in the publication of the conclusions on the effectiveness of the drug or by letter. *

(5) All labeling, except labels and cartons, bearing information for use of the drug also bears the date of the issuance or the date of the latest revision of such labeling.

(c) *Exemption for veterinary drugs.* A drug intended for veterinary use which, because of toxicity or other potentiality for harmful effect, or the method of its use, is not safe for animal use except under the supervision of a licensed veterinarian, and hence for which "adequate directions for use" cannot be prepared, shall be exempt from section 502(f)(1) of the act if all the following conditions are met:

(1) The drug is:

(i) In the possession of a person (or his agents or employees) regularly and lawfully engaged in the manufacture, transportation, storage, or wholesale or retail distribution of veterinary drugs and is to be sold only to or on the prescription or other order of a licensed veterinarian for use in the course of his professional practice: or

(ii) In the possession of a licensed veterinarian for use in the course of his professional practice.

(2) The label of the drug bears:

(i) The statement "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian;" and

(ii) The recommended or usual dosage; and

(iii) The route of administration, if it is not for oral use; and

(iv) The quantity or proportion of each active ingredient as well as the information required by section 502(e) of the act; and

(v) If it is for other than oral use, the names of all inactive ingredients, except that:

(*a*) Flavorings and perfumes may be designated as such without naming their components.

(*b*) Color additives may be designated as coloring without naming specific color components unless the naming of such components is required by a color additive regulation prescribed in Part 8 of this chapter.

lactics in violation of prohibition of this chapter against interstate shipment of defective devices contained holes when shipped in interstate commerce. Dean Rubber Mfg. Co. v. U. S., C.A.Mo.1966, 356 F.2d 161.

In prosecution for violation of this chapter, by interstate shipment of drugs, whose strength was below that declared on labels, testimony by Food and Drug Administration chemists as to assays conducted on the drugs was substantial, and even if such testimony were regarded as circumstantial evidence, it was not as consistent with a reasonable hypothesis of innocence as with guilt, and it did not, therefore, justify reversal of conviction. Woodard Laboratories v. U. S., C.A.Cal.1952, 198 F.2d 995.

In prosecution for violation of former section 8 of this title, evidence that samples of the drug were taken in the ordinary course of business for the purpose of being retained as samples, were put in the usual place where samples were kept to remove them from accident or meddling and there remained undisturbed until seized three years later, was sufficient to justify admission of samples in evidence and it was for jury to decide how likely if was that some other substance had been substituted for what was originally put in bottles. U. S. v. S. B. Penick & Co., C.C.A.N.Y.1943, 136 F.2d 413.

Evidence justified conviction of corporation for shipping in interstate commerce adulterated cold tablets represented to contain one grain of acetanilid and .625 grains of quinine sulphate, whereas each tablet contained not more than .83 grains of acetanilid and not more than 56 grains of quinine sulphate. Strong, Cobb & Co. v. U. S., C.C.A.Ohio 1939, 103 F.2d 671.

Evidence established that drug company's products were deficient as to contents declared on its labels, that basic criteria employed in establishing control methods was economic, with changes influenced entirely by cost to company rather than desire to make certain that actual strength and quality of drug ingredients was as label declared them to be, and that failure to eliminate inadequacy in manufacturing processes was deliberate, wilful and intentional. U. S. v. Schlicksup Drug Co., D.C.Ill.1962, 206 F.Supp. 801.

14. Instructions

It was not error to refuse to give an instruction, in action against manufacturer of polio vaccine by plaintiff who took the drug and contracted polio as a result, that under Montana law the manufacturer was held to an implied warranty that there was no impurity in the vaccine, where record showed scrupulous attention in the matter of preparation and testing, so that the resulting product was precisely what was intended. Davis v. Wyeth Laboratories, Inc., C.A.Idaho 1968, 399 F.2d 121.

Assuming that coupled counts of information, the first charging defendants with having introduced adulterated drug into interstate commerce, and the second charging them with having introduced misbranded drug into interstate commerce, rested upon a single shipment, defendants' potential criminal liabilities were restricted to one count in each of the allegedly duplicitous pairings, and accordingly, defendants could either demand that the government elect, or request court to charge jury that it could find defendants guilty of one of the counts, but not both. U. S. v. Bel-Mar Laboratories, Inc., D.C.N.Y.1968, 284 F. Supp. 875.

§ 352. Misbranded drugs and devices

A drug or device shall be deemed to be misbranded—

False or misleading label

(a) If its labeling is false or misleading in any particular.

Package form; contents of label

(b) If in package form unless it bears a label containing (1) the name and place of business of the manufacturer, packer, or distributor; and (2) an accurate statement of the quantity of the contents in

beling are in conformity with such packaging and labeling requirements applicable to such color additive, as may be contained in regulations issued under section 376 of this title.

Prescription drug advertisements; established name; quantitative formula; side effects, contraindications, and effectiveness; prior approval; false advertising; labeling

(n) In the case of any prescription drug distributed or offered for sale in any State, unless the manufacturer, packer, or distributor thereof includes in all advertisements and other descriptive printed matter issued or caused to be issued by the manufacturer, packer, or distributor with respect to that drug a true statement of (1) the established name as defined in subsection (e) of this section, printed prominently and in type at least half as large as that used for any trade or brand name thereof, (2) the formula showing quantitatively each ingredient of such drug to the extent required for label under subsection (e) of this section, and (3) such other information in brief summary relating to side effects, contraindications, and effectiveness as shall be required in regulations which shall be issued by the Secretary in accordance with the procedure specified in section 371(e) of this title: *Provided*, That (A) except in extraordinary circumstances, no regulation issued under this subsection shall require prior approval by the Secretary of the content of any advertisement, and (B) no advertisement of a prescription drug, published after the effective date of regulation issued under this subsection applicable to advertisements of prescription drugs, shall, with respect to the matters specified in this subsection or covered by such regulations, be subject to the provisions of sections 52 to 57 of Title 15. This subsection (n) shall not be applicable to any printed matter which the Secretary determines to be labeling as defined in section 321(m) of this title.

Drugs from nonregistered establishments

(o) If it is a drug and was manufactured, prepared, propagated, compounded, or processed in an establishment in any State not duly registered under section 360 of this title.

Packaging or labeling of drugs in violation of regulations

(p) If it is a drug and its packaging or labeling is in violation of an applicable regulation issued pursuant to section 1472 or 1473 of Title 15.

June 25, 1938, c. 675, § 502, 52 Stat. 1050; June 23, 1939, c. 242, § 3, 53 Stat. 854; 1940 Reorg.Plan No. IV, §§ 12, 13, eff. June 30, 1940, 5 F.R. 2422, 54 Stat. 1237; Dec. 22, 1941, c. 613, § 2, 55 Stat. 851; July 6, 1945, c. 281, § 2, 59 Stat. 463; Mar. 10, 1947, c. 16, § 2, 61 Stat. 11; July 13, 1949, c. 305, § 1, 63 Stat. 409; 1953 Reorg.Plan No. 1, § 5,

Exhibit C

STATEMENT PRESENTED TO SENATE COMMITTEE
HEARING BEFORE COMMERCE AND LABOR COMMITTEE
FEBRUARY 20,1973 (S.B.174)

The purpose of my presence here today is to attempt t o offer some input into a constructive solution to a destructive problem.

You have heard much emotionally packedtestimony by both the well intentioned proponents and the opponents of drug price advertising.

We,of the Nevada State Pharmaceutical Association,feel, however, that this is a time for sound judgement to prevail. We believe that with objective thinking a clinical and un-emotional evaluation can be achieved.

We do agree that the variance of prices within a given area is sometimes outlandish. We agree that advertising of prescription prices could possibly help to bring these extreme prices towards the mean. However, we feel that the deliterious affects of drug price advertising to all facets of our patient health care delivery system <u>far outweigh</u> the benefits to be derived. It is essential to all of us here that we come up with a constructive solution.

I am submitting for your recognition and approval the following recommendations unaminously approved by the officers and board of directors of the Nevada State Pharmaceutical Association:

(a) That the legislature of the State of Nevada encourage by a resolution to the Congress of the United States to have them place drugs; at least those maintainence drugs required by the elderly, under the provisions of Medicare.

Congress should be asked to consider prescribed drugs

an integral part of a basic health care package. The physician and diagnostic services are otherwise wasted unless the needed drug therapy is also available.

Medicare now pays the physician,hospitals,nursing,therapists and vendors of equipment. Why should not maintainence drugs be included? Are they any less important to a persons health and well being?

(b) To bolster this recommendation by the legislature:

The Nevada State Pharmaceutical Association will promote a petetion from the very people affected.

Effective at some date in the near future, petetions will appear on the counters of member stores throughout the state directed to Congress calling for legislation that will relieve the elderly from medication costs.

Such a bill pasted the Senate last year only to be bogged-down in the House. It is our suggestion that Governor O'Callahan promote this idea through his Governors'Conferences. An almost unaminous approval by the people should result in enactment of some kind of legislation to relieve the bind in which so many senior citizens find themselves.

The real problem in drug prices is that the elderly often require a high usage to sustain life; studies show the cost to people in that age category, who can afford it the least, is twice to three times the average cost. Yet it is precisely those people who need the services provided by the community pharmacies.

They need more accurate directions for proper and complete usage; they need improved packaging to prevent deterioration when drugs are storedunder less than ideal conditions,as i n most homes; they need records kept of their medication to guard against reactions and harmful interaction of different drugs.

These services, and many others, are a factor in drug pricing and constitute a problem that can be met by inclusion of drugs in Medicare.