

HEALTH, WELFARE AND STATE INSTITUTIONS

Minutes of Meeting - February 21, 1975

The seventh meeting of the Health, Welfare and State Institutions Committee was held on February 21, 1975 at 12:00 p.m., Room 323.

COMMITTEE MEMBERS PRESENT: Chairman Lee E. Walker
Senator Neal
Senator Gojack
Senator Herr
Senator Hilbrecht
Senator Young

See Exhibit A for others present.

A.B. 11 - Repeals Basic Sciences Act of 1951.

Dr. E. Scrivner, Chiropractic Assn. of Nevada, spoke in favor of the bill and expressed his feelings that this would not weaken the kind of professional being allowed to practice in the State. If a doctor were coming in from another state, he must have passed the Basic Science examination; he would be re-examined here but would not be given the Basic Science examination since he has already taken it. He must make application to the State Board of Examiners; the Board then checks with the state in which that doctor has been practicing. If the Board feels that the doctor needs more in a certain area, they have the right to examine him in those particular areas.

Assemblyman Virgil Getto spoke in favor of the bill, advising the committee that this was the result of several hearings throughout the State. There is a shortage of doctors in the outlying areas, and it became evident that the Basic Science was a stumbling block for doctors practicing in other states but wanted to come to Nevada. Mr. Getto commented that there are only 13-14 states left that require Basic Science examination. Senator Hilbrecht noted that all doctors but osteopaths were referred to in this bill. Mr. Getto advised that they would check into this -- the intent was to repeal the Basic Science Law wherever it applied.

Dr. Richard D. Grundy, State Board of Examiners, feels that the Basic Science Law should be repealed. As far as the medical doctor, it is redundant and is not applicable in 1975. Dr. Grundy explained the following timetable for a young man starting out: the first two years of medical school are essentially the basic sciences; the young man then takes Part 1 of the National Boards. Upon completion of the last two years of medical school, the young man then takes Part 2 of the National Boards; after a minimum of one year of post-graduate training, he is then eligible to take Part 3. After all three parts have been passed, they become "Diplomates".

Senate

Health, Welfare & State Institutions
Minutes of Meeting
February 21, 1975
Page Two

Dr. Richard D. Grundy (Cont'd.) -- If a doctor coming into the State has taken the National Boards, he is given the Foreign Licensure Examination and then must appear before the Board in person for oral examination. If he takes the examination in another state, they require that he takes only the oral.

Senator Young asked how many doctors fall into this category and want to come to Nevada but cannot. Dr. Scrivner replied that approximately 1/3 of the doctors they examine have been established in practice elsewhere; they examine 35-40 people four times a year.

Senator Neal moved "Do Pass"; seconded by Senator Young; motion unanimously carried with the understanding that Mr. Getto would advise the committee on the inadvertent omission of osteopaths.

S.B. 99 - Transfers child care services division of human resources department into youth services agency of department.

Orville Wahrenbrock, Department of Human Resources, stated that they have introduced this bill to put the new agency which was created in the last Session in with the division of Youth Services Department. Mr. Wahrenbrock stated that the budget will remain the same. Upon request, Mr. Wahrenbrock agreed to furnish the committee with a copy of the organizational chart. (See Exhibit B for copy of letter from Mrs. Bubnis, Child Welfare Board).

Jane Reineberg, Cooperative Ext. Services, UNR, spoke in opposition to the bill and stated that she would resent the fact that this bill would put child care into the same category of institutional care of abandon or mentally retarded children. Senator Gojack asked Ms. Reineberg which areas (referring to Mrs. Bubnis' letter) would be jeopardized. Ms. Reineberg replied that she feels there is less emphasis put into agencies that are on lower levels in a department - this might jeopardize federal funding.

Father Larry Dunphy, Franciscan Center, feels that the re-grouping of the service cannot help but have an effect; the services should be able to develop to a certain level before they are joined.

Senator Neal voted to "Hold"; seconded by Senator Hilbrecht; Senator Gojack voted "No"; motion carried.

Senate

Health, Welfare & State Institutions
 Minutes of Meeting
 February 21, 1975
 Page Three

A.B. 83 - Allows state health authority to issue conditional operating permit to food establishments prior to inspection.

Mr. Gill Blonsley, District Health Dept., Clark County, spoke in opposition of the bill, stating that it would be a problem in the larger counties. Mr. Blonsley further stated that they would be quite distressed if this legislation passed and made it possible for a health district to be placed under the pressure of conditional permits prior to inspection. What might be appropriate for a rural area seems to be nothing more than an opportunity for operators of food service establishments to apply excessive pressure for conditional permits while coming under compliance. Mr. Blonsley said it would be ideal for their purposes if this bill were amended to include only those counties of less than 100,000.

No action was taken on this bill at this time.

S.B. 91 - Extends health and care facility classification to additional institutions.

Senator Walker provided the committee members with the amended language: line 8 shall read "public or private institution except an educational institution which is engaged" (new language indicated by underscore).

Senator Neal moved "Do Pass"; seconded by Senator Gojack; unanimously carried.

A.B. 144 - Authorizes health division to investigate resources of tubercular patients to determine ability to share costs of public medical and hospital care.

Dr. Edwards, Board of Clinical Medicine, advised that this is their bill and would give more strength to what they are already doing. This is an administrative measure and came from the Department of Human Resources, prepared by the Attorney General.

It was agreed that this bill be held at this time.

A.B. 145 - Changes term "paramedic" to "advanced emergency medical technician-ambulance."

Dr. Edwards and Mrs. Reba Chappell, State Health Division, spoke in favor of this bill. Dr. Edwards commented that "paramedic" means many different things; Mrs. Chappell commented that the

Senate

Health, Welfare & State Institutions
Minutes of Meeting
February 21, 1975
Page Four

wording "ambulance" is handed down by the U.S. Department of Transportation and names the curriculum by which they will be using these people.

Senator Hilbrecht moved "Do Pass"; seconded by Senator Gojack; unanimously carried.

Senator Walker presented the members with bills from the State Board of Pharmacy. Senator Neal moved that the committee introduce these bills; seconded by Senator Hilbrecht; unanimously carried.

Being no further business at this time, the meeting was adjourned at 2:00 p.m.

Respectfully submitted,


Sharon W. Maher, Secretary

APPROVED:


Lee E. Walker, Chairman

ROOM # 323
DAY Sunday

DATE 2-21-75

NAME	ORGANIZATION	ADDRESS
Diane Stark	Nevada Association for Education of Young Children - Nev. Chapter	1850 Idlewild - Reno
Susan Furrice	Noah's Ark Child Care Center	2120 Brisbane Ave. Reno
LARRY Dunphy	FRANCISCAN CENTER	215 N. MAIN, LAS VEGAS
Dr. E.M. Scrimmy	"Mingol Carson D.T. Chiropractic	301 W. Wash.
JOHN MADOLE	ASSOCIATED GENERAL CONTRACTORS	P.O. Box 7315 RENO
Reba Chappell	State Health Division	201 S. Fall CC
Merba Alderman	State Health Division RHAC	201 S. Fall CC
DENNIS BAUGHMAN	LU REVIEW - JOURNAL	
GILL BLONSLEY	District Health Dept., Clark County	
Wayne Bartel	Fire Com Services	
W.E. Edwards, MD	Board of Chiropr. & Stat. Health - Carson City	
Tom Garmany	Juvenile Court Services	
Orville A. Winkler	Dept. of H.R.	Carson City
Raymond		
R. Klement	Health Division	CC
J. Douglas	Child Care Services	3089 Curry
Gene M. Brumberg	Cooperative Ext Services UNR	PO Box 350 Owyhee, Nev
Richard D. Lusk, MD	Nevada State Board of Medical Examiners	
John W. [unclear]	C.C. Dist Bd. Health	1517 E. SAHARA AVE L.V. NEV. 89105
Virgil Getts	Assemblyman	Fallon, Nevada

Dr. Robert E. Foster
Chairman

Mrs. Lillian H. Kaercher
Vice-Chairman

Mrs. Monty Brandt
Member

Mrs. Patricia J. Beitz
Member

COUNTY OF CLARK
CHILD WELFARE BOARD
CHILD CARE FACILITIES
400 Las Vegas Boulevard South
LAS VEGAS, NEVADA 89101

386-4011 - Ext. 500

Mrs. Sara Denton
Member 79

Mrs. Dorothy G. McBeath
Member

Mrs. Florence Schroeder
Member

Mrs. Janet Bubnis
Secretary-Supervisor

February 3, 1975

Senator Lee Walker
Nevada State Legislature
Carson City, Nevada 89701

Dear Senator Walker:

It has come to my attention that a measure (SB 99) has been introduced to change the status of the State Child Care Services Division from being an independent division, to being a department under the supervision of Institutional Youth Services. I can appreciate the concern for administrative efficiency, and the desire to reduce the number of individual division chiefs reporting to the Director of the Department of Human Resources, but feel quite strongly that this measure would have a number of negative consequences outweighing any potential benefits arising from it.

Two years ago when the legislature created a separate State Division of Child Care Services, many of us saw this as a progressive step with the potential for real leadership on the state level. Child care is a specialized field with needs, concerns, and services unique from other social service areas. There is much misunderstanding of this uniqueness, with many people confusing child care with welfare or institutional services. To place child care under Institutional Youth Services (having responsibility for institutional delinquency programs) seems arbitrary and a step backwards. Once again it shows misunderstanding of what child care is all about, and seems to promote this misunderstanding by taking away the division's separate status and combining it with a division predominately responsible for an entirely different area.

As I mentioned earlier, many of us saw the potential for real state leadership when the Division of Child Care Services was created two years ago, and we were not disappointed. In the last two years the Division has been responsible for developing minimum statewide standards for child care; for securing Federal funds to finance a survey (now in progress) of employment-related child care needs; for securing additional Federal funds to provide statewide training (also now in progress) for child care workers; for assisting in

EXHIBIT B

Page 2
February 3, 1975

child abuse projects in Washoe County, resulting in a Trauma Center operating out of Washoe Medical Center; for encouraging and assisting in the formation of a statewide child care operator's association; for assistance in establishing a Clark County Community Coordinated Child Care Committee and in conducting a child care needs assessment in Clark County; for assistance in providing needed child care services in the Indian reservation at Owyhee; for the establishment of a statewide registry of child care services as a vehicle for communication and the gathering of needed statistics; and is now working on a Conference for Children to be held in Carson City February 18-19th. Even at that I am probably forgetting some things, but the point is that the Division, in its two years of existence, has accomplished a great deal.

Possibly even more important than the programs and projects the Division has developed is the effect this Division has had upon the child care profession. Mrs. Jane Douglas, the Division administrator, has opened up channels of communication and has provided State concern and leadership in an area previously pretty much ignored. The result has been an increase in the child care operators' sense of responsibility and professionalization, an increased emphasis upon services and community needs, and I believe an increased emphasis upon quality in child care. Much of this would be lost if SB 99 is passed, because the child care field would see this move as a lessening of concern and a subordination of child care on the part of the State.

I urge you, therefore, to vote against SB 99 and to allow the State Child Care Services Division to retain its status as a separate division in the State structure. Any administrative efficiency or savings that would result from putting child care under institutional Youth Services would be outweighed, I feel, by again confusing the nature of child care with other social service areas and by giving the impression to the child care field that their unique concerns and needs are being subordinated. I fail to see how the Division can continue the level of leadership it has demonstrated in the last two years if it is under the supervision of a department whose expertise and responsibility are in an entirely different field.

Thank you for your consideration of this matter.

Sincerely,

Janet Bubnis
Janet Bubnis
Child Welfare Office

JB:feu

DRUG INTERACTIONS—ANALGESICS

Analgesic	Combined With	Interaction
Aspirin	anticoagulant para-aminosalicylic acid (PAS) phenobarbital	enhances anticoagulant PAS toxicity may decrease analgesia
Morphine (meperidine)	atropine MAO inhibitor phenothiazine	additive effect MAO inhibition decreased Demerol action increased enhanced sedation
Butazolidin (phenylbutazone)	antacid anticoagulant sulfonyleurea (Orinase, Diabinese, Dymelor)	inhibits Butazolidin potentiates anticoagulant enhances sulfonyleurea effect
Analexin (phenylramidol)	bishydroxycoumarin (Dicoumarol) diphenylhydantoin (Dilantin)	enhances Dicoumarol effect increased Dilantin action

DRUG INTERACTIONS—ANTI-INFECTIVES

Drug	Combined With	Interaction
Tetracycline	methicillin (Staphellin) penicillin antacid	incompatible in IV solution inhibits penicillin inhibits tetracycline
Penicillin G	chloramphenicol (Chloromycetin) antacid tetracycline	inhibits penicillin in pneumococcal disease inhibits penicillin inhibits penicillin
Griseofulvin (Fulvicin, Grisactin, Grifulvin)	anticoagulant phenobarbital	may inhibit anticoagulant inhibits griseofulvin
Sulfonamide	antacid anticoagulant sulfonyleurea (Dymelor, Orinase, Diabinese)	inhibits sulfa potentiates anticoagulant enhances oral diabetic action
Nalidixic acid (Neg Gram)	antacid	inhibits Neg Gram
Nitrofurantoin (Furadantin)	antacid	inhibits Furadantin
Furoxalone (Furoxone)	alcohol amphetamine anesthetic anti-Parkinsonian drug barbiturate chloral hydrate cocaine foods with tyramine insulin meperidine (Demerol) methyldopa (Aldomet) MAO inhibitors phenothiazine reserpine sympathomimetic thiazide diuretic tricyclic antidepressant vasopressor (indirect acting)	inhibits bacterial action; hypertensive crisis possible potentiates amine enhanced CNS depression potentiates anti-Parkinsonian drug potentiates barbiturate potentiates chloral hydrate potentiates cocaine may inhibit Furoxone; hypertensive crisis enhances insulin effect may inhibit Furoxone; potentiates Demerol excitation, hypertension additive effect potentiates phenothiazine excitation enhanced sympathetic effect may potentiate Furoxone potentiates antidepressant extreme hypertension

Note: Furoxone may act as MAO inhibitor when given for more than 4-5 days

DRUG INTERACTIONS—ANTICOAGULANTS

Anticoagulants	Combined With	Interaction
Dicoumarol (bishydroxycoumarin), Coumadin, Panwarfin (warfin)	antacid Chloral hydrate Atromid-S (Clofibrate) Dilantin (diphenylhydantoin) Doriden glutethimide Fulvicin, Grifulvin, Grisactin (griseofulvin) Nilevar (norethandrolone) phenobarbital Butazolidin (phenylbutazone) Analexin (phenylramidol) salicylates sulfonamide d-thyroxine	Inhibits anticoagulant Inhibits anticoagulant Potentiates anticoagulant Potentiates Dicoumarol May inhibit anticoagulant May inhibit anticoagulant Potentiates anticoagulant Inhibition of anticoagulant Potentiates anticoagulant Potentiates Dicoumarol May potentiate anticoagulant Potentiates anticoagulant Potentiates anticoagulant
Heparin	polymyxin B	Incompatible in IV solution

DRUG INTERACTIONS—ANTIDEPRESSANTS

Antidepressant	Combined With	Interaction
MAO Inhibitor: Marplan (isocarboxazid) Nardil (phenelzine) Parnate (tranylcypromine)	alcohol amphetamine anesthetic (general) anti-Parkinsonian agent chloral hydrate cocaine insulin Demerol (meperidine) Aldomet (methyldopa) minor tranquilizer (Librium, Valium, etc.) Eutonyl (pargyline)	Inhibits MAO inhibitor Potentiates amphetamine Enhanced CNS depression Potentiation of anti-Parkinsonian agent Potentiates chloral hydrate Potentiates cocaine Potentiates insulin May inhibit MAO inhibitor potentiates Demerol excitation, hypertension Potentiates tranquilizer additive effect (hypertensive crisis with Parnate) Inhibit MAO inhibitor excitation Potentiation hypotension potentiate MAO inhibitor
Tricyclic antidepressants: Elavil (Tofranil) Aventyl Petrofane etc.	Imelmin (guanethidine) minor tranquilizer Eutonyl (pargyline) phenothiazine reserpine sympathomimetic thiazide diuretic	inhibits Imelmin additive effect Potentiation additive effect inhibits reserpine

DRUG INTERACTIONS—ANTIDIABETICS

Oral Hypoglycemics	Combined With	Interaction
(Orinase, Diabinese, Dymelor-the sulfonyleurea)	alcohol barbiturate Coumarin anticoagulant phenylbutazone (Butazolidin) propionolol (Inderal) sulfonamide thiazide diuretic	may increase alcohol action may increase barbiturate action enhances sulfonyleurea enhances sulfonyleurea enhances sulfonyleurea aggravates glucose intolerance

DRUG INTERACTIONS—ANTIHYPERTENSIVES

Drug	Combined With	Interaction
Eutonyl (Pargyline) an MAO Inhibitor	alcohol amphetamine anesthetic anti-Parkinsonian agent barbiturate chloral hydrate cocaine foods with tyramine insulin Demerol (meperidine) Aldomet (methyldopa) minor tranquilizer other MAO inhibitors phenothiazine reserpine sympathomimetic thiazide diuretic tricyclic antidepressant vasopressor (indirect acting)	Inhibits MAO inhibitor Hypertensive crisis (?) potentiates amphetamine enhanced CNS depression Potentiates anti-Parkinsonian agent Potentiates barbiturate Potentiates chloral hydrate Potentiates cocaine Inhibits MAO inhibitor hypertensive crisis Potentiates insulin Potentiates Demerol Inhibits MAO inhibitor Hypertension, excitation Potentiates tranquilizer additive effect Potentiates phenothiazine excitation Potentiates sympathomimetics hypotension, Potentiates MAO inhibitor Potentiation extreme hypertension

Apresoline (hydralazine)	thiazide diuretics (Diuril, Esdrix, etc.)	Potentiation
Imelmin (guanethidine)	amphetamine	Inhibition
Serpasil, etc. (reserpine)	methamphetamine (Desoxy, Methedrine)	Inhibition
Aldomet (methyldopa)		
Inversine (methamphetamine)	methamphetamine	Potentiation
reserpine gr.	norepinephrine or levoroteronol (Levophed)	Potentiation
Imelmin	Amphetamine	Inhibit
Aldomet	reserpine gr.	Some inhibition
reserpine gr.	metaraminol (Aramine) or mephentermine (Wyamine)	Little inhibition
Imelmin	metaraminol (Aramine) or mephentermine (Wyamine)	Mild Potentiation
Aldomet	metaraminol (Aramine) or mephentermine (Wyamine)	Mild Potentiation
Eutonyl (pargyline)	chlorpromazine (Thorazine) perphenazine (Trilafon) trifluoperazine (Stelazine)	Potentiation

DRUG INTERACTIONS—BARBITURATES

Phenobarbital	Combined With	Interaction
	alcohol analgesic anticoagulants (Coumadin, Dicoumarol) antihistamines anti-inflammatory agents (hydrocortisone) diphenylhydantoin (Dilantin) griseofulvin (Fulvicin, Grifulvin, Grisactin) hypnotic MAO inhibitors (Marplan, Nardil, Parnate) Minor tranquilizers (Librium, Valium, Serax, etc.) phenothiazines (Thorazine, Mellaril, Compazine) steroids sulfonyleurea (Diabinese, Dymelor, Orinase)	Potentiates phenobarbital Inhibits analgesic (questionable) Inhibits anticoagulant Inhibit each other Inhibits the anti-inflammatory agent Inhibits Dilantin Inhibition of antifungal Inhibits hypnotic Potentiation of barbiturate (questionable) additive effect additive effect Inhibition of steroids May potentiate phenobarbital

DRUG INTERACTIONS—SYMPATHOMIMETICS

Sympathomimetics	Combined With	Interaction
Antihistamine	alcohol alkaloid barbiturate hydrocortisone hyponeuritization-therapy MAO inhibitor parasympathomimetic phenothiazine reserpine	CNS depression CNS depression inhibit each other inhibits hydrocortisone inhibits evaluation of therapy enhances antihistamine increases PS activity additive effect CNS depression

DRUG INTERACTIONS—TRANQUILIZERS

Drug	Combined With	Interaction
(Librium, Valium, Serax, etc.)	alcohol barbiturate MAO inhibitor phenothiazine tricyclic antidepressant	additive effect additive effect enhanced sedation additive effect additive effect
Phenothiazines (Thorazine, Mellaril, Compazine, etc.)	alcohol antihistamine antihypertensive barbiturate MAO inhibitor meperidine (Demerol) Librium, Valium, etc. morphine reserpine thiazide diuretic tricyclic antidepressant	enhanced sedation additive effect increased antihypertensive effect enhanced sedation decreased MAO inhibition enhanced sedation additive effect enhanced sedation increased reserpine action shock additive effect

DRUG INTERACTIONS—MISCELLANEOUS

Drug	Combined With	Interaction
(1) Steroids Estrogen/progesterone Hydrocortisone	phenobarbital antihistamine barbiturate diphenylhydantoin (Dilantin) rnicogulant	may inhibit steroids inhibits hydrocortisone inhibits hydrocortisone increases anticoagulant
Norethandrolone (Nilevar)	anticoagulant MAO inhibitor	potentiates anticoagulant potentiates chloral hydrate
(2) Sedatives Glutethimide (Doriden) chloral hydrate	anticoagulant MAO inhibitor	inhibits anticoagulant potentiates chloral hydrate
(3) Diuretics	digitalis hydralazine (Apresoline) MAO inhibitor mecamylamine (Inversine) sulfonyleurea (Orinase, Diabinese, Dymelor)	digitalis toxicity potentiates Apresoline; hypotension increased MAOI; hypotension potentiates Inversine; hypotension aggravated glucose intolerance
(4) Digitalis	Calcium thiazide diuretics	digitalis toxicity digitalis toxicity
(5) Antineoplastics 6-mercaptopurine (Purinethol) Methotrexate	allopurinol (Zyloprim) aspirin sulfonamide	enhances 6-mercaptopurine pancytopenia pancytopenia
(6) Anticonvulsants diphenylhydantoin (Dilantin)	bishydroxycoumarin (Dicoumarol) hydrocortisone phenylramidol (Analexin) phenobarbital disulfiram (Antabuse)	potentiates Dilantin inhibits hydrocortisone potentiates Dilantin (inhibits metabolism) inhibits Dilantin possible Dilantin poisoning
(7) Skeletal relaxants (a) non-polarizers D-tubocurarine or gallamine (Flaxedil)	l.p. neomycin and streptomycin	prolonged paralysis of respiratory muscles
(b) polarizers succinylcholine (Anectine) (c) tubocurarine	neomycin and streptomycin quinidine	enhanced sensitivity recurarization