

## HEALTH, WELFARE AND STATE INSTITUTIONS

Minutes of Meeting - March 11, 1975

The twelfth meeting of the Health, Welfare and State Institutions Committee was held on March 11, 1975, at 1:45 p.m., Room 323.

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

See Exhibit A for others present.

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

Mr. John Crossley spoke on the bill, stating that this recommendation was contained in the Health Division Audit Report. Mr. Crossley further stated that when a person suffering from tuberculosis desires State assistance, they fill out an application. This financial application is investigated by the Health Division in order to determine if any insurance or other resources are available to assist in the cost incurred. The application form states: "I am unable to assume full costs of medical and/or hospital care. I give my permission to the Division of Health to recover or arrange for direct billing of any costs incurred under this program to any insurance or resources for which I am or might become eligible for. I understand that the Division of Health will negotiate for payment or costs not covered by myself, insurance or other resources". In most cases the State does assume the costs, and these forms will enable the Health Division to investigate for other resources before the State picks up the cost. This allows them to look for other resources before going to the general fund. They are doing this now, but this bill would authorize them to do so.

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

S.B. 203 - Requires pharmacy located in certain establishments to remain open for same period as establishment and deletes provision authorizing absence of pharmacist from pharmacy.

Mr. Joe Midmore spoke in opposition of the bill and provided the committee with a typewritten copy of testimony (see Exhibit B).

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Mr. H. Gutke, Senior Vice President of Skaggs, advised the committee that their stores are open about 87 hours per week in Nevada, eight of which have pharmacies for a total of 25-30 pharmacists. Senator Young asked if these hours are higher than those of non-chain stores; Mr. Gutke's reply was in the affirmative.

Senator Walker asked if they are opposed to this bill; Mr. Gutke said they would like the differential hours with the ability to close the pharmacy if they extend the store hours. Mr. Gutke commented that doctors' hours are generally until about 5:30 p.m.; therefore, the volume of business handled in the pharmacies after 6:30 p.m. is very small. Mr. Gutke advised that if a person from out of state were in need of a prescription, they would refer them to a doctor in the area; they do not fill out of state prescriptions. Mr. Bob Broadbent disagreed with this statement, and advised the committee that out of state prescriptions can be filled as long as you have a knowledge of the person or feel it is a legal prescription.

Mr. Richard G. Eils, Vice President of Thrifty Drug, stated that their store hours are 13 hours per day; approximately 91 hours per week. They have eight stores in Nevada, with 3-4 pharmacists. The volume of prescriptions after doctors' hours is extremely low. The larger chain pharmacies do 13 hours a day in business and they must have on hand at least two pharmacists plus others to cover the weekends. Regarding the price of prescriptions, when you are covering the overhead of one or two pharmacists, you are incurring costs would must be spread among the merchandising and goods that you sell. This would add a burden onto the chain drugs to cover that additional expense. The independent drug does not have to incur the additional costs of a pharmacist on duty when no business is being done. Mr. Eils stated that they are required by law to keep the pharmacy open while the balance of the store is open. What we are doing by necessitating only those chain drugs to keep their pharmacies open is raising the cost to the individual who can least afford it (the senior citizen). In some cases, they have taken down the drug portion of the sign, although the remainder of the store is open.

Mr. Midmore advised that there has been a suit filed against the Board of Pharmacy restraining them from allowing closure under this circumstance. Mr. George Bennett read for the committee NRS 639.280 which states "No store, shop, area, place or premises shall have upon it or displayed within it or affixed to or used in connection with it any sign or advertising: 1. Bearing the words "Pharmacist," "Pharmacy," "Apothecary," "Drug Store," "Druggist," "Drugs," "Medicine," "Medicine Store," "Drug Sundries," "Remedies," "Prescriptions," "Medications," or "Medicinals," or any word or

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words of similar or like import; or 2. Where the characteristic symbols of pharmacy are exhibited; or 3. Where the characteristic prescription sign Rx or similar design is exhibited, unless there is within the store, shop, area, place or premises a pharmacy licensed pursuant to the provisions of this chapter".

Mr. Virgil Wedge, legal counsel for Raleys, presented the committee with a proposed amendment to S.B. 203 (see Exhibit C for copy of amendment) and stated that this amendment is necessary, as it defines "pharmacy" to include a store within a mercantile establishment. The Pharmacy Board takes the position that whenever any of their stores are licensed as a whole, and that includes the entire store, and whenever any part of that store is open, then they must have a pharmacist on duty in that store, whether or not the pharmacy department is open or not. Much could be achieved if we could arrive at a point whereby we could describe what a pharmacy is. If we could treat that as a separate entity, we would solve some problems. The pharmacy license covers the entire store and is not just the pharmacy department. If a pharmacy is within a general supermarket, then regardless of who it is operated by, it must be open at all times the general store is open.

With respect to the second amendment contained in Exhibit C, Senator Walker asked if "provide a registered pharmacist" meant that a pharmacist must be on call or that a pharmacist must be at the store. Mr. Wedge replied that this would be a provision that if, during the hours that the other departments are open and there was an emergency, there would be a pharmacist there to fill the prescription. Senator Herr questioned the fact that a pharmacist would be available; if, when the pharmacist goes home at night, would he be required to sit by the phone in case there was an emergency prescription to be filled. Furthermore if this were the case, Senator Herr feels that this man would have to be paid overtime if he were required to be on call. Mr. Wedge's reply was that they are trying to avoid the burden of keeping a pharmacy open when it is not economically feasible. It is burdensome to have someone on call, but would be more burdensome to keep the drug store open on Sunday as is the case in Carson City. This is very expensive for the drug store, and the expense must be passed onto the consuming public. However, if they just had a stand-by pharmacist available to fill prescriptions during an emergency, it would be less burdensome. Mr. Wedge further commented that if they had this amendment where they could have the pharmacy open possibly 8-10 hours per day and close it without closing the entire operation, supplemented by having a pharmacist available to fill prescriptions during any of the hours that the entire store is open, this would be a service to the public.

## Senate

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Senator Young expressed his concern relative to Section 639.280, stating that if there is store, and there is a sign on the store indicating a drug store, there must be a pharmacy license pursuant to the provisions of this Chapter. Senator Young stated that it appears to him that they are putting in additional wording -- if there is a store or drug store within a shop that is open, there has to be a pharmacy that is licensed and open. Senator Young feels that they are trying to read "open" into this amendment, and asked Mr. Wedge if he also had difficulty in the interpretation. Mr. Wedge responded that he also has great difficulty in this. Mr. Wedge referred to Mr. Groves' entirely different position on this. (Mr. Groves is attorney for the Board).

Irene White, Raleys, advised the committee that their hours are 10-6 on week days, 10-5 on Saturday and closed on Sundays. Mr. Charles Collings, President of Raleys, advised the committee of his disagreement with Ms. White, in that the hours in California are 10-7. Furthermore, with regard to stores that they are in direct competition with, Raleys will be open the same hours as their competitors.

Mr. Bob Broadbent, Nevada State Pharmacy Assn., stated that they represent the independent drug store owners, as well as most of the independent druggists or pharmacists, and most of the chain pharmacists. Mr. Broadbent stated that the chain stores are better able to compete in a competitive market and many of them do have lower prices, but they have, in effect, driven out the independent pharmacist. Mr. Broadbent can give examples of independent pharmacies that are open as many hours as the chain stores. If closure is allowed in the chain stores, it will also be seen in the independent stores. This will put 50-60 pharmacists in southern Nevada out of work. The chains have never had it so good as they have in Nevada. If you look at the economic factor of having one extra pharmacist on duty and measure that against the volume that the chains do, you will find it insignificant. If the chains do get closure, they may be able to lower the costs because of lower overhead; the independent would have to compete the only way he can and that would be closure also.

Senator Young commented that the law now gives the Pharmacy Board the power to regulate the practice of pharmacies. Senator Young posed the question that, as a Legislature, can we do anything more with respect to this particular problem than the Board of Pharmacy can itself; can we constitutionally tell the chain stores how long they can stay open? If the Board has the power, Senator Young would rather see them take care of this matter rather than bringing it to the Legislature.

Steve Bradford, Nev. State Medicaide Program, stated their support of this bill.

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Mr. Broadbent offered for inclusion into the minutes a copy of Mr. Floyd Butler's statement (see Exhibit D for copy of statement). Mr. Butler is Vice President of the Nevada State Pharmacy Association.

S.B. 258 - Removes requirement that preliminary determination of charges be made when complaint is filed against chiropractor.

Dr. Falak C. Julius, Chiropractor, was present to testify on the following chiropractic bills and stated that the bills are housekeeping bills.

Following brief discussion on this bill, Senator Hilbrecht moved "Do Pass"; seconded by Senator Herr; unanimously carried.

S.B. 259 - Increases penalty for practicing chiropractice without license.

Senator Young felt that being guilty of a felony was possibly a little strong for this violation and felt that gross misdemeanor would be more appropriate.

Senator Herr moved "Do Pass" as amended; seconded by Senator Hilbrecht, unanimously carried.

S.B. 260 - Prescribes additional penalty for chiropractors guilty of unprofessional conduct.

Following brief discussion, Senator Herr moved "Do Pass" and amend the fine to \$500; seconded by Senator Hilbrecht; unanimously carried.

S.B. 261 - Provides rehearing and judicial review for chiropractor when license is revoked or suspended.

Senator Young felt the bill should be amended on page 1, line 7 to read "..notify the licensee in writing of the date and place...". Further amendments should be page 1, line 4 to read: "..apply for a rehearing within 10 days after written notice and the board...."; page 1, line 8 to read: "..for the rehearing, which date shall not be less than 10 days after written notice.."

Senator Herr moved "Do Pass" as amended; seconded by Senator Young; unanimously carried.



## Senate

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S.B. 262 - Provides for oral and practical examination of certain chiropractic license applicants.

Senator Hilbrecht felt the bill should be amended as follows: page 2, line 19 to read: "He has completed not less than two years education in an accredited college or university; or..."


Senator Young moved "Do Pass" as amended, seconded by Senator Schofield, unanimously carried.

S.B. 263 - Increases salary and travel allowances for Nevada state board of chiropractic examiners.


In order to be consistent with S.B. 165 which covers the provisions in this bill, Senator Young moved "Do Kill"; seconded by Senator Herr; unanimously carried.

Being no further business at this time, the meeting was adjourned at 3:20 p.m.

Respectfully submitted,

  
Sharon W. Maher, Secretary

APPROVED:

  
Lee E. Walker, Chairman

ROOM # 323

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NAME	ORGANIZATION	ADDRESS
Dr. Julius Falak	Univ. Pres Nevada State Bd of Examiners	Sparks Nev
Bob Broadbent	Nevada State Pharm Assoc	Foothill City
Joe Midmore	chain drug stores	Reno
Charles K. Callahan	Kalys	Sacramento
Aug. A. J. McCoy	Kalys	Reno
Monty H. Runkle	Skaggs Drug	Butte
Richard G. Eide	Thrifty Drug Stores Co. Inc.	Los Angeles
Arthur J. Jordan	Thrifty Drug Stores Co. Inc.	Los Angeles
Robert E. Antman	Thrifty Drug Stores Co. Inc.	Los Angeles
Earl Kaufman	Wonder World	Las Vegas
Keith W. Muddfield	Nev State Pharm Assoc	
George T. Bennett	State Bd of Pharmacy	Reno
Debbie A. Tucker	State Board of Pharmacy	Fallon
Jenni Regnato	RETAIL CLERKS UNION #1434	RENO NEVADA
David L. Luth	PROFESSIONAL DIVISION, R.C.I.A.	Sacramento, Ca.

LOBBYISTS REGISTRATION  
 (as required by HRS 218.531, 218.532) (additional) 138

## LOBBYIST:

Joe Midmore

(name)

1111 Wesley Dr., Reno, NV

(address)

## REPRESENTING: (person or organization)

Raley's Drug Centers

(name)

1515-20th St., Sacramento, Calif.

(address)

Thrifty Drug Stores Co., Inc.

(name)

5051 Redon Rd., Los Angeles, Calif.

(address)

Skaggs Drug Centers

(name)

212 West 13th South, Salt Lake City, Utah

(address)

Castle &amp; Cook Merchandising Corp.

(name)

435 Valley Drive, Brisbane, Calif.

(address)

Grand Central Stores, Salt Lake City, Utah

(name)

(address)

Payless Drugs, Oakland, Calif.

Please note that registration is not required of a public officer or employee acting in the course of his employment nor to a person who appears without compensation as a witness before a committee of the legislature.

PLEASE RETURN THIS FORM TO THE  
 OFFICE OF THE DIRECTOR OF THE  
 LEGISLATIVE COUNSEL BUREAU



SB 203 and AB 309, identical bills, are drafted as "necessary for the preservation ~~of~~ and protection of the public health and safety." Sen. Herr, the introducer of SB 203, has told us the bill was introduced this session, at least in part, because of an experience she had in California one evening trying to find an open pharmacy. She found that certain stores with pharmacies might be open to provide other services but have their pharmacies closed. She believed this was wrong, could be frustrating to a shopper and also could delude a person into believing a pharmacy was open at a time when it in fact was not.

Sen. Hilbrecht <sup>indicated</sup> ~~said~~ that the proposed legislation would not, as drafted, provide longer hours of pharmacy service but would be an example of legislating the marketplace, something which he is strongly against. And it is interesting to note that the Assembly counterpart of SB 203 is in the Commerce Committee over there.

Several ~~two~~ arguments were put forward by witnesses supporting the bill and, we should note, the witnesses did not include, as far as we could tell, any store owners ~~represented~~ included some who. Those who did speak ~~said~~ said pharmacy service should be ~~available~~ available during hours when all pharmacies are now closed. But, it appeared that emergency middle-of-the-night service is available in the two large centers of population at hospital pharmacies. What the situation may be in small communities I can't say except that physicians can <sup>provide</sup> ~~provide~~ such services where needed.

The ~~last~~ other argument regarding hours was that any pharmacy which is in a store which includes other departments must be open whenever any other part of the store is open. This is, of course, what the bill as drafted now would demand.

It does not really have very much to do with guaranteeing any minimum number of open hours for a pharmacy because the operator is told, at least by implication, you can open the pharmacy for as few ~~hours~~ hours as you wish but the rest of the store must adhere to the same hours.

There were no independent store operators here offering to extend their hours. Mr. Butler, an employee pharmacist and president of the Southern Nevada Pharmaceutical Association, said quite bluntly that the bill was aimed, "not at the sole proprietor operation, but at the chains."

Mr. Broadbent, who spoke for the state association, was just as candid when he said there was "selfish concern" behind ~~the~~ his group's support of the bill.

He also accused chain drug stores of "circumventing" the present law by taking down their outside drugstore signs. So, on the one hand, the chain stores have been accused of luring customers with the sign which tells them a pharmacy is present and suggests it is open. On the other, removal of the sign which <sup>allegedly</sup> constitutes the lure is reason for an accusation of circumventing the law.

Another man who said he worked <sup>as a pharmacist</sup> for Skaggs in Sparks gave what he purported were net profit figures for the pharmacy where he is employed. I doubt very much whether he knows by what formula Skaggs arrive at a net figure and I certainly question the ethics of his making public any such figure, correct or incorrect, without his employer's permission. It is my understanding he did not have it. Skaggs' senior vice president is here today. Whether he is empowered to supply you with their confidential

profit and loss information I don't know but he will answer any questions he can.

Leo Henricksen of the Teamsters Union, which has southern Nevada pharmacists among its membership, said, "if any part of the store is open twelve hours I want it all open twelve hours." That is only natural. The more pharmacists employed the better job Mr. Henrickson is doing. It is not necessarily something which goes hand in hand with economic prudence or public interest.

<sup>Nevada</sup> I would like to enter in the record ~~two~~ a few statistics. For the latest year figures are available at the national level, 1973, chain store pharmacies were open on the average of 85 hours per week, independents, 71 hours per week.

In the same year the average chain store pharmacy filled 40 percent more prescriptions than the average independent and the average price per prescription filled was \$4.09 in the chains, \$4.54 in the independents.

Also, in the five years 1967-72 while the nation was experiencing a net loss of 1,776 pharmacies, Nevada was experiencing a net gain of 10.

By the way, Nevada has less than 25 percent of its pharmacies in chain operations.

~~Now~~ Now, What about this business of closure, or differential hours for the pharmacy and the rest of the store. It may be of interest that Nevada is the only state where it has been made the subject of law or regulation.

Is it safe to have a pharmacy closed while the rest of the store is open, safe in that narcotics are stocked but unattended? Mr. Groves, the Board of Pharmacy's legal counsel, has told you security is not a problem. That is, a system of construction for securing the pharmacy

has been developed to the satisfaction of both the Board and certain store operators who have put it into operation.

How about the question of hours of operation, of the pharmacy or any other part of the store? Mr. Groves again has told you on the Senate Health and Welfare Committee that, and I quote, "the Board doesn't have any legitimate interest in dictating hours to anyone."

What about the economics of differential hours or pharmacy closure? The gentlemen with me can tell you that they are very important. Every neighborhood, every store is different. The ability to operate on such a system may mean the difference between giving a neighborhood a new store this year or having to wait several years; or giving it a new store with or without a pharmacy. That is the dollars and cents of it. And that means a lot to a community itself not only in terms of service but of payroll and general economic impact.

However, in a moment we will present you with a suggested amendment to SB 203 which does recognize Sen. Herr's concern and will, we believe, offer a solution to the problem she poses which is practical for ~~both~~ both the store operator and the prescription-buying patient. It may not be ideal from either standpoint but this is a world of compromise.

First, however, we must mention one more point which has been brought up. That is the expressed desirability of having a pharmacist to assist buyers of over-the-counter drugstore items. We think this was adequately answered Friday when it was pointed out that many stores, Safeway markets, for instance sell these products and employ no pharmacists, and that it is the duty of the Board of Pharmacy to rule on what items should be sold only when dispensed by a pharmacist.

Now, so that you will know who <sup>is</sup> you have here from our chain drug companies, I would like to place on the record and indicate their availability for committee questions the names of:

M. H. Gutke -- senior vice president, Skaggs; ~~XXXXXXXXXXXXXX~~

Richard G. Eils -- vice president, Robert E. Swetnam -- assistant vice president, and Arthur London -- legal counsel, Thrifty Drug Stores; Charles Collings, president, Raleys Drug Centers, and Virgil Wedge, their legal counsel;

*Herb Kaufman - Wonder World Stores*

And, the amendment we suggest for SB 203 will be presented to you and the reasoning behind it explained by Mr. Wedge.

AMENDMENT TO SENATE BILL NO. 203

AMENDMENT NO. \_\_\_\_\_

Add as new Section 1 the following:

Section 1: NRS 639.012 is hereby amended to read as follows:

"Pharmacy" means and includes every store, /or/ shop, or area within a mercantile establishment where drugs, controlled substances, poisons, medicines or chemicals are stored or possessed, or dispensed or sold at retail, or displayed for sale at retail, or where prescriptions are compounded or dispensed.

Amend bill by renumbering remaining sections.

Amend Section 1, page 1 by deleting line 8 and inserting:

ent persons shall, when closed, provide a registered pharmacist for furnishing (emergency) pharmaceutical services during all of"

Amend the title of the bill to read as follows:

AN ACT relating to pharmacists and pharmacies; redefining term pharmacy to include area within a mercantile establishment and requiring that pharmacies located in certain mercantile establishments make available a registered pharmacist to provide emergency services during hours that the pharmacy may be closed but such establishment in which the pharmacy is located is open; and providing other matters properly relating thereto.



Mr Chairman: (Ask for indulgence to present this final text in its entirety)  
 Floyd Butler (My name- Represents- So, Nevada Pharmaceutical Society & About 400 Phy.  
 You have heard the Delayed, postponed, propositions of a "Financed Special Interest Group",  
 a type <sup>with</sup> which all of us have become familiar in National Politics these past few years.  
 Favoring "Groups" of this type, our own Federal Govt is now busy digging itself out of  
 the influence created by such monsters as the Milk Industry, the Oil Industry and others.  
 I might add that Milk or Oil to the average American Family is not cheaper or easier to  
 get as a result of this involvement.

On the Economic Side of the picture, the "Group" we are talking about do business from  
 Warehouses and Corporations outside our State--the primary objective of a Drug Chain  
 is to move in, take a location with a complete disregard of any pre-existing Pharmacy in  
 the area, and then take over. The 2nd objective is to eliminate any small business of the  
 same type near-by. The tactics used at the out-set is rock-bottom prices on an un-fair  
 competitive basis. Nothing else is offered except a price. No Services, no Pharmacist's  
 advice or personal attention is available unless you request it, because there isn't time  
 for the Pharmacist to come out of his enclosed cage-and you cannot get near him.

I submit a few Pharmacies which once existed and are now out of business due to the tenacle  
 of a Drug Chain, and the strangulation of un-fair competition  
Twin Lakes Pharmacy, Tonapah Rd, N.W. Las Vegas in business for 10 or more years forced  
 out by Skaggs and Thrifty.

Austin Drug on Bonanza forced out by SuperX Drug, whose record at present is and has always  
 trouble keeping a Pharmacist in employ due to management policies.

MDX Pharmacy which was a complete Service Pharmacy forced out by Skaggs on Lake Mead.  
Henderson Rexall Drug, and Henderson Walgreen Drug, 2 more stores forced out by Skaggs.

The usual approach of a Drug Chain when it wants to move into an area is pay a visit to the  
 local Pharmacist already in business, and tell him that they are going to take up a location  
 near-by. After the local Pharmacist has had time to think about this impending development  
 for a few weeks, the Chain representative returns and usually makes an offer for his busi-  
 ness at a price inconsistent with market values. Usually the Independent, who has spent  
 his life-time at his location accepts anything he can get, because there is no place for  
 him to go, and trully, "this is an offer he cannot refuse". Yet the image of Pharmacy  
 as upper-most in the Chains tactics, keeps these actions clean.

Then the Drug-Chain opens it doors to the Public in a circus atmosphere with free balloons  
 and soft drinks for all.

Prices or more economics is a factor on "Opening".

- Here are a few: (Based on (AUP) in the National Red Book and Blue Book references:
- B.C. Pills (AUP) 2.00 to sell for \$1.79 Approximate loss is .21
  - #30 Darvon (pd 65 (AUP) 7.21 sell for \$1.98 Approx. loss is .12
  - Actifed (AUP) 4.30 sell for \$1.39 Approx. loss is .18
  - #100 Premarin 1.25 (AUP) 7.21 sell for 6.59 Approx. loss is .62
  - #100 Nitroglycerin (AUP .72) sell for .79 Approx profit is .07
  - #100 Thyroid 1 gr. (AUP) .76 to sell for .79 Profit is .03 per bottle

Comparable prices are maintained until all others remaining are suffocated out of <sup>116</sup>existence and until the Community is convinced that this is the way to go. Then according to a pre-planned schedule these prices are increased at the rate of 10% at 3 month to 12 month intervals depending on the area and the competition still remaining. In short an economic loss is pre-planned over a span of years. But do they lose?? Once I was helping a truck driver from California unload a tractor-trailer on a Chain-Store platform. He was not as careful with the cartons and boxes as I was, and I told him to at least handle the boxes marked "Handle with care" cautiously--he replied to me that it did not make any difference what happened to the Mdse., that his Company was so big that he could have dumped the entire load in the desert as soon as he crossed the California line and his Company would still make money on the load.

The objectives have been accomplished, the small business man is now gone in the area just mentioned--as was the case with the small grocery store which leads one to ask, "Are grocery prices cheaper today?" We all know the answer to that one, because we have no one else from which to buy our groceries except the Super Markets.

More economics on the issue--and to tell it like it is--we estimate that if this Bill 203 does not pass, there will be approximately <sup>73</sup>250 Pharmacists and their families signing up for unemployment within the next few weeks, because some of the Chains have already precluded your judgement and have removed their signs in lieu of a favorable decision. This represents somewhere around ~~350,000~~ <sup>30</sup>30,000 to ~~465,000~~ <sup>76</sup>65,000 reduced buying power in our State per month. Our State Unemployment Agency's are now paying out 40 to 45% more in benefits than they did 1 year ago, which can be documented in other Committees. Nevada can ill afford any more unemployment. This is what the Chains are asking you to do.

The Drug Chains have told you that they will be able to pass on their savings to the Public---(Can you actually believe this?? They operate on the same basis as any other business--the cost of goods determines eventually the selling price, and their pricing charts are established by computer accordingly. Remember I have been with 3 different chains who offered nothing to the customer except about an over-all 10% saving, and it was intended that the Customer blow this 10% on his way out of the store when he passed 18 other Departments, or the Slot-Machines.

One local Chain has had so many difficulties with the N.J.C. Dept. on their elevated AWP quotations that a customer who goes to one of their stores now has to pay the Chain himself and collect from N.J.C. later, because N.J.C. will no longer do business with this Drug Chain.

Sami Patients are treated like 3rd cousins in some chains. They would rather not be bothered with the Sami Patient or his Prescription. I know, I was there. You can visit most Chain Operations and you see a different Pharmacist or clerk each time you go. During first 6 months of 1974, I know of one Chain which went thru 16 Pharmacists in the same length of time due to internal policy and infractions of good Pharmacy Practice.

A Union Contract negotiated sometime ago by a Drug Chain allowing this Union to buy prescriptions from them at Cost less 20%. The Union is laboring under the impression that it is for a fact buying at 20% below cost. How can this be, when the Drug Chain is buying

