

Minutes of Meeting - March 7, 1975

The eleventh meeting of the Health, Welfare and State Institutions Committee was held on March 7, 1975, at 12:30 p.m., Room 323.

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

See Exhibit A for others present.

S.B. 204 - Defines "pharmaceutical technician" and establishes Employment criteria.

Mr. George Bennett, Secretary, State Board of Pharmacy, spoke in favor of the bill and provided the committee members with a copy of Regulation No. 17.00 (see Exhibit B for copy of regulation). Mr. Bennett further stated that the Board is in agreement with the proposed amendment, which has been submitted by the Nevada Hospital Association (see Exhibit C for copy of proposed amendment).

Mr. Bob Broadbent, Nevada State Pharmacy Assn., stated that the purpose of this bill is to control what the technicians can and can't do in the hospitals. In conjunction with Sharon Greene, they have reached a compatible amendment (Exhibit C).

Senator Young asked who the hospital pharmacies serve; Mr. Broadbent replied that the purpose of this legislation is so that the technicians will not serve out patients.

Mr. Broadbent referred to A.B. 307, which is the same as S.B. 204, and stated that it is due out of the Assembly today with the amendments. Senator Walker advised that action will be taken when A.B. 307 reaches the committee. Senator Young moved "Do Pass" as amended, seconded by Senator Gojack; motion carried.

S.B. 98 - Clarifies rights of handicapped persons.

Mrs. Blaine Rose provided the committee members with a copy of proposed amendments to this bill, along with along with additional statistics (see Exhibit D). Mrs. Rose stated their intent is to give broader coverage and not to give way to deceptive complaints.

Senator Young made reference to a person being denied the right to work because of a neurosis and asked Mrs. Rose if such a person would be included in this bill; Mrs. Rose replied in the affirmative. The members agreed to postpone action on this bill for one week.

Health, Welfare and State Institutions  
Minutes of Meeting  
March 7, 1975  
Page Two

S.B. 248 - Increases statutory fees charged by state board of pharmacy.

Mr. George Bennett spoke in favor of the bill and feels the increase is justified in view of the current inflation. Also, continuing education for pharmacists has proven to be expensive for the Board. Mr. Bennett further stated that they would like to increase their services, but will be forced to reduce services if they do not receive this increase.

Senator Hilbrecht asked how often the Board meets; Mr. Bennett's reply was that by statute, they must hold 2 meetings per year, but they actually hold 6 or 7 meetings per year.

Senator Young moved "Do Pass"; seconded by Senator Hilbrecht; motion 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.

Senator Herr commented that when she introduced this bill two years ago, she thought it would be doing the pharmacists a favor by allowing them to close for certain hours of the day. After hearing testimony on this bill, Senator Herr decided that it was not a good bill and therefore killed it in committee. Although this bill was not passed during the last session, Senator Herr asked how the Board could agree upon the provisions contained in this bill without approval by the Legislature. Mr. Bob Gross, Attorney for the Board, stated that although the Board did not hold a meeting on this, they did feel that the interpretation that was given did allow for closure of the pharmacy section. The Board's position was that it had no basis upon which to prohibit it.

Senator Hilbrecht commented that when a drug store is part of another store, what is the policy in getting involved as to when it should be open in regard to the rest of the store. Mr. Gross replied that the Board is trying to conform to the law as uniformly as it can; however, changing times make these statutes increasingly difficult to comply with. The statute now states that if you have a pharmacy license, you must have a pharmacist on hand at all times that the store is open. Senator Hilbrecht felt that if a pharmacy were to be closed, they should be able to refer persons to another pharmacy that is close-by. Mr. Gross felt that this would serve the needs of the community but not nearly as well as if a pharmacist were on duty so that persons would not have to be referred to another store.

Mr. Bennett stated that the Board supports this bill in its present form.

Health, Welfare and State Institutions  
Minutes of Meeting  
March 7, 1975  
Page Three

Senator Hilbrecht asked why every store doesn't stay open at all times; Mr. Broadbent replied that it is not feasible. Mr. Floyd Butler, So. Nev. Pharmaceutical Assn., advised that the hours are set up according to the business. (See Exhibit E).

Senator Gojack asked what the benefits are to a store to have a pharmacy in the store; Jim Farrington, R.Ph, Skaggs Drug, Sparks, advised that the drug store makes in excess of \$1,000 per week. Mr. Daren Bowers, R.Ph., Grand Central, commented that the stores generally place the pharmacy in the rear of the store so that persons wishing to purchase drugs must walk through the store and pass other merchandise in order to reach the drug store. Dr. Gerald Lockhart, Pharmacist, Raley's, stated that the larger chain stores in California are open from 8:00 a.m. to 10:00 p.m. Dr. Lockhart also stated that the chain stores "would rather die than pay you overtime". Dr. Lockhart feels that closing the store in the middle of the day is frustrating to the patient, the pharmacist, and the physician.

Mr. Bennett advised that at a meeting last week, the Board felt that in having the pharmacy open at different hours than the store, it would not be consistent with public health and safety standards. Senator Hilbrecht feels that the Legislature should not have to tell industries when they can stay open.

Mary M. Morrissey, Registered Pharmacist, read letters from Drs. Roberts, Palmer, Burger and Pasuth in support of S.B. 203 (see Exhibit F for copies of letters).

Jim Farrington provided the members with a list of prescriptions that are filled after 6:00 p.m. at Skaggs Drug Store in Sparks (see Exhibit G for list). Mr. Farrington stated that if S.B. 203 is defeated, he feels that these prescriptions will not be filled.

Rick Raffant, Hospital Pharmacist, feels that hospital care is what we should be looking at; furthermore, by closing a pharmacist you are denying health care to people in the State of Nevada.

Mr. Joe Midmore advised the committee that he will have input from the chain stores on this bill; therefore, further testimony will be taken on Tuesday, March 11, 1975.

S.B. 26 - Requires labels on containers filled with prescription drugs to carry warning of possible dangers of use with alcohol or other drugs.

Sen. Gojack spoke on this bill and stated that it was not her intention to use the wording "...or other drugs" (Section 3), and

Health, Welfare and State Institutions  
Minutes of Meeting  
March 7, 1975  
Page Four

would therefore like to see this wording deleted.

Blaine Rose advised that the Rehabilitation Division's Bureau of Alcohol and Drug Abuse is in favor of this bill.

Mr. Bennett advised the committee that the Board of Pharmacy does not feel this bill to be in the public interest. The Board feels that if this information were put on labels, the patient would not be qualified to evaluate the information on various drugs; they would not be aware of the various classes of drugs.

Senator Hilbrecht feels that the label should state "Warning: avoid use in conjunction with alcohol or other drugs". Senator Hilbrecht further stated that this is what his intention was with this bill.

Mr. Bennett offered, if in agreement with the committee, that the following wording be placed on labels: "Do not use alcohol or other drugs with this prescription unless approved by the prescriber". Senator Gojack stated that this was their intention with the bill.

Mr. Russ Macdonald, Nev. State Pharmacy Assn., stated that according to this bill in its present form, whenever a pharmacist fills a prescription and fails to put this label on, it could result in extreme liability. Furthermore, the pharmacist, in filling a prescription, must have memorized this entire list (see Exhibit H).

Senator Young expressed his concern with respect to the broad warning. If there is a danger, the doctor should be the one to tell the patient.


Following further discussion, Senator Hilbrecht moved "Do Pass" as amended ("Do not use alcohol or other drugs with this prescription unless approved by the prescriber"); seconded by Senator Herr; Senator Young voted "No"; motion carried.

Being no further business at this time, the meeting was adjourned at 3:15 p.m.

Respectfully submitted,

  
Sharon W. Maher, Secretary

APPROVED:

  
Lee E. Walker, Chairman

NAME

ORGANIZATION

ADDRESS

Harold Greene	Neo Hosp.	Reno
Wick Ryan	Washoe Med	Reno
Bill Kevilly	St Mary's	Reno
Norm. Peterson	Washoe Med Ctr.	Reno
Dave Bradness	Suprise	Las Vegas
Eric Effant	Hosp. Pharmacist	Reno
Jim Deel	Raley's	Sacto Calif
Robert H. Paul	Pharm.	Reno
George E. Mink	Ne. Nev. Pharm. & Drug	Carson City
Frank W. Macdonald	Nevada State Ph. Assoc	Carson City
Gerald W. Lockhart Pharm.D.	Raley's	Carson City
Jim Farrington RPH	RCIA 1434 & StAGGS	SPARKS NV
Soren Bowers	Pharmacist (Grand Central)	SPARKS NEVADA
DENNIS BAUGHMAN	LAS VEGAS CREDIT - JOURNAL	
Mary M. Morrison	Registered Pharmacist	Reno, Nevada
Carole G. Sprimick	Registered Pharmacist	Sparks, Nevada
LANCE REGINATO	RETAIL CLERKS UNION #1434	RENO, NEVADA
Milton Reed	StAGGS Reg. Pharm.	Reno Nev
Jane Lavra Burnett	SW States Council, Retail Clerks Internat. Assoc. AFL-CIO	SACTO, Calif. Reno, Nev.
Kenneth P. Davis	Staff Pharmacist Washoe Medical Center	Reno, Nev.
Wayne Gispatrik	Chief Pharmacist Washoe Medical	Reno Nev
Richard P. Jensen	Staff Pharmacist Washoe Medical Center	Reno, NV
Bobby B. Rice	Vice President Nev. State Pharmaceutical Assn	Las Vegas, Nev
Floyd Butler	Southern Nev. Pharmaceutical Assn	Las Vegas, Nev
John P. Kintall	member 16 counties adv. Comm. on aging	Las Vegas, Nev

ROOM # \_\_\_\_\_  
DAY \_\_\_\_\_

DATE \_\_\_\_\_

118

<u>NAME</u>	<u>ORGANIZATION</u>	<u>ADDRESS</u>
James Rose	Rehabilitation	CC
Jan Ayres	NARC	CC
Frank Titus	Nev. Board Pharmacy	Reid
Eugene Heberle	Pharmacist	Las Vegas
Bob Boudert	Nevada St. Pharm Assoc	Las Vegas
Bob Ducker	Nev. State Board of Pharmacy	Fallon, Nev.

## Regulation No. 17.00

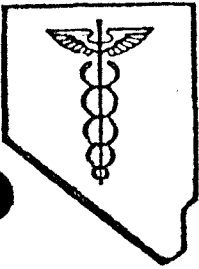
Hospital — Pharmaceutical Technicians

1. Hospital pharmacies may employ pharmaceutical technicians to perform clerical and ministerial duties in connection with the filling of prescriptions or chart orders for inpatient care only. Pharmaceutical technicians shall at all times be under the direct and immediate supervision of a registered pharmacist. The supervising pharmacist shall at all times be and remain fully responsible for all work performed by any pharmaceutical technician under his or her supervision. At no time shall the combined number of pharmaceutical technicians and intern pharmacists exceed the number of registered pharmacists on duty. Clerical or ministerial duties within the meaning of this regulation mean those duties which do not involve or require the exercise of discretion or professional judgment.
2. No pharmaceutical technician shall perform any duties in connection with the filling of any retail or outpatient prescription whatsoever.
3. If a hospital which employs pharmaceutical technicians also fills retail or outpatient prescriptions, it shall cause the retail or outpatient prescription department to be physically separated from the inpatient pharmacy by a barrier sufficient to exclude pharmaceutical technicians from the outpatient or retail pharmacy department. Such hospitals shall have a period of 18 months from the effective date of this regulation within which to comply with the requirements of this section.
4. No hospital shall permit or authorize pharmaceutical technicians to enter the outpatient or retail prescription department.

5. No hospital may operate a retail or outpatient prescription business or department except pursuant to a permit issued by the Nevada State Board of Pharmacy. Such hospital shall have a period of 30 days from the effective date of this regulation within which to comply with the requirements of this section.

6. Violation of any provision of this regulation shall constitute grounds for the suspension or revocation of an outpatient or retail pharmacy permit.





# NEVADA HOSPITAL ASSOCIATION

1450 EAST SECOND STREET RENO, NEVADA 89502 (702) 322-6905

## PROPOSED AMENDMENTS TO S.B. 204 58th Session

In all areas where it appears in the bill, change the term "Pharmaceutical Technician" to "Hospital Pharmaceutical Technician".

### Section 1. Lines 4 and 5

Strike "a hospital pharmacy which provides pharmaceutical services only to in-patients of the hospital."

Replace with "in-patients of hospitals only."

Section 1. will read, "Hospital pharmaceutical technician" means a person who performs clerical and ministerial duties for in-patients of hospitals only."

### Section 4. Page 2. Line 26

Insert the word "only" between may and be. Strike "any" and replace with "a".

### Section 4. Page 2. Lines 27 and 28

Place a comma after pharmacy, strike the remainder of line 27 and all of line 28, and add "in accordance with such regulations as may be adopted and promulgated by the State Board of Pharmacy."

Section 4. Part 1 will read, "A hospital pharmaceutical technician may only be employed in a hospital pharmacy, in accordance with such regulations as may be adopted and promulgated by the State Board of Pharmacy."

### Section 4. Page 2. Part 2(a). Lines 30 and 31

Strike the present (a) and replace with "The out-patient section of a hospital pharmacy; or"

### Section 4. Page 2. Part 4(a), (b), and (c). Lines 38 thru 42

Delete

### Section 4. Page 2. Part 4, 6, and 7. Lines 43 thru 49

Delete

*Exhibit c*

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES

ROGER S. TROUNDAY, DIRECTOR

MIKE O'CALLAGHAN, GOVERNOR

DEL FROST, ADMINISTRATOR

REHABILITATION DIVISION  
ADMINISTRATIVE OFFICE  
UNION FEDERAL BUILDING, ROOM 200  
308 NORTH CURRY STREET  
STATE CAPITOL COMPLEX  
CARSON CITY, NEVADA 89701



~~0164~~  
12/a

March 6, 1975

Honorable Lee Walker  
Senator of Nevada  
Legislative Building  
Carson City, NV 89701

SB98 - PROPOSED AMENDMENTS

There should be added to SB98 the following definition:

"Handicap" means any physical or mental condition, infirmity, malformation, or disfigurement which is caused by bodily injury, birth defect, or illness and which shall include but not be limited to, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog, wheelchair, or other remedial appliance or device and shall also mean the physical or mental condition of a person which constitutes a substantial handicap, as determined by a physician, but is unrelated to such person's ability to engage in a particular occupation.

  
BLAINE SULLIVAN ROSE  
LEGISLATIVE LIAISON

BSR:jam

Exhibit D

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES

ROGER S. TROUNDAY, DIRECTOR

MIKE O'CALLAGHAN, GOVERNOR

DEL FROST, ADMINISTRATOR

REHABILITATION DIVISION  
ADMINISTRATIVE OFFICE  
UNION FEDERAL BUILDING, ROOM 200  
308 NORTH CURRY STREET  
STATE CAPITOL COMPLEX  
CARSON CITY, NEVADA 89701



0166  
1216

March 7, 1975

Honorable Lee Walker  
Senator of Nevada  
Legislative Building  
Carson City, NV 89701

SB98

In the committee hearing on SB98 last week, Senator Young specifically asked for information on other states' laws which disallow discrimination in employment on the basis of a handicap. I have researched this subject and the following list represents other states which presently have legislation similar to that embodied in SB98:

Alaska - Sec. 18.80.220

Covers all handicapping conditions

California - Labor Code Sec. 14.12

Covers physical handicaps

District of Columbia - PL 92-515, Sec. 4

Covers blindness and physical handicaps

Maine - RST.5, Sec. 4552 and Sec. 4592

Covers physical handicaps

Iowa - Sec. 105A.7

Covers all handicapping conditions

Illinois - Illinois Constitution Art. 1, Sec. 19

Covers physical and mental handicaps

Washington - 49.60.030

Covers physical and mental handicaps

- Vermont - VSA Title 21, Sec. 498  
Covers all handicapping conditions
- Rhode Island - Sec. 28-5-3 and Sec. 28-5-5  
Covers all handicapping conditions
- New York - Bl-7.0  
Covers all handicapping conditions
- North Carolina - NCGS 168.1 and NCGS 128-115.3  
Covers all handicapping conditions
- Oregon - ORS Chapter 660  
Covers physical and mental handicaps
- Oklahoma - OSA Title 74, Ch. 7, Sec. 818  
Covers physically handicapped
- Maryland - Article 64A, Sec. 12  
Covers all handicapping conditions
- Massachusetts - C.149 S24K  
Covers all handicapping conditions
- New Hampshire - 167-C; 1-5  
Covers physical and visual handicaps
- New Jersey - 10; 5-4.1  
Covers all handicapping conditions
- New Mexico - NMSA 4-33-2 and NMSA 4-33-7  
Covers all handicapping conditions

~~0167~~  
12/c

*Blaine Rose*

BLAINE SULLIVAN ROSE  
LEGISLATIVE LIAISON

BSR:jam

Mr. Chairman-- My name---- Position- Employment---Past ---3 different Chair Operations

122

On Wednesday, Last, I heard a Doctor speak for 2 Hospitals, and on Pharmacist. I also heard this same Pharmacist speak for himself and his own particular Hospital, <sup>Pharmacy</sup> operation which is probably one of the best types of Hosp. Pharmacies emerging in the State <sup>work</sup> especially since 99% of his operation deals with "In-Patient" service and not to the general public. I speak for nearly 400 Pharmacists in the State of Nev. and we deal with the Public at large. In no way does our type of concern here today resemble, but "In-patient service." Instead we deal in "Out-patient" service-on the General Public and many of them are double parked outside our doors, while nervously waiting to get their Prescriptions filled. We could undoubtedly parade as many Doctors before you as the number I represent, because we all know more than one Doctor. We also know many others in the Health Care Delivery System whom we could call on, and also many outside this system in our behalf, but we feel that we can stand on our own merit, our reputation and our past service to the Health and Welfare of this State. A large number of us have arranged to be here this week-and we are glad that we have travelled far to keep this appointment with you. If I can answer any question, I'll do my best or I'll have someone answer it for you. I say this, because the other day when the session was drawing to a finish, one of the distinguished members asked me, "Does Closure mean that the Pharmacy is closed for good?" Or in effect, he was asking "What does Closure mean." I Realized then that there might be more questions hanging around unanswered.

Exhibit E

A small but powerful minority is attempting to have an enclosure bill passed. In fact, the bill has now been introduced in the Senate as S.B. 457 by a senator who evidently has not done any homework, for a bill of this nature could cause many serious repercussions. It is one thing for legislators to introduce bills for political expediency or other selfish reasons contrary to the democratic principles of the American way of life and government, but when they propose legislation adversely affecting public health, that is abominable.

*Stark*  
The enclosure bill would permit a drug store or pharmacy to close the prescription department while the store remains open. The present law requires the prescription department to be open with a registered pharmacist on duty as long as the store is open for business.

Consider the first concept of a drug store which, according to Webster, is a place where medicines are compounded or dispensed. If this primary function is eliminated, then the store in reality is operating under false pretenses. If the owner (or owners) of such an operation is (are) not interested in serving the needs of the public health, then the pharmacy license should be relinquished. We must not forget that licenses are the legal permission to do something specified and are issued for the convenience and protection of the public. In this instance, the need surpasses convenience and becomes one of urgency because permission to do a specified service will be legislated out of existence.

Now for an inside look at the economics of drug store operations in existence today. Chain drug stores are proliferating as fast as shopping centers are developed. If they and a few independent operators cannot afford to keep the prescription department open, why do they continue as drug stores? Actions speak louder than words. No business can prosper, even exist, year after year on its losses. This is a principle of economics.

*Mark*  
*Lin*  
Impaired: According to the petition filed by Miss Howard with the board, attorney for Pharmacy Survival, chain managements cut down on hours of prescription department operation and on numbers of pharmacists, to an extent that impairs their ability to give adequate pharmaceutical service to the communities they serve. At the same time, the petition contends, new chain pharmacies cut prices in order to win customers and drive independent

If the enclosure bill should become law, many pharmacists would be placed on the unemployment rolls. Nevada can ill afford this since her unemployment rate is greater than the national average. Legislators who propose special interest legislation causing economic harm to any group or area to a single individual, but not only paid in their land but are lacking in economic fundamentals.

Nevada operates on a 24-hour basis. No other state has such a unique situation. The economy is geared to tourists and employes around the clock. How can you justify a part-time operation in such a vital profession as pharmacy? This state would be neglecting a service to tourists, on whom we depend, and on the locals serving the tourists.

Now, ~~Mr. Green~~, what happens in emergencies? What happens if the prescription department of your drug store is closed and you need a refill? What happens to the diabetic who is unable to get to the prescription department before it closed? (Insulin is available over the counter, but hypodermic needles and syringes must be sold by a registered pharmacist only.) What happens to the sick from Beatty, Indian Springs, Pahrump, and other outlying areas where there are no pharmacies? What happens to the senior citizen or the child who is taken ill outside "drug store bank hours" which would be allowed? Are the seriously ill patients supposed to suffer because they cannot get their medication?

*Not*  
The governor of Nevada asked for prescription drug pricing legislation, which has been introduced as S.B. 174. Passing the enclosure bill could negate any benefits which would accrue to the patient because competition in prescription business would be curtailed. Even worse, the patient may have to drive around for hours or ride a cab from one drug store to another before finding a prescription department open. The question then is, would the pharmacist be

able to fill the prescription in a reasonable length of time because of the backlog? Choice would be limited to wait, suffer, and pay. With such operating situations, pharmacists would be under undue stress and more prone to make errors which could cause irreparable damage. Also, the pharmacist would be so busy you never would have an opportunity to discuss your medication with him, and you are entitled to the professional information he can offer, such as drug reactions and interactions which could seriously affect your health.

*Further do you*  
Does the senator realize that if this legislation is passed, the entire pharmaceutical profession will be in a state of constant turmoil? The few pharmacists fortunate enough to be employed will be under terrific strain. NRS 639.182 requires every pharmacist to practice a minimum number of hours per year or his license becomes inactive. If unemployed and a position does become available at a later date, the pharmacist must again be examined by the state board to prove he is qualified.

In summary, we wish to state emphatically that there is nothing political in this presentation. We are concerned! We, the pharmacists, stand to lose our positions, homes, cars, and even our licenses to practice an honorable profession. This would be a tremendous loss, but as members of a profession whose duty it is not only to fill prescriptions but to keep the public posted on information on medications as well, we would be negligent in our duty if we didn't perform this service. As great as our loss would be, the public's loss would be infinitely greater. The citizens of this state can protect their health by contacting legislators to kill the enclosure bill, S.B. 457.

Thank you!

My name is Floyd Butler, Pres. of the So. Nev. Pharmaceutical Society. My appearance before this Committee is the most important one that I shall make in the Legislature. It is my privilege to be here as the representative of the largest people group of Pharmacists in the entire State, and as a proponent for A.B. 309 "Closure" in reality takes another "Man" off the street who is professionally trained to provide the ingredients necessary to provide "Health and Welfare, the Pharmacist. It removes another License necessary for this Professional to serve the Public. How long has it been since Doctors made house calls?? It has been long enough ago that to expect a service of this type today would be old-fashioned. The Doctors removed themselves from the streets--no more "House Calls"--if you want to see a Doctor today, you well know the routine--you go to his office for a long, long wait. According to a survey taken by Ciba-Geigy Labs, presented during a Continuing Ed. program for Pharmacists, you will wait on an average in the reception-room about 2 1/2 hours. After you are placed in the inner-office another wait of 6 to 15 minutes can be expected. The average time spent with the patient by the Doctor is a Whopping 16 seconds. Quite a shocking fact this is, but very true.

Today if you become ill, you do it according to the Doctors hours. You know what they are--(9 to 1), (10 to 2), (10 to 6), (9 to 12) and available about 4 1/2 days per week. Positively you don't become ill on Week-ends, the most serious time of all. Keeping these schedules of times in which to become ill, the Public or the Consumers are now expected to obtain their Prescriptions, or refills, insulin, needles, cold-preparations, etc. on a reduced time program there-by also reducing the availability and the advice of a Pharmacist to as few hours as Corporate Brains can force upon us, in order to fulfill the dreams of their Stock-holders. The Pharmacists of the State of Nevada as professionals are not removing themselves from the "Streets" as did the Doctors, nor do they intend to--they desire to be available for advice or to function in their capacity as Pharmacists in any Plant, Mercantile Structure which incorporates a Pharmacy and to serve the Consumer the entire length of time that particular enterprise is open for business.

To deny this to the Public is an encroachment upon his right to enter a large Chain-establishment and use any Dept. it offers for business purposes at the same time. Yet these large establishments want the "Ideal Image" for their Pharmacy Depts., but they want to short-change their hours.

The idea is absurd, and the idea is almost ridiculous in this State of ours, which is unique among all the rest. Nevada, a 24 Hour State--must comply with the needs of the 3 shifts of working people whose days have been turned into nights, and ~~has~~ <sup>whose</sup> nights turned into days. We must comply with the needs of our tourists along these same lines.

Out of State Drug Corporations, who filter into Nevada, to do business have been selling their wares for years only to send the money Out of Nevada the very next day. True, for many years they complied with the laws of the State to establish an acceptable profile, but within the last few years they have felt themselves strong enough to circumvent our Laws by interpretation, and possible intimidation of our Pharmacy Board which has been appointed by the Governor. They have jumped on an old Law in our books (N.R.S. 639-280) with a ~~larged interpretation other than for which it has stood for over 70 years~~

These Corporations, as you know, represent the financed Minorities outside our State Line. They do not, and cannot represent the "Health and Welfare" of the People of Nevada <sup>125</sup> by reducing Health Care facilities inside our State, which is dictated by their economic structure, and their eagerness of pick up another inflated Dollar creating unemployment in a State which has as of this moment more than it can ill afford. If they can't "Hack it" under Nevada Law, let them get out of the Pharmacy Business, and make room for a Nevada Citizen in Pharmacy take his place.

We do not aim or direct our proposals for A.B. 309 at the rural areas or the smaller, now diminishing Independent Pharmacies in the far out locations where in a sole proprietor must exist. We feel that an exception to A.B. 309 should be considered only in the case of a sole proprietor on the basis of hard-ship, or economic necessity and determined by regulation by the Pharmacy Board in keeping with the best interests of "Health and Welfare" of that particular rural community.

The Special Interest groups, who are against A.B. 309, and who are trying to install "Drug Store Bank Hours" in our State are ignoring, "What happens to a diabetic or an epileptic who suddenly finds himself out of medication who needs a refill and the RX Dept. where he had it filled is closed. What happens to him?? There are many, many examples possible to mention. These same Special Interest Groups, or any Legislator who is against A.B. 309, or who wish to help line the pockets of a select few, must not only lack pride in this State of ours, but are lacking in the fundamentals for the "Health and Welfare" of our Nevada Citizens and families.

The So. Nevada Pharmaceutical Society goes on record, combined with the Northern Nevada Pharmaceutical Society as a United Front in the best interests of the People of Nevada to strongly, and vigorously support A.B. 309. Thank you.



March 7, 1975

We, the undersigned, do hereby support SB 203. We feel that the closure of pharmacies, ~~thereby~~ limiting the hours of service and limiting the availability of registered pharmacists would be extremely detrimental to the health care service of our pediatric patients. Children and especially infants, develop sudden and severe illnesses that frequently need immediate therapeutic care. If our patients are required to drive all over town in an attempt to find a store open with a pharmacist available, it will be a severe handicap and burden. Financially, many young parents can not afford the high costs of emergency care in the two hospitals and the high cost of medications purchased at these establishments. We strongly urge the support and passage of SB \_\_\_\_\_.

*F. B. Burch, M.D.*

*A. B. Burch, M.D.*

*William E. Pasuth, M.D.*

*Exhibit F*

TO WHOM IT MAY CONCERN:

127

I wish to respectfully submit this testimony in absentia.

I support the philosophical intent of SB. <sup>203</sup> Disease is a 24 hour a day problem. Many patients require relatively immediate therapeutic intervention for pain or illness. If premature closure of pharmacies occurs the patient is denied this intervention. If only hospital pharmacies are available for "off-hour" drug availability, the cost will be higher to the patient (It is a well known fact that hospital drug costs are higher than those of competitive pharmacies).

I do not support governmental regulation of private business hours. I do support the need for the pharmaceutical industry to meet the needs of the public. I do believe that those needs are other than a 9:00am to 6:00 pm concept. I do believe that weekend and holiday availability is necessary.

If all pharmacies were to limit the general availability of access, then physicians would also limit availability of response to those out-patients. Do not call before 10 am, after 6 pm or on holidays and weekends.

Thank you.



David L. Roberts, M.D.

RECORD OF PRESCRIPTIONS FILLED AFTER  
 6PM DURING PERIOD OF 5/15/74 TO 11/30/74

SKAGGS #115 SPARKS NJ

DATE	Rx FILLED	DATE	Rx FILLED	DATE	Rx FILLED
5/15/74	28	7/16/74	24	9/19/74	25
5/16/74	38	7/18/74	48	9/20/74	26
5/17/74	76	7/19/74	30	9/23/74	15
5/18/74	11	7/20/74	15	9/24/74	27
5/19/74	4	7/21/74	8	9/26/74	26
5/20/74	21	7/22/74	45	9/23/74	6
5/21/74	27	7/23/74	33	9/29/74	5
5/22/74	24	7/25/74	23	10/1/74	27
5/23/74	51	7/26/74	23	10/3/74	28
5/24/74	26	7/27/74	19	10/4/74	30
5/25/74	7	7/29/74	16	10/5/74	8
5/28/74	35	7/30/74	22	10/6/74	43
5/30/74	35	7/31/74	39	10/7/74	46
5/31/74	46	8/1/74	16	10/11/74	34
6/1/74	4	8/2/74	30	10/14/74	14
6/3/74	45	8/3/74	9	10/15/74	45
6/4/74	24	8/5/74	28	10/17/74	50
6/6/74	30	8/6/74	13	10/18/74	78
6/7/74	36	8/7/74	15	10/19/74	58
6/8/74	14	8/8/74	20	10/20/74	17
6/10/74	23	8/9/74	38	10/21/74	32
6/11/74	26	8/10/74	12	10/22/74	52
6/12/74	31	8/12/74	16	10/25/74	20
6/14/74	24	8/13/74	20	10/26/74	14
6/15/74	22	8/14/74	27	10/29/74	41
6/17/74	47	8/16/74	34	11/1/74	71
6/18/74	23	8/19/74	31	11/6/74	95
6/20/74	17	8/20/74	31	11/8/74	113
6/21/74	24	8/22/74	24	11/19/74	8
6/22/74	6	8/23/74	31	11/20/74	17
6/24/74	26	8/26/74	37	11/21/74	11
6/25/74	24	8/27/74	57	11/22/74	14
6/27/74	33	8/28/74	25	11/30/74	12
6/28/74	23	8/29/74	46		
7/1/74	24	8/30/74	20		
7/2/74	20	8/31/74	17		
7/3/74	5	9/3/74	65		
7/4/74	5	9/4/74	24		
7/5/74	25	9/5/74	49		
7/6/74	9	9/6/74	24		
7/8/74	27	9/7/74	8		
7/9/74	24	9/9/74	31		
7/11/74	26	9/10/74	30		
7/12/74	27	9/12/74	49		
7/12/74	15	9/16/74	36		
7/15/74	29	9/17/74	24		

SB26

**INTERACTION STOCK STICKERS****1 AVOID ALCOHOLIC BEVERAGES WITH THIS MEDICATION. CONSULT PHYSICIAN FOR SPECIFIC ADVICE.**

Acetohexamide (Dymelor)  
 Antidiabetics  
 Antihistamines  
 Barbiturates  
 Benztropine (Cogentin)  
 Chloral Hydrate (Noctec, Somnos)  
 Chlordiazepoxide (Librium)  
 Chlorpheniramine (Chlor Trimeton, Teldrin, Ornade, Tuss ornade)  
 Chlorpromazine (Thorazine)  
 Chlorpropamide (Diabinese)  
 Codeine containing cough syrups  
 Darvo-Tran  
 Depressants  
 Diphenoxylate (Lomotil)  
 Disulfiram (Antabuse)  
 Furazolidone (Furozone)  
 Hexylresorcinol (Crystoids)  
 Hydromorphone (Dilaudid)  
 Meclizine (Antivert, Bonine)  
 Meperidine (Demerol)  
 Methaqualone (Quaalude, Parest)  
 Metronidazole (Flagyl)  
 Monoamine Oxidase inhibitors  
 Narcotics  
 Nitroglycerin  
 Phenformin (DBI, Meltrol)  
 Promethazine  
 Secobarbital (Seconal)  
 Spironolactone (Aldactone)  
 Tolbutamide (Orinase)  
 Trifluoperazine (Stelazine)  
 Trimiprazine (Temaril)  
 Triplennamine (Pyribenzamine)

**2 DO NOT TAKE WITH ANTACIDS.**

Bisacodyl (Dulcolax)  
 Ferrous Fumarate  
 Ferrous Gluconate  
 Ferrous Lactate  
 Ferrous Sulfate  
 Mercurial Diuretics  
 Methenamine  
 Mysteclin F  
 Nalidixic Acid (NegGram)  
 Nitrofurantoin (Furadantin, Macrochantin)  
 Sulfonamides  
 Tetracyclines

**3 TAKE MEDICATION ON AN EMPTY STOMACH 1½ TO 2 HOURS BEFORE MEALS.**

Cloxacillin  
 Erythromycin Base  
 Lincocin  
 Methacycline  
 Penicillin G & V  
 Tetracyclines (except Declomycin)

**6 DO NOT TAKE WITH ASPIRIN. CONSULT YOUR PHYSICIAN FOR ADVICE.**

Anti Diabetic Agents  
 Bushydroxycoumarin  
 Insulin  
 Methotrexate  
 Phenylbutazone  
 Probenecid (Benemid)  
 Sulfonylurea (Tolbutamide, Phenformin, Chlor Propamide)  
 Thiazide Diuretics  
 Warfarin (Coumadin)

**7 DO NOT TAKE WITH ALCOHOL OR OTHER DEPRESSANTS.**

Alcohol  
 Amphetamines  
 Antihistamines, Depressants, Narcotics, Phenothiazines & other tranquilizers  
 Benztropine  
 Chlordiazepoxide (Librium)  
 Codeine-Codeine antihistamine cough syrups  
 Corticosteroids  
 Dalmane  
 Darvon  
 Diazepam (Valium)  
 Diphenhydramine  
 Diphenoxylate (Lomotil)  
 Hydromorphone (Dilaudid)  
 Indocin  
 Maolate  
 Meclizine (Bonine-Antivert)  
 Meperidine (Demerol)  
 Monoamine Oxidase Inhibitors  
 Muscle Relaxants - Carbamides  
 Phenobarbital  
 Phenothiazines  
 Promethazine  
 Reserpine  
 Talwin  
 Trifluoperazine  
 Valmid

**8 TAKE MEDICATION WITH PLENTY OF WATER.**

Antacids  
 Diuretics  
 Sulfas

**9 - DO NOT TAKE WITH FRUIT JUICES.**

Cloxacillin  
 Erythromycin  
 Penicillin G Ammonium  
 Penicillin G Potassium

**4 TAKE MEDICATION ONE-HALF HOUR BEFORE MEALS.**

Anticholinergics for GI Tract  
 Atropine  
 Banthine  
 Belladonna Tincture  
 Dipyridamole (Persantine)  
 Donnatal  
 Librax  
 Methylphenidate (Ritalin) (Peritrate)  
 Phenazopyridine (Pyridium)  
 Phenmetrazine  
 Phenobarbital and Belkadonna  
 Propantheline (Pro-Banthine)

**5 TAKE MEDICATION IMMEDIATELY BEFORE OR WITH MEALS. (OR FOOD.)**

Aminophylline  
 Aminosalicic Acid  
 APC  
 Aspirin  
 Chlorpropamide (Diabinese)  
 Dilantin  
 Ferrous Salts (Feosbl, Fergon, etc.)  
 Hydrocortisone  
 Mephesisin  
 Metronidazole (Flagyl)  
 Nalidixic Acid (NegGram)  
 Nitrofurantoin (Furadantin, Macrochantin)  
 Phenformin (DBI, Meltrol)  
 Phenylbutazone (Butazolodin)  
 Ponstel  
 Prednisilone  
 Prednisone  
 Procyclidine  
 Reserpine (Serpasil, Reserpoind, Sandril)  
 Salicylazosulfapyridine  
 Sulfadimethoxine (Madribon)  
 Sulfapyrazone (Anturane)  
 Sulpanthoxy Pyridazine (Dynex, Midicel)  
 Theophylline (Elixophyllin)  
 Tolbutamide (Orinase)  
 Triamterene  
 Trihexyphenidyl  
 Trimeprazine  
 Thiazide Diuretics: (Diuril Hydrodiuril, Oresic, Naqua, Etc.)

**10 DO NOT TAKE WITH MILK OR CALCIUM CONTAINING ANTACIDS.**

Bisacodyl  
 Potassium Chloride  
 Potassium Iodide  
 Tetracyclines except Doxycycline

**11 MEDICATION MAY DISCOLOR URINE.**

Amitriptyline (Elavil)  
 Anisindione derivatives (Miradon, Hedulin)  
 Azo Gantranol  
 Azo Gantrisin  
 Chlorzoxazone (Paraflex)  
 Demethylchlortetracycline (Declomycin)  
 Flagyl  
 Furazolidone  
 Nitrofurantoin  
 PAS  
 Phenazopyridine  
 Pyridium  
 Quinacrine (Atabrine)  
 Rifampin  
 Robuxin  
 Salicylazosulfapyridine (Azulpilone)  
 Serenium  
 Triamterene (Dyrenium)  
 Triavil  
 Urised  
 Vitamins with Riboflavin

**12 AVOID TAKING MINERAL OIL WITH MEDICATION. TAKE WITH WATER.**

Diethyl Calcium Sulfosuccinate  
 Diethyl Sodium Sulfosuccinate  
 Multivitamins  
 Non-Absorbable Sulfas  
 Vitamins A, D, E, K

*Exhibit H*