

Chairman Jeffrey
Vice Chairman Robinson
Assemblyman Bennett
Assemblyman Bremner
Assemblyman Chaney
Assemblyman Horn

Assemblyman Sena
Assemblyman FitzPatrick
Assemblyman Rusk
Assemblyman Tanner
Assemblyman Weise

The meeting was called to order at 3:15 p.m. Chairman Jeffrey announced that the committee would receive testimony on SB 563, 564 and 565 as a group and that each person testifying would be allowed to comment on all the bills before the next witness would be called .

SB 563, SB 564, SB 565: Mr. Russ MacDonald, lobbyist for the Nevada Board of Pharmacy, Mr. George Bennett, Secretary for the Board and Mike Dyer, attorney for the Board, all came forward to discuss these bills with the committee. Mr. MacDonald stated that all these bills are parallel and that they were introduced for the purpose of updating and making uniform the pharmacy laws which had been added to and changed over the years in a random manner. He went through the bills and noted the following substantive changes: SB 563: Sections 1 and 2 are changes which transfer the information and definitions to the ending sections of the bill for consistency sake; section 3 provides that people who actually prescribe the drugs are also included in the chapter; Section 4 updates the name of the authority in the U.S. government which oversees this area; Section 5 defines dispense and Mr. MacDonald explained that this means anything more than one dose; he stated that he felt the changes through section 9 were self-explanatory; Section 10 through page 5, line 4, he explained, made changes to update the drugs which are currently used and allowed the Board to continue to update this by regulation. Page 5, line 5 through page 8, lines 16 and 45-47 were changed to comply with federal regulations regarding controlled substances.

Mr. MacDonald explained that the change in Section 15(1) was made in order to bring this board in line with the others by licensing every two years, instead of yearly and he stated that the fee scheduled has been adjusted to accomodate that. Mr. Bennett also stated that this change would help the board's cash flow. Mike Dyer stated that the change in 15(2) was to correct an oversight in the previous language in include the prescriber. Lines 28 through 33, page 9, Mr. McDonald stated, provides for the inclusion of nurse practitioners and other para-medical people to this section. Section 18 provides for disciplinary action which they felt should be set out in statute specifically. Mr. MacDonald pointed out that on lines 26 and 27 the fine is applicable to each separate violation, not a lump sum total. He also stated that these provisions would not eliminate judicial review. Section 18, Mr. Dyer indicated, broadens and improves the rights of the registrant who is being investigated and stated that the language on line 16 is very necessary language for the protection of the public and it also provides in that subsection for a speedy hearing

for the registrant. Sections 19 and 20 make state law comply with federal regulations relative to controlled substances. Mr. MacDonald stated that the changes on page 13 were put in to comply with the bill which had already passed regarding telephone prescriptions made by practitioner's agents. Mr. Dyer stated that the provisions of Section 24 give procedures for trial due to violations of controlled substances provisions and requires that the state does not have to post a bond when going to court on this type of action.

Mr. MacDonald stated that Section 28 was changed to make the requirements for a practitioner making prescriptions for his family and self more clear; that it only be done in emergency situations. He also pointed out that the refill provisions on page 16, line 45 and page 17, lines 2&27, have been changed to six (6) months to comply with federal law changes. He stated that sections 35-40 deal with construction changes within NRS and are not substantive changes, but only a reworking and clarification of current law making it easier to read. He reviewed the definitions on page 19 with the committee. Section 52(2) was also changed due to the oral prescription procedures and he stated that this was important in order to keep a closer tack on the dispensation of drugs (to prevent disappearance of small quantities of drugs like vallium, etc.). He also pointed out that this is only effective between and doctor and a hospital or convalescent hospital and that it would not effect the relationship with calling an order in to a regular pharmacy. He also stated that this would be much better than the present system regarding prescription of these types of drugs.

Mr. MacDonald also reviewed the new language on page 20, lines 20-39 and stated that this type of section was necessary due to the increased responsibilities and education of people working in the field under the supervision of qualified doctors. He also stated that the only new provision under the prescription information section was that the prescription would have to reflect the DEA registration number of the doctor as indicated on lines 44 and 45. In conclusion he stated that section 56 is being repealed because it is repetitive of the methadone provisions in other portions of the law.

Dr. Robinson asked how the public health nurses are covered regarding use of drugs and Mr. Bennett stated that the Board licenses the program and then the program's director submits to the Board a list of authorized people on the staff for approval.

In answer to a question from Mr. Bremner, Mr. Dyer stated that if a doctor did not sign a chart order-verbal prescription off within the 48 hour provision, the Board could take disciplinary action against him, depending on the circumstances.

SB 564: Mr. MacDonald stated that this bill primarility deals with uniformity of definintions in the statutes of terms and words used in the profession. He stated that the provisions on page 3, secion 8(2) would allow the Board to charge for sending

poison lists to those requesting it from out of state. He stated that many of the other changes in the bill would make this compatible with the other changes reviewed in the former discussion.

Mr. Bennett stated that the change in section 29 was very important, inasmuch as it would permit authorized officials to take possession of the actual prescription forms in case of finding them necessary in the course of an investigation, so that it could be used as evidence. He also stated that the repealer on page 10, line 11 was for the purpose of taking out the provisions relating to labeling, death of the prescriber because they are already covered in Chapter 639 and were redundant.

SB 565: Mr. MacDonald stated that this is another parallel bill and that many of the changes and comments were similar in nature. He told the committee that the change on page 2, section 5 was to make the bill comply to the open meeting law, except that it did not cover deliberations on hearings, preparation, grading or administering tests.

Mr. MacDonald submitted to the committee a proposed amendment to page 2, section 5(4) which is attached and marked as Exhibit "A". He stated that this board meets about 20 times per year and that he felt it was a hardship on the members as is provided in the 3rd reprint. He stated that the changes in Section 6 were updating of the regulatory powers of the board. He said that on page 3, line 33 this change would permit them to only send copies of the applicable pharmacy chapters to nonresidents, if they requested those copies. Section 11, would allow the Board to issue a temporary license to an applicant once they passed Nevada's pharmacy law test, so that they could practice while being investigated. Page 5, line 8 is a clean up provision which would add osteopathic physicians and their assistants to the section (this was overlooked prior). He then reviewed section 13, which was changed to comply with the two-year licensing provisions of 563. He pointed out that these are maximum fees. The new language on lines 40-42, page 6, was added so that a hospital with an in-patient and out-patient pharmacy would not have to be double licensed. He then reviewed with the committee the forfeiture provision of Section 15 and stated that this would give them a procedure, other than revocation, if a registrant had not paid his fees by the renewal date. The new provisions on page 8, lines 28-38 were included so that there would be a responsible individual in the pharmacy in the instance of a chain-store type location. This was needed because it was not clear in the past. He stated that there are additional provisions regarding this on page 10.

Mr. Dyer stated that the reason for the inclusion of Section 22 in the bill was to enable the board to make more confined audits in trying to locate possible deficiencies in drug inventory. He stated that, in light of the recent findings with the Sunrise Hospital situation, they felt that each hospital which has

an outpatient pharmacy should have separate inventories and records for that section. They discussed the reasoning behind this at length with the committee. Mr. Bennett pointed out that after the problem was recognized at Sunrise Hospital, the hospital voluntarily separated their in and out-patient facilities physically, and so far as their record keeping was concerned, to a greater extent than is proposed by this bill.

The next substantive change reviewed by Mr. MacDonald was the fine provision on page 14, line 37, against stating that it was "per count". He stated that the balance of pages 14 and 15 were repetitive language from the parallel bills which had been reviewed earlier. That concluded their testimony on these bills.

Fred Hillerby, Nevada Hospital Association, stated that their prime concern with the bills was in how they affected the use of chart prescriptions in hospitals. He stated that the association was in favor of the bills and were happy to see the laws finally codified and updated; however, they had wished that their associations had been consulted with the changes in the provisions regarding hospital matters. He proposed an amendment to each of the three bills and those amendments are attached and marked at Exhibit "B". In explaining the amendments, he told the committee that they felt the use of prescription orders on the charts helped to facilitate getting the medication to the patients on their way out of the hospital and would also help to assure that the patient continued with the same medication they had been taking during their stay in the facility. He stated that they were not looking to be able to do this as a means of getting around any regulation, but as a time saving measure within the hospitals. He also stated that they would agree with the broadening of authorization to use drugs by para-medical people such as those administering inhalation therapy, etc., but that they would suggest that this possibly be done by regulation because of the constantly widening field of medicine and application of new techniques. In regard to SB 565 he stated that he felt requiring the hospitals with small out-patient pharmacies to separate those areas and supply inventories and records to each would be a big burden on those hospitals. He stated that he felt, if the board thought a hospital was having problems with the control in their pharmacies, that they should control that by regulation, rather than burdening the statute with those provisions.

Mr. Hillerby introduced Mr. Ken Bender, pharmacist for St. Mary's Hospital in Reno, to the committee to comment further on this point. He submitted to the committee a chart explaining the process which is followed regarding drug dispensing at the hospital and that is attached and marked as Exhibit "C".

The amendments and philosophies regarding this were discussed and Chairman Jeffrey asked that the Board and the Hospital Association get together and formulate some amendments to these bills which would take care of their apparent conflicts and report back to the committee on Friday with those amendments.

Minutes of the Nevada State Legislature

Assembly Committee on COMMERCE

Date: May 24, 1979


Page: Five

No action was taken on these bills at this point.

Chairman Jeffrey stated that there would be no testimony taken on SB 577, since no one was present to testify.

There being no further business to come before the committee, the meeting was adjourned at 5:05 p.m.

Respectfully submitted,


Linda D. Chandler
Secretary

1979 REGULAR SESSION (60TH)

ASSEMBLY ACTION	SENATE ACTION	Senate	AMENDMENT BLANK
Adopted <input type="checkbox"/>	Adopted <input type="checkbox"/>	AMENDMENTS to <u>Senate</u>	
Lost <input type="checkbox"/>	Lost <input type="checkbox"/>	Bill No. <u>565</u> Joint	
Date: _____	Date: _____	Resolution No.	
Initial: _____	Initial: _____	BDR <u>54-1963</u>	
Concurred in <input type="checkbox"/>	Concurred in <input type="checkbox"/>	Proposed by <u>Senator Wilson</u>	
Not concurred in <input type="checkbox"/>	Not concurred in <input type="checkbox"/>		
Date: _____	Date: _____		
Initial: _____	Initial: _____		

Amendment N^o 1349



Amend section 5, page 2, by deleting line 33 and inserting:
 "law,] Actual expenses for subsistence and lodging, not to exceed
the amount provided by law for state employees, and".

B

PROPOSED AMENDMENTS TO S.B. 563:

Page 19, Sec. 42, line 17 - add: A chart order is a prescription for purposes of inpatient drug administration and dispensing of drugs at the time of discharge from the hospital.

Pag 20, Sec. 55 - add: (h) For chart orders, the information in this section must be available in the hospital's records.

EXHIBIT "B"

PROPOSED AMENDMENTS TO S.B. 564:

Page 2, Sec. 2, line 2 - add: A chart order is a prescription for inpatient drug administration and dispensing of drugs at the time of discharge from the hospital.

Page 9, Sec. 30, add: (h) For chart orders, the information in this section must be available in the hospital's records.

PROPOSED AMENDMENTS TO S.B. 565:

Page 1, Sec. 2, line 19 - add: A chart order is a pre-
scription for inpatient drug
administration and dispensing
of drugs at the time of dis-
charge from the hospital.

Page 6, Sec. 13, lines 40 through 42, delete:

(The board must license hospital pharmacies for outpatients
but may not charge or collect fees therefor.)

Page 11, Sec. 22, lines 24 through 27 - Delete paragraphs
(b) and (c).

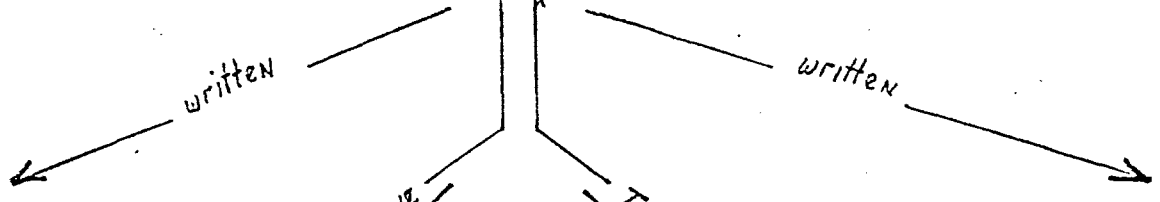
C

Inpatient

Outpatient

M D

C Rx



Patient, Med, Qty, instructions MD - staff info on file

Chart order

(Except CII)

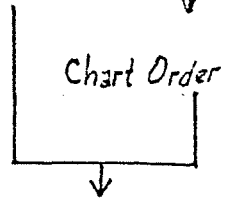
Telephone Verbal

(Except CII)

Telephone Verbal

Rx

Patient, Med, Qty, instructions MD - may have to "track down" MD inf.



NCR

Medication Dtd.

Record Keeping

C IV, V - 1 file w/ "C"

OR

Shingle Sheet (see example)

C II, III - Counter signed stack sheet verified each shift

OR

Single sheet

(Equivalent to Original handwriting - No manipulation as with "Xerox")

Rx

Rx

Medication Dtd.

Record Keeping

C III, IV, V - 1 file w/ "C"

II - Separate file

In order to facilitate verification of either inpatient OR outpatient against inventory ordered (with only one checked) Pharmacy can allocate separation of inventory accounting. Abuse will not be stopped by physical separation, nor will physical separation provide a more expeditious means of accounting than above separation