The meeting was called to order by Chairman Bennett at 5:05 p.m. with the following members present:

MEMBERS PRESENT: Mr. Bennett
Mr. Bergevin
Mrs. Ham
Mr. Mello
Mr. Nicholas
Mr. Thompson

MEMBERS ABSENT: Mr. Chaney

GUESTS PRESENT: Please see attached guest register.

The first item on the agenda was S.B. 286 in order to obtain testimony from Senator Hernstadt, primary introducer of this measure.

SB 286 Limits prescription of controlled substances by certain practitioners of the healing arts.

Senator Hernstadt explained that this bill corrects an error which the Senate Commerce and Labor Committee made during the last session as a result of recommendations that had been made to them by the Board of Pharmacy. They repealed a certain section dealing with ethical and non-ethical behavior and they left a loophole by which quaalude shops were set up in Las Vegas and where they were actually, legally dispensing prescriptions for a huge amount of this particular kind of drug. When this was exposed in the media, it was discovered that this part of the federal model Drug Control Act had been repealed. As a result of that, Senator Hernstadt introduced this bill to repair that problem. This bill has been amended by the Human Resources Committee of the Senate and it was based on an understanding between the Board of Pharmacy and the Board of Medical Examiners and they came up with this language.

He referred to a memo, dated March 20, 1981, which he received from the Division of Investigations and Narcotics (attached as EXHIBIT I), the Drug Enforcement Division, to add some proposed language which would put a commensurate responsibility on the pharmacists as well as on the physician to know the patient and only prescribe these controlled substances as part of their legitimate medical practice. He expanded on several instances of how this statute as it now reads could be abused and what this suggested bill would do to correct it.

Mr. Hernstadt explained that he has discussed the proposed amendments with the lobbyists for the Board of Pharmacy and they have no objection to them, they also want to clean up this situation.

He urges support of the committee for the bill as it is and if they want to add the suggested amendments from the Drug Enforcement Division, he would believe that to be equally beneficial.

Mrs. Ham pointed out that in Judiciary Committee they had a very strict bill relating to this same area and she questioned whether it would conflict with this bill or whether it is the same. Mr. Tucker, seated in the audience, replied that it does not conflict with this bill and this bill does contain very needed language which will be showing up in several other bills that the Parmacy Board has requested. It would be up to the bill drafter to put the proper language in as he feels necessary, once the concept is adopted.

In response to a question from Mr. Mello, Mr. Tucker with concurrence by Senator Hernstadt, explained that persons in the medical profession, such as podiatrists, etc., would be allowed to prescribe pain killers, etc., as needed for their patients.

Testifying next was Mr. Joe Midmore, appearing for the Nevada State Board of Pharmacy, who stated that they support this bill, however, they feel it should be on record that such wording as this: "prescription to be effective must be issued for a legitimate medical purpose by an individual practioner acting in the usual course of his professional practice" be used. This wording has been in the Federal Drug Enforcement Administration Regulations since at least 1974. At present in the State Board Regulations, we have wording that says: "a corresponding liability rests upon the pharmacist who fills the prescription which is not prepared in the form prescribed by the law and these regulations." Copy of those regulations attached as EXHIBITS II and III. The Division of Investigations and Narcotics amendment is actually covered now in regulations but they have no objection to it becoming a statute and it is essentially the same thing as is in the suggested amendment. The Board recognizes that the situation where the "quaalude clinic" was operating was a bad situation and anything that the Legislature can do to properly stop that situation is needed.

There being no further testimony, Mr. Nicholas moved AMEND AND DO PASS, seconded by Mr. Mello and carried unanimously with Mr. Chaney absent from the vote.

AB 445 Requires that instructions for first aid in choking be displayed in certain food establishments.

Speaking in support of this measure was Ms. Reba Chappel, Chief of Emergency Services for the Nevada State Health Division. She stated she supports the concept of the intent of the bill which they feel is excellent, however, they don't feel the bill goes quite far enough. Her supervisor, Dr. Reynolds, has requested that she express to the committee the feeling that just posting information on this will not do what they think the committee wants to do with this bill. Consideration of some sort of requirement for training of food handlers would be more adequate in order to really attack the problem. She also has a personal problem with understanding what is intended in Section 2 between lines 11 and 17 on page 1 where it says, "the Health Authority will supply to the proprietor a copy of the instructions which have been determined by the Board of Health and that the proprietor

shall post a copy". They have been trying to figure out what is meant by "a copy" because that can be most anything from one sheet of paper to a poster. If the agency is going to be required to do this, they would appreciate more instruction on just what it means.

Additionally, they pointed out that this bill shows no fiscal note and there would be some fiscal impact on the Health Division because it costs money to prepare instructions and distribute them. Mr. Edmondson from the Consumer Health Protection Bureau is present and will testify that he will be responsible for seeing that all this material got to the food handlers and will address the fiscal need.

Mr. Nicholas addressed one concern expressed by Ms. Chappel, that being the copy to be posted. He pointed out that he has seen single page, full-figure, cartoon-type treatment that seemed to be pretty effective and asked if that might be the answer to that area. Ms. Chappel stated that in keeping with what the bill says, that you would post this so the food handlers would become familiar with it, that would do in making them familiar with the procedure. Mr. Nicholas then lead into the dollar impact and agreed there would be some fiscal need. He understands there have been some materials prepared and distributed by the Agency that could be used; taking advantage of the original material could they simply order more copies and use that. He asked if she was quoting the cost to include the production of the sheet, the accumulation of the mailing list in terms of inspection facilities and the mail-out of this information. She replied that they were looking at the purchase of a poster plus the distribution which would include mail-out costs and costs for new businesses coming into being after the initial mail-out is done. She distributed copies of a hand-out brochure that is made available by the Firemans Fund Life Insurance Company (attached as EXHIBIT IV) which is intended for use in the training in the EMS training program. These are used in various training programs and are very helpful but it is not the kind of thing you would give to a restaurant for placing on a wall. She asked that Mr. Edmondson address the fiscal need for the committee.

Mr. Al Edmondson, Bureau Chief, Consumer Health Protection Services, stated that there are approximately 6550 food service establishments in the state that would have to be covered; there are approximately 3500 in Clark County, 1100 in the rural counties, 1800 in Washoe County and 150 in Carson City.

Restaurants change hands frequently (sometimes even two or three times per year) and when they change, you would have to provide them with new handouts. They have found that they can get a poster-size with a glazed surface poster for $600 per 1,000. With postage and added cost of printing, they would estimate a need for approximately $10,000 for the less expensive type and the more durable poster could be as high as $30,000 over a two year period.

Mr. Mello stated that in light of the fiscal impact on this bill, he would recommend that it be forwarded to the Committee on Ways

and Means for further testimony and action. He then moved the bill be forwarded to the Committee on Ways and Means without recommendation; seconded by Mr. Bergevin and carried unanimously with Mr. Chaney being absent from the vote.

SB 143 Changes name and qualifications for the supervisor of program to control tuberculosis.

Speaking next in support of SB 143 was Mr. Monte Meador, Chief of Communicable Disease Section, who explained that this bill is the result of the sunset review committee last year for the Bureau of Community Health Services and one of their recommendations. This is also in anticipation of the reorganization of the Division of Health.

There were no questions or further testimony to be heard on this bill and a motion was then made by Mr. Bergevin for a DO PASS; seconded by Mr. Mello, and unanimously carried with Mr. Chaney being absent from the vote.

SB 393 Abolishes state responsibility to control gnats and mosquitoes.

Mr. Al Edmondson, Bureau Chief, Consumer Health Protection Services, testified on this bill stating that NRS 439.175 was added to the statutes in 1967 and it requires the Health Division to make studies and demonstrations of mosquito-born diseases including malaria, etc. It also requires the Health Division to enter into a cooperative agreement with any local district or public agency engaged in the work of controlling mosquitoes or gnats in such areas and under such terms, conditions and specifications as the Division may prescribe. Such agreement may provide for financial assistance on behalf of the State and for doing of all or any portion of the necessary work by either of the contracting parties except that in no event shall the Division agree that the state's contribution shall exceed 50% of the total cost of any acceptable plan. This has been on the books since 1967 -- it has never had any funding and they are asking that it be repealed.

There being no further testimony or questions on the provisions of the bill, a motion was made by Mr. Bergevin, seconded by Mr. Mello for a DO PASS. Motion carried unanimously with Mr. Chaney being absent from the vote.

The following bills were scheduled as work session only and no testimony was taken:

AB 107 No action, hold in committee.

AB 149 See EXHIBIT V attached; no action, hold for consideration of further amendments.

AB 185 See EXHIBIT V attached; no action, hold for further consideration.

AB 307 A motion was made by Mr. Nicholas and seconded by Mr. Bergevin for a DO PASS; motion carried unanimously with Mr. Chaney being absent.

AB 293 Motion by Mr. Bergevin, seconded by Mr. Nicholas to DO PASS. Motion carried by a unanimous vote with Mr. Chaney absent.

AJR 17 Mr. Bergevin moved DO PASS; seconded by Mr. Mello and carried unanimously with Mr. Chaney being absent.

SB 99 A motion for DO PASS was made by Mr. Nicholas, seconded by Mr. Bergevin and carried unanimously with Mr. Chaney absent.

SB 144 Mr. Bergevin reminded the committee members of an amendment that is necessary, that being the deletion of line 18 as that has been accomplished in AB 144 in establishing statutorily the fee structure. Mr. Mello, additionally, reminded the committee of the amendment proposed during our previous hearing on line 21, page 1, regarding certification and licensure for personnel.

A motion was then made by Mr. Bergevin to AMEND with two amendments and DO PASS; motion was seconded by Mr. Mello and carried unanimously with Mr. Chaney being absent.

SB 145 Motion for a DO PASS was made by Mr. Mello, seconded by Mr. Nicholas and carried unanimously with Mr. Chaney absent.

SB 146 Motion for a DO PASS made by Mr. Nicholas, seconded by Mrs. Ham and carried unanimously with Mr. Chaney absent.

SB 121 Motion for a DO PASS made by Mr. Bergevin, seconded by Mr. Mello and carried unanimously with Mr. Chaney absent.

SB 181 Motion by Mr. Nicholas, seconded by Mr. Mello for a DO PASS. Motion carried unanimously with Mr. Chaney being basent.

The following members will carry the bills on the floor:
Mr. Nicholas: AB 293, SB 146, SB 393, SB 147 (passed last meeting).
Mr. Bergevin: AB 307, AJR 17, SB 286.
Mr. Thompson: SB 144 and SB 145.
Mrs. Ham: SB 181.
Mr. Bennett: SB 121 and SB 143.
Mr. Mello: SB 99.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Nykki Kinsley,
Committee Secretary

NDD Form 1

INTER-OFFICE

Memo

FROM THE DIVISION OF INVESTIGATIONS AND NARCOTICS = STATE OF NEVADA

To: VERN CALHOUN, CHIEF

Date: March 20, 1981

From: ARNIE GINSBORG, DIU SUPERVISOR

Copies:

Re: PROPOSED ADDITION TO IMPENDING LEGISLATION, SENATE BILL 286, 453.381 (1) (SENATOR HERNSTADT)

Deadline:

PROPOSED:

A physician, dentist or podiatrist may prescribe, administer or dispense controlled substances only for a legitimate medical purpose and in the usual course of his professional practice, and he is prohibited from prescribing, administering or dispensing controlled substances listed in Schedule II for himself, his spouse, or children except in cases of emergency.

ADDITION (PROPOSED):

A corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professior treatment or in legitimate and authorized research is not a prescription within the meaning and intent of N.R.S. 453, and the person knowingly filling such a purported prescription as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of the law relating to controlled substance

JUSTIFICATION:

This addition would bring the "good faith" statute completely in line with the Code of Federal Regulations. Additionally, it would make dubious prescriptions increasingly hard to obtain.

It is requested that consideration be given to providing Senator Hernstadt and the Board of Pharmacy this proposal for inclusion into 453.381.

175

Exhibit I

6105

the purchaser in writing of such
ling. The supplier shall indicate
voiding in the manner prescribed
cancellation in paragraph (a) of
section.

) No cancellation or voiding per-
.ed by this section shall affect in
way contract rights of either the
:haser or the supplier.

?R 7796, Apr. 24, 1971, as amended at 36
13386, July 21, 1971. Redesignated at 38
:6609, Sept. 24, 1973]

5.16 Special procedure for filling certain order forms.

) The purchaser of etorphine hy-
:hloride or diprenorphine shall
nit copy 1 and 2 of the order form
ne supplier and retain copy 3 in his
files.

) The supplier, if he determines
the purchaser is a veterinarian
ged in zoo and exotic animal prac-
wildlife management programs
'or research and authorized by the
inistrator to handle these sub-
ces shall fill the order in accord-
: with the procedures set forth in
)5.09 except that: (1) Order forms
etorphine hydrochloride and di-
orphine shall only contain these
tances in reasonable quantities
(2) the substances shall only be
ped to the purchaser at the loca-
printed by the Administration
1 the order form under secure con-
ns using substantial packaging
:rial with no markings on the out-
which would indicate the content.

R 17839, May 21, 1974]

PART 1306—PRESCRIPTIONS

General Information

)1 Scope of Part 1306.
)2 Definitions.
)3 Persons entitled to issue prescrip-
ons.
)4 Purpose of issue of prescription.
)5 Manner of issuance of prescrip-
ons.
)6 Persons entitled to fill prescrip-
ons.
)7 Administering or dispensing of nar-
tic drugs.

Controlled Substances Listed in Schedule II

Sec.
1306.11 Requirement of prescription.
1306.12 Refilling prescriptions.
1306.13 Partial filling of prescriptions.
1306.14 Labeling of substances.
1306.15 Filing of prescriptions.

Controlled Substances Listed in Schedules III and IV

1306.21 Requirement of prescription.
1306.22 Refilling of prescriptions.
1306.23 Partial filling of prescriptions.
1306.24 Labeling of substances.
1306.25 Filing prescriptions.

Controlled Substances Listed in Schedules V

1306.31 Requirement of prescription.
1306.32 Dispensing without prescription.

Authority: Secs. 301, 309, 501(b) 84 Stat. 1253, 1260, 1271; 21 U.S.C. 821, 829, ...(b).

Source: 36 FR 7799, Apr. 24, 1971; 36 FR 13386, July 21, 1971, unless otherwise noted. Redesignated at 38 FR 26609, Sept. 24, 1973.

Nomenclature Changes: 38 FR 26609, Sept. 24, 1973.

General Information

§ 1306.01 Scope of Part 1306.

Rules governing the issuance, filling and filing of prescriptions pursuant to section 309 of the Act (21 U.S.C. 829) are set forth generally in that section and specifically by the sections of this part.

§ 1306.02 Definitions.

As used in this part, the following terms shall have the meanings specified:

(a) The term "Act" means the Controlled Substances Act (84 Stat. 1242; 21 U.S.C. 801).

(b) The term "individual practitioner" means a physician, dentist, veterinarian, or other individual licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which he practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.

(c) The term "institutional practitioner" means a hospital or other person (other than an individual) licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which it practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacy.

(d) The term "pharmacist" means any pharmacist licensed by a State to dispense controlled substances, and shall include any other person (e.g., a pharmacist intern) authorized by a State to dispense controlled substances under the supervision of a pharmacist licensed by such State.

(e) The term "prescription" means an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate used. (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription.)

(f) The terms "register" and "registered" refer to registration required and permitted by section 303 of the Act (21 U.S.C. 823).

(g) Any term not defined in this section shall have the definition set forth in section 102 of the Act (21 U.S.C. 802) or § 1301.02 of this chapter.

[36 FR 7799, Apr. 24, 1971, as amended at 36 FR 18732, Sept. 21, 1971. Redesignated at 38 FR 26609, Sept. 24, 1973]

§ 1306.03 Persons entitled to issue prescriptions.

(a) A prescription for a controlled substance may be issued only by an individual practitioner who is:

(1) authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession and

(2) either registered or exempted from registration pursuant to §§ 1301.24(c) and 1301.25 of this chapter.

(b) A prescription issued by an individual practitioner may be communicated to a pharmacist by an employee or agent of the individual practitioner.

[36 FR 7799, Apr. 24, 1971, as amended at 36 FR 18732, Sept. 21, 1971. Redesignated at 38 FR 26609, Sept. 24, 1973]

§ 1306.04 Purpose of issue of prescription.

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

(c) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for "detoxification treatment" or "maintenance treatment" as defined in Section 102 of the Act (21 U.S.C. 802).

[36 FR 7799, Apr. 24, 1971. Redesignated at 38 FR 26609, Sept. 24, 1973, and amended at 39 FR 37986, Oct. 25, 1974]

§ 1306.05 Manner of issuance of prescriptions.

(a) All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, and the name, address, and registration number of the practitioner. A practitioner may sign a prescription in the same manner as he would sign a check or legal document (e.g., J. H. Smith or John H. Smith). Where an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewriter and shall be manually signed by the practitioner. The prescriptions may be prepared by a secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the

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Re SB 286 — Nev State Bd of Pharmacy Regs.

the purpose of continuing his dependence upon the drug is permissible in the course of conducting a federally authorized clinical investigation in the development of a program for rehabilitating narcotic addicts if the activity is within the course of professional practice or research.

453.250 Form and content of prescriptions.

1. All prescriptions for controlled substances must be dated and signed on the day when issued and must bear the full name, address and registration number of the practitioner. A practitioner may sign a prescription in the same manner as he would sign a check or legal document. Where an oral order is not permitted, prescriptions must be written with ink, an indelible pencil or a typewriter and must be manually signed by the practitioner. The prescription may be prepared by a secretary or agent for the signature of the practitioner, but the prescribing practitioner is responsible if the prescription does not conform in all essential respects to the applicable law and regulations. A corresponding liability rests upon the pharmacist who fills a prescription which is not prepared in the form prescribed by the law and these regulations.

2. An intern, resident or foreign physician exempted from registration shall include on all prescriptions issued by him the registration number of the hospital or other institution and the special internal code number assigned to him by the hospital or institution. Each prescription must have the name of the intern, resident or foreign physician stamped or printed on it, as well as the signature of the physician.

3. A prescription issued by an officer who is exempted from registration by federal law may be filled if it contains the officer's name stamped or printed on it, his social security identification number and his signature.

453.260 Schedule II prescriptions; cancellation, filing.

Each prescription for a controlled substance listed in schedule II must, immediately after filling, be conspicuously cancelled on its face. The cancellation must include the date on which it was filled and the signature and certificate number of the pharmacist who filled it.

453.270 Dispensing of schedule II controlled substance in emergency.

In an emergency situation, a pharmacist may dispense a controlled substance listed in schedule II upon receiving the oral authorization of a prescribing individual practitioner, if:

1. The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period. Any dispensing beyond the emergency period must be pursuant to a written prescription signed by the prescribing individual practitioner;

2. The pharmacist immediately reduces the prescription to writing and:

(a) The prescription contains all information required in Reg. 639.475, except for the signature of the prescribing individual practitioner;

639.2353

177

Exhibit III

How to avoid choking

Follow these common-sense preventive measures:

Children:

1. Take care that infants and toddlers do not put large pieces of food in their mouths.
2. Cut or break solid food into bite-sized pieces and encourage children to chew thoroughly from a very early age.
3. Encourage children to be still while eating. Food or candy might be inhaled if the child gets excited or trips while walking or running.

Adults:

1. Have ill-fitting dentures repaired or replaced. If chewing teeth are missing, get dentures in order to restore normal chewing capability.
2. Don't gulp huge pieces of food just to keep up with other diners. If your mouth is sore and chewing is difficult, cut food into tiny bites that are easy to swallow.
3. Drinking alcoholic beverages will greatly increase the possibility of choking for all people. If you have lost chewing capability, be especially wary of drinking before eating.

In all cases, the victim of a choking accident should receive prompt medical attention following the emergency.

The procedures described in this brochure apply only to food choking accidents.

For training in procedures for handling other forms of choking, heart attack, stroke, fainting and other emergencies, consult the nearest office of the Red Cross or the American Heart Association.

Someone's choking! Here's what to do:

If a diner, child or adult, suddenly becomes quiet and shows signs of distress, immediately do these things:

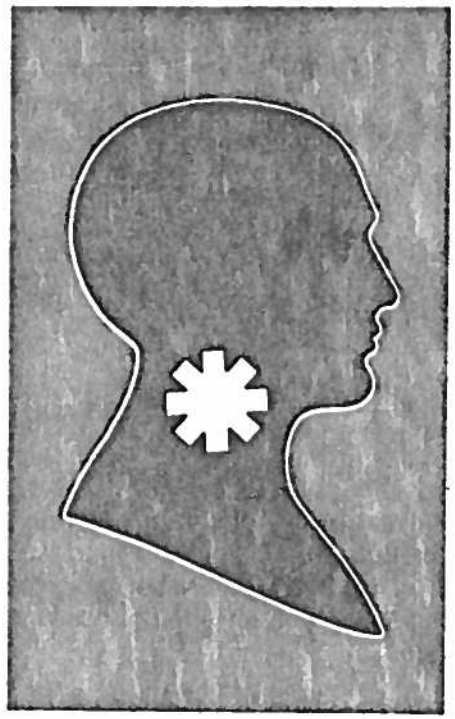
- Send for help, but don't wait for it to arrive.
- Ask the victim if he can talk. If he can't he's probably choking.
- Strike the victim several times between the shoulder blades with the heel of your hand.
- If this fails, use the Heimlich Maneuver. Wrap your arms around the victim's waist from behind.
- Make a fist with one hand and place it, thumb side against the abdomen, between the navel and rib cage.
- Clasp the fist with your free hand and press in with a quick upward thrust. Repeat several times if necessary.
- When the obstruction is out, administer mouth-to-mouth breathing.
- Keep the victim warm and quiet. Seek medical attention.

For additional copies, please write Medical Director, Fireman's Fund American Life Insurance Company, P.O. Box 3395, San Francisco, Calif. 94119

A public service of Fireman's Fund American Life Insurance Company

451076-5-79

How to Save a Choking Victim



Choking on food is the sixth-leading cause of accidental death in the U.S. Many of these needless deaths can be prevented. Please take a few minutes to learn how to recognize the symptoms and the few simple steps necessary to save a life.

How it happens

When a piece of food, usually meat, lodges in the throat so that it prevents breathing, the victim has just four minutes before he will suffer permanent brain damage from lack of oxygen. In less than four more minutes he will be dead from asphyxiation.

Among infants, choking leads all causes of accidental death. This is due to a lack of chewing capability and a natural inclination to put food and objects of all sizes into their mouths.

Toddlers and older children choke because they do not chew properly. Or they inhale food or objects in their mouths while playing.

The most common causes among adults are:

- Difficulty in chewing because of missing teeth or loose-fitting dentures that make chewing a slow, painful process. The victim frequently gulps huge pieces of unchewed meat.
- Enough alcoholic intake to affect judgment and to numb the senses of the throat and swallowing mechanisms.

How to recognize choking

The first sign of choking is when a person suddenly becomes quiet and a look of alarm comes over his face. He may clutch at his chest or throat and attempt to rise. **A person exhibiting these signs must not leave the table alone.** In a few moments he may collapse and he cannot save himself.

Diners in restaurants often mistake the cause of a victim's collapse as stroke or heart attack. That is why a fatal choking accident is sometimes called a "cafe coronary."

Stroke and heart attack victims, if they are conscious, can usually breathe and talk. A choking victim is unable to breathe or make a sound.

Soon after these first symptoms appear he will start to turn blue and lose consciousness. He is now just minutes from a **preventable** death.

How to save a choking victim

Treatment must be immediate, if the victim is to survive. Send someone for help but don't wait for it to arrive. Follow these steps:

If the victim is conscious:

1. Ask the victim if he can talk. If he can talk and cough effectively, do not interfere with his attempts to clear his throat. If he is unable to make a sound, he is probably choking.

2. Strike the victim sharply, several times in rapid succession, between the shoulder blades with the heel of your hand.

3. If the throat remains blocked, use the Heimlich Maneuver. With the victim standing or sitting, wrap your arms around his waist from behind. Make a fist with one hand and place it, thumb side against the abdomen, between the navel and rib cage.

4. Clasp the fist with your free hand and press in with a quick upward thrust. Repeat several times, if necessary.

5. If unsuccessful, repeat blows to the back and the Heimlich Maneuver. If the victim loses consciousness, continue with treatment for an unconscious victim.

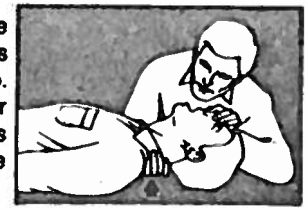
These measures may be used on children and adults. Infants and small children should be held upside down, over the arm of the rescuer, and then struck between the shoulder blades.

If you choke while alone, press your own fist into the abdomen with a quick upward thrust, or press your abdomen quickly over the back of a chair, or against the edge of a sink, railing or counter top.

If the victim is unconscious:

If the cause is unknown, try first to restore breathing using the mouth-to-mouth technique:

Lift the neck and push the head back. Pinch the nostrils shut, keeping the neck up. Make a tight seal with your mouth around the victim's mouth and blow into the victim's mouth.

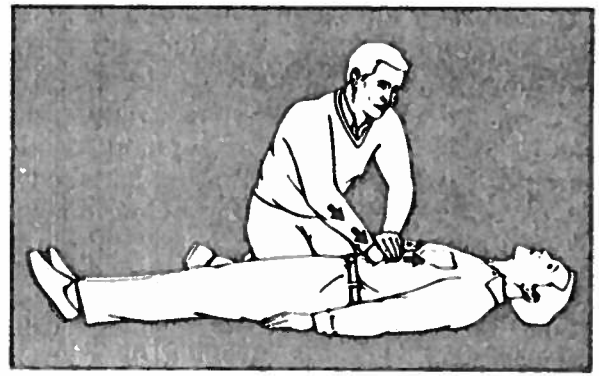


If the chest does not rise, treat for choking as follows:

1. Roll the victim on his side, bracing his chest against your knee. Strike him sharply, several times in rapid succession, between the shoulder blades with the heel of your hand.

2. Remove any foreign matter from the mouth and begin mouth-to-mouth breathing.

3. If unsuccessful, kneel close beside the victim's hips and place the heel of one hand on the center of the abdomen, slightly above the navel and below the rib cage. Place your free hand on top of the other.



4. Press in toward the center with a quick upward thrust. Do not press to either side. Repeat several times if necessary.

5. If vomiting occurs, quickly turn the victim's head to one side. Clear the mouth and begin mouth-to-mouth breathing.

6. If the airway remains blocked, attempt to remove the object with your index finger, using a hooking motion across the back of the throat.

7. Repeat attempts to restore breathing, back blows, abdominal thrusts and finger probes until the obstruction is removed. Then use the mouth-to-mouth method to help the victim resume normal breathing.

NEVADA STATE MEDICAL ASSOCIATION

3660 Baker Lane • Reno, Nevada 89509 • (702) 825-6788

April 14, 1981

TO: Chairman Marion Bennett and
Members of the Health and Welfare Committee

FROM: J.D. Pitts, M.D.

SUBJ: Bills of Concern Before the Committee

The Nevada State Medical Association appreciates the many courtesies extended by the Committee to our representatives this year. You and your committee are to be thanked for your patience and attention to many complex health and medical issues.

Of concern to the medical profession are two bills to be acted upon by your committee on Wednesday, April 15, 1981 in work session:

A.B. 149 - Although we provided no testimony at hearing, it has come to our attention that the State Board of Health might be attempting to expand its bureaucracy in the practicing physicians' offices. Section 4, page 1, line 11, "... if the facility provides any type of medical care or treatment to human beings and the regulation is necessary to protect the health, morals, etc." If this is the case, we oppose this section while supporting in principle other portions of the bill.

A.B. 185 - In hearing, our representatives pointed out the benefits of having an active advisory committee to the State Laboratory. If the $900 yearly expense (reimbursement for members to attend the two meetings) is thought to be extravagant, perhaps the members would be willing to serve at no expenses reimbursement from the state, although this would seem hardly fair if other committees and commissions receive expense monies. One other feature of the bill we addressed was the section calling for exempting the State Lab from accreditation. This section was strongly opposed as not being a quality control measure, which would ultimately lead to the State Lab not being used for referral by health care providers and others in the state. We support other portions of the bill.

We have no official position on the other bills your committee will act upon on Wednesday evening; we generally support those having health and medical effects. Please call on staff or me if you need further input.

EKL

AGENDA FOR COMMITTEE ON Health and Welfare

Date Wed. Apr. 15, 1981 Time 5:00 pm Room 316

Bills or Resolutions to be considered	Subject	Counsel requested*
	THERE WILL BE A WORK SESSION ON THE FOLLOWING BILLS NO TESTIMONY WILL BE TAKEN AT THIS TIME:	
A.B. 107-	Revises problems relating to state assistance in constructing health facilities.	
A.B. 149-	Makes various changes in law concerning health and care facilities.	
A.B. 185-	Makes administrative changes relating to medical laboratories.	
A.B. 293-	Revises grading system for food establishments and makes administrative changes.	
A.B. 307 -	Provides flexibility for meetings of state board of health.	
A.J.R.17-	Requests Congress to return administration of welfare to states and to provide federal support for welfare programs through system of block grants.	
S.B. 99-	Removes conflicting and duplicative statutory provision respecting the state health officer.	
S.B. 144-	Amends certain provisions relating to public health.	
S.B. 145-	Corrects division facility list; definition of "emotionally disturbed child" and name of mental retardation association.	
S.B. 146-	Authorizes welfare division of department of human resources to delegate authority to issue provisional licenses for foster care.	
S.B. 121-	Removes inconsistent statutory provisions concerning registration of hospital pharmaceutical technicians and renewal of certain permits.	
S.B. 181-	Limits use of federal money for foster children.	
	FULL HEARINGS WILL BE HELD ON THE FOLLOWING	
A.B. 445-	Requires that instructions for first aid in choking be displayed in certain food establishments.	
S.B. 143-	Changes name and qualifications for the supervisor of program to control tuberculosis.	
S.B. 286-	Limits prescription of controlled substances by certain practitioners of the healing arts.	
S.B. 393-	Abolishes state responsibility to control gnats and mosquitoes.	

Date: April 15, 1981

GUEST LIST

PLEASE PRINT!

182

PLEASE PRINT YOUR NAME	PLEASE PRINT WHO YOU REPRESENT	I WISH TO SPEAK		
		FOR	AGAINST	BILL NO.
Reed Chappell	Health Division	X		445
[illegible]	Health Division	X		393
Monte Meador	Health	X		143
Joe Midmore	New State Bd of Pharmacy	X		SB286