Approved 3-17-86 Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Marvin L. Littlejohn Chairperson at

1:30 a.m./p.m. on March 4, 1986 in room 423-S of the Capitol.

All members were present except:

Representative Flottman, excused

Committee staff present:
Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Harold Riehm, Kansas Association of Osteopathic Medicine
Susan Hanrahan, Kansas Chapter, American Physical Therapy Association
Representative Jerry Friedeman
Mr. Ken Schafermeyer, Executive Director of Kansas Pharmacists Association
Dr. Lois Scibetta, Executive Administrator, Ks. Board of Nursing
Carolyn Bloom, Vice President, Physical Therapy Examining Committee
Terry Rosselot, R.N., Kansas State Nurses Association
Raymond W. Morrison, President, Ks. Association of Human Services Technologies
Richard A. Uhlig, D.O., Secretary on Board of Healing Arts
Elizabeth Spies,
Bill McGuire, Assistant Director of program on Physician's Assistants, Wichita State Univ.
Don Satterfield, Ks. Academy of Physician's Assistants.
Dr. Richard A. Uhlig, D.O., as Secretary on Board of Healing Arts

Visitor's register, (see Attachment No.1.)

Chairman called meeting to order when quorum was present, and called attention to hearings to be conducted this date on HB 3061, HB 3096, HB 3084, HB 2888.

Hearings began on HB 3061:--

Harold Riehm, Kansas Association of Osteopathic Medicine gave hand-out to members, (see Attachment No.2), for details. He was sponsor of this legislation and gave background information, citing specific cases in rural areas where it causes hardship to patients if a physical therapist is not present when a patient is admitted and treatment cannot be given by the physical therapist assistant and a delay can be frustrating to the patient. He stated proposed changes in HB 3061 would permit treatment to commence when the PT could not be contacted, but still retain a degree of PT control. (His attachment indicates there is a letter from Board of Healing Arts Secretary Dr. Richard Uhlig. This is a letter of approval for HB 3061, however will be indicated as a separate attachment in these minutes.) He offered amendments to HB 3061, i.e., new language to read, "If the PT is not available for immediate contact, the PT Assistand may initiate treatment by the Physician's orders, according to written protocol established with the PT, with minimum weekly review of patient care by the PT".

Susan Hanrahan, Kansas Chapter American Physical Therapy Association gave hand-out to members, (see Attachment No.3), for details. She stated their Association supports resolving the dilemma this bill was created to eliminate, but feels language in HB 3061 is too strong. She had several recommended changes to the bill, i.e., lines 31-33 "word (direction) used in subsection (c) shall mean the physical therapist shall initially give instructions to physical therapist assistants on all patients and see and evaluate them periodically." And with this change she suggested Section 1, the Subsection (c) would not be necessary. She stated PT Assistants are trained to work under the direction of a credentialed PT and no other health care professional. PT's are trained to interpret physician's orders, evaluate patients and to develop treatment plans that PT's and PT Assistants carry out. House Bill 3061 would change that. She expressed concerns with terminology in bill, i.e., immediate contact; direction. She recommended striking last sentence, lines 33-38. She stressed their Association strongly urges for PT Assistants to talk to PT before treatment is prescribed. She

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 ~~a.m.~~/p.m. on March 4, 1986

Hearings continue on HB 3061.

then answered numerous questions from members, i.e., the last sentence is where they disagree with the Assocaition of Osteopathic Medicine. She stressed they realize there are problems in rural Kansas, but a PT can be as close as a telephone call away.

Harold Riehm spoke again to HB 3061, stating it often is impractical to contact by telephone a PT, and a PT Assistant could confer with a physician licensed to practice medicine and surgery in order to give authority for treatment, if the PT cannot be reached.

Hearings closed on HB 3061.

Chair brought attention to HB 3096, giving background, i.e., the basic changes would be to change terms "certified" to "licensed" in regard to psychologists. He asked wishes of members, and Rep. Green made a motion to to pass HB 3096 favorable for passage, seconded by Rep. Neufeld. Motion carried. At this point, Rep. Friedeman made a motion HB 3096 be placed on consent calendar, seconded by Rep. Williams, motion carried.

Hearings began on HB 2888:--

Rep. Friedeman as sponsor of HB 2888 explained reasons for requesting the bill. He stated the drug Butyl Nitrite is used in room deodorizers and has been misused by many youngsters, some very young, for sniffing. A few deaths have resulted. He has asked the bill speak to having this drug placed on schedule of controlled substances. He then introduced Mr. Ken Schafermeyer to further explain the bill.

Ken Schafermeyer, Kansas Pharmacists Association gave hand-out, (see Attachment No.4), for details. Attachment is a lengthy profile on drug Butyl Nitrite, that indicates composition, source and distribution, uses,abuses, toxicity, danger to the public health. He stated there is need for an amendment to HB 2888 due to a typographical error on line 163 of the bill. Change spelling of "Butyl Nitrate" to Butyl Nitrite". Their Association he said feels that HB 2888 if amended and passed will help protect the public health, By having Butyl Nitrite in schedule IV of the Controlled Substances act, it could no longer be sold without a prescription. He urged for favorable passage.

Hearings closed on HB 2888.

Hearings began on HB 3084:--

Chairman made a statement to members and those present, that he had asked to have this bill drafted. It isn't a new concept, there has been discussion about it for 8-10 years. He continued, with credentialing program ongoing, and all the types of allied health personnel that are asking for credentialing, it is impossible to afix all these additional groups to the existing Boards. Thus, HB 3084 would set up a new Board, called Allied Health Professionals. His feeling however is, that Physician's Assistants should be taken out of the bill and kept with the Board of Healing Arts, since they are so closely aligned with physicians, practicing on physician's licenses. The bill does not de-regulate anyone, it merely transfers these groups from the old Board to the new Allied Health Board, and would take in new groups as they are credentialed.

He then invited conferees to speak on HB 3084.

Dr. Lois Scibetta gave hand-out to members, (see attachment No.5), for details. She spoke in opposition, (in part), to HB 3084, saying their Board of Nurses has spent a lot of time, effort, and money to establish a good competency examination, and currently in the process of a new two year license renewal process and mandatory education for on-going licensure. They continue to study problems that arise and work on them, i.e., in regard to the Licensed Mental Health Technicians, an apprentice type, on-the-job training is no longer appropriate, and they are working on changes in that regard. We oppose the removal of LMHT's from the Board of Nursing since much of what a LMHT does is for the direct care of patients which is supervised by nurses. Since nurses are responsible for the supervision of this licensed group, the regulatory control should remain with the Board of Nursing. She answered questions from members.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /a.m./p.m. on March 4, 1986

Hearings continue on HB 3084.

Susan Hanrahan, American Physical Therapy Association gave hand-out, (see Attachment No.6) for details. Their Association's Board has taken a neutral stand in the creation of the Board of Allied Health Professionals. They feel however they have been fairly represented by the Board of Healing Arts for the past 23 years. If this Board is created, they would recommend 3 changes, i.e., PT Assistants to be added in language where appropriate, lines 80,90,92,105,111,126,139. Further, to eliminate a Board of Healing Arts representative and add instead a PT Assistant, and that an independent examinating committee should be appointed for the allied health groups to deal with specific problems within each profession. We are not, she said, opposing the creation of another health regulatory board, but urged for their recommendations to be considered so the bill would be strengthened. She answered questions from members.

Carolyn Bloom, Vice President of Physical Therapy Examining Committee gave hand-out, (see Attachment No.7.), for details. If this HB 3084 is passed, they had recommended changes, i.e., lines 33-35 to eliminate member of State Board of Healing Arts who is licensed to practice medicine and surgery. This is contradictory to lines 78-86. Line 36, add the requirement of each board member to have a minimum of 3 years of practice in one's field. Line 44, add that current examining committee members will be chosen to initially serve on the Board. Line 67, governor would appoint an attorney to act in advisory capacity to the Board. Lines after 78 pertaining to PT's, add PT Assistants to the text. And to clarify lines 118-121. She answered questions.

Terri Rosselot, Kansas State Nurses association gave hand-out, (see Attachment No.8), for details. she spoke in opposition of the section of HB 3084 that removed the Licensed Mental Health Technicians, (LMHT's) from the Board of Nursing and put them under the newly created Board of Allied Health Professions. The timing for such a board perhaps is a bit premature she said. Single most important reason to oppose inclusion of LMHT's is protection of the public through appropriate evaluation accreditation of their educational programs, minimal testing. LMHT's in Kansas provide a specialty educated labor force used to staff many state and private institutions providing care and treatment of the mentally ill. The education programs have provided necessary cirriculum for the education of these LMHT's, and their Association questions now the ability of the Allied Health Board to adequately perform these functions at the same level the Board of Nursing has done. We do not, she said, support a Board composed of PT's PA's or other combinations of Allied Health Professions writing examination questions for licensing LMHT's.

Raymond Morrison, Kansas Association of Human Services Technologies, gave hand-out, see (Attachment No.9), for details. Our organization, he said, has a long history of working to improve level of services for mentally retarded, mentally ill, and emotionally disturbed persons in Kansas, however, they question the creation of a new board for financial reasons. The costs involved with establishing a new regulatory board seem to run counter to the kind of restraint which they feel the state's current financial picture requires and they question whether this is a sound way to utilize limited resources. He answered questions, i.e., they are satisfied with being under the authority of the sTate Board of Nursing.

Elizabeth Spies, citizen of Kansas and LMHT working at Osawatomie, stated she was shocked and dissapointed that this committee had gone ahead to form legislation that greatly affects the LMHT's without receiving any input from their people. This legislation might erase 10 years of up-grading of education and direct care of patients. She is upset that the State board of Nursing has been questioned in the way they have functioned in the regard to LMHT's. The LMHT's are very satisfied with the Board of Nursing, and do not wish to have this changed. Many people who are employed in the field of LMHT profession often are desperate for work, try to go to school to become trained as LMHT's while working another job, try to work hard, doing a job that is impossible. There will be many who cannot afford to make the change to the new Board because of cost increases. she sees no valid reason to put 3 dis-similar groups together under a new Board of authority. We are wondering who asked for this legislation, who will benefit from it, why was there secret planning for this legislation, she said. She opposses the bill.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a.m./p.m. on March 4, 1986

Hearings continue on HB 3084.

Ms. Spies than answered questions, i.e., no fee of $75 is shown in HB 3084, so she stated she must have been mis-informed. Statements made there are to be no changes in policy or fees at all under the new Board of Allied Health Professions.

Mr. Bill McGuire, Assistant Director of Physician's Assistants program at Wichita State University, spoke in opposition of moving PA's from under the Board of Healing Arts to the new Board of Allied Health Professions, saying it would not be in the best interest of Kansans to remove from their present Board of authority.

Don Satterfield, Kansas Academy of Physician's Assistants, spoke in opposition to the bill in regard to removing Physician's Assistants from the Board of Healing Arts. The exclusion of PA's from the existing Board is a mistake, he said. The public has become more and more concious as to qualifications and credentials of persons administering care, and even though he agreed the Board of Allied Health Professions is a good idea for some groups, it is not for the PA's. We feel to remove them from the Board of Healing Arts would drive a stake between the PA's and Physicians. They presently work closely together and would like to maintain this continuity. For some Physicians who do not understand the role of the PA, this legislation would serve to allow them to percieve this as a move toward independent practice, and we do not wish to see this happen, he said.

Richard Uhlig, D.O., serves as Secretary to Kansas Board of Healing Arts, (see Attachment No.10), that had been given earlier by Mr. Riehm, stated the Board had considered problems concerning patients in rural areas receiving physical therapy. He feels the change in statutes, 65-2914 Section C: "If the physical therapist is not available for immediate contact the physical therapist assistant can initiate treatment by the physician's order according to written protocol established by the physical therapist with minimum weekly review of patient care by the physical therapist", would have the support of the Healing Arts Board, and does have the support of the PT examining committee, as well as the Kansas Osteopathic Association. Further, he stated he feels all parties involved would feel this is a reasonable solution to the problems described here today.

Meeting adjourned.

GUEST REGISTER

DATE 3/4/86

HOUSE

PUBLIC HEALTH AND WELFARE

Date 3-4-86

NAME	ORGANIZATION	ADDRESS
Joanne Hill	Ks Physical Therapy Assn	Topeka
Frances Kastner	Ks Phys. Therapy Assn	Topeka
Steven Curtis	Ks. Resp. Therapy Soc.	KCK
Elizabeth Spiess		La Cygne, Ks
Janelle McIlvenon	KDHE	Topeka
Jon Snodgrass	Walbert Enterprises Inc.	Topeka Ks
Susan Hernandez	KS Physical Therapy Assoc	Topeka
Aaron Klenm	KAOM	Topeka
Gary M. [illegible]	KAPA President	Troy
Jim Satterfield	KAPA Leg Chair	Wichita
Janette Ricci	Board of Nursing	Topeka
Terri Rosselot	KSNA	Topeka
Raymond Morrison	KAHST	Newton
William L. Albott	K.P.A.	Topeka
Bill McGuire	W.S.U. P.A. Program	Wichita
Barb Reinert	Planned Parenthood	Topeka
MaryAnn Gabel	BSRB	"
Jim Schoen	Guest	Wichita
John Peterson	Ks Assn Prof Psychologists	Topeka
Elizabeth E. Taylor	Ks O.T. Assoc	"

Attachment 1
3-4-86
Hs. PHW

GUEST REGISTER

DATE 3-4-86

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Ken Schafermeyer	KS Pharmacists Assoc.	Topeka
Michael Gre[illegible]	KS Pharmacist Assoc.	Kansas City
Richard A. Uhlig DDS	KSHAB	Herington, KS.
Charlene Abbott	KS Healing Arts Board	Topeka, KS

TESTIMONY OF THE KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE REGARDING HB 3061

PURPOSE OF HB 3061

Changes proposed in HB 3061 are to resolve problems in rural areas where physical therapists are available in hospital settings only on a part time basis. In some of these facilities, physical therapist assistants are present, but under current law these PT assistnats are prohibited from commencing treatment at a physicians's order until a physical therapist first ". . . shall see all patients initially . . .".

In some areas, it is difficult to reach the physical therapist(s) that staff the hospital(s), thus it could be as much as several hours to days before treatment could begin.

The changes proposed would permit treatment to commence when the PT could not be contacted, but still retain a degree of PT control.

SUPPORT OF THE BOARD OF HEALING ARTS

Attached is a letter from the Secretary of the Board of Healing Arts, Richard Uhlig, D.O., to Chairman Littlejohn. Some weeks ago the Board adopted the following motion:

> "The Board supports that doctors can issue orders to physical therapist assistants to do physical therapy without prior approval of the physical therapist."

Subsequent to that, at a meeting of the Physical Therapy Examining Committee (attended by the Executive Director of KAOM and Susan Hanrahan, R.P.T, representing the Physical Therapists Association), compromise language was approved. That language, with the change noted below, is the content of HB 3061.

ADDITIONAL CLAIRIFICATION AND SUGGESTED AMENDMENT:

(c) A person certified under this act as a physical therapist assistant shall not treat ailments or other health conditions of human beings except under the direction of a physical therapist duly registered under this act. The word "direction" as used in this subsection (c) shall mean that the physical therapist shall ~~see all patients initially~~ give instruction to physical therapy assistants on all patients and see and evaluate them periodically. [If the physical therapist is not available for immediate contact, the physical therapist assistant may initiate treatment by the physician's orders, according to written protocol established by the physical therapist, with minimum weekly review of patient care by the physical therapist.]

Note: Language in brackets is new language in the copy of HB 3061 currently before the Committee.

attm. #2
3/4/86
Hs. PHW

KANSAS CHAPTER

AMERICAN PHYSICAL THERAPY ASSOCIATION

March 4, 1986

Susan Hanrahan, RPT
Legislative Chairperson
Kansas Chapter,
American Physical Therapy Association
3731 Southeast 27th
Topeka, Kansas 66605
(913) 295-6619 [work]

Mr. Chairman and Members of the Public Health and Welfare Committee:

My name is Susan Hanrahan and I represent the Kansas Physical Therapy Association which serves over 90% of all practicing physical therapy personnel in this State. My purpose today is to address HB 3061--a bill relating to treatment given by a physical therapist assistant.

Our Association supports resolving the dilemma that this bill was created to eliminate; however, the language that is utilized in this bill is too strong for the purpose of simplistic problem solving. We would recommend amending the bill from lines 0031 to 0033 as follows: The word "direction" as used in this subsection (c) shall mean that the physical therapist shall ~~see all patients initially~~ initially give instructions to physical therapist assistants on all patients and see and evaluate them periodically. With this change, the last sentence under Section 1, letter (c) is not necessary.

Physical therapist assistants currently complete Associate of Science degrees as physical therapist assistants in community colleges and universities that have been approved by the Commission on Accreditation of the American Physical Therapy Association. Students are instructed in these programs to work under the direction of a credentialed physical therapist and no other health care professional. Physical therapists complete a minimum of a Bachelor of

Atm. #3
3/4/86

Hs. PHW

Science degree in physical therapy programs which are located in universities and medical schools that have been approved by the same educational board. These students are instructed to interpret physicians' orders, evaluate patients and develop treatment plans that both the physical therapist or physical therapist assistant may carry out. HB 3061 states that the physical therapist assistant may initiate treatment by the physician's orders. This would not be appropriate or safe based on current educational standards of physical therapist assistant personnel.

This committee heard testimony two weeks ago from Dr. Raymond Lumb, a rheumatologist in Topeka, who stated that it was impossible for physicians to learn each and every procedure carried out by health care professionals to whom they refer patients. He relies on those professionals to suggest appropriate treatment procedures. Physical therapy skills and techniques contain many contraindications of which physicians are sometimes not aware. It could be detrimental for the patient if a physical therapist assistant is responsible for detecting something a physician might have overlooked. That is the physical therapist's responsibility and undue burden should not be placed on the physical therapist assistant. This was further substantiated by a recent survey of certified physical therapist assistants in Kansas who concurred that they would not feel comfortable taking direct physician orders without first consulting a physical therapist.

The term **immediate contact** in line 0034 poses a concern because the initiation of physical therapy services is not considered the same as life saving procedures. A physical therapist, even in rural America, has access to modern forms of communication and contact could be made very easily in a period of less than 24 hours. This would insure timely patient treatment and eliminate

the need for the entire sentence regarding the inavailability of the physical therapist.

The same sentence also may create the potential for physical therapist assistant/physician abuse by circumventing the physical therapist if they are not available **immediately.** The physical therapist assistant/physician relationship would not be desirable even if physical therapist assistants carried out protocol established by a physical therapist as described. **Cookbook** procedures for specific patient problems are not part of physical therapy practice and should not be encouraged. Individualized patient treatment and planning promote quality patient care and that is the goal of patient-therapist interaction.

The American Physical Therapy Association is the national association from which our Kansas Chapter is chartered. The direct physical therapist assistant/physician referral relationship is considered unethical by the national Association and our State Chapter concurs with that position.

This issue affects only a small percentage of Kansas physical therapists and physical therapist assistants. Our Association is looking for the most simplistic language to resolve the problem. We are asking this Committee to support the language which states: The word "direction" as used in this subsection (c) shall mean that the physical therapist shall ~~see all patients initially~~ initially give instructions to physical therapist assistants on all patients and see and evaluate them periodically. The new language would resolve the physical therapy initial evaluation concern. We are also asking the Committee to strike: the last sentence ~~If the physical therapist is not available for immediate contact, the physical therapist assistant may initiate treatment by the physician's orders, according to written protocol established by the~~

~~physical therapist, with minimum weekly review of patient care by the physical therapist~~. This language creates more problems and concerns for our membership and is something we feel is unnecessary. At this time I'd like to answer any questions that you might have. Thank you for the opportunity to testify today.

THE KANSAS PHARMACISTS ASSOCIATION
1308 WEST 10TH
PHONE (913) 232-0439
TOPEKA, KANSAS 66604

KENNETH W. SCHAFERMEYER, M.S., CAE
PHARMACIST
EXECUTIVE DIRECTOR

STATEMENT TO THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

MARCH 4, 1986

SUBJECT: HB 2888 REGARDING RESTRICTING THE USE OF BUTYL NITRITE.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

MY NAME IS KEN SCHAFERMEYER AND I AM EXECUTIVE DIRECTOR OF THE KANSAS PHARMACISTS ASSOCIATION--AN ORGANIZATION REPRESENTING APPROXIMATELY, 1,000 PRACTICING PHARMACISTS IN THE STATE OF KANSAS. I APPRECIATE THE OPPORTUNITY TO ADDRESS YOU ON HOUSE BILL 2888 REGARDING RESTRICTING THE USE OF BUTYL NITRITE.

THE KANSAS PHARMACISTS ASSOCIATION IS CONCERNED ABOUT THE RECREATIONAL USE AND ABUSE OF DRUGS AND CHEMICALS. AT THE REQUEST OF REPRESENTATIVE FRIEDEMAN, I AM GLAD TO PROVIDE SOME BACKGROUND INFORMATION ON THIS ISSUE.

I WOULD LIKE TO POINT OUT FIRST, HOWEVER, THAT THERE IS A TYPOGRAPHICAL ERROR ON LINE 163 OF THE BILL. THE NAME OF THE CHEMICAL SHOULD BE "BUTYL NITRITE" RATHER THAN "BUTYL NITRATE." IT IS VERY IMPORTANT THAT THIS TYPOGRAPHICAL ERROR BE CORRECTED BEFORE THE BILL IS PASSED OUT OF COMMITTEE.

BACKGROUND: ATTACHED IS AN 11-PAGE PROFILE ON BUTYL NITRITE THAT WAS COMPILED BY THE STATE OF WISCONSIN, DEPARTMENT OF AGRICULTURAL, TRADE AND CONSUMER PROTECTION. THIS PROFILE DESCRIBES SOME OF THE PROBLEMS ASSOCIATED WITH THE MISUSE OF THIS CHEMICAL AND DEMONSTRATES

THE NEED FOR CONTROL. I WILL NOT REVIEW THE ENTIRE PROFILE BUT WOULD LIKE TO POINT OUT A FEW OF THE HIGHLIGHTS. AS YOU CAN SEE FROM SECTION II ON PAGE 1, BUTYL NITRITE IS SOLD UNDER A WIDE VARIETY OF TRADE NAMES.

SECTION VI ON PAGE 3 STATES THAT BUTYL NITRITE IS CLOSELY RELATED TO AMYL NITRITE WHICH HAS BEEN USED FOR VARIOUS THERAPEUTIC PURPOSES FOR OVER A HUNDRED YEARS. AMYL NITRITE USED TO BE AN OVER-THE-COUNTER DRUG BUT WAS CHANGED TO PRESCRIPTION-ONLY STATUS IN 1969 BY THE FOOD AND DRUG ADMINISTRATION BECAUSE OF THE WIDE-SPREAD ABUSE OF THIS DRUG. WHEN AMYL NITRITE WAS REMOVED FROM READY ACCESS, BUTYL NITRITE TOOK ITS PLACE. BUTYL NITRITE IS NOT, HOWEVER, CLASSIFIED AS A "DRUG" BY FDA AND DOES NOT COME UNDER ITS JURISDICTION.

ITEM G ON PAGE 5 STATES THAT THE PRIME CUSTOMERS OF THESE PRODUCTS IN WISCONSIN ARE JUNIOR AND SENIOR HIGH SCHOOL STUDENTS. UNFORTUNATELY, BUTYL NITRITE IS BECOMING POPULAR WITH MANY GRADE SCHOOL CHILDREN AS WELL. BECAUSE THE CHEMICAL IS LEGAL AND WIDELY ADVERTISED AND DISTRIBUTED, IT MAY APPEAR TO MANY PEOPLE THAT THE RECREATIONAL USE OF A DRUG OR CHEMICAL IS, IN SOME CIRCUMSTANCES, ACCEPTABLE.

SECTIONS VIII AND IX OF THE PROFILE, STARTING ON PAGE 6, OUTLINE SOME OF THE DANGERS ASSOCIATED WITH THE USE OF THIS DRUG. ACCORDING TO THE REPRINT OF THE TOXICOLOGY TEXT WHICH IS ATTACHED TO YOUR PACKET, THERE HAVE BEEN DOCUMENTED CASES OF SEVERE AND FATAL METHEMOGLOBINEMIA FOLLOWING THE INGESTION OF BUTYL AND ISOBUTYL NITRITE. THE ATTACHED NEWSPAPER CLIPPING ALSO INDICATES THAT SEVERAL DEATHS HAVE BEEN RELATED TO THE USE OF BUTYL NITRITE.

ACCORDING TO THE "WALL STREET JOURNAL," CONNECTICUT, MASSACHUSETTS, TENNESSEE, UTAH AND WISCONSIN HAVE RESTRICTED THE SALE OF BUTYL NITRITE.

RECOMMENDATION:

THE KANSAS PHARMACISTS ASSOCIATION FEELS THAT THIS BILL, IF PROPERLY AMENDED, WILL HELP PROTECT THE PUBLIC HEALTH. BY PLACING BUTYL NITRITE IN SCHEDULE IV OF THE CONTROLLED SUBSTANCES ACT, IT COULD NO LONGER BE SOLD WITHOUT A PRESCRIPTION. AND, SINCE THE DRUG HAS NO VALID MEDICINAL USE AND IS NOT RECOGNIZED BY THE FOOD AND DRUG ADMINISTRATION AS A DRUG, ITS USE IN KANSAS WOULD BE EFFECTIVELY RESTRICTED.

THANK YOU VERY MUCH FOR THE OPPORTUNITY TO SPEAK ON THIS ISSUE.

CONTROLLED SUBSTANCES PROFILE

Drug Name: Butyl Nitrite

Date: April 30, 1981

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I. INTRODUCTION

Public concern about the sale of butyl nitrite has emerged in Wisconsin. The Controlled Substances Board prepared a "Profile" in 1979 and is now updating it.

This profile presents information from selected references concerning the use and abuse of butyl nitrite, including important aspects of its pharmacology, source and distribution, toxicity, risk to the public health and legal status.

II. NAME

A. Common or generic name: butyl nitrite/isobutyl nitrite

B. Trade names: "Banapple Gas"; "Locker Room"; "Rush"; "JacAroma"; "Aroma of Man"; "Heart On"; "Liquid Incense"; "Bolt"; "Bullet"; "Dr. Bananas"; "Cat's Meow"; "Satan's Scent"; "Hi Baller"; "Black Jac"; "Hardware"; "Locker Popper"; "Toilet Water"; "Loc-A-Roma"; "OZ"; "Shotgun"; "Cum"; "Disco-Aroma", "Crypt"; "Jac-Blaster"

C. Colloquial name: "poppers", "butyl"

D. Chemical name: butyl nitrite: 1 - nitrosoxy-butane; isobutyl nitrite: 1 - nitrosoxy - 2 - methylpropane

III. PHARMACOLOGY

A. Categorization: Vasodilator (2, 7, 13)

B. Mechanism of action (7, 13)

1. Relaxes smooth muscle - nonspecific and affects all smooth muscle

   (a) Cardiovascular system - reduces peripheral vascular resistance; decreases systemic blood pressure; increases heart rate (usually reversed within 90 seconds); transient increases in venous tone, venous return and cardiac output; inhalation dilates the meningeal vessels which produces a dramatic cutaneous flush of the head, neck and clavicular area (blush zone) in doses that do not significantly alter the blood pressure; no direct action on the heart has been proven.
   (b) Bronchial smooth muscle
   (c) Biliary tract - pain and other symptoms transiently relieved
   (d) Gastro-intestinal tract smooth muscle - abnormal spasm reduced
   (e) Ureteral and uterine smooth muscle - somewhat unpredictable
   (f) Neurophysiology is mostly unknown

C. Absorption, fate and excretion (7, 13)

1. Promptly absorbed from the lung - sublingual mucosa (ineffective is consumed orally due to rapid and complete degradation by the liver; less effective by injection).

2. Hydrolyzed "in vivo" to nitrite ion and the corresponding alcohol; the alcohol is then partly oxidized and partly exhaled unchanged.

3. Abrupt onset, short duration of action.

4. The nitrite ion which is absorbed enters the bloodstream and is removed by the kidneys and excreted in the urine; the liver may oxidize a percentage to nitrate which would be excreted in the same manner.

D. Tolerance: neither tolerance, cross tolerance, nor dependence has been demonstrated; however, tolerance can develop to various effects of nitrites (sometimes very great tolerance--e.g., resistance to headaches).

IV. MANUFACTURERS

A. Pharmex, Ltd.
145 Mission Street
San Francisco, CA 94105

B. Pacific Western Distributing Corporation (manufactures "Rush")
San Francisco, CA

C. West American Industries
Los Angeles, California

D. Vogler Instrument Company
Glen Dale, California

E. JACKMASTERS
Los Angeles, California

F. Bullet Enterprises
Houston, Texas

G. Leading Distributors, Inc.
Levittown, Pennsylvania

H. Pharm-Eco Laboratories
Simi Valley, California

I. Room Odorizer, Ltd.
San Francisco, California

V. COMPOSITION (5, 7, 17)

A. Butyl nitrite is a volatile liquid prepared by the action of nitrous acid on butyl alcohol; it "...is the primary ingredient in products offered as room odorizers"; butyl nitrite is sold in tiny 1/3 to 1/2 ounce bottles, costing approximately $5 - $7 per bottle.

B. Strength (%, ppm): unknown

C. Physical description: clear, yellowish, oily liquid; characteristic ("unpleasant") odor. Common comparisons are to "rotten apples" or "sweat socks" or "locker rooms."

D. Chemical analysis: $C_3H_9NO_2$ (butyl nitrite and isobutyl nitrite)

(C)46.59%
(H)8.80%
(N)13.58%
(O)31.03%

E. Formula: $CH_3(CH_2)_2\ CH_2ONO$ (butyl nitrite); $(CH_3)_2CHCH_2ONO$ (isobutyl nitrite)

F. Molecular weight: 103.12 (butyl nitrite and isobutyl nitrite)

G. Boiling point, ^{o}C: 78.2 (butyl nitrite)
67 (isobutyl nitrite)

H. Specific gravity: 0.9114 (0/4°C) (butyl nitrite)
0.8702(20/20°C.) (isobutyl nitrite)

I. Other characteristics

1. Volatile
2. Flammable, potent oxidizing material
3. Miscible with alcohol, ether
4. Very slightly soluble in water which causes decomposition
5. Decomposes on storage and upon exposure to light and air (unstable)

VI. BACKGROUND, SOURCE AND DISTRIBUTION

A. Date of introduction and history: Amyl nitrite, butyl nitrite's restricted (by prescription) chemical cousin, has been used for therapeutic purposes for over a century. In 1859, Guthrie first described neck and face flushing in humans after amyl nitrite inhalation. In 1867, Sir Lauder Brunton first described human use of amyl nitrite for angina pectoris relief. In the late 1960s, the U.S Food and Drug Administration became aware that many people were abusing amyl nitrite; in 1969, amyl nitrite was changed from an over-the-counter drug to a prescription-only drug. As is often the case, when one drug, amyl nitrite, was removed from ready access, another

one, butyl nitrite, took its place. Butyl nitrite was not introduced as a new product for medical use; by advertising it as "liquid incense" and a "room odorizer," the drug related controls and restrictions on amyl nitrite were avoided.

Until the early 1970s, butyl and isobutyl nitrite were relatively obscure compounds. Butyl nitrite was developed for rocket fuel scientific research. In 1946, W. F. Von Oettingen told of their usage as intermediates in chemical synthesis and in the perfume industry ("The effects of aliphatic nitrous and nitric acid esters on the physiological functions with special reference to their chemical constitution," U.S. P.H.S., NIH Bull. No. 196). In the 1960s, room odorizers (scents) in liquid form began to appear on the market and many of these utilized amyl, butyl and/or isobutyl nitrite for their various fragrances. In the early 1970s, there was an increase in the number of products and brand names and some of these were used by various groups for the enhancement of sexual perceptions and social activities (the formulation of these brands appear to be the same). In 1976, Pacific Western Distributing Corp. of San Francisco came out with "Rush," a mass-produced isobutyl nitrite product.

The news media and legal actions in Connecticut, California and Georgia have called attention to these products as "aphrodisiacs." Their popularity has increased rapidly and has spread to a broader cross-section of society.

B. Patent: "Rush" and "Liquid Incense" are trademarks of Pacific Western Distributing Corporation, San Francisco.

C. Availability: Nationally and locally, butyl nitrite is commercially sold over the counter in "head" shops, bars, steam baths, movie arcades, record stores, sex/porno shops, adult bookstores, music shops, boutiques and through the mail. In the literature, there is a photograph of a New York street peddler with a cart of these products for sale.

D. Labeling: The tiny bottles are often labeled as a "room ordorizer" and sometimes say "federal law prohibits sale for inhalation," and "Do not use in confined areas." Other messages on the bottles include "warning, may be fatal if swallowed," "Keep out of reach of children," "avoid contact with eyes or skin" (with first aid instructions if this occurs), "not for internal consumption," "avoid prolonged inhalation," "danger - excessive use may cause euphoria," and "Flammable - do not use near fire or flame." The type face on a 1/3 ounce bottle gives very little visibility to these warnings, with some of the lettering only one millimeter high.

E. Cost: According to some accounts, the chemical is produced in large quantities at a cost of from .25 to .50 cents per bottle; in the stores, one-third ounce sells to consumers for $4 to $6 (up to 15 sniffs). In Wisconsin, the news media reports that "Sheboygan school children buy it and sometimes even sell it at a higher price to their friends." (12)

F. Sales: Sales of major brands have been reported as increasing at more than 50% per year. It is estimated that 4,000,000 bottles (10-15 ml each) were sold in 1977 by Pacific Western Distributing Corporation (manufacturers of "Rush") and sales have totaled some $20 million last year (7).

G. Users: In Sheboygan, Wisconsin, "the prime customers are supposedly junior and senior high school students but recent inquiries received at the (Sheboygan) Press have come from alarmed teachers of grade school children" (12). In an alcohol and other drug survey taken at Onalaska High School (Onalaska, Wisconsin), 19% of the students listed "rush" as a drug they have used. (16) The National Institute on Drug Abuse estimates that about seven million people in the U.S. have either experimented with or are chronic abusers of inhalents, some of which is butyl nitrite. "The products are currently purchased by both sexes." (7) There is no data available to establish the percentage of consumers using the products as odorizers according to package instructions.

The Wisconsin Department of Justice/Crime Laboratory statewide data shows a total of 17 samples of isobutyl nitrite submitted for analysis by local law enforcement agencies from January 1977 to February 1979. R. Martin Smith, Technical Supervisor at the Crime Lab, says that there appears to be very little data available concerning the effects of butyl nitrite on local users; most of the cases reported were law enforcement officials' inquiries of the "what is this stuff" variety.

VII. USES AND ABUSES

A. The primary marketing of butyl nitrite is as a "room odorizer" ("Liquid Incense").

B. Other uses include scientific research involving rocket fuels and it is an intermediate substance in some manufacturing processes.

C. Abuses:

> "The problem of its use apparently stems from the indication that teen-agers obtain butyl-nitrite over the counter and use it to obtain a 'high'." (15)
>
> "The nitrites...are common in discothecques, where they are inhaled by dancers on the dance floor. There are numerous reports of males and females using them for a 'lift' in work situations. Most frequent, however, is their use during the sexual act...Many researchers agree, however, that the alkyl nitrite may be a true aphrodisiac in the sense of promoting and enhancing sexual response." (7)
>
> "Some people are really freaks about it. They really have to have it all the time - 'three or four times an hour', one young male user said." (9)

Methods used to inhale butyl nitrite differ. Most prefer to sniff the fumes directly from the bottle. However, some users prefer an inhaler which consists of a metal device with a nozzle for insertion in one nostril while the other nostril is shut. Some inhalers have a lanyard and those who enjoy dancing wear the inhaler as a pendant while they disco.

VIII. TOXICITY

A. When used as recommended:

One study, supported by Pharmex, Ltd., by John O. Parker, M.D., "Clinical Circulatory and Hematological Effects of Isobutyl Nitrite" (January 16-20, 1978), analyzed a test program conducted on workers normally subjected to high daily concentrations of isobutyl nitrite. Those workers were employed in bottling and capping this chemical. No significant effects were noted on blood pressure, heart rate or levels of methemoglobin despite the fact that these workers inhaled isobutyl nitrite far in excess of that encountered during normal use. (7)

On the other hand, some negative responses to the therapeutic use of nitrites have been reported. These side effects are almost all secondary to actions on the cardiovascular system and include (7, 13):

1. Headache
2. Dizziness
3. Weakness
4. Fainting
5. Postural hypotention (a drop in blood pressure) - may occasionally progress into loss of consciousness
6. Rash
7. Methemoglobinemia
8. Tachycardia (accelerated heart beat)

B. When used other than as recommended:

Side effects reported from abuse are:

1. Severe headache (2, 9, 10, 11 12 15)
2. Nausea (2, 11, 15)
3. Vomiting (9, 10, 11, 15)
4. Dizziness (9, 10, 11)
5. Fainting (15) - injuries from falling (11)
6. Cerebral hemorrhage (9, 10, 15)
7. Light-headedness
8. Sudden rush (4)
9. Racing, pounding heart/pulse (2,4)
10. Body quiver (4)
11. Heart attacks (4)
12. Liver damage (4)
13. Lung damage (4)
14. Loss of bowel and bladder control (9, 10, 11, 15)
15. Reduction in oxygen-carrying capacity of the blood (methemoglobinemia) (dangerous for anemic patients) (15)

16. Increase in intraocular pressure of the eye (dangerous for glaucoma victims) (15)
17. Weakness (11)
18. Cold sweat (11)
19. Euphoria (2)
20. Flushed skin (2)
21. Altered state of consciousness (2)
22. Hypotension (2)

C. Reported Cases of Injury (morbidity)

1. Perhaps the most serious aspect of butyl nitrite toxicity occurs when it is ingested into the gastrointestinal tract. In an article in Annals of Internal Medicine, (18) several researchers report two cases of symptomatic methemoglobinemia and hypotension after the ingestion of isobutyl nitrite. The researchers conclude that these substances may cause severe toxicity when ingested, and urge physicians to be alert for this risk in nitrite abusers.

2. A case of butyl nitrite ingestion was reported to the Controlled Substances Board in 1979. The mother of a 16 year old girl reported that her daughter mistook a little bottle of butyl nitrite being passed around for wine. Following ingestion, her lips, fingers and toes turned purple, a sign of methemoglobinemia. St. Lukes (Milwaukee) Poison Control Center and hospital were involved and, according to the mother, found that 35% of her blood was involved, and that there had been very little margin in saving her life. The mother said that she was aware of another incident occuring several weeks later, involving another girl who was taken to the hospital after someone poured butyl nitrite in the beer she was drinking.

3. In 1978 the Controlled Substances Board received a letter (19) from a school counselor reporting several incidents in Mukwanago schools involving students' inhaling butyl nitrite. One student was taken to the health room complaining of heachache, and nausea. She became quite sick and vomited. She recovered.

4. Drug Experience Reports

The Controlled Substances Board received a limited sample of Drug Experience Reports was received from a San Francisco physician. Covering a two year period, eight reports described various physical problems apparently due to use of butyl or isobutyl nitrite, including the following cases:

a) "otitis externa (outer ear infection) seen after isobutyl nitrite was poured into the ear by accident."
b) "Dumped isobutyl nitrite into plastic bag and proceeded to inhale vapors. He was unable to sleep because of headaches, abdominal pain and laryngitis. Hemoptysis (coughing up blood) noted."

c) "Perinasal crusting after frequent isobutyl use. 1½ inch by 1 inch partial thickness chemical burn where isobutyl bottle leaked in pocket."
d) "Perinasal irritation secondary to isobutyl nitrite."
e) "vascular headaches"
f) "anemia"
g) "Subcutaneous skin infection of arms, face, and back suspected as areas of contact with isobutyl nitrite."
h) "Rhonchi (an abnormal sound in the chest) in lungs, coughing, phlegm, chest congestion"

In each of the eight cases, the report indicated that the drug reaction was not reported to the manufacturer.

5. Reports of mortality. None were found.

IX. DANGER TO THE PUBLIC HEALTH

A. Hazards to self (direct and indirect)

1. Butyl nitrite is dangerous to glaucoma victims (i.e. to those with this pre-existing condition; it does not cause this condition, though). (15, 17)

2. Butyl nitrite may be dangerous to patients with pre-existing anemic conditions (15); however, cases of this were not documented in the scientific literature.

3. After inhalation, users can pass out and fall onto hard surfaces or sharp objects (passing out seems to occur only if the user is standing, not reclining).

4. "'If someone has a weak spot in the blood vessels in the head it might blow out - causing a little cerebral hemorrhage', said Dr. Sidney Cohen, clinical professor of psychiatry at the University of California at Los Angeles Neuropsychiatric Institute." (9, 10)

5. "'At this time, there is no great evidence of serious organic symptoms due to the use of butyl nitrite', asserts Dr. Richard Phillipson, special assistant for scientific and medical affairs at the National Institute of Drug Abuse. 'However...use in combination with other substances could possibly be hazardous to health, and the possible ill effects of long-continued use has yet to be seen'"

6. If the liquid has been spilled on an individual's clothing and the person passes out, the continued inhalation of fumes can be hazardous.

7. "Recent studies also show that organic nitrites, such as butyl and amyl, can be changed within the body to powerful cancer causing agents called carcinogens. This can be a serious long term effect." (17)

8. No manufacturers have received reports of injuries. According to statistics reported by the U.S. Drug Abuse Warning Network (DAWN) project which has surveyed 1,350,000 drug-related emergency room visits, from July 1973-June 1978, butyl nitrite was mentioned 12 times in emergency rooms; of these, ten patients were released, two were admitted to the hospital and no deaths occured. When crisis centers and emergency rooms are reviewed for this same five year period, butyl nitrite is mentioned only 77 times including 60 alone and 17 in combination; almost all the patients were immediately released and there were no deaths. "Despite sales estimated at over 12,000,000 bottles during this time, no injuries were reported and no fatalities were reported from consumer products (odorizers and scents) containing butyl or isobutyl nitrite." (1, 2, 7) During this same period, the National Electronic Injury Surveillance System (NEISS), managed by the U.S. Consumer Product Safety Commission, (CPSC) estimated that 698,554 injuries (out of 44,658,823 total injuries) were caused by "Home and Family Maintenance Products" (which include household odorizers); in this group, an estimated 6,627 injuries were from chemical deodorizers and none from odorizers including those containing butyl or isobutyl nitrite. (7)

   One study sent a questionnaire to 3,065 emergency room specialists and 213 forensic pathologists (all those listed in the American Medical Association's computerized address system). Replies were received from 47 forensic pathologists and 65 emergency room specialists. "All the pathologists stated that they had never seen a patient whose death was attributed to isobutyl or amyl nitrite. Of the emergency room doctors, 592 had never seen a case of nitrite toxcity; the 13 who said they had seen toxic reactions described transient episodes of vascular headache, fainting or hypotension. The respondents had a combined total of 2,780 years of full-time emergency room experience." (2)

B. Hazards to others (direct and indirect): None are apparent.

C. Abuse potential

1. Tolerance: - neither tolerance, cross tolerance nor dependence has been demonstrated (7); however, tolerance can develop to various effects of nitrites. Sometimes great tolerance develops e.g., resistance to headaches can develop (13).

2. Psychological dependence: no documented reports were found.

3. Physical dependence: no documented reports were found (no withdrawal symptoms ever mentioned).

D. Population at risk

Amyl nitrite and butyl nitrite were first popular among the homosexual community. However, their popularity has increased to a substantially broader segment of society. "These products are currently purchased by both sexes. There are incomplete statistical data to establish the ages of consumers and none to establish the percentage of consumers using them according to package instructions." (7)

There is concern about the use of these products by youth, as stated previously. (12, 14, 16)

Those individuals with the specific pre-existing medical conditions listed above (e.g., glaucoma, head injury) appear to be at risk.

In addition, because of widespread and easy availability to youth, use of butyl nitrite by youngsters may "open the door" to other more serious drug abuse.

E. Need for control

There are differences in opinion as to the need for control. Some parents and teachers are very concerned. Others do not believe that governmental intervention is the answer. A spokesman for the U.S. Food and Drug Administration was quoted in an Associated Press report saying, 'I've heard of people injecting peanut butter in their arms for kicks. But what am I going to do? Go out and arrest the Skippy Co.?'" (11)

X. LEGAL STATUS

Some action has been taken to limit usage. Ten years ago, the city of Houston, Texas enacted an ordinance banning sales to minors. Manufacturers also sometimes ban sales to minors. In 1977, through its State Child Protection Act, Connecticut became the only state to ban products containing butyl nitrite (however, a Connecticut Department of Consumer Protection motion for a temporary injuction was denied). In Georgia, butyl nitrite was made a prescription drug in 1978. One of the major pharmaceutical firms which manufactures these products has initiated action to change their over-the-counter status. Some stores enforce their own bans on the products.

Federally, there are no restrictions on sale; however, the CPSC has labelling requirements.

The locus of authority to regulate the product is unclear, and as yet no federal agency has taken action.

XI. REFERENCES

1. IMS America, DAWN data, July 1973-June 1978.
2. Lowry, Thomas P., M.D., "Amyl nitrite: an old high comes back to visit," Behavioral Medicine, March 1979, pp. 19-21.
3. Levitan, Stuart, "Drug board seeks way to ban butyl nitrite," Madison Press Connection, Feb. 22, 1979.
4. Windholz, Martha (ed.), The Merck Index, ninth edition, 1976.
5. Orzel, Rita, Ph.D., "National Advisory Council on Drug Abuse," September 21, 1978, pp. 1-7.
6. Nickerson, Mark; Parker, John O.; Lowry, Thomas P.; Swenson, Edward W., Isobutyl Nitrite and Related Compounds, Pharmex, Ltd., San Francisco, Feb. 1979.
7. State of Wisconsin, Department of Justice, Division of Law Enforcement Services, Crime Laboratory Bureau - Isobutyl nitrite data Jan. 1977-Feb. 1979.
8. Los Angeles Times News Services, "Chemical sex aid can be harmful" (further information not available).
9. "Inhalant Can Do Sniffer Ill," The Milwaukee Journal, Sept. 8, 1977.
10. "People Beginning to Take Off on Butyl Nitrite," The Milwaukee Journal, November 17, 1977.
11. "Sniffers Find a New 'High', Schools Concerned," Sheboygan Press, February 6, 1979.
12. Nickerson, Mark, "The Vasodilator Drugs," Goodman & Gillman's Standard Textbook of Pharmacology, chapter 34, pp. 727-734.
13. State of Connecticut: Child Protection Act, Butyl Nitrite regulation and temporary injunction denial.
14. February 13, 1979 Memorandum to all Legislators from Wisconsin Co-chairmen, the Joint Committee for the Review of Administrative Rules: "The possible restriction by the Controlled Substances Board of a substance known as butyl-nitrite."
15. The Paper (Onalaska High School; Onalaska, Wisconsin); Volume X, Issue 8; 1979.
16. "Amyl/Butyl Nitrite and Nitrous Oxide: A Report on Current Use of Two Popular Inhalants"; Do It Now Foundation, Phoenix, Arizona; 1979.

627

627 *o*-Aminobenzoic Acid

Anthranilic acid

Toxicity Rating: 3. The oral LD_{50} in the rat is 4.5 gm./kg. Although it does not share the therapeutic usefulness of *p*-aminobenzoic acid, it is presumed to have similar toxicity. See *p*-Aminobenzoic Acid below.

628

628 *p*-Aminobenzoic Acid

PABA, Para-aminobenzoic acid

Toxicity Rating: 3. Once widely used in the chemotherapy of rickettsial diseases, in sunscreen preparations, occasionally in certain dermatoses and synergistically with salicylates in rheumatic fever. Common side reactions include nausea, vomiting, acidosis, pruritus, rash, fever, methemoglobinemia and possibly hepatitis. Oral doses of 1 gm./kg. or higher were fatal in dogs, which developed acute gastroenteritis and hemorrhage in the small intestine; acute liver necrosis was seen with doses above 2 gm./kg. Rats given lethal doses of the sodium salt showed pronounced hyperemia of the distal segment of the stomach. PABA enhanced methemoglobinemia and Heinz body formation in cats exposed to xylidine. Chronic feeding in animals has produced leukocytosis.

Ref.: Cronheim, 1951; Robin et al., 1947; Scott and Robbins, 1942; Spicer, 1949.

629

629 *p*-Aminosalicylic Acid

PAS

Toxicity Rating: 3. Antimetabolite useful in tuberculosis. Severe therapeutic misadventures, although rare, have included agranulocytosis, hepatitis, allergic reactions, methemoglobinemia, and crystalluria. Gastrointestinal irritation with vomiting and diarrhea is more common. Prolonged prothrombin times and some suppression of thyroid activity may be seen. Dosages up to 20 gm. a day by mouth of the sodium or potassium salts are usually well tolerated for prolonged periods.

See also: Aniline, *Reference Congener in Section III.*
Ref.: Dutta, 1961; Kneebone, 1961; Mahrer and Maret, 1955; Paine, 1958; Simmel, 1962.

Aliphatic nitro compounds (nitrites and nitrates)

630

630 Amyl Nitrite

Isoamyl nitrite

Toxicity Rating: 5(?). Amyl nitrite has long been used as a vasodilator in angina therapy, in the treatment of hydrogen cyanide and hydrogen sulfide poisonings, and as an industrial chemical and perfume scent. This volatile liquid is usually a mixture of isomers, the principal one being isoamyl nitrite. The increasing abuse of amyl nitrite "poppers" led to their restriction and to the increased popularity of butyl and isobutyl nitrites, related volatile compounds sold over-the-counter as room odorizers under such names as "RUSH" and "Locker Room". They are inhaled by enthusiasts to produce highs and to intensify sexual orgasms. They are sometimes sprayed in discotheques to stimulate dancing. Inhaling the volatile nitrites produces vasodilation and hypotension lasting about 90 seconds, occasionally accompanied by posture-related syncope. Pulsating headache, rapid flushing of the face and dizziness are common. Confusion, vertigo, motor restlessness, weakness, cyanosis, nausea and vomiting may occur in some individuals. Sniffing butyl nitrite has caused subclinical methemoglobinemia in normal subjects and still higher levels in individuals who are deficient in NADH-methemoglobin reductase activity. Chronic abuse of amyl nitrite resulted in Heinz body hemolytic anemia in two individuals without demonstrable congenital red cell defects. **There are documented cases of severe and fatal methemoglobinemia following the ingestion of butyl and isobutyl nitrite room odorizers.** Injection of methylene blue was sometimes effective but too late to reverse the hypoxic tissue damage in a fatal case. The methemoglobin level of a patient reached 61.7% within 1 hour of drinking a bottle of butyl nitrite in a suicide attempt. Sweet spirits of nitre, a mixture of 4 per cent ethyl nitrite in 70% ethanol, is still available without prescription in the U.S.A. Two black twins given 1 to 2 teaspoonsful in their milk bottles developed profound methemoglobinemia. Despite the reduction in the methemoglobin levels from 80 percent to 9 percent with methylene blue therapy, one twin died in respiratory arrest. The other twin recovered after reversal of his 38 percent methemoglobinemia. Heinz bodies were not observed, and methemoglobin reductase activity was normal. Laboratory mice succumbed to cardiovascular collapse after lethal i.p. injections of butyl nitrites; liver damage was seen among week-long survivors.

See also: Nitrite, *Reference Congener in Section III.*
Ref.: Chilcote et al., 1977; Crandell et al., 1931; Haley, 1980; Romeril and Concannon, 1981; Shesser et al., 1980; Smith et al., 1980; Steiner and Manoguerra, 1980; Wason et al., 1980.

Metro/Regional

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Cheap, dangerous and lethal

Butyl nitrite sniffers find it's a costly way to get high

By Keith Goldschmidt
Of the Press-Gazette

Butyl nitrite comes in small bottles called "Rush" or "Bolt" or "Thrust" or "Boomerang" or about 70 other names almost always attached to the words "liquid incense."

Young people, especially those between 12 and 16, put these small bottles to their nose and inhale the fumes to get a 90-second high. They rush, soar, slip into a dizzy, mixed-up world with a damaged brain for a little more than a minute.

After the high, a person might have an extreme headache. The temples still pound. Butyl nitrite kills brain cells and can damage internal organs, medical experts say.

It's cheap. It's dangerous. It's sold in Green Bay.

And it's legal. You can sell it, buy it, use it, give it to your friends, and no one will stop you. No one can stop you.

A state consumer agency wants it banned.

How many people put these small bottles to their nose is unknown in Green Bay, but it's probably fewer than did it three or four years ago.

That's when Green Bay really had a problem, said Green Bay Police Lt. Thomas Hintz.

"I'm sure it still is a problem, a big potential problem. I'm sure it's still abused, but it's not brought to my attention like years ago," Hintz said.

"Inhalants are on the lower end of the scale (of drug abuse)," said Gary Herman, an alcohol and drug counselor at Bellin Memorial Hospital.

Butyl nitrite is not a fashionable drug. It's not cool. It's like sniffing glue or inhaling gas fumes, Herman said.

Alcohol leads the list of abused substances followed by pot, stimulants and barbiturates. Inhalants rank at the bottom with cocaine making a fast entry on the local drug scene, he said.

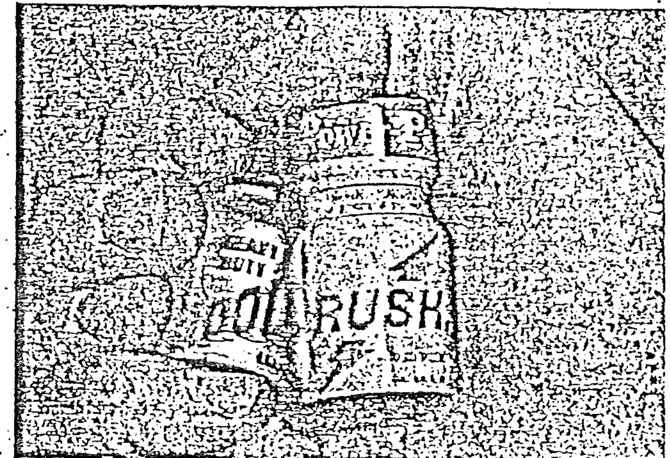
He took a survey of 176 adolescents who obtained counseling for drug abuse at Bellin between 1981 and the summer of 1984. Sixty said they used butyl nitrite at least once.

"It's sold specifically for the use of abuse," Herman said. "There are enough kids (using it) to warrant a real concern."

State Rep. James Rutkowski, D-Hales Corners, asked the Wisconsin Department of Agriculture, Trade and Consumer Protection to investigate.

It found:

Please see Danger/B-2



Press-Gazette photo

Dangerous high: Butyl nitrite, a chemical contained in bottles like these, is now legal to sell, buy and carry in Wisconsin. Because of its potential harm, the state is investigating its ban in the state.

Danger

- A Dane County attorney who died after being bound and gagged with a sock soaked in butyl nitrite.
- A 19-year-old Manitowoc man who officials believe died of a heart attack caused by inhaling a substance similar to butyl nitrite.
- Five accidental deaths in Dane County where butyl nitrite was probably a contributing factor.
- The city of Sheboygan banned butyl nitrite in 1979.
- Places like Beloit, Antigo, Oshkosh and others in the state have found students using it.

The department held four hearings around the state. Jane Jensen, assistant administrator, said a recommendation to ban it will be sent to the board of Department of Agriculture, Trade and Consumer Protection the last week in March.

If accepted, it will be sent to the Legislature. The earliest it could be banned would be the end of summer, she said.

Nine states have already banned it. Some cities, including Houston, have done the same by local ordinance.

No one manufacturers it in Wisconsin. No one uses it in their business.

"There's really no legitimate use for it," Jensen said.

People who use it have told counselors they use it to enhance the effects of sex or other drugs.

It can be bought at adult bookstores in Green Bay under a variety of names for about $5 for .4 ounces. If stored properly, it can last a long time.

One bookstore employee said it sells fairly well. Another said it hardly sold at all until stories hit the media about the possible ban. Now sales are up because of people who want to try it and the regulars who are stocking up on it before the ban.

The abuse began in the gay community, said Ken Weisman, alcohol and other drug abuse student services coordinator with the Green Bay school system.

It was used for sex. Its use filtered into the rest of society, he said.

A person taking it feels a quick rush, dizzy, light headed and flush. And then the temples pound.

It lowers blood pressure which makes it extremely dangerous for persons who already have low blood pressure, Weisman said.

A tolerance develops which means a person needs to inhale more to get the same feeling. No one knows where addiction to butyl nitrite begins. And some people who buy it, don't know how to use it so they drink it, and that can kill you, experts say.

Most people who try it, don't use it very long. The headaches turn them off, Herman said.

The Consumer Protection Agency wants the entire source turned off.

KANSAS STATE BOARD OF NURSING

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Telephone 913/296-4929

TO: The Honorable Marvin Littlejohn, Chairman, and Members of the House Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator

DATE: March 4, 1986

RE: House Bill 3084

Thank you Mr. Chairman and Members of the Committee for the opportunity to speak on House Bill 3084. The Board of Nursing opposes certain sections of the Bill. House Bill 3084 speaks to the establishment of a new board, an Allied Health Board. The Board of Nursing does not oppose the entire Bill per se, but it does oppose the proposed changes related to the Licensed Mental Health Technician. If this Bill passes, it may be a step back in time for the care of the mentally ill and mentally retarded.

It is proposed that Licensed Mental Health Technicians come under the new board. Currently Licensed Mental Health Technicians are licensed by the Board of Nursing. The Board of Nursing is opposed to the suggested change. The change proposed regarding the Licensed Mental Health Technicians will have some fiscal impact on the Board of Nursing in loss of revenue and in time expenditure, however this is not the source of our major objection.

The Board of Nursing has recently completed (at considerable expense) a revised, competency based examination. In addition, the Board has spent a great deal of time reviewing curriculum of the Mental Health Technician programs throughout the state. The Board is in the process of a new two year license renewal process and mandatory continuing education, for on-going licensure.

The Board recognizes the problems within the state institutions regarding staffing and the recommendations of the federal surveyors. The Board has set up a committee to study these issues, particularly related to the preparation of the Mental Health Technician.

Traditionally, the Licensed Mental Health Technician has been prepared in a state institution for the mentally ill or mentally retarded. The Board of Nursing approves the curriculum and plan of study based on the materials submitted by that institution. The problem currently lies in the fact that

Attm. #5
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Hs. PHW

an apprentice type, on-the-job training is no longer appropriate. The Board has unofficially suggested to the Mental Health Technician group that the community colleges might be the appropriate place to prepare the Mental Health Technician today, particularly in view of the fact that the care needs of the patients/residents have changed.

The Board of Nursing opposes the removal of the Licensed Mental Health Technician from the Board of Nursing because we believe that much of what the Licensed Mental Health Technicians do is the direct care of patients which is supervised by nurses. Since nurses are responsible for the supervision of this licensed group, the regulatory control should remain with the Board of Nursing.

Thank you Mr. Chairman. I will be happy to respond to questions.

KANSAS CHAPTER

AMERICAN PHYSICAL THERAPY ASSOCIATION

March 4, 1986

Susan Hanrahan, RPT
Legislative Chairperson
Kansas Chapter
American Physical Therapy Association
3731 Southeast 27th
Topeka, Kansas 66605
(913) 295-6619 [work]

Mr. Chairman and Members of the Public Health and Welfare Committee:

My name is Susan Hanrahan. I am representing the Kansas Physical Therapy Association in addressing HB 3084--the establishment of a Board of Allied Health Professionals.

Our Association's Executive Board has currently taken a neutral stand in the creation of this Allied Health Board. We have been governed by the Board of Healing Arts for 23 years. We feel we have been fairly represented by this Board and supported in the majority of issues that were brought before them. The Board encouraged us to keep pace with changing times and made Kansas the first state nationally to mandate continuing education units for physical therapists. We feel very comfortable in having the Physical Therapy Examining Committee represent the physical therapists and physical therapist assistants under the Board of Healing Arts and would be satisfied to remain under their direction.

If this Committee decides a new Allied Health Board should be created however, we have three major bill changes to recommend: (1) Physical therapist assistants are currently certified by the Board of Healing Arts but are not specifically referred to in the initial portion of the bill. We suggest the

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addition of that profession in lines 0080, 0090, 0092, 0105, 0111, 0126, and 0139. (2) Line 0033 states that in the composition of the Allied Health Board, one member shall be appointed from the members of the State Board of Healing Arts who are licensed to practice medicine and surgery. Physicians usually supervise physicians' assistants directly, but not physical therapists or licensed mental health technicians who are also part of this Board. Physicians do not sit on the State Board of Nursing and registered nurses do not sit on the Board of Healing Arts. We suggest the elimination of a Board of Healing Arts representative and add instead a physical therapist assistant which would make the composition of the Board consistent with the membership of the allied health groups. (3) We recommend that if a governing Allied Health Board is created to oversee the various professions, then independent examining committees should also be appointed for the allied health groups to deal with specific problems within each profession. These committees could function similarly to how the Physical Therapy Examining Committee works with the Board of Healing Arts.

Please note that our Association is not opposing the creation of another health regulatory board in Kansas. If this Committee feels one is necessary, we would like for you to consider our recommendations to strengthen the bill and provide some consistency within this Allied Health Board and among other health regulatory groups. Thank you for the opportunity to testify before your Committee. At this time I'd like to address any questions that you might have.

TESTIMONY TO H.B. NO. 3084

BY CAROLYN BLOOM, R.P.T.
VICE-PRESIDENT, PHYSICAL THERAPY EXAM. COMMITTEE

I am presenting a neutral testimony for this bill since I do not at this time have knowledge of the advantages and disadvantages to the formation of a board of allied health professions.

I have been a member of the physical therapy examining committee for approximately three years. Our committee has enjoyed a good working and professional relationship with the board of healing arts. The input from the attorney assigned to the board has been very beneficial to our committee.

If the act to establish the board of allied health professions is passed, I would recommend several additions to the present text.

In lines 0033 to 0035, eliminate the member of the state board of healing arts who is licensed to practice medicine and surgery. Having this member is contradictory to lines 0078 to 0086.

In line 0036, add the requirement of each board member to have a minimum of three years of professional practice in one's field.

In line 0044, add that current examining committee members will be chosen to initially serve on the board.

In line 0067, add the governor will appoint an attorney to act in an advisory capacity to the board.

In lines after 0078 pertaining to physical therapists, add physical therapist assistants to the text.

Clearify lines 0118 to 0121.

Respectfully submitted,

Carolyn Bloom

Carolyn Bloom, R.P.T.

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For More Information Contact:

TERRI ROSSELOT, R.N.
(913) 233-8638

March 4, 1986

HB 3084 ESTABLISHING THE BOARD OF ALLIED HEALTH PROFESSIONS

Mr. Chairman, members of the House Public Health and Welfare Committee, my name is Terri Rosselot and I am a registered nurse and represent the Kansas State Nurses' Association. KSNA is opposed to the section of HB 3084 that remove the Licensed Mental Health Technicians, (LMHT's), from the Board of Nursing and put them under the bills newly created "Board of Allied Health Professions."

Before I begin my statements related to the rationale for opposing HB 3084 I'd like to address the issue of creating such a Board. It is apparent that an increasing number of health care professions and speciality groups are seeking recognition through the credentialing process in Kansas. Three different groups in the past 4 weeks have sought to gain legal credentials for their practice from the state. The Occupational Therapists, Respiratory Therapists, and Physicial Therapists testified before this committee in attempts to gain licensure recognition. These three groups are indeed allied health professions. It appears that the PT's currently registered in Kansas come under the Board of Healing Arts for this process. The OT's and RT's have sought similar status for their governing boards. The future of creating a Board of Allied Health Professionals seems inevitable, and this states' need for such a vehicle to accommodate other speciality groups does not go unrecognized. The timing for such a board has not matured and is a bit premature, nonetheless, such foresight and a desensitazation process to this idea by this committee is probably an astute exercise.

KSNA OPPOSES INCLUSION OF LMHT's UNDER THE BOARD OF ALLIED HEALTH FOR A VARIETY OF REASONS, BUT THE SINGLE MOST IMPORTANT ONE IS PROTECTION OF THE PUBLIC THROUGH APPROPRIATE EVALUATION ACCREDITATION OF THEIR EDUCATIONAL PROGRAMS AND MINIMAL TESTING.

Kansas State Nurses Association • 820 Quincy • Topeka, Kansas 66612 • (913) 233-8638
Alice Adam Young, Ph.D., R.N., — *President* • Terri Rosselot, J.D., R.N. — *Executive Director*

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The Kansas Board of Nursing has licensed LMHT's since July 1, 1974. Kansas is recognized as a very progressive state in the care and treatment of the mentally ill, the early influences of the Menninger Foundation and Veterans Administration Hospital in Topeka which served as an advanced study site for physicians pursuing psychiatric medicine. Licensed Mental Health Technicians in Kansas provide a specialty educated labor force used to staff many state and private institutions providng services in caring for and treatment of the mentally ill, emotionally disturbed, or mentally retarded. It is important to note that only three other states have similar groups licensed by the state: Colorado, California and Arkansas. There is not a nationally recognized testing system and or educational system. It has been the State Board of Nursing that has written and validated the LMHT's exam in Kansas. Equally important, the KSBN has approved educational programs providing the necessary curriculum for education of LMHT's. This fulfills the goal of the KSBN to protect the public by assuring employers and clients of safe minimal preparation and skill level. KSNA questions the ability of a "Allied Health Board" to adequately perform these two essential functions at the same caliber as the Kansas State Board of Nursing. Compare this to the other two groups mentioned in this bill, PT's and PA's, both graduate from accredited programs with nationally recognized standards. This same protection is not available to the public of Kansas for LMHT's, it has been the responsibility of the KSBN to perform these functions. KSNA does not support a Board composed of PT's,PA's or other possible combinations of "allied health professions" writing examination questions for licensing LMHT's.

To examine how closely aligned the practice of mental health technology is to nursing let us examine the practice act, and educational components of their programs.

Article 42.—EXAMINATION, LICENSURE AND REGULATION OF MENTAL HEALTH TECHNICIANS

65-4201. Citation of act. This act may be cited as the mental health technician's licensure act. [L. 1973, ch. 308, § 1; July 1, 1974.]

65-4202. Definitions. As used in this act: (a) "Board" means the Kansas state board of nursing.

(b) The "practice of mental health technology" means the performance, under the direction of a physician licensed to practice medicine and surgery or registered professional nurse, of services in caring for and treatment of the mentally ill, emotionally disturbed, or mentally retarded for compensation or personal profit, which services:

LMHT's practice under the direction of RN's.

(1) Involve responsible nursing and therapeutic procedures for such mentally ill or mentally retarded patients requiring interpersonal and technical skills in the observations and recognition of symptoms and reactions of such patients, and the accurate recording of the same, and the carrying out of treatments and medications as prescribed by a licensed physician; and

LMHT's perform nursing functions with a specific group of clients, mentally ill and mentally retarded.

(2) require an application of such techniques and procedures as involve understanding of cause and effect and the safeguarding of life and health of the patient and others; and

(3) require the performance of such other duties as are necessary to facilitate rehabilitation of the patient or are necessary in the physical, therapeutic and psychiatric care of the patient and to require close work with persons licensed to practice medicine and surgery, psychiatrists, psychologists, rehabilitation therapists, social workers, registered nurses, and other professional personnel.

Other functions relating to rehabilitation physical, therapeutic and psychiatric care of clients, again closely aligned and directly supervised in most Kansas facilities by RN's.

(c) A "licensed mental health technician" means a person who lawfully practices mental health technology as defined in this act.

(d) An "approved course in mental health technology" means a program of training and study including a basic curriculum which shall be prescribed and approved by the board in accordance with the standards prescribed herein, the successful completion of which shall be required prior to licensure as a mental health technician, except as hereinafter provided. [L. 1973, ch. 308, § 2; July 1, 1974.]

65-4206. Approved courses of mental health technology; standards; qualifications. (a) An approved course of mental health technology shall be one which has been approved as such by the board as meeting the standards of this act, together with the rules and regulations of the board. Said course, at a minimum, shall be of six (6) months duration during which period the institution shall provide for eighteen (18) weeks of schooling, one-half devoted to classroom instruction and one-half to clinical experience and shall include the study of:

(1) Basic nursing concepts;

(2) psychiatric therapeutic treatment; and

(3) human growth, development and behavioral sciences.

LMHT's programs include classroom instruction and clinical experience in basic nursing concepts, psychiatric therapeutic treatment and human growth, development and behavioral sciences. All of these areas are directly related to nursing services and nursing educatio[n] the emphasis on working with mentally ill and mentally retarded.

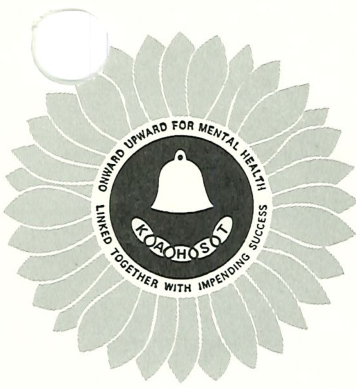
(b) An institution desiring to conduct a course on mental health technology shall apply to the board for approval and submit evidence that it is prepared to and will maintain the standards and curriculum as prescribed by this act and the rules and regulations of the board, which application shall be made in writing upon a form prescribed by the board.

(c) To qualify a course of mental health technology the applicant shall satisfy the board that it is prepared to carry out the curriculum as prescribed by this act and the rules of the board and that it is prepared to and will establish standards therefor as prescribed by the board. [L. 1973, ch. 308, § 6; July 1, 1974.]

The educational requirements for director of a LMHT program is a registered professional nurse, with a baccalaureate degree. This is further indicative of the relationship of LMHT's to general nursing practice.

KSNA believes that removing the LMHT's from the Kansas State Board of Nursing is not in the best interest of the public, the Board of Nursing and the LMHT's licensed by the state.

Thank you.



Kansas Association of Human Services Technologies

March 4, 1986

Mr. Chairman and Members of the Committee:

The Kansas Association of Mental Health Technologies (K.A.H.S.T.) opposes H.B. 3084.

The K.A.H.S.T. is the professional organization for Licensed Mental Health Technicians (L.M.H.T.s) in Kansas. This organization has a long history of working to improve the level of services available to mentally retarded, mentally ill, and emotionally disturbed persons in this state. We welcomed the passage of legislation establishing licensure and standards of practice. We were pleased when the legislature enacted a continuing education requirement for relicensure.

When the licensure act was being formulated, the K.A.H.S.T. expressed the desire to have the Kansas State Board of Nursing (K.S.B.N.) become the licensing and regulatory agency for L.M.H.T.s since many of our functions fall into the area of nursing service. We felt that the K.S.B.N. was the most appropriate agency to provide this function. The K.A.H.S.T. feels that our initial assumptions have proven to be correct. The K.S.B.N. has worked diligently to insure that those persons examined and licensed have the knowledge and skills to provide quality services. The K.A.H.S.T. has observed the K.S.B.N. continually upgrade curriculum and examinations. We have also seen the K.S.B.N.'s efforts to regulate LMHTs in a way that would rid our profession of incompetent practitioners. We have been pleased with the work of the K.S.B.N. and wish to continue to be regulated by this board.

The K.A.H.S.T. also question the creation of a new board for financial reasons. The costs involved with establishing a new regulatory board seems to run counter to the kind of restraint which we feel the state's current financial picture requires. We question whether this is a sound way to utilize limited resources.

Thank you,

Raymond W. Morrison, L.M.H.T.

Raymond W. Morrison
President, K.A.H.S.T.

RWM:kap

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3/4/86

Hs. PHW

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February 17, 1986

Marvin L. Littlejohn, Representative
Chairman, Public Health Committee
State Capitol, Room 425-S
Topeka, KS 66603

Dear Representative Littlejohn:

The Kansas Board of Healing Arts at its last meeting on February 7th considered the problem concerning patients receiving physical therapy in rural areas. Specifically, the problem is whether or not a doctor could give orders for physical therapy to be carried out to a physical therapist assistant when the physical therapist is not available.

The following Board motion was passed: "The Board supports that doctors can issue orders to physical therapist assistants to do physical therapy without prior approval of the physical therapist".

The Physical Therapy Examining Committee to the Board met to consider this problem. Also present at the meeting were: Charlene Abbott, Executive Secretary; Susan Hanrahan, R.P.T.; and Harold Riehm of the Kansas Osteopathic Association. In an attempt to resolve this problem, the Physical Therapy committee supported the following change in K.S.A. 65-2914 Section C: "If the physical therapist is not available for immediate contact the physical therapist assistant can initiate treatment by the physician's order according to written protocol established by the physical therapist with minimum weekly review of patient care by the physical therapist".

I feel that this change in 65-2914 would have the support of the Healing Arts Board. It does have the support of the Physical Therapy Examining Committee, the Board and Harold Riehm, Kansas Osteopathic Association, states that he would support such a change. I feel that all parties involved would feel that this is a reasonable solution to this problem in Western Kansas.

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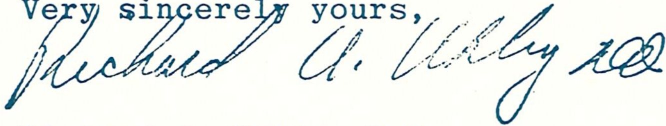
I would very much appreciate your consideration of this matter. If I can be of any further assistance to you in this area, please do not hesitate to call on me.

Very sincerely yours,



Richard A. Uhlig, D.O.
Secretary of the Board

RAU/sl

cc: Harold Riehm