

distribute the medications, you simply couldn't afford to provide the service and we would have to see either a closing down of these facilities or court action, which is probably the more likely course, that would involve the state in court with a number of these facilities and a lot of legal maneuvering trying to work around having these facilities close down. What we were facing, in other words, with this piece of legislation if it was not adopted and moved forward, which I hope it will be, is really a disaster I think for the state. Now there may be some alternatives to deal with some of the concerns that people have, but at this point, we haven't been able to identify how we can act on them and still have a constitutionally acceptable bill according to the Attorney General. The concerns that have been expressed by Mr. Patch, in particular, out in the Panhandle has been the nurse's supervision and the time required. That is Senator Scofield's concern. That is this other gentleman's concern. If you don't have the minimum nurse oversight on a quarterly basis, we have been told by the Attorney General, then you'd simply have an inadequate bill and it will not meet constitutional muster because that very question has been raised, and so we feel that we have lowered the standards in the committee with the adoption of the committee amendment as low as we can go and still have an acceptable piece of legislation to the Attorney General's Office, and so we have attempted as best we can to deal with these concerns, and this is, at this point, the best we can come up with. We do intend to continue to monitor the legislation. We also intend to have the Department of Health, which has agreed to cooperate with these regional services units, to make sure that they do cooperate, because if this doesn't happen, we could come back next session and, obviously, follow up and clarify and work further to refine this problem. The only thing is that if we don't act this session and this is the best we can come up with right now, we have chaos coming shortly after the session, and that is why we are moving and having the special order. I also need to, for the record, indicate that the committee did lower to nine hours the minimum requirement for training for CDDs, the Community Development Centers. These CDDs are separated out from the other facilities which I mentioned earlier, those being the domiciliary facilities, residential care facilities, and mental health centers and are lowered to nine hours because in the handout that I have distributed there is a lot of additional training that is already provided to the staff members of these facilities, and it is felt that their total training would be an equivalent of the 21 hour training under the other provisions of