

## Returns of Unused Pharmaceuticals by Consumers and Health Care Facilities

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### Part A – Returns of Unused Drugs by Consumers

To date, a handful of states have implemented programs specifically designed to facilitate the return of unused prescription drugs by consumers. So-called pharmaceutical/prescription take back programs have several stated purposes including but not limited to preventing the misuse/diversion of controlled substances, assisting indigent persons in obtaining prescriptions through reuse measures and preventing contamination of the environment by controlled substances that are improperly disposed of. The following is a compilation of state statutes and current legislation addressing prescription take back programs.

Please note that this portion of this compilation is limited in its scope to state statutes and bills related only to the direct return by consumers of unused prescription drugs. There may be additional relevant state regulations (Board of Pharmacy, Department of Health, etc.) or local/regional collection programs. This compilation does not include measures related to:

- Returns of unused drugs by correctional facilities;
- Disposition of drugs seized in association with law enforcement activities;
- Returns of drugs that come into the possession of certain state agency officials in the performance of their official duties such as coroners;
- Returns of unused stocked drugs by ambulances and other emergency personnel;
- Returns of drugs used for research purposes; or
- Returns of expired or otherwise unsellable drugs to wholesalers by pharmacies.

#### 1. 2009 Legislation

**Connecticut House Bill 6201:** Permits consumers to return unused quantities of prescription drugs to the pharmacy that supplied such drugs. The stated purpose of this bill is to encourage the return of unused prescription drugs so as to: (1) remove unused prescription drugs from residential settings to prevent misuse or abuse; (2) promote the safe disposal of unused prescription drugs to prevent contamination of Connecticut water supplies; and (3) lower the cost of the state's supported prescription drug programs.

**New Hampshire House Bill 607:** Establishes a drug disposal program. The stated purpose of the bill is to establish a program that ensures the safe and environmentally sound disposal of pharmaceutical drugs that is convenient for consumers and cost effective for retailers.

**Oregon Senate Bill 598:** Requires manufacturers of drugs sold in the state of Oregon to operate pharmaceutical take back programs approved by the Department of Human Services. Manufacturers can operate their own programs or do so collectively with other manufacturers.

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**Pennsylvania House Bill 33:** Requires retailers of pharmaceutical drugs to have in place a system for the acceptance and collection of pharmaceutical drugs for proper disposal. The stated purpose of this bill is to establish a program that ensures the safe and environmentally sound disposal of pharmaceutical drugs that is convenient for consumers and cost effective for retailers.

**Virginia Senate Bill 1207:** Establishes the Unused Pharmaceutical Disposal Program to ensure the safe, effective, and proper disposal of unused pharmaceuticals. Unused pharmaceuticals shall be disposed of in a manner determined to be in compliance with local, state, and federal law and regulation, including environmental regulations.

**Washington Senate Bill 5279:** Provides for the safe collection and disposal of unwanted drugs from residential sources through a producer provided and funded product stewardship program. The stated purpose of the program is to help to avoid accidental poisonings, decrease illegitimate access to drugs that can lead to abuse, and protect surface and groundwater.

**Wyoming Senate Bill 106:** Amends the state's drug donation program; provides for drop off and disposal of unused and expired prescription drugs. The drug drop off and disposal program must have the following features: drop off locations shall be located at specified donation sites; procedures shall be maintained for the documentation of all collected unused medication; and procedures shall be maintained for the environmentally safe disposal of unused medications.

### 2. Existing Statutes

**California Public Resources Code § 47120 through § 47126** (Drug Waste Management and Disposal) - These sections within the State's Public Resources Code are related to drug waste management and disposal. Citing a study by the U.S. Geological Survey regarding the prevalence of prescription and nonprescription drugs in streams, the legislature's stated purpose was to "establish a program through which the public may return and ensure the safe and environmentally sound disposal of drugs and may do so in a way that is convenient for consumers." A group of enumerated state agencies are tasked with developing model programs that must be made available to participants no sooner than July 1<sup>st</sup>, 2008 and no later than December 1<sup>st</sup>, 2008. At a minimum the model programs must include 1) the means by which the participant will provide for the safe take back of drugs; 2) the means by which the participant will ensure protection of public health and safety as well as the environment; 3) the means by which the participant will report data for purposes of program evaluation; and 4) the means by which the participant will protect against the potential for diversion of drug waste for unlawful use or sale. Model programs must provide notice and informational materials to consumers. This law does not apply to controlled substances.

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**Maine Revised Statutes Title 22 § 2700** (Unused Pharmaceutical Disposal Program) – The Unused Pharmaceutical Disposal Program is administered by the Maine Drug Enforcement Agency and has the stated purpose of ensuring the safe, effective and proper disposal of unused pharmaceuticals. The system will utilize prepaid envelopes in which unused pharmaceuticals are placed and then returned to a single collection location. Envelopes must be made available to the public at various locations including but not limited to pharmacies, physicians' offices and post offices. The unused pharmaceuticals will be disposed of in a manner designed to be effective, secure and compliant with local, state and federal environmental requirements.

**Oregon Revised Statutes § 468B.140** (Plans to Reduce Discharges of Persistent Pollutants) – Includes a list of measures identified as possibilities for reducing persistent pollutants – instituting pharmaceutical take-back programs is one of the listed measures.

**Wisconsin Statutes § 93.57** (Household Hazardous Waste) – Provides for the awarding of grants to county, municipal and regional planning commissions to aid in the collection of unwanted prescription drugs. Grants may not exceed 75% of the cost of the program.

### **Part B – Returns of Unused Drugs by Certain Facilities (nursing home, long-term care facility, mental health facility, etc.)**

Many states currently have systems and procedures in place that allow for the return and subsequent redistribution of unused prescription drugs from certain health care facilities such as mental health care facilities and nursing facilities. While the procedures associated with the return/reuse programs as well as the specific program components differ from state to state, one aspect many of these programs have in common is that they do not permit the return and subsequent redistribution of controlled substances – whatever the state defines those to be. The following is a list of examples (please note this list is not inclusive of all state programs related to this topic):

**Arkansas Prescription Drug Re-dispensing Program** (Arkansas Code Annotated § 17-92-1103) – Provides for the development and implementation of a program through which unused prescription medications, other than controlled substances, may be transferred from a nursing facility to a charitable clinic pharmacy for purposes of distributing those medications to indigent state residents.

**California Donation of Unused Medications** (California Health & Safety Code § 150202) – Permits licensed skilled nursing facilities, including those designated as institutions for mental disease, to donate unused medications to repositories for distribution to indigent patients; the donated medications may not be controlled substances.

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**Colorado Unused Medications – Reuse – Rules** (Colorado Revised Statutes § 25.5-5-502) – Permits pharmacists who participate in the medical assistance program to accept unused medication from certain licensed facilities for the purpose of dispensing the medication to other persons; for purposes of this section medication is defined as a prescription medication that is not a controlled substance.

**Georgia Utilization of Unused Prescription Drugs** (Georgia Code § 26-4-192) – Implements a state-wide pilot project program consistent with public health and safety standards through which unused prescription drugs, other than prescription drugs defined as controlled substances, may be transferred from health care facilities to pharmacies designated or approved by the Department of Human Resources for the purpose of distributing such drugs to residents of this state who are medically indigent persons.

**Hawaii Return of Prescription Drugs** (Hawaii Revised Statutes Annotated § 461-11.5) – Permits the return and re-dispensing/redistribution by pharmacists of previously dispensed prescription drugs; the returned drugs are not permitted to be within the classification of controlled substances as defined in relevant state and federal law.

**New Hampshire Unused Prescription Drug Program** (New Hampshire Revised Statutes § 318:56) – Establishes an unused prescription drug program for the purpose of allowing the donation of unused prescription drugs and medical devices to uninsured or underinsured individuals; the program is administered by the New Hampshire pharmacy board.

**New York Residential Health Care Facilities; Return and Redistribution of Unused Medication** (New York Public Health Law § 2803-e) – Permits resident or consulting pharmacists in residential health care facilities to return to any pharmacy from which it was purchased any unused medication provided certain conditions are met and provided that the medication is not a controlled substance.

**Tennessee Prescription Drug Re-dispensing; Pilot Program; Reports; Participation** (Tennessee Code Annotated § 63-10-504) – Authorizes the development of a pilot program through which unused prescription medication, other than controlled substances, may be transferred from an institutional facility to a charitable clinic pharmacy for the purpose of distributing the medication to indigent Tennessee residents.

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