

Connecticut House Bill 6201

Be it enacted by the Senate and House of Representatives in General Assembly convened:

That chapter 400j of the general statutes be amended to allow consumers to return unused quantities of prescription drugs to the pharmacy that supplied such drugs. Pharmacists shall thereafter determine whether the returned prescription drugs may be re-dispensed, and if so, such drugs shall be placed in a repository to facilitate re-dispensing through the state's Medicaid program. Only those prescription drugs that have not expired and that are safely contained in blister packaging may be re-dispensed. In the event the pharmacist determines that the returned prescription drugs cannot be re-dispensed, such drugs shall be safely disposed of by the pharmacy in accordance with existing law.

New Hampshire House Bill 607

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Statement of Intent.

I. The general court finds:

(a) The United States Geological Survey conducted a study in 2002 sampling 139 streams across 30 states and found that 80 percent had measurable concentrations of prescription and nonprescription drugs, steroids, and reproductive hormones.

(b) Exposure even to low levels of pharmaceuticals has been shown to have negative effects on fish and other aquatic species and may have negative effects on human health.

II. Therefore, in order to reduce the likelihood of improper disposal of pharmaceuticals, it is the purpose of this act 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.

2 New Subdivision; Pharmaceutical Drug Disposal Program. Amend RSA 318-B by inserting after section 30 the following new subdivision:

Pharmaceutical Drug Disposal Program

318-B:31 Definitions. In this subdivision:

I. 'Consumer' means an individual purchaser or owner of a pharmaceutical drug. The term does not include a business, corporation, limited partnership, or any entity involved in a wholesale transaction between a distributor and retailer.

II. 'Pharmaceutical drug' means a prescription or over-the-counter drug, including, but not limited to, controlled drugs as defined in this chapter.

III. 'Retailer' means a person or entity that makes a retail sale of a pharmaceutical drug to a consumer in New Hampshire.

IV. 'Sale' includes, but is not limited to, transactions conducted through sales outlets, catalogs, or the Internet or any other similar electronic means, but does not include a sale that is a wholesale transaction involving a distributor or retailer.

318-B:32 Collection of Pharmaceutical Drugs.

I. Each retailer shall establish a system for the acceptance and collection of pharmaceutical drugs for proper disposal.

II. A system for the acceptance and collection of pharmaceutical drugs for proper disposal shall at a minimum include the following elements:

(a) The take back by the retailer at no cost to the consumer of a pharmaceutical drug of the type or brand which the retailer sells or previously sold.

(b) A notice to consumers that includes informational materials, including, but not limited to, Internet website links or a telephone number, placed on the invoice or purchase order or packaged with the pharmaceutical drug, that provides consumers access to obtain more information about the opportunities and locations for no-cost pharmaceutical drug recycling.

(c) Information made available to consumers about pharmaceutical drug return opportunities provided by the retailer and encouraging consumers to utilize those opportunities. This information may include, but is not limited to, the following:

(1) Signage that is prominently displayed and easily visible to the consumer.

(2) Written materials provided to the consumer at the time of purchase or delivery, or both.

(3) Reference to the pharmaceutical drug take-back opportunity in retailer advertising or other promotional materials, or both.

(4) Direct communications with the consumer at the time of purchase.

(d) If a retailer is participating in an existing pharmaceutical drug take-back system and the system otherwise complies with the requirements of this subdivision, the retailer may continue to participate in the existing program in lieu of complying with the program under this subdivision.

318-B:33 Rulemaking; Educational Materials.

I. The department, in consultation with the commissioner of the department of environmental services, shall adopt rules, pursuant to RSA 541-A, that ensure the proper disposal of pharmaceutical drugs, pursuant to all applicable laws, and ensure the protection of public health and safety, the environment, and the health and safety of retail employees.

II. The department shall provide educational materials to consumers informing them of the availability of the pharmaceutical drug disposal program and what constitutes proper and improper disposal of pharmaceutical drugs.

318-B:34 Penalty. The attorney general may bring an action for injunctive relief, costs, and attorney fees, and impose on a retailer that fails to comply with the requirements of this subdivision a civil penalty of no more than \$10,000 per violation. Each unlawful failure to provide for pharmaceutical drug disposal shall constitute a separate violation.

3 Effective Date. This act shall take effect upon its passage.

Oregon Senate Bill 598

Be It Enacted by the People of the State of Oregon:

SECTION 1. As used in sections 1 to 9 of this 2009 Act:

- (1) 'Drug' has the meaning given that term in ORS 689.005.
- (2) 'Manufacturer' has the meaning given that term in ORS 689.005.
- (3) 'Nonprescription drugs' has the meaning given that term in ORS 689.005.
- (4) 'Pharmaceutical take-back program' means a service that collects and disposes of a consumer's drugs.
- (5) 'Prescription drug' has the meaning given that term in ORS 689.005.
- (6) 'Retail drug outlet' has the meaning given that term in ORS 689.005.

SECTION 2. (1) A manufacturer of a drug may not sell the drug or allow the drug to be sold in this state unless the manufacturer operates a pharmaceutical take-back program approved by the Department of Human Services. The pharmaceutical take-back program must:

- (a) Accept prescription and nonprescription drugs presented to the program by consumers, including residents of long term care facilities and persons enrolled in hospice, palliative care and home health programs;
- (b) Accept all prescription and nonprescription drugs sold in this state regardless of manufacturer;
- (c) Offer pharmaceutical take-back services at no cost to the consumer, either at the time of sale of the drug or at the time of collection of the drug;
- (d) Be convenient and adequate to serve consumers in urban and rural areas;
- (e) Dispose of collected drugs by incineration or hazardous waste disposal;
- (f) Include an education and outreach program to inform consumers, retail drug outlets, health practitioners, county health departments, hospitals, hospice care providers and long term care facilities of the availability of the program; and
- (g) Include a method for evaluation and improvement of the program.

(2) A manufacturer may operate its pharmaceutical take-back program individually or collectively with other manufacturers.

SECTION 3. (1) A manufacturer that sells drugs in this state shall submit a plan describing the manufacturer's proposed pharmaceutical take-back program to the Department of Human Services for approval. The plan must:

(a) Describe how the program meets the requirements of section 2 of this 2009 Act;

(b) Include recovery goals for the first, second and third years of the program, expressed as pounds per capita, and a plan for action if the recovery goals are not met;

(c) Describe the proposed method for disposal of the collected drugs;

(d) Describe how the manufacturer will coordinate with other manufacturers to minimize consumer confusion about different pharmaceutical take-back programs;

(e) Meet other requirements established by rule by the Department of Human Services; and

(f) Be accompanied by a fee determined by the department under section 8 of this 2009 Act.

(2) The Department of Human Services shall review the disposal proposal in the plan in consultation with the Department of Environmental Quality.

(3) Within 60 days after a manufacturer submits a plan under subsection (1) of this section, the Department of Human Services shall approve or reject the plan. If the plan is rejected, the department shall provide the manufacturer with a written statement of the reasons for the rejection, and the manufacturer may submit a revised plan within 60 days of the date of the written statement of rejection. The department shall approve or reject the revised plan within 60 days of its submission.

(4) A manufacturer shall submit an updated plan to the department annually, on or before the anniversary of the approval of the original plan. The Department of Human Services shall review the disposal proposal in the updated plan in consultation with the Department of Environmental Quality, and shall approve or reject the updated plan as provided in subsection (3) of this section.

(5) If at the time the plan is due for submission to the Department of Human Services there is no legal method for a manufacturer to accept all prescription and nonprescription drugs through the pharmaceutical take-back program, a manufacturer may apply to the department for an extension of the time to submit the plan. The department may grant an extension not to exceed one year.

(6) The department may withdraw approval of a plan if a manufacturer does not operate the manufacturer's pharmaceutical take-back program in accordance with the approved plan. The department shall comply with ORS chapter 183 in withdrawing approval of a plan.

SECTION 4. The Department of Human Services shall adopt

rules requiring retail drug outlets to post a sign to inform consumers of the availability of pharmaceutical take-back programs. The department shall make an example of the sign available on the Internet.

SECTION 5. The Department of Human Services shall establish a full-time position to oversee pharmaceutical take-back programs described in section 2 of this 2009 Act.

SECTION 6. In addition to any other liability or penalty provided by law, the Director of Human Services may impose a civil penalty on a person for violation of sections 2 to 4 of this 2009 Act or of the rules adopted under sections 2 to 4 of this 2009 Act. The director may impose a penalty of up to \$250 for each violation. Civil penalties under this section shall be imposed as provided in ORS 183.745.

SECTION 7. The Pharmaceutical Take-Back Program Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Pharmaceutical Take-Back Program Fund shall be credited to the fund. Moneys in the fund are continuously appropriated to the Department of Human Services for the purpose of regulating pharmaceutical take-back programs.

SECTION 8. The Department of Human Services shall adopt

rules establishing the application fee for submission of a pharmaceutical take-back program plan under section 3 of this 2009 Act. The application fee must be designed to recover the cost to the department of regulating pharmaceutical take-back programs, including the cost of funding the position established under section 5 of this 2009 Act.

SECTION 9. Moneys received under sections 3 and 6 of this 2009 Act shall be paid into the State Treasury and credited to the Pharmaceutical Take-Back Program Fund.

SECTION 10. (1) There is created the Advisory Committee on Pharmaceutical Take-Back Programs, consisting of 11 members appointed by the Director of Human Services.

(2) The term of office of each member is three years, but a member serves at the pleasure of the director. Before the expiration of the term of a member, the director shall appoint a successor whose term begins immediately upon the expiration of the term of the current member. A member is eligible for reappointment for one additional term.

- (3) The advisory committee shall advise the Department of Human Services on issues relating to pharmaceutical take-back programs.
- (4) A majority of the members of the advisory committee constitutes a quorum for the transaction of business.
- (5) Official action by the advisory committee requires the approval of a majority of the members of the advisory committee.
- (6) The advisory committee shall elect one of its members to serve as chairperson.
- (7) If there is a vacancy for any cause, the director shall make an appointment to become immediately effective.
- (8) The advisory committee shall meet at least four times per year, at times and places specified by the call of the chairperson or of a majority of the members of the advisory committee.
- (9) The advisory committee may adopt rules necessary for the operation of the advisory committee.
- (10) A member of the advisory committee is not entitled to compensation, but in the discretion of the department may be reimbursed from funds available to the department for actual and necessary travel and other expenses incurred by the member in the performance of the member's official duties in the manner and amount provided in ORS 292.495.
- (11) All agencies of state government, as defined in ORS 174.111, are directed to assist the advisory committee in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the advisory committee consider necessary to perform their duties.

SECTION 11. Notwithstanding the term of office specified by section 10 (2) of this 2009 Act, of the members first appointed to the advisory committee:

- (1) Three shall serve for a term ending June 30, 2011.
- (2) Four shall serve for a term ending June 30, 2012.
- (3) Four shall serve for a term ending June 30, 2013.

SECTION 12. Section 2 of this 2009 Act applies to manufacturers whose drugs are sold in this state on or after July 1, 2011.

SECTION 13. (1) Section 3 of this 2009 Act becomes operative January 1, 2010.

(2) The Department of Human Services may take any action before January 1, 2010, that is necessary to enable the department to exercise, on and after January 1, 2010, all the duties, functions and powers conferred on the department by section 3 of this 2009 Act.

SECTION 14. This 2009 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2009 Act takes effect on its passage.

Pennsylvania House Bill 33

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Pharmaceutical Drug Disposal Act.

Section 2. Statement of policy.

The General Assembly finds and declares as follows:

(1) The United States Geological Survey conducted a study in 2002 sampling 139 streams across 30 states and found that 80% had measurable concentrations of prescription and nonprescription drugs, steroids and reproductive hormones.

(2) Exposure even to low levels of pharmaceuticals has been shown to have negative effects on fish and other aquatic species and may have negative effects on human health.

(3) In order to reduce the likelihood of improper disposal of pharmaceuticals, it is the purpose of this act 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.

Section 3. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Consumer." An individual purchaser or owner of a pharmaceutical drug. The term does not include a business, corporation, limited partnership or any entity involved in a wholesale transaction between a distributor and retailer.

"Department." The Department of Environmental Protection of the Commonwealth.

"Pharmaceutical drug." A prescription or over-the-counter drug, including, but not limited to, a drug as defined in section 2 of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act (52 Stat. 1040, 21 U.S.C. § 321(g)(1)).

"Retailer." A person or entity that makes a retail sale of a pharmaceutical drug to a consumer in this Commonwealth.

"Sale." Includes, but is not limited to, transactions conducted through sales outlets, catalogs or the Internet or any other similar electronic means, but does not include a sale that is a wholesale transaction involving a distributor or retailer.

Section 4. Collection of pharmaceutical drugs.

(a) General rule.--On or after July 1, 2009, each retailer shall have in place a system for the acceptance and collection of pharmaceutical drugs for proper disposal.

(b) Elements.--A system for the acceptance and collection of pharmaceutical drugs for proper disposal shall at a minimum include the following elements:

(1) The take back by the retailer at no cost to the consumer of a pharmaceutical drug of the type or brand that the retailer sells or previously sold.

(2) A notice to consumers that includes informational materials, including, but not limited to, Internet website links or a telephone number, placed on the invoice or purchase order or packaged with the pharmaceutical drug, that provides consumers access to obtain more information about the opportunities and locations for no-cost pharmaceutical drug recycling.

(3) Information made available to consumers about pharmaceutical drug return opportunities provided by the retailer and encouraging consumers to utilize those opportunities. This information may include, but is not limited to, the following:

(i) Signage that is prominently displayed and easily visible to the consumer.

(ii) Written materials provided to the consumer at the time of purchase or delivery, or both.

(iii) Reference to the pharmaceutical drug take-back opportunity in retailer advertising or other promotional materials, or both.

(iv) Direct communications with the consumer at the time of purchase.

(c) Alternative.--If a retailer participates in an existing pharmaceutical drug take-back system and the system otherwise complies with the requirements of this act, the retailer may continue to participate in the existing program in lieu of complying with the program under this act.

(d) Regulations.--The department, in consultation with the Department of Health, shall promulgate regulations that ensure the proper disposal of pharmaceutical drugs, pursuant to all applicable laws, and ensure the protection of public health and safety, the environment and the health and safety of retail employees.

(e) Educational materials.--The department shall provide educational materials to consumers informing them of the availability of the pharmaceutical drug disposal program and what constitutes proper and improper disposal of pharmaceutical drugs.

Section 5. Enforcement.

(a) Violation.--On and after July 1, 2009, it is unlawful for a retailer to sell a pharmaceutical drug to a consumer unless the retailer complies with this act.

(b) Penalty.--The Attorney General may bring an action for injunctive relief, costs and attorney fees, and a civil penalty the court may impose on a retailer that fails to comply with the requirements of this act a civil penalty of no more than \$10,000 per violation. Each unlawful failure to provide for pharmaceutical drug disposal shall constitute a separate violation.

Section 6. Effective date.

This act shall take effect immediately.

Virginia Senate Bill 1207

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 34 of Title 54.1 an article numbered 8, consisting of sections numbered 54.1-3473 and 54.1-3474 as follows:

Article 8.

Unused Pharmaceutical Disposal Program.

§ 54.1-3473. Program created.

The Unused Pharmaceutical Disposal Program is established to ensure the safe, effective, and proper disposal of unused pharmaceuticals. For the purpose of compliance with federal law and regulations, the return of any pharmaceuticals pursuant to this article is deemed to be for law-enforcement purposes.

The program shall be administered by the Virginia Department of State Police (Department) in cooperation with the Board of Pharmacy (Board).

§ 54.1-3474. Return of pharmaceuticals; disposal.

The Department, together with the Board, shall establish a system for the return of unused pharmaceuticals to a single collection location, which shall be under the control of the Department. The Department shall ensure that only Department officers handle unused pharmaceuticals collected pursuant to this article.

Unused pharmaceuticals shall be disposed of by the Department in a manner determined by the Board to be in compliance with local, state, and federal law and regulation, including environmental regulations.

Washington Senate Bill 5279

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1 The citizens of Washington state have long benefited from prescription and nonprescription medicines. These medicines allow us to live longer, healthier, and more productive lives. After they have served their intended use, expired or left-over drugs need to be handled safely and disposed of properly to prevent harm to people and our environment. The legislature finds that a convenient, safe, secure, and environmentally sound product stewardship program for the collection, transportation, and disposal of unwanted drugs from residential sources may help to avoid accidental poisonings, decrease illegitimate access to drugs that can lead to abuse, and protect our surface and groundwater. The legislature further finds that producers of those drugs are the best entity to provide and finance the product stewardship program.

NEW SECTION. Sec. 2 The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) 'Board' means the Washington state board of pharmacy.

(2) 'Covered product' means all legend and nonlegend drugs, including both brand name and generic drugs.

(3) 'Department' means the department of ecology.

(4) 'Drug wholesalers' means businesses that sell or distribute for resale drugs to any entity other than the consumer.

(5) 'Drugs' means:

(a) Articles recognized in the official United States pharmacopoeia, the official national formulary, the official homeopathic pharmacopoeia of the United States, or any supplement of the formulary or those pharmacopoeias;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals;

(c) Substances, other than food, intended to affect the structure or any function of the body of humans or other animals; or

(d) Substances intended for use as a component of any substances specified in (a), (b), or (c) of this subsection, but not including medical devices or their component parts or accessories.

(6) 'Entity' means a person other than a natural person.

(7) 'Generic drug' means a drug that is chemically identical or bioequivalent to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. However, inactive ingredients may vary.

(8) 'Legend' or 'prescription' drugs means any drugs that are required by any applicable federal or state law or regulation to be dispensed on prescription only or are restricted to use by practitioners only.

(9) 'Nonlegend' or 'nonprescription' drugs means any drugs that may be lawfully sold without a prescription.

(10) 'Person' means a firm, sole proprietorship, corporation, limited liability company, general partnership, limited partnership, limited liability partnership, association, cooperative, or other entity of any kind or nature.

(11) 'Plan' means a product stewardship plan required under this chapter that describes the manner in which a product stewardship program will be provided.

(12) 'Producer' means the person who:

(a) Has legal ownership of the brand, brand name, or cobrand of the covered product or manufactures a generic covered product sold in or into Washington state;

(b) Imports a covered product branded or manufactured by a producer that meets the definition under (a) of this subsection and where that producer has no physical presence in the United States; or

(c) Sells at wholesale or retail a covered product, does not have legal ownership of the brand, and elects to fulfill the responsibilities of the producer for that product.

(13) 'Product stewardship program' means a program for the collection, transportation, and either recycling or disposal, or both, of unwanted products that is financed as well as managed or provided by the producers of those products.

(14) 'Residential sources' includes single and multiple family residences, and locations where household drugs are unused, unwanted, disposed, or abandoned, such as hospice services, nursing homes, boarding homes, schools, foster care, day care, and other locations where either people or their pet animals, or both, reside on a temporary or permanent basis. This does not include airport security, drug seizures by law enforcement, pharmacy waste, business waste, or any other source identified by the department as a nonresidential or business source.

(15) 'Stewardship organization' means a person designated by a group of producers to act as an agent on behalf of each producer to operate a product stewardship program.

(16) 'Unwanted product' means any covered product no longer wanted by its owner or that has been abandoned, discarded, or is intended to be discarded by its owner.

NEW SECTION. Sec. 3 (1) Beginning January 1, 2012, every producer of covered products sold in or into Washington state must participate in a product stewardship program for unwanted products from residential sources.

(2) Every producer must:

(a) Operate, either individually or jointly with other producers, a product stewardship program approved by the department; or

(b) Enter into an agreement with a stewardship organization to operate, on the producer's behalf, a product stewardship program approved by the department.

(3) A producer, group of producers, or stewardship organization must pay all administrative and operational costs associated with their product stewardship program, including the cost of the collection, transportation, and disposal of the unwanted products that are collected from residential sources and the recycling or disposal, or both, of its related packaging that is collected with the unwanted product.

(4) A product stewardship program must be provided without charging any fee at the time of sale of the covered product or at the time the unwanted products from residential sources are delivered or collected for disposal.

(5) Unless otherwise approved by the department, each product stewardship program must accept all unwanted products regardless of who produces the unwanted product.

(6) A producer, group of producers, or stewardship organization operating or intending to operate a product stewardship program must submit a product stewardship plan to the department prior to engaging in the collection of unwanted covered products.

NEW SECTION. Sec. 4 A product stewardship plan must contain the following:

(1) Contact information, including:

(a) The individual and the entity submitting the plan; and

(b) A list of all producers participating in the product stewardship program and their contact information;

(2) A collection system provision that describes:

(a) How unwanted products from residential sources will be collected in all counties in the state and, at a minimum, in all cities with populations greater than ten thousand, including if applicable, the location of each collection site and locations where mailers are available; and

(b) How the collection system will be convenient and adequate to serve the needs of residents in both urban and rural areas;

(3) A transportation and disposal system provision that includes the name, location, permit status, and record of any penalties, violations, or regulatory orders received in the previous five years by each transporter and each hazardous waste disposal facility proposed to be used by the product stewardship program;

(4) Secure tracking and handling provision that includes how the unwanted products will be safely and securely tracked and handled from collection through final disposal, and the policies and procedures to be followed to ensure security;

(5) How the proposed product stewardship program will maximize the recycling of packaging that is collected with and separated from the unwanted product prior to disposal of the unwanted product, and how patient information on that packaging will be kept secure prior to and during recycling; and

(6) A description of the public education effort and outreach activities required under section 8 of this act and a methodology for evaluating the effectiveness of its outreach and program.

NEW SECTION. Sec. 5 (1) Product stewardship plans must be submitted to the department for approval. The initial plans must be submitted by January 1, 2011. The department may consult with other state agencies, including the board, on any element of the plan.

(2) Within ninety days after receipt of a plan, the department shall determine whether the plan complies with this chapter. If it approves a plan, the department shall notify the applicant of its approval. If it rejects a plan, the department shall notify the applicant of its decision and its reasons for rejecting the plan. An applicant whose plan has been rejected by the department may submit a revised plan to the department within sixty days after receiving notice of the rejection.

(3) At least every four years, a producer, group of producers, or stewardship organization operating a product stewardship program must update its product stewardship plan and submit the updated plan to the department for review.

(4) After January 1, 2011, each new producer and each producer new to Washington state shall obtain a letter of approval from the department for a new plan or join an approved plan upon initiating sales in or into this state.

NEW SECTION. Sec. 6 (1) Any proposed change to a product stewardship plan must have prior approval of the department except for the following:

(a) Additions or changes to collection locations for unwanted products; or

(b) Additions of producers to a product stewardship program.

(2) The product stewardship program must inform the department of changes in subsection (1)(a) and (b) of this section fifteen days prior to the changes occurring.

NEW SECTION. Sec. 7 (1) On or before June 30, 2013, and in each subsequent year, every producer, group of producers, or stewardship organization operating a product stewardship program must prepare and submit to the department an annual report describing the program's activities during the previous reporting period. The report must include the following:

(a) A list of producers participating in the product stewardship program;

(b) The amount, by weight, of unwanted products collected from residential sources, including the amount by weight of unwanted products collected at each drop-off site, if applicable, and the total amount by weight collected by a mail-back system, if applicable;

(c) A description of the collection system provided in each county and in all cities with populations greater than ten thousand, including the location of each collection site and locations where mailers are provided, if applicable;

(d) The disposal facility or facilities used and facility location or locations, and the weight of unwanted products collected from residential sources disposed at each facility;

(e) If packaging is separated from the unwanted product prior to the disposal of the unwanted product, the amount and percentage of packaging recycled and the name and location of the material recovery facility to which it is delivered;

(f) Any penalties, violations, or regulatory orders received during the reporting period by each transporter and each disposal facility that was used;

(g) Whether policies and procedures for collecting, transporting, and disposing of unwanted products, as established in the plan, were followed during the reporting period, and a description of any noncompliance;

(h) Whether any safety or security problems occurred during collection, transportation, or disposal of unwanted products during the reporting period, and, if so, what changes have or will be made to policies, procedures, or tracking mechanisms to alleviate the problem and to improve safety and security in the future;

(i) A description of the public education and outreach activities implemented during the reporting period, including the methodology used and the results of evaluating the outreach and program activities;

(j) How the product stewardship program complied with any other elements in the plan approved by the department; and

(k) Any other information that the department may reasonably require.

(2) For the purposes of this section, 'reporting period' means the period commencing January 1st and ending December 31st of the same calendar year.

NEW SECTION. Sec. 8 (1) A product stewardship program must promote the use of the program and the proper disposal of drugs so that collection options are widely understood by customers, pharmacists, retailers of covered products, and health care practitioners including doctors and other prescribers.

(2) A product stewardship program must establish a toll-free telephone number and web site where collection options will be publicized and prepare educational and outreach materials describing where and how to return unwanted drugs to the product stewardship program. These materials must be provided to pharmacies, health care facilities, and other interested parties for dissemination to residential sources.

(3) A product stewardship program must annually evaluate the effectiveness of its outreach and program activities. This evaluation must include the percentage of residents that are aware of the program and to what extent residents find the program convenient.

NEW SECTION. Sec. 9 (1) Each product stewardship program must dispose of all unwanted products from residential sources at a hazardous waste facility. However, unwanted products from residential sources otherwise retain all other generator exemptions for household hazardous waste. The hazardous waste facility must be:

(a) Permitted with interim or final status under the Washington dangerous waste rules;

(b) Authorized to manage hazardous waste by another state with a hazardous waste program approved by the United States environmental protection agency; or

(c) Authorized under interim status or permitted by the United States environmental protection agency.

(2) Product stewardship programs may petition the department for approval to use final disposal technologies that provide superior environmental and human health protection than provided by current hazardous waste disposal technologies for drugs if and when those technologies are proven and available. The proposed technology must provide equivalent protection in each, and superior protection in one or more, of the following areas:

(a) Monitoring of any emissions or waste;

(b) Worker health and safety;

(c) Air, water, or land emissions contributing to persistent, bioaccumulative, and toxic pollution; and

(d) Overall impact to the environment and human health.

(3) Each product stewardship program is encouraged to separate unwanted products from their original containers, when appropriate, prior to collection or disposal.

NEW SECTION. Sec. 10 If the department determines that it is necessary to protect the public from imminent danger, it may immediately amend, suspend, or cancel approval of a product stewardship plan without giving the person operating the product stewardship program an opportunity to be heard. However, the department shall give the person operating the product stewardship program an opportunity to be heard through proceedings consistent with the administrative procedure act, chapter 34.05 RCW, within fifteen days after the date on which the department takes any of those actions.

NEW SECTION. Sec. 11 (1) The department shall send a written warning and a copy of this chapter and any rules adopted to implement this chapter to a producer who is not participating in a product stewardship program approved by the department and whose covered product is being sold in or into the state.

(2) A producer not participating in a product stewardship program approved by the department whose covered product continues to be sold in or into the state sixty days after receiving a written warning from the department may be assessed a penalty of ten thousand dollars for each calendar day that the violation continues. The department may waive or reduce the penalty if the producer complies with this chapter and any rules adopted to implement this chapter, to protect public health, or for any other reason the department determines to be justified.

(3) If any producer fails to implement its approved plan, the department may assess a penalty of up to five thousand dollars for the first violation along with notification that the producer must implement its plan within thirty days of the violation. After thirty days, any producer failing to implement their approved plan may be assessed a penalty of up to ten thousand dollars for the second and each

subsequent violation. A subsequent violation occurs each thirty days that the producer fails to implement the approved plan.

(4) Any producer, group of producers, or stewardship organization that does not comply with: (a) The requirement to update its plan under section 5 of this act; (b) reporting requirements under section 7 of this act; or (c) notification requirements under section 6 of this act, must first receive a written warning including a copy of the requirements under this chapter and must be given thirty days to correct the noncompliance. After thirty days, a person may be assessed a penalty of up to five thousand dollars for the first violation and up to ten thousand dollars for the second and each subsequent violation. A subsequent violation occurs each thirty days that the producer fails to comply with the requirements under (a) through (c) of this subsection. The department may waive or reduce the penalty if the producer, group of producers, or stewardship organization complies with this chapter and any rules adopted to implement this chapter, to protect public health, or for any other reason the department determines to be justified.

(5) All penalties levied under this section must be deposited into the pharmaceutical product stewardship program account established under section 15 of this act.

NEW SECTION. Sec. 12 (1) The department shall provide on its web site a list of all producers participating in product stewardship programs it has approved and a list of all producers it has identified as noncompliant with this chapter and any rules adopted to implement this chapter.

(2) Drug wholesalers must check the department's web site to determine if producers of products they are wholesaling in or into the state are in compliance with this chapter. If the drug wholesaler is unsure of the status of the producer or believes the producer is not in compliance with this chapter, the drug wholesaler shall contact the department to determine the producer's status.

(3) The department shall send a written warning and a copy of this chapter and any rules adopted to implement this chapter to a drug wholesaler known to be selling a product in or into the state from producers who are not participating in a product stewardship program or who are not in compliance with the chapter and rules adopted under this chapter.

(4) A drug wholesaler who continues to sell a covered product from a producer that is not participating in an approved product stewardship program sixty days after receiving a written warning from the department may be assessed a penalty of ten thousand dollars.

(5) All penalties levied under this section must be deposited into the pharmaceutical product stewardship program account established under section 15 of this act.

NEW SECTION. Sec. 13 (1) The department may adopt rules necessary to implement, administer, and enforce this chapter. The department must consult with the board on rule development involving the secure collection, tracking, and handling of drugs collected under a product stewardship program.

(2) The department may establish performance standards for product stewardship programs and may establish administrative penalties for failure to meet the standards.

(3) By December 31, 2014, the department shall report to the appropriate committees of the legislature concerning the status of the product stewardship program and recommendations for changes to the provisions of this chapter.

(4) The department shall annually invite comments from health care facilities, health care practitioners, pharmacists, local governments, and citizens on their satisfaction with the services provided by a product stewardship program. This information must be used by the department in reviewing proposed plan updates and revisions.

(5) The department shall consult with the board on proposed provisions of a product stewardship plan involving the secure collection, tracking, and handling of drugs collected under a product stewardship program required in section 4(4) of this act.

NEW SECTION. Sec. 14 The department may establish fees for administering this chapter. The fees may be charged to producers or to persons operating a product stewardship program. All fees charged must be based on factors relating to administering this chapter. Fees may be established in amounts to fully recover and not to exceed expenses incurred by the department in administering this chapter. The department may use these fee revenues to reimburse the department for its costs.

NEW SECTION. Sec. 15 The pharmaceutical product stewardship program account is created in the custody of the state treasurer. All receipts from fees and penalties collected under this chapter must be deposited into the account. Expenditures from the account may be used only for administering this chapter. Only the director of the department or the director's designee may authorize expenditures from the account. The account is subject to allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.

NEW SECTION. Sec. 16 If necessary to ensure that money is available in the pharmaceutical product stewardship program account created in section 15 of this act for the initial administration of the product stewardship program for unwanted drugs from residential sources, the director of the department may, from time to time, lend moneys from the state toxics control account created in RCW 70.105D.070 to the pharmaceutical product stewardship program account. These loaned moneys may be expended solely for the initial administration of the program by the department under this chapter. The department shall repay the state toxics control account the amount of moneys loaned plus interest as determined by the state treasurer within two years of the date of the loan.

Sec. 17 RCW 69.41.030 and 2003 c 142 s 3 and 2003 c 53 s 323 are each reenacted and amended to read as follows:

(1) It shall be unlawful for any person to sell, deliver, or possess any legend drug except upon the order or prescription of a physician under chapter 18.71 RCW, an osteopathic physician and surgeon under chapter 18.57 RCW, an optometrist licensed under chapter 18.53 RCW who is certified by the optometry board under RCW 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician and surgeon under chapter 18.22 RCW, a veterinarian under chapter 18.92 RCW, a commissioned medical or dental officer in the United States armed forces or public health service in the discharge of his or her official duties, a duly licensed physician or dentist employed by the veterans administration in the discharge of his or her official duties, a registered nurse or advanced registered nurse practitioner under chapter 18.79 RCW when authorized by the nursing care quality assurance commission, an osteopathic physician assistant under chapter 18.57A RCW when authorized by the board of osteopathic medicine and surgery, a physician assistant under chapter 18.71A RCW when authorized by the medical quality assurance commission, a physician licensed to practice medicine and surgery or a physician licensed to practice osteopathic medicine and surgery, a dentist licensed to practice dentistry, a podiatric physician and surgeon licensed to practice podiatric medicine and surgery, or a veterinarian licensed to practice veterinary medicine, in any province of Canada which shares a common border with the state of Washington or in any state of the United States: PROVIDED, HOWEVER, That the above provisions shall not apply to sale, delivery, or possession by drug wholesalers or drug manufacturers, or their agents or employees, or to any practitioner acting within the scope of his or her license, or to a common or contract carrier or warehouseman, or any employee thereof, whose possession of any legend drug is in the usual course of business or employment: PROVIDED FURTHER, That nothing in this chapter or chapter 18.64 RCW shall prevent a family planning clinic that is under contract with the department of social and health services from selling, delivering, possessing, and dispensing commercially prepackaged oral contraceptives prescribed by authorized, licensed health care practitioners: PROVIDED FURTHER, That nothing in this chapter shall prevent a licensed producer, group of producers, or stewardship organization from operating a pharmaceutical product stewardship program created under chapter 70.-- RCW (the new chapter created in section 19 of this act) for the collection, transportation, and disposal of unwanted legend and nonlegend drugs from consumers or residential sources and not business entities, for the purpose of disposing of the collected drugs in compliance with the laws and rules of this state and the United States.

(2)(a) A violation of this section involving the sale, delivery, or possession with intent to sell or deliver is a class B felony punishable according to chapter 9A.20 RCW.

(b) A violation of this section involving possession is a misdemeanor.

NEW SECTION. Sec. 18 Nothing in this chapter changes or limits the authority of the Washington utilities and transportation commission to regulate collection of solid waste, including curbside collection of residential recyclable materials, nor does this chapter change or limit the authority of a city or town to provide such service itself or by contract under RCW 81.77.020.

NEW SECTION. Sec. 19 Sections 1 through 16 and 18 of this act constitute a new chapter in Title 70 RCW.

NEW SECTION. Sec. 20 If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.

NEW SECTION. Sec. 21 This act must be liberally construed to carry out its purposes and objectives.
Annotated California Health and Safety Code

Wyoming Senate File 106

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 35-7-1603(a), (b)(intro), (ii), (iii), (iv), by creating new paragraphs (vi) and (vii) and by creating a new subsection (c) and 35-7- 1605(a) are amended to read:

35-7-1603. Drug donation, re-dispensing and disposal program established; minimum requirements.

(a) The department shall establish pursuant to its rules and regulations a voluntary drug donation and disposal program ~~which allows designated providers to accept and dispense donated medications to Wyoming residents as provided in this section.~~

(b) The drug donation and re-dispensing program shall have the following features:

(ii) Drugs may be donated at a donation site maintained by the department, a take back event approved by the United States drug enforcement agency or at a physician's office, a pharmacy or a health care facility that elects to participate in the program and meets criteria established by the department;

(iii) Drugs shall be ~~accepted or dispensed~~ re-dispensed under the drug donation program only if they are in their original, unopened, sealed packaging or, if the outside packaging is opened, the contents are single unit doses that are individually contained in unopened, tamper evident packaging;

(iv) A drug shall not be ~~accepted or dispensed if it bears an expiration date that is earlier than six months after the date the drug was donated~~ re-dispensed within two (2) months of its expiration date or if the drug appears to be adulterated or misbranded in any way;

(vi) Drugs shall be delivered either to the department's central collection facility, a take back event approved by the United States drug enforcement agency or one (1) of its regional collection facilities;

(vii) Drugs available for re-dispensing shall be inventoried and posted on a list of drugs available for re-dispensing on the department's internet website.

(c) The drug drop off and disposal program shall have the following features:

(i) Drop off locations shall be located with donation sites as provided in paragraph (b)(ii) of this section;

(ii) Procedures shall be maintained for the documentation of all collected unused medication;

(iii) Procedures shall be maintained for the environmentally safe disposal of unused medications;

(iv) The department shall provide for public education of potential participating consumers about the availability of the drug disposal program and proper and effective disposal of unused medications;

(v) The department shall cooperate with law enforcement agencies to the extent required for the collection under law enforcement supervision or the secure collection, storage, transport and destruction of controlled substances.

35-7-1605. Participant immunity.

(a) In the absence of bad faith, any person who ~~exercises reasonable care~~ participates in donating, accepting, distributing or dispensing drugs under this act shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss.

Section 2.

(a) There is appropriated three hundred ninety-seven thousand dollars (\$397,000.00) from the general fund to the department of health. This appropriation shall be for the period beginning with the effective date of this act and ending June 30, 2010. This appropriation shall only be expended for the purpose of the drug collection, re-dispensing and disposal program pursuant to W.S. 35-7-1603. Notwithstanding any other provision of law, this appropriation shall not be transferred or expended for any other purpose and any unexpended, unobligated funds remaining from this appropriation shall revert as provided by law on June 30, 2010.

(b) The department of health is authorized two (2) additional full-time equivalent positions and four (4) additional part-time positions to implement the purposes of this act.

Section 3. This act is effective July 1, 2009.

Annotated California Public Resources Code § 47120

§ 47120. Legislative findings and declarations

(a) The Legislature finds and declares all of the following:

(1) The United States Geological Survey conducted a study in 2002 sampling 139 streams across 30 states and found that 80 percent had measurable concentrations of prescription and nonprescription drugs, steroids, and reproductive hormones.

(2) Exposure, even to low levels of drugs, has been shown to have negative effects on fish and other aquatic species and may have negative effects on human health.

(3) In order to reduce the likelihood of improper disposal of drugs, it is the purpose of this article 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.

(b) It is the intent of the Legislature in enacting this article:

(1) To encourage a cooperative relationship between the board and manufacturers, retailers, and local, state, and federal government agencies in the board's development of model programs to devise a safe, efficient, convenient, cost-effective, sustainable, and environmentally sound solution for the disposal of drugs.

(2) For the programs and systems developed in other local, state, and national jurisdictions to be used as models for the development of pilot programs in California, including, but not limited to, the efforts in Los Angeles, Marin, San Mateo, and Santa Clara Counties, Oregon, Maine, North Carolina, Washington State, British Columbia, and Australia.

(3) To develop a system that recognizes the business practices of manufacturers and retailers and other dispensers and is consistent with and complements their drug management programs.

§ 47121. Definitions

For the purposes of this article, the following terms have the following meanings, unless the context clearly requires otherwise:

(a) "Consumer" means an individual purchaser or owner of a drug. "Consumer" does not include a business, corporation, limited partnership, or an entity involved in a wholesale transaction between a distributor and retailer.

(b) "Drug" means any of the following:

(1) Articles recognized in the official United States Pharmacopoeia, the official National Formulary, the official Homeopathic Pharmacopoeia of the United States, or any supplement of the formulary or those pharmacopoeias.

(2) Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals.

(3) Articles, excluding food, intended to affect the structure or function of the body of humans or other animals.

(4) Articles intended for use as a component of an article specified in paragraph (1), (2), or (3).

(c) "Participant" means any entity which the board deems appropriate for implementing and evaluating a model program and which chooses to participate, including, but not limited to, governmental entities, pharmacies, veterinarians, clinics, and other medical settings.

(d) "Sale" includes, but is not limited to, transactions conducted through sales outlets, catalogs, or the Internet, or any other similar electronic means, but does not include a sale that is a wholesale transaction with a distributor or retailer.

§ 47122. Development of model programs; minimum requirements; notice and informational materials for consumers; compliance with state law; regulations

(a)(1) The board shall, in consultation with appropriate state, local, and federal agencies, including, but not limited to, the Department of Toxic Substances Control, the State Water Resources Control Board, and the California State Board of Pharmacy, develop model programs for the collection and proper disposal of drug waste. Notwithstanding any other provision of law, the board shall establish, for participants, criteria and procedures for the implementation of the model programs.

(2) In developing model programs the board shall evaluate a variety of models used by other state, local, and other governmental entities, and shall consider a variety of potential participants that may be appropriate for the collection and disposal of drug waste.

(3) No sooner than July 1, 2008, but no later than December 1, 2008, the board shall make the model programs available to eligible participants.

(b) The model programs shall at a minimum include all of the following:

(1) A means by which a participant is required to provide, at no additional cost to the consumer, for the

safe take back and proper disposal of the type or brand of drugs that the participant sells or previously sold.

(2) A means by which a participant is required to ensure the protection of public health and safety, the environment, and the health and safety of consumers and employees.

(3) A means by which a participant is required to report to the board for purposes of evaluation of the program for safety, efficiency, effectiveness, and funding sustainability.

(4) A means by which a participant shall protect against the potential for the diversion of drug waste for unlawful use or sale.

(c) The model programs shall provide notice and informational materials for consumers that provide information about the potential impacts of improper disposal of drug waste and the return opportunities for the proper disposal of drug waste. Those materials may include, Internet Web site links, a telephone number placed on an invoice or purchase order, or packaged with a drug; information about the opportunities and locations for no-cost drug disposal; signage that is prominently displayed and easily visible to the consumer; written materials provided to the consumer at the time of purchase or delivery; reference to the drug take back opportunity in advertising or other promotional materials; or direct communications with the consumer at the time of purchase.

(d) Model programs deemed in compliance with this article shall be deemed in compliance with state law and regulation concerning the handling, management, and disposal of drug waste for the purposes of implementing the model program.

(e)(1) The board may develop regulations pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code that are necessary to implement this article, including regulations that the department determines are necessary to implement the provisions of this article in a manner that is enforceable.

(2) The board may adopt regulations to implement this article as emergency regulations. The emergency regulations adopted pursuant to this article shall be adopted by the department in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, and for the purposes of that chapter, including Section 11349.6 of the Government Code, the adoption of these regulations is hereby deemed an emergency and shall be considered by the Office of Administrative Law as necessary for the immediate preservation of the public peace, health, safety, and general welfare. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, any emergency regulations adopted by the department pursuant to this section shall be filed with, but not be repealed by, the Office of Administrative Law and shall remain in effect for a period of two years or until revised by the department, whichever occurs sooner.

§ 47123. Report to Legislature

Notwithstanding Section 7550.5 of the Government Code, no later than December 1, 2010, the board shall report to the Legislature. The report shall include an evaluation of the model programs for efficacy, safety, statewide accessibility, and cost effectiveness. The report shall include the consideration of the incidence of diversion of drugs for unlawful sale and use, if any. The report also shall provide recommendations for the potential implementation of a statewide program and statutory changes.

§ 47124. Controlled substances; exclusion

This article shall not apply to a controlled substance, as defined in Section 11007 of the Health and Safety Code.

§ 47125. Rights and remedies

Nothing in this article shall limit or affect any other right or remedy under any applicable law.

§ 47126. Duration of article

This article shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date.

Maine Revised Statutes Annotated

Title 22 § 2700. Unused Pharmaceutical Disposal Program

1. Establishment; purpose. There is established the Unused Pharmaceutical Disposal Program, referred to in this chapter as "the program." The purpose of the program is to ensure the safe, effective and proper disposal of unused pharmaceuticals. For purposes of compliance with federal law and regulation, the return of pharmaceuticals under this section is deemed to be for law enforcement purposes.

2. Administration. The program is administered by the Maine Drug Enforcement Agency, referred to in this chapter as "the agency," established in Title 25, section 2955.

3. Return of pharmaceuticals. The agency shall create a system for the return of unused pharmaceuticals. The system must use prepaid mailing envelopes into which the unused pharmaceuticals are placed and returned to a single collection location. The prepaid mailing envelopes must be made available to the public at various locations, including, but not limited to, pharmacies, physicians' offices and post offices. The agency may randomly assess the toxicity of materials received under the program as long as the assessment results do not identify the patient, person who mailed the material, prescriber or pharmacy.

4. Disposal of pharmaceuticals. The agency shall ensure that only agency officers handle the unused pharmaceuticals received pursuant to subsection 3. The unused pharmaceuticals must be disposed of by the agency in a manner that is designed to be effective, secure and in compliance with local, state and federal environmental requirements, including the federal Resource Conservation and Recovery Act of 1976, as amended.

5. Unused Pharmaceutical Disposal Program Fund; funding. The Unused Pharmaceutical Disposal Program Fund, referred to in this chapter as "the fund," is established within the agency to be used by the director of the agency to fund or assist in funding the program. Any balance in the fund does not lapse but is carried forward to be expended for the same purposes in succeeding fiscal years. The fund must be deposited with and maintained and administered by the agency. The agency may accept funds into the fund from any non-General Fund source, including grants or contributions of money or other things of value, that it determines necessary to carry out the purposes of this chapter. Money received by the agency to establish and maintain the program must be used for the expenses of administering this chapter.

6. Rulemaking. The agency shall adopt rules to carry out the purposes of this chapter. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

7. Contingency. The program must operate with funding solely from the fund provided in subsection 5. The program may begin operation for 2 years on July 1st of any year in which notice is given by April 1st by the director of the agency to the State Budget Officer that funding has been procured for the fund that is sufficient to operate the program for 2 years.

Oregon Revised Statutes

§ 468B.140. Plan For Reducing Persistent Pollutants.

(1)(a) By July 1, 2011, each permittee shall submit to the Department of Environmental Quality a plan for reducing the permittee's discharges of persistent pollutants listed on the priority listing described in ORS 468B.139 (2)(a):

(A) That occur in concentrations greater than the maximum contaminant levels established by the National Primary Drinking Water Regulations adopted pursuant to the Safe Drinking Water Act, 42 U.S.C. 300f et seq.; or

(B) For which no maximum contaminant levels have been adopted, but that the Environmental Quality Commission determines by rule should be included in permittees' plans for reducing permittees' discharges of priority-listed persistent pollutants.

(b) Determinations made by the commission under this subsection regarding persistent pollutants are not standards of quality and purity for the waters of this state for the purposes of ORS 468B.048.

(2) Plans submitted to the department pursuant to subsection (1) of this section shall include, but are not limited to:

(a) A specific description of the concentrations and estimated annual quantity of persistent pollutants that are discharged, based on water quality sampling data.

(b) The identification of measures to reduce the discharge of persistent pollutants.

(c) The identification of focused goals for reduction of persistent pollutants.

(3) Measures identified to reduce persistent pollutants may include, but are not limited to:

(a) Collecting legacy pesticides;

(b) Reducing the use of mercury amalgams by dental offices;

(c) Implementing technological control measures;

(d) Working with businesses and manufacturers to reduce discharges through material process changes;

(e) Collecting arm cuffs from blood pressure monitors;

(f) Requiring contractors to return heating, ventilating and air-conditioning system thermostats;

(g) Recycling fluorescent lamps;

(h) Recycling rechargeable batteries;

(i) Monitoring abandoned mining sites;

(j) Managing sediments contaminated with persistent pollutants;

(k) Instituting policies for cleaning school laboratories;

(L) Instituting pharmaceutical take-back programs; and

(m) Taking steps to reduce the presence of mercury in schools.

(4) The department shall require, as a condition of receiving a new or renewed National Pollutant Discharge Elimination System permit or water pollution control facility permit issued by the department pursuant to ORS 468B.050 for a sewage treatment facility that has a dry weather design flow capacity of one million gallons per day or more, that municipal applicants:

(a) Implement plans to reduce the discharge of persistent pollutants according to pollution reduction goals adopted by applicants for new permits.

(b) Implement plans to reduce the discharge of persistent pollutants according to pollution reduction goals adopted by applicants and submit updated discharge reduction plans with applications to renew a permit.

(5) The department shall incorporate a plan submitted pursuant to subsection (1) of this section by a municipal applicant into a new or renewed National Pollutant Discharge Elimination System or water pollution control facility permit issued to the applicant.

Wisconsin Statutes

§ 93.57. Household Hazardous Waste.

The department shall administer a grant program to assist municipalities and regional planning commissions in creating and operating local programs for the collection and disposal of household hazardous waste. The department may also provide grants under this section for county, municipal, and regional planning commission programs to collect unwanted prescription drugs. The department may not make a grant under this section in an amount that exceeds 75 percent of the cost of a program. The department shall allocate two-thirds of the funds available from the appropriation account under s. 20.115(7)(va) in each fiscal year for grants under this section.

Arkansas Code Annotated

§ 17-92-1103. Prescription drug re-dispensing program

(a) The prescription drug re-dispensing program established by this subchapter shall be a pilot program to determine the efficacy of re-dispensing prescription drugs to indigent patients.

(b) In cooperation with the Department of Health and the Department of Human Services, the Arkansas State Board of Pharmacy shall develop and implement the program consistently with public health and safety through which unused prescription medications other than controlled substances may be transferred from a nursing facility to a charitable clinic pharmacy for the purpose of distributing the medication to Arkansas residents who are indigent.

(c) In cooperation with the Department of Health and the Department of Human Services, the board shall monitor the program and submit to the General Assembly two (2) reports along with any recommendations or findings, as follows:

(1) The first report shall be submitted on or before January 1, 2006; and

(2) The second report shall be submitted on or before October 1, 2006.

(d) Participation in the program by any entity, including individuals, pharmacies, charitable clinics, charitable clinic pharmacies, nursing facilities, and drug manufacturers, shall be voluntary.

California Health & Safety Code

§ 150202. Donation of unused medications; licensed skilled nursing facilities

Notwithstanding any other provision of law, a licensed skilled nursing facility, as defined in Section 1250, including a skilled nursing facility designated as an institution for mental disease, may donate unused medications under a program established pursuant to this division.

Colorado Revised Statutes Annotated

§ 25.5-5-502. Unused medications--reuse--rules

(1) As used in this section, unless the context otherwise requires, "medication" means prescription medication that is not a controlled substance.

(2) A pharmacist participating in the medical assistance program may accept unused medication from a licensed facility, as defined in section 12-22-133, C.R.S., or a licensed health care provider for the purpose of dispensing the medication to another person. A pharmacist shall reimburse the state department for the cost of medications that the state department has paid to the pharmacist if medications are returned to a pharmacist and the medications are available to be dispensed to another person. Medications shall only be available to be dispensed to another person under this section if the medications are:

(a) Liquid and the vial is still sealed and properly stored;

(b) Individually packaged and the packaging has not been damaged; or

(c) In the original, unopened, sealed, and tamper-evident unit dose packaging.

(3) Medication dispensed pursuant to this section shall bear an expiration date that is later than six months after the date the drug was donated.

(4) Any savings realized through reimbursements received pursuant to subsection (1) of this section shall fund the administration of this section.

(5) The state board, in consultation with the state board of pharmacy, shall adopt rules for the implementation of this section.

Code of Georgia Annotated

§ 26-4-192 Implementation; Pilot Program; Rules and Regulations

(a) The Georgia State Board of Pharmacy, the Department of Human Resources, and the Department of Community Health shall jointly develop and implement a state-wide 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.

(b) The Georgia State Board of Pharmacy, the Department of Human Resources, and the Department of Community Health shall be authorized to develop and implement a pilot program to determine the safest and most beneficial manner of implementing the program prior to the state-wide implementation of the program required in subsection (a) of this Code section.

(c) The Georgia State Board of Pharmacy, in consultation with the Department of Human Resources and the Department of Community Health, shall develop and promulgate rules and regulations to establish procedures necessary to implement the program and pilot program, if applicable, provided for in this Code section. The rules and regulations shall provide, at a minimum:

(1) For an inclusionary formulary for the prescription drugs to be distributed pursuant to the program;

(2) For the protection of the privacy of the individual for whom a prescription drug was originally prescribed;

(3) For the integrity and safe storage and safe transfer of the prescription drugs, which may include, but shall not be limited to, limiting the drugs made available through the program to those that were originally dispensed by unit dose or an individually sealed dose and that remain in intact packaging; provided, however, that the rules and regulations shall authorize the use of any remaining prescription drugs;

(4) For the tracking of and accountability for the prescription drugs; and

(5) For other matters necessary for the implementation of the program.

(d) The state-wide program required by this Code section shall be implemented no later than January 1, 2007, unless a pilot program is implemented pursuant to subsection (b) of this Code section, in which case state-wide implementation shall occur no later than July 1, 2008.

Hawaii Revised Statutes Annotated

§ 461-11.5 Return of prescription drugs.

Prescription drugs previously dispensed or distributed by a pharmacy for administration to patients in an institutional facility by personnel of the institutional facility may be returned to and redispensed or redistributed by the pharmacist if the prescription drug:

(1) Is in:

(A) Its original dispensed, unopened, untampered multiple dose container or unopened, untampered single user unit; or

(B) An in-use multiple dose container subject to appropriate safeguards as defined in rules for public health or operational considerations;

(2) Has remained at all times under the control or direction of a person in the institutional facility or the pharmacy trained and knowledgeable in the storage of drugs, including periods in transit by any carrier for hire or person or entity hired solely to transport prescription drugs;

(3) Is not adulterated or misbranded;

(4) Has been stored under conditions meeting United States Pharmacopoeia standards;

(5) Is returned and re-dispensed or redistributed before the expiration date or use by date on the multiple dose container or single user unit;

(6) Has not been in the possession of an individual member of the public; and

(7) Is not included within the classification of controlled substances, as defined in applicable federal and state laws.

Nothing in this section shall be construed to relieve any person from any requirement prescribed by law with respect to drugs included or that may be included within the classification of controlled substances, as defined in applicable federal and state laws. Previously billed returned drugs shall be subject to crediting to the payer pursuant to chapter.

New Hampshire Revised Statutes Annotated

§ 318:56 Unused Prescription Drug Program Established

There is established the 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 shall be administered by the New Hampshire pharmacy board.

New York Public Health Law § 2803-e

§ 2803-e. Residential health care facilities; return and redistribution of unused medication

1. Notwithstanding any inconsistent provision of law, rule or regulation to the contrary, the commissioner is hereby authorized and directed to permit either a resident or consultant pharmacist in a residential health care facility to return to the pharmacy from which it was purchased any unused medication provided that such medication is sealed in unopened, individually packaged units and within the recommended period of shelf life, and provided that such medication is not a controlled substance as defined in section thirty-three hundred six of the public health law.

2. The pharmacy to which such medication as described in subdivision one of this section is returned shall be permitted to receive, restock and redistribute that medication.

3. The pharmacy to which such medication as described in subdivision one of this section is returned shall be required to reimburse or credit the purchaser of that medication for the unused medication that is restocked and redistributed. No pharmacy shall be required to accept any medication returned under subdivision one of this section.

4. Neither an individual patient or the state, if a patient is a recipient of a state funded program, shall be charged for unused medication which according to the provisions of this law is returned for reimbursement or credit.

Tennessee Code Annotated

§ 63-10-504. Prescription drug re-dispensing; pilot program; reports; participation

(a) The prescription drug re-dispensing program established by this part shall be a pilot program to determine the efficacy of re-dispensing prescription drugs to indigent patients.

(b) The board of pharmacy, in cooperation with the Department of Health, shall develop and implement this pilot program consistent with public health and safety through which unused prescription medications, other than controlled substances, may be transferred from an institutional facility to a charitable clinic pharmacy for the purpose of distributing the medication to Tennessee residents who are indigent.

(c) The board of pharmacy, in cooperation with the Department of Health, shall monitor the pilot program and submit two (2) reports along with any recommendations or findings to the health committees of the general assembly:

(1) The first report on or before March 1, 2007; and

(2) The second report on or before January 1, 2008.

(d) Participation in this pilot program by any individuals or entities, including charitable clinics, charitable clinic pharmacies, drug manufacturers or institutional facilities, shall be voluntary.