

SENATE BILL REPORT

SB 6048

As of January 11, 2012

Title: An act relating to permitting nursing homes to recycle unused prescription medicines.

Brief Description: Permitting nursing homes to recycle unused prescription medicines.

Sponsors: Senators Keiser, Pflug, Becker, Conway, Shin, Honeyford and Kline.

Brief History:

Committee Activity: Health & Long-Term Care: 1/11/12.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Kathleen Buchli (786-7488)

Background: At least 38 states have enacted laws to create prescription drug recycling, repository, or redistribution programs for unused medication. In general, drug redistribution programs allow the return of prescription drugs in single-use or sealed packaging from state programs, nursing homes, and other medical facilities. The medicines are then redistributed for use to needy residents who cannot afford to purchase their prescribed drugs. The scope of prescription drug programs varies by state and may include the following provisions: direct the financial terms of the donations or regulate resale; assure purity, safety, and freshness of the products; restrict the donation of expired drugs; prohibit the donation of controlled substances; require a state-licensed pharmacist or pharmacy to be part of the verification and distribution process; require patients to possess a valid prescription for the drugs they receive; limit donations to cancer drugs; limit donations to within long-term care facilities; or limit program participation to correctional facilities.

Summary of Bill: The Department of Social and Health Services (DSHS) must establish a prescription drug recycling program that permits nursing homes to share unused prescription drugs and to accept donations of unused prescription drugs from prescription drug manufacturers. Prescription drugs may only be accepted by the program if they are unopened, sealed, and in tamper-evident unit dose packaging. Single-unit dose packaging may be accepted if the packaging is unopened. Prescription drugs may not be accepted by the program if they are expired, controlled substances, adulterated or misbranded, or have been in the possession of a patient or a member of the public. Prescription drugs may only be dispensed pursuant to a prescription or may be distributed to another participating facility

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

for dispensing. Handling fees, as determined by DSHS rule, may be charged by participating facilities, but donated prescription drugs may not be resold.

Entities that donate, accept, or dispense prescription drugs are immune from civil or criminal liability or professional disciplinary action of any kind for an injury, death, or loss related to the donation. This immunity does not absolve a manufacturer of any criminal or civil liability that would have existed but for the donation.

DSHS must maintain a participating facility registry that is to be available to any entity wishing to donate prescription drugs to the program.

Appropriation: None.

Fiscal Note: Requested on January 5, 2012.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: There are people who are unable to afford their medications, and it is helpful to them if a program is able to redistribute medicine when it is safe to do so. Drugs that go unused and are thrown out do not help anyone and lead to more harm to the environment and, in general, disposal issues. This is an important step forward and to help people to respond to the cut in copay assistance for Medicaid Part D. Senior citizens sometimes choose between filling their prescriptions or cutting their pills in half to make them last longer. It is also important to get information about these programs out to the community. This program would help with prescription abuse prevention.

OTHER: We share the concerns about high costs of drugs and of wasted drugs and support the concept of reducing costs if safety is considered. A criteria of this program should be to protect the integrity of drugs and to track the source of drugs along with the expiration date. Handling rules should be developed, and pharmacists should be involved to evaluate drugs. Nursing homes do not have pharmacists on staff, and DSHS does not have the expertise to oversee a medication program. Medications services should be addressed through the Board of Pharmacy. Ohio has a model for liability language that the Committee should consider. We want to improve access to prescription drugs and reduce waste and cost to patients, but patient safety must be considered as well as considering whether those savings are worth the risk.

Persons Testifying: PRO: Virginia Towne; Mary Clogston, American Association of Retired Persons; Seth Dawson, WA Assoc. for Substance Abuse Prevention.

OTHER: Steven Saxe, Department of Health; Joyce Stockwell, DSHS; Jeff Gombosky, Pharmaceutical Research and Manufacturers of America; Scott Sigmon, Aging Services of Washington.