

# Bill as Introduced

HB 607-FN - AS INTRODUCED

2009 SESSION

09-0528

01/09

HOUSE BILL            **607-FN**

AN ACT                relative to residential pharmaceutical waste.

SPONSORS:            Rep. Harris, Sull 4

COMMITTEE:          Commerce and Consumer Affairs

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ANALYSIS

This bill establishes the pharmaceutical drug disposal program. The bill grants rulemaking authority to the commissioner of the department of health and human services for the purposes of the bill.

.....

Explanation:        Matter added to current law appears in ***bold italics***.  
                         Matter removed from current law appears [~~in brackets and struck through~~].  
                         Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Nine*

AN ACT . . . relative to residential pharmaceutical waste.

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

1 Statement of Intent.

2 I. The general court finds:

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

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

8 II. Therefore, in order to reduce the likelihood of improper disposal of pharmaceuticals, it is  
9 the purpose of this act to establish a program that ensures the safe and environmentally sound  
10 disposal of pharmaceutical drugs that is convenient for consumers and cost effective for retailers.

11 2 New Subdivision; Pharmaceutical Drug Disposal Program. Amend RSA 318-B by inserting  
12 after section 30 the following new subdivision:

13 Pharmaceutical Drug Disposal Program

14 318-B:31 Definitions. In this subdivision:

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

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

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

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

25 318-B:32 Collection of Pharmaceutical Drugs.

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

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

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

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

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

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

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

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

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

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

17 318-B:33 Rulemaking; Educational Materials.

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

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

25 318-B:34 Penalty. The attorney general may bring an action for injunctive relief, costs, and  
26 attorney fees, and impose on a retailer that fails to comply with the requirements of this subdivision  
27 a civil penalty of no more than \$10,000 per violation. Each unlawful failure to provide for  
28 pharmaceutical drug disposal shall constitute a separate violation.

29 3 Effective Date. This act shall take effect upon its passage.

LBAO  
09-0528  
01/14/09

**HB 607-FN - FISCAL NOTE**

AN ACT                   relative to residential pharmaceutical waste.

**FISCAL IMPACT:**

The Department of Health and Human Services states this bill will increase state revenue and expenditures by an indeterminable amount in FY 2009 and each year thereafter. There will be no fiscal impact on county and local revenue or expenditures.

**METHODOLOGY:**

The Department of Health and Human Services (DHHS) states this bill establishes a drug disposal program. The bill requires DHHS and the Department of Environmental Services to adopt rules to ensure proper disposal of pharmaceutical drugs, and requires DHHS to 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. This bill would increase expenditures to DHHS by an indeterminable amount. The Department has no current program or resources that support the proper disposal of pharmaceutical drugs and therefore has no in-house experts to write the required rules and education information. The Department assumes it would have to contract with an individual with that knowledge to develop the rules and materials. It is unclear at this time how many hours and what the hourly rate would be to contract with someone for this assignment. In addition, the Department assumes, based on estimates on other costs for printing and postage of brochures, \$3,000 to \$5,000 annually will be necessary to print and distribute the educational materials as described in this bill. This bill does not establish positions or contain an appropriation.

The Department of Environmental Services states it can absorb any fiscal impact within its current budget.

# Committee Minutes

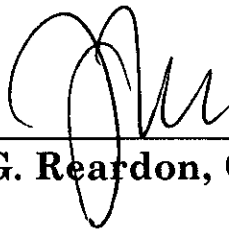
**HOUSE COMMITTEE ON  
COMMERCE AND CONSUMER AFFAIRS**

**BILL NUMBER: HB 607-FN**

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** 2-17-09

**THE COMMITTEE HAS VOTED TO RETAIN THIS BILL.**



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**Tara G. Reardon, Chairman**

# Speakers





# Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** February 10, 2009

**LOB ROOM:** 302      **Time Public Hearing Called to Order:** 1330

**Time Adjourned:** 1415

(please circle if present)

**Committee Members:** Reps. Beardon, Butler, DeStefano, Kopka, McEachern, Hammond, Nord, Winters, Meader, Gidge, Schlachman, Hunt, Quandt, Belanger, D. Flanders, R. Holden, Dowling, Headd, Nevins and Falfrey.

**Bill Sponsors:** Rep. Harris

TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

**Rep. Sandy Harris, sponsor** – OTC program modeled on Pennsylvania program. Rule to be set forth by Health & Human Services controlled and non-controlled drugs - OTC & Rx. PA does not have mail-in but would like to add to program. Bill is not about recycling! It is about disposal. DES will come up with solution; no fiscal note at this point. Loss leader approach would be beneficial to stores; while people in store returning drugs will probably buy something else.

**Q: Rep. John Hunt** – Believes hospitals would be place to take back Rx; hospitals already have disposal programs.

**A:** My first thought was hospitals too; don't see it as problem. In North Country we live too far away from hospitals; worth looking into.

**A; Rep. Susi Nord** – Is this law in PA on pilot program?

**A:** It is law in PA and Maine also.

**Q:** Mail-in –who pays postage?

**A:** Big stumbling block in Maine.

**\*Brandon Kerner, NH DES** – Geologist. Department supports concept of bill; new to defer to HHS for details of implementation. We developed a white paper last year on laws and disposal practices in the state. Had good cross section of personnel in the meeting; - medical services, poison control, etc. - how do we dispose of medicine; no unified message on the state level.

**Gary Merchant, pharmacist representing himself** – Supports the bill with amendment. Most patients don't know how to properly dispose of drugs or chemicals. Collection, disposal, funding – these issues need to be addressed. Hospitals know how to do it; we need to get it to the homes. Seller should take it back.

**Q: Rep. Hunt** – How are we going to make out of state provisions (mail order) take things back?

**A:** Area needs to be addressed.

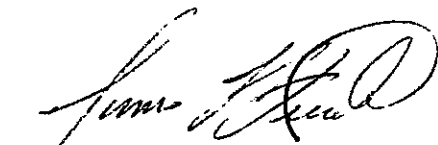
**Ronald Petrin, NH Board of Pharmacy** – Opposes the bill. Several reasons – violates DEA rule, mislabeling, contaminated and controlled drug very costly to pharmacy. Cost would have to be passed on to the customer. Has to be handled as HAZMAT.

**\*Roger Hebert, NH Independent Pharmacists Assn.** – Opposes the bill. Customers pay fees to have oil recirculated, tires, etc. No other group expects retailer to take back product free of charge. Read from written testimony. No cost effective way to enforce this at the pharmacy level.

**Edward McGee, NH Independent Pharmacist Assn.** – Opposes the bill. While we understand concern of the bill, funding inadequate methodology unacceptable.

**\*Stuart Trachy, NH Chain Pharmacies/NH Grocers' Assn.** – Opposes the bill. Take back program too costly for small retailers. Hand out - Federal web site. Bill well intentioned but goes well beyond ability of pharmacies and retailers to apply uniform to have pharmacies dispose of various drugs they can't identify; condition is unknown; mixed bag turned in I can't ID.

Respectfully Submitted:



James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 607-FN

BILL TITLE: relative to residential pharmaceutical waste.

DATE: February 10, 2009

LOB ROOM: 302

Time Public Hearing Called to Order: {Time}

1230

Time Adjourned: {Time}

1415

(please circle if present)

Committee Members: Reps. Reardon, Butler, DeStefano, Kopka, McEachern, Hammond, Nord, Winters, Meader, Gidge, Schlachman, Hunt, Quandt, Belanger, D. Flanders, R. Holden, Dowling, Headd, Nevins and Palfrey.

Bill Sponsors: Rep. Harris

TESTIMONY

\* Use asterisk if written testimony and/or amendments are submitted.

\* Rep. Harris - sponsor. OTC PROGRAM - included on PA program - Rule to be set forth by HHS controlled & Non controlled Drug - OTC - & Rx PA does not have mail in Bud would like to add to program -

Bill is NOT about Re-cycling  
IT IS ABOUT DISPOSAL. DHS will come up with solution - No fiscal note at this point  
Loss leader approach would be beneficial to stores - while people in store returning drugs will probably buy something else.

Q Hunt. Believes hospitals would be place to take back Rx - hospitals already have disposal programs

2

HB 607

A - My first thought was hospital  
too - don't see it as problem  
North County, we live too far away  
from hospital - worth looking into

G' Nord - Is this law in PA -  
on pilot program

A - It is law in PA as Maine  
2/10 -

B Nord mail in who pays party

D - Big stumbling block in ME -

# 2      BRANDON KERNER      NH DES  
Geologist

Dept supports concept of Bill - need  
to refer to HHS for details of implementation

We developed a white paper sent you  
on laws of disposal practices in the state

Had good cross section of personnel  
at the meeting - medical services - pharmaceutical  
etc. How do we dispose of medicines -

No unified message on the state level

# 3      Gary Merchant - - Pharmacist  
Representing himself.  
Most patients don't know how  
to properly dispose of drugs

Drugs are chemicals

collection - deposit Fundy  
These issues need to be addressed  
Hospitals know how to do it  
we need to get it to the homes  
P seller should take it back

Q Hunt - <sup>How ARE we going to make</sup>  
<sup>her way to make</sup>  
out of STATE provisions ( mail order )  
take things back

A - area needs to be addressed

\* H 4 Ronald Petrin - opposer -  
Several items - Violate DEA rule  
mis labeling - contaminated + controlled drug  
Very costly to Pharmacia - cost would  
have to be passed on to consumer  
has to be handled as HAZ-MAT

\* Roger Herbert NH Independent  
Pharmacists Assoc - pharmacist  
Opposes R.H -  
customers pay fees to have all  
re-circulated - tires and -  
No other group expects retailers to  
take back product free of charge

Revo from writer testimony

H 4 HB 607

No cost effective way to enforce this at the pharmacy level

FE D Ward Mc Gee - opposes NH Independent Pharmacists

While we understand concern of bill funding inadequate methodology ~~unacceptable~~ unacceptable

Stuart Tracy opposes NH chain Pharmacists

to NH Grocery Assn

Take Bank program to: costly for small retailers

HAND OUT - <sup>Federal</sup> from web site Bill well intell but goes well beyond ability of pharmacists & retailers to cope unless to have pharmacists dispense of various drugs they can't identify condition is unknown - NH IPA Bag turned in w/ cost FD



# Sub-Committee Actions

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** November 4, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, Holden, and Nord

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.) INTERIM STUDY

Moved by Rep. Schlachmann

Seconded by Rep. Holden

Vote: 3-0

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** November 4, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, Holder, and Nord

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.) IN REM STAY

Moved by Rep. Schlachman, Holder

Seconded by Rep. Holder

Vote: 3-0

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk

CHRIS NEVINS

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS  
SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** June 30, 2010

**Subcommittee Members:** Reps. Nevins, Schlachmann, and Holden

**Comments and Recommendations:** Reviewed changes to 6/23/10 work and make further corrections. Voted to recommend legislation based on this work, to be developed.

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.) **RECOMMEND FOR FUTURE LEGISLATION**

Moved by Rep. Schlachmann

Seconded by Rep. Holden

Vote: 3-0

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

*Interim Study*

BILL TITLE: relative to residential pharmaceutical waste.

DATE: June 30, 2010

Subcommittee Members: *Reps. Nevins, Schlachmann, and Holden*

Comments and Recommendations: *Reviewed changes to 6/23/10 work and made further corrections. Voted to recommend legislation, based on this work, to be developed.*

Amendments:

Sponsor: Rep. OLS Document #:  
Sponsor: Rep. OLS Document #:  
Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

*Recommended for future legislation.*

Moved by Rep. *Schlachman*

Seconded by Rep. *Holden*

Vote: *3-0*

Motions: OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk



# Sub-Committee Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 1, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 1, 2009

**Subcommittee Members:** Reps. NEVINS, SCHLACHMAN, HOLDEN

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. {Type NAME}  
Subcommittee Chairman/Clerk

Rep. CHRIS NEVINS



HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 6, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

**Comments and Recommendations:** Please see attached.

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 6, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, + Holden

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. {Type NAME}  
Subcommittee Chairman/Clerk

Rep. CHRIS NEVINS

Bradley: he works in the Medical Fraud Dept. and has been assigned to look at prescription drug abuse. Commended Kiernan for the work DES is doing to bring all the stakeholders together. Believes incineration is good solution but not practical in terms of consumer access. 90% of prescriptions are non-controlled drugs. There are different laws for controlled v. noncontrolled.

DEA does not let retail pharmacists take back controlled drugs. To set up a take back program: 1. State must request a DEA letter allowing this. 2. The Police administer the program 3. a pharmacist must be there to identify and record.

?what do the Police do with the drugs.

Problem with incineration is that most do not get hot enough for some drugs. DEA rules on oxycotin, for example, is that they must be flushed. There are about 12 drugs in this category.

Need a full-time take back program. The Seabrook Police have established a lock box. The AG's office wanted pharmacists to put labels on Rx's to deal with disposal. The pharmacists will not do this unless it is a State law. There has been no cooperation from the Pharmacy Board in addressing these issues.

Jurisdiction: 1. police over controlled drugs; 2. pharmacists over noncontrolled drugs.

Trachy: Retailers are concerned about the constraints of the Federal law. Feds and States regulate the type of information that can be put on a bottle..

The information in the printed flyer given is done by a contractor.

Newman: Fed. Regulate the stickers. Catalina (who he represents as well) is one of the companies that makes the flyers.

Bradley: we could put something on the flyers. We can look at any hurdles in regulations.

Both the Fed. House and Senate and DEA are looking at changes for take back programs.

Unfinished business:

1. identify state and federal hurdles and to what extent the Fed. V. state has control of the packaging and labeling information
2. review DES white paper
3. hear from the Board of Pharmacy
4. hear from Cyndi Desrosier
5. find out more about the Seabrook program

# TITLE XXX

## OCCUPATIONS AND PROFESSIONS

### CHAPTER 318

#### PHARMACISTS AND PHARMACIES

#### Pharmacy Board

##### Section 318:8

**318:8 Enforcement of Law.** – It shall be the duty of the board, through officials and employees appointed by it or under its supervision for that purpose, and of all peace officers within the state, and of all county attorneys, to enforce all the provisions of this chapter. When so requested, the department of health and human services and its officials and employees shall cooperate with the board in collecting and analyzing samples of drugs and medicines sold, or suspected of being sold, in violation of this chapter. The members of the board, its inspectors and investigators shall have free access during business hours to all places where drugs, medicines, poisons or hypodermic devices are held, stored, or offered for sale and to all records of sale and disposition of drugs.

**Source.** 1921, 122:5. PL 210:8. 1931, 123:1. RL 256:8. RSA 318:8. 1965, 275:2. 1981, 484:18. 1985, 324:4. 1995, 310:181, eff. Nov. 1, 1995.

# TITLE XXX

## OCCUPATIONS AND PROFESSIONS

### CHAPTER 318

#### PHARMACISTS AND PHARMACIES

#### Regulation of Pharmacies

##### Section 318:42

**318:42 Dealing in or Possessing Prescription Drugs.** – It shall be unlawful for any person who is not a licensed pharmacist in a pharmacy registered in accordance with the provisions of this chapter to manufacture, compound, dispense, sell, offer for sale or have in possession any prescription drug as defined in RSA 318:1, XVII, provided that this section shall not prevent the following:

I. Persons from possessing prescription drugs dispensed to them pursuant to a lawful prescription or who are acting as an authorized agent for a person holding a lawful prescription. For purposes of this section, an authorized agent shall mean any person, including but not limited to a family member or caregiver, who has the intent to deliver the prescription drug to the person to whom the prescription drugs are lawfully prescribed.

II. Physicians, dentists, optometrists, podiatrists, veterinarians, advanced registered nurse practitioners, and physician assistants from possessing, compounding, personally administering, or distributing prescription drugs to meet the immediate medical needs of their patients. For advanced registered nurse practitioners and physician assistants, compounding shall be limited according to RSA 318:42, VIII. Nothing in this section shall prohibit the dispensing of noncontrolled prescription drugs by an authorized agent of a veterinarian for an animal under the agent's care, provided that the drugs were compounded by or under the supervision of the licensed veterinarian.

II-a. Midwives certified pursuant to RSA 326-D, from obtaining, possessing, or administering prescription drugs to meet the immediate medical needs of their patients. Such authority to obtain, possess, or administer shall be limited to those drugs listed in RSA 326-D:12. Nothing shall prohibit a pharmacist, in good faith, from selling and dispensing drugs listed in RSA 326-D:12 to midwives certified pursuant to RSA 326-D.

III. The sale of prescription drugs by licensed manufacturers or wholesalers to persons or entities legally authorized to possess such drugs.

IV. The possession of prescription drugs for such agricultural, technical, or industrial uses as may be approved by the board, the Federal Drug Enforcement Administration, or by other state or federal statutes or regulations.

V. The sale and distribution of nonprescription drugs as defined in RSA 318:1, XVIII by non-pharmacy retail stores and outlets. Retail stores and outlets engaging in the sale and distribution of such items shall not be deemed to be improperly engaged in the practice of pharmacy. No rule shall be adopted by the board under this chapter which shall require the sale of nonprescription drugs by a licensed pharmacist or under the supervision of a licensed pharmacist. The commissioner of the department of health and human services may make a determination that a specific product may only be dispensed upon a written prescription of a practitioner.

VI. The department of health and human services from possessing and distributing "biological drugs" to the public within the meaning of RSA 141-C:17.

VII. The dispensing of noncontrolled prescription drugs by registered nurses in clinics operated by or under contract with the department of health and human services, or by such nurses in clinics of nonprofit family planning agencies under contract with the department of health and human services, provided that:

(a) The drugs are dispensed under a written protocol established by a licensed physician or by an advanced registered nurse practitioner prescribing from the formulary pursuant to RSA 326-B:10, II, and approved by the department of health and human services which provides for responsible supervision over the activities in question and mentions the name of each registered nurse for whom the physician or advanced registered nurse practitioner is assuming supervisory responsibility. A written copy of the protocol showing the date it was approved by the department of health and human services shall be kept at the clinic at all times and shall be made available during any inspection conducted under RSA 318:8.

(b) The drugs appear on the current formulary approved pursuant to RSA 326-B.

(c) The drugs are dispensed only to bona fide clients of the clinic for their personal needs pursuant to written eligibility criteria established by the department of health and human services.

(d) The clinic, except for clinics operated directly by the department of health and human services, possesses a current limited retail drug distributor's license under RSA 318:51-b.

(e) [Repealed].

VII-a. The possession and administration, with written parental authorization, of flu vaccine, immunizations, and mantoux tests for the purpose of disease prevention and tuberculosis screening by registered nurses employed or contracted by public school systems. The possession and administration of epinephrine for the emergency treatment of anaphylaxis by licensed practical nurses or registered nurses employed or contracted by public school systems.

VII-b. The management of medication therapy and administration of non-controlled prescription drugs including injectable medications, biologicals, and immunizations by qualified pharmacists pursuant to collaborative pharmacy practice agreements.

VIII. A registered nurse or physician assistant from:

(a) Making dilutions from concentrated solutions or pre-weighed or pre-measured packets.

(b) Adding prepared sterile additives.

(c) Entering an institutional pharmacy in an institutional setting specially designated for this purpose by the institution in the absence of a pharmacist to obtain those drugs needed in an emergency situation.

IX. A pharmacy student serving an internship from performing the duties of a pharmacist in the presence of, and under the direction and supervision of, a licensed pharmacist.

X. The possession, for emergency use only, by emergency medical care providers licensed under RSA 153-A of such noncontrolled prescription drugs as are specified by the state emergency medical services medical control board, with the concurrence of the pharmacy board, provided that there has been prior establishment of medical control for possession of such drugs. The emergency medical care provider may only administer such prescription drugs upon receipt of orders to do so from a supervising physician or an emergency/trauma advanced registered nurse practitioner. Such orders may be transmitted either directly or by telephone or by radio or by other communication medium, or by standing order of local medical control delineated in a protocol as defined in RSA 153-A.

XI. A nurse licensed under RSA 326-B who is an employee of a home health care or hospice agency licensed pursuant to RSA 151:2, and is acting in the course of his or her employment, from possessing such noncontrolled prescription drugs as are approved by the board of nursing and agreed upon jointly by the board of registration in medicine and the pharmacy board and from administering such preapproved noncontrolled prescription drugs according to written protocols approved annually by such employer's professional advisory committee which includes a physician licensed by the board of registration in medicine.

XII. A registered or certified pharmacy technician from performing functions and duties supervised by a licensed pharmacist as authorized by rules adopted by the board under RSA 541-A.

XIII. A nurse licensed under RSA 326-B, who is an employee of a home health care or hospice agency licensed pursuant to RSA 151:2 and is acting in the course of employment, from organizing the prescription and nonprescription drugs of clients into containers designed to aid clients in carrying out a prescriber's directions, provided that the organizing of drugs is documented in the client's nursing record and that the original prescription containers remain in the client's possession.

XIV. A nurse, licensed under RSA 326-B, who is an employee of a health facility, licensed by the state of New Hampshire, and acting in the course of his or her employment, from organizing the prescription and non-prescription drugs of clients into containers designed to aid clients in carrying out prescriber's directions; provided, that the organizing of the drugs is documented in the client's nursing record and that the original prescriptions will be kept at the facility or client's home and the medication container is set up on a weekly basis.

XV. The placement of automated pharmacy systems in long-term care facilities, hospices, and state correctional institutions, for the purpose of storage and dispensing of controlled and non-controlled prescription drugs under the supervision and control of a licensed pharmacist. Only pharmacies registered by the Federal Drug Enforcement Administration may provide controlled substances for storage in and dispensing from automated pharmacy systems.

**Source.** 1921, 122:27. PL 210:43. 1931, 123:5. 1941, 207:1. RL 256:43. 1949, 280:2. RSA 318:42. 1967, 82:2. 1973, 453:10. 1981, 484:19. 1988, 158:4. 1991, 189:1; 382:19. 1992, 245:2. 1993, 333:2. 1994, 333:8-10. 1995, 65:1; 286:26; 310:181, 182. 1996, 56:1; 267:21; 277:3. 1997, 326:2. 1998, 67:4, 5. 1999, 213:4. 1999, 345:7. 2000, 91:1; 271:6, 7. 2000, 91:1; 188:5. 2001, 15:2. 2002, 281:7. 2003, 310:64. 2004, 49:1, eff. July 2, 2004. 2005, 274:5, eff. Sept. 20, 2005;

293:7, eff. July 1, 2005 at 12:01 a.m. 2006, 164:5, eff. July 23, 2006. 2007, 202:9-11, eff. Jan. 1, 2008.

# TITLE XXX OCCUPATIONS AND PROFESSIONS

## CHAPTER 318 PHARMACISTS AND PHARMACIES

### Unused Prescription Drug Program

#### Section 318:58

##### **318:58 Donating, Accepting, and Redispersing Unused Drugs. –**

I. Any patient, or other person licensed pursuant to RSA 318:42, II and acting on behalf of the patient, may donate unused prescription drugs and medical devices to the program.

II. Any person authorized to dispense prescription drugs and medical devices pursuant to RSA 318 or other law may redispense such drugs and devices for the purposes of the program.

III. The following facilities and services may accept donations of unused prescription drugs and medical devices for the program:

(a) Any pharmacy as defined in RSA 318:1, XI;

(b) Any hospital, nursing home, hospice, or outpatient clinic licensed pursuant to RSA 151;

(c) New Hampshire hospital, Glencliff home, New Hampshire veterans home, and the state and county correctional facilities; and

(d) Any licensed prescriber of prescription drugs pursuant to RSA 318:42, II.

IV. The following prescription drugs and medical devices may be accepted and redispensed through the program; provided, that they have not been in the possession of the patient or other member of the public:

(a) Unused prescription drugs that have not reached their expiration date, are contained in unopened unit dose or other tamper-evident packaging, and show no evidence of contamination; and

(b) Medical devices that have not been opened or adulterated.

V. Unused prescription drugs and medical devices may not be resold, but the facility or service redispersing such drug or device may charge a handling fee for the service not to exceed \$15.

VI. A facility or service may redispense unused prescription drugs and medical devices under the program to uninsured or underinsured persons as defined by the board, but redispersing to other patients is permitted if no uninsured or underinsured person is available.

**Source.** 2006, 152:1, eff. July 21, 2006. 2007, 263:12, eff. July 1, 2007.



**TITLE XXX  
OCCUPATIONS AND PROFESSIONS**

**CHAPTER 318  
PHARMACISTS AND PHARMACIES**

**Unused Prescription Drug Program**

**Section 318:56**

**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.

**Source.** 2006, 152:1, eff. July 21, 2006.

**FROM US DEA:**

**Question: Can an individual return his/her controlled substance prescription medication to a pharmacy?**

**Answer:** No. An individual patient may not return his/her unused controlled substance prescription medication to the pharmacy. Federal laws and regulations make no provisions for an individual to return the controlled substance prescription medication to a pharmacy for further dispensing or for disposal. There are no provisions in the Controlled Substances Act or Code of Federal Regulations (CFR) for a DEA registrant (i.e., retail pharmacy) to acquire controlled substances from a non-registrant (i.e., individual patient).

The CFR does have a provision for an individual to return his/her unused controlled substance medication to the pharmacy in the event of the controlled substance being recalled or a dispensing error has occurred.

An individual may dispose of his/her own controlled substance medication without approval from DEA. Medications should be disposed of in such a manner that does not allow for the controlled substances to be easily retrieved. In situations where an individual has expired, a caregiver or hospice staff member may assist the family with the proper disposal of any unused controlled substance medications.

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 14, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

*Chris Nevins*

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 21, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, Holden, and Nord

**Comments and Recommendations:** Need to schedule another meeting.

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 21, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

*NSD*

**Comments and Recommendations:**

*Need to schedule another meeting.*

**Amendments:**

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.

Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 27, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, Holden, and Nord

**Comments and Recommendations:** Please see attached notes.

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 27, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, Holden, and Nord

**Comments and Recommendations:** *Please see attached notes.*

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk

*REP CHRIS NEVINS*

HB 607-FN Retained Bill Hearing  
Oct. 27, 2009

Present: Rep. Nevins, Rep. Holden, Rep. Schlachman

Remaining Issues:

1. Nevins commented that the DES and AG's Task Forces are already addressing the environmental and abuse issues through their work. Questioned whether there was any need for legislation at this time. Let these groups continue their work.
2. Schlachman asked if there was some way of using the opportunity of this bill to move NH further along in the quest for decreasing illegal access to prescription drugs. Can we facilitate replication of the Seabrook or Wolfeboro programs via the legislative process?
3. Holden pointed out that cost is the issue for considering any legislation. We cannot mandate that communities do something without providing funds. He would prefer that we reward the towns that have done something. A discussion of the effectiveness of Proclamations ensued.
4. Meeting temporarily recessed so Rep. Nevins could speak via phone with Lt. Gallagher of the Seabrook Police program. He found that this was done entirely with volunteer help. The disposed of the drugs (481 controlled and over 2,00 uncontrolled) via a local funeral home. This stopped (Nevins was not sure why) and the have now purchased their own small incinerator.
5. Nevins, Holden and Schlachman will visit the Seabrook Police to learn more about their program next week.

Consensus:

1. HB 607-FN is not supported. However, it could be a vehicle for moving this effort forward.
2. We would like to see all NH communities actively engaged in Take-Back programs.
3. We need more time to work out how this might be done.
4. With this as the goal we need to hold public hearings on this specific topic.
5. It was determined that if we recommend to the Commerce Committee that the bill go to "Interim Study", we can then come to the floor of the House with an amendment in January (after the House votes down the Interim Study) with the Take Back Program we are seeking to develop.

Vote:

3 -0 in favor of the Interim Study recommendation.



**HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS**

**SUBCOMMITTEE WORK SESSION ON HB 607-FN**

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** November 12, 2009

**Subcommittee Members:** Reps. Nevins, Schlachman, Holden, and Nord

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk

HB 607-FN Retained Hearing 11-10-09  
Rep. Nevins  
Rep. Holden  
Rep. Schlachman

Nevins and Schlachman had both worked on amendments to HB 607—FN. However, they were unable to get something drawn up in time for the meeting – as had been hoped.

Atty. Bradley of the AG's office felt that Interim Study, which had been voted on the previous Retained Bill sessions could work. The concern of the committee had been that Interim Study could "kill" the bill.

Plan:

1. Recommend Interim Study to CC at Nov. 12<sup>th</sup> meeting.
2. Ask Rules Committee to accept a House Concurrent Resolution in order to bring attention to the problem and efforts to address it statewide.
3. Try to bring it in on the Senate side
4. Work with UNH to develop a series of PSAs to increase public awareness of the work several NH communities have done to get retail drugs out of the hands of youth and others that would abuse them.

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** May 7, 2010

**Subcommittee Members:** Reps. *NEVINS, SCHACHTMAN, HOEDON*

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:
Sponsor: Rep.	OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk



**Help Prevent Pollution, Poisonings  
and Drug Abuse!  
Dispose of your Unneeded Medication –  
6 Steps to Safety**

- 1) Pour medicine into a sealable plastic bag.
- 2) If the medicine is a solid, add a small amount of water to dissolve it.
- 3) Add any undesirable substance (such as dirt, coffee grounds or kitty litter) to the liquid medicine in the plastic bag.
- 4) Seal the bag and immediately dispose of it in the trash for regular pick-up.
- 5) Use marker to black out any personal contact information on the empty medicine container prior to disposing of it in the trash.
- 6) For more information, consult [www.nh.gov/medsafety](http://www.nh.gov/medsafety) .

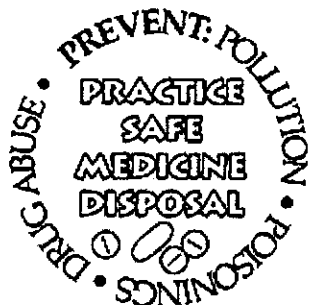
**Do NOT flush medicine down the toilet unless accompanying product information instructs that it is safe to do so. Don't keep unneeded medications in the home.**

**For more information or in case of an accidental poisoning, call the poison center at 1-800-222-1222.**

[www.nh.gov/medsafety](http://www.nh.gov/medsafety)

[Divisions](#) > [Water Division](#) > [Programs/Bureaus/Units](#) > [Drinking Water Source Protection Program](#) >

## Medicine Disposal Information for New Hampshire



The state of New Hampshire is working with stakeholders to develop information and tools to assist people with safely disposing medicine in various settings. Improper handling, storage or disposal of medicine can lead to drug abuse, accidental poisonings and environmental pollution.

### Hot Topics

- [Prescription Drug Conference – March 30, 2010: Information & Registration Form](#) (Registration for this Event is Now Closed)
- [Safely Dispose of Unneeded Medicine in the Home](#)
- [Test Your Well for Known Health Risks - Commissioner's May 2008 Opinion Editorial](#)

### Publications [\(Complete List\)](#)


- [NEIWPC Letter to EPA Promoting Life Cycle Analysis](#)
- [Emptying the Medicine Cabinet Disposal Guidelines for Pharmaceuticals in the Home](#) (Fact Sheet WD-DWGB-22-26)
- [Medicine Disposal Options for School Nurses](#) (Fact Sheet WD-DWGB-22-27)
- [Medicine Disposal Options for In-home Hospice Nurses and Hospice Centers](#) (Fact Sheet Wd-DWGB-22-29)
- [Disposal Tips for Household Generated Sharps](#) (Fact Sheet WMD-SW-31)
- [White Paper - Unused Medicine Management in New Hampshire](#)
- [Suggested Standard Operating Procedure for Conducting Medicine Collection Events](#)
- [Medicine Disposal Stakeholders \(meeting minutes, list of stakeholders\)](#)
- [Recommendations to the US Drug Enforcement Agency's Proposed Rule Changes](#)

### Resources/Links

- [NHDES Pharmaceuticals and Personal Care Products in the Environment](#)
- [USEPA](#)
- [Smart Disposal](#)
- [Unused Drug Return Conference](#)
- [Northeast Recycling Council](#)
- [Northern New England Poison Center](#)
- [New Hampshire Board of Pharmacy](#)
- [NH Bureau of Drug & Alcohol Services](#)

### Contact Us

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NHDES Drinking Water and Groundwater Bureau  
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(603) 271-0660  
(603) 271-0656 (fax)  
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 Adobe Acrobat Reader format. Download a free reader from [Adobe](#).

NH Department of Environmental Services | 29 Hazen Drive | PO Box 95 | Concord, NH 03302-0095  
(603) 271-3503 | TDD Access: Relay NH 1-800-735-2964 | Hours: M-F, 8am-4pm

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## **OUTREACH INITIATIVE SCOPE OF WORK AND COST ESTIMATE**

The purpose of the unwanted medicine outreach initiative is to educate health care specialists and the general public about proper unneeded medicine management and disposal practices in the residential setting. Currently, a consistent medicine management and disposal policy that addresses drug abuse, drug poisonings or environmental protection has not been consistently marketed in New Hampshire. Consequently, many health care professionals and the general public do not know how unneeded medicine should be managed and disposed of.

Below are various outreach initiatives that the Advisory Committee could consider completing.

### **1) Conduct a Survey to Document the Public's Knowledge on Proper Medicine Disposal Practices in New Hampshire**

Utilizing the University of New Hampshire's Survey Center's Granite State Polling Service, randomly survey 500 households to determine how unneeded medicine is managed and disposed of in residential settings in New Hampshire (see attachment A for more information on the Granite State Polling Service).

It is estimated that the cost of completing the initial surveying will be \$3000. It is recommended that after a period of 1.5-2 years that the surveying be completed again to determine if public awareness of proper medicine disposal practices has improved. This will cost an additional \$3000 bringing the total cost of surveying to **\$6000**.

### **2) Direct Mailings to Licensed Health Professionals**

There are approximately 24,500 licensed health professionals in the State of New Hampshire. These include:

- Registered Nurses
- Licensed Professional Nurses
- Advanced Registered Nurse Practitioner
- Physicians
- Pharmacists
- Pharmacist Technicians
- Veterinarians

It is proposed that New Hampshire's medicine disposal policy be provided to each licensed health professional by direct mailing. The direct mailing will also highlight a website that will have printable posters, calendar of medicine collection events and addition information on unwanted medicine management and disposal guidelines.

It is estimated that the cost of completing these mailings will be **\$8000** (\$6700 postage and \$1300 copying charges). Staff and mail processing equipment at NHDES (or another organization) can be used to process the mailings.

### **3) Develop an Article that Can Be Published in as Many Association Newsletters as Possible**

Develop a newsletter that can be published in as many publications as possible including:

- NH Pharmacists Association
- New Hampshire Independent Pharmacy Association
- The New Hampshire Independent Pharmacist Association.
- The National Association of Chain Drug Stores
- The New Hampshire chapter of the American Association of Retired Persons
- New Hampshire Medical Society
- New Hampshire Veterinary Association
- New Hampshire Department of Environmental Services
- Town and Country
- Press Releases-Op Ed (perhaps joint from the AG's Office/Safety/DES/Board of Pharmacy)
- NH Hospital Association
- NH Nurses' Association
- NH Nurses' Practitioner Association
- Visiting Nurse Association and Hospice of VT and NH
- School Nurses
- Health Officer Newsletter/E-mail List

Continue to identify additional newsletters and outlets.....

It is assumed that advisory committee members can collectively develop the article and coordinate with organizations to get the article published in numerous newsletters. Therefore there is no cost (\$0) associated with this effort. NHDES or some other advisory committee member can assist with tracking the publication of the articles in different venues.

### **4) Distribute Posters for All Medical Offices and Transfer Stations in New Hampshire**

There are approximately 1000 medical offices in New Hampshire according to the Dunn and Bradstreet database (2002 edition). However, some offices contain multiple medical specialties that are segregated within a building. Additionally, there are approximately 200 transfer stations in New Hampshire.

A letter will be sent to each medical office and transfer station, describing the poster and providing information on how to obtain copies of the posters.

It is estimated that each 11 x 17 poster will cost \$2 and that mailing the document will cost \$1.50. If 800 posters are assumed to be requested, the total cost of developing and distributing posters is estimated to be **\$2800**.



## **5) Information Cards/Slips Dispensed with Prescription Medicine**

Business cards or slips will be developed that summarize proper medicine management and disposal practices. Prescription medicine insurance companies and pharmacies will be asked to distribute this information as they dispense medicine. It is recommended that the Advisory Group request a meeting with company officials of prescription medicine insurance companies and major chain retail pharmacies to obtain their recommendation or buy-in into distributing unneeded medicine disposal message.

It is difficult to estimate the cost of this activity. Some pharmacies may utilize existing equipment that allows them to include this information on a receipt or documentation included with medication. Other pharmacies may need or want to use separate documentation. It is estimated that a single business card costs approximately \$0.02. In 2006, fifteen million prescriptions were issued in New Hampshire. However, only one card would need to be issued to each customer. Business cards with disposal information would be made available at costs to any pharmacy that does not have any other means of providing this information.

## **6) Public Service Announcements/Paid Advertisements**

Outreach information in written, audio and visual form could be developed for newspapers, radios stations and television and online. Initially, the advisory group could seek the assistance of college or high school acting schools to assist with developing the audio and visual outreach message.

[Generally the costs of distributing the PSA depends on which medium you feel will best reach your targeted audience. Many other considerations impact price of TV and radio ad placement, including time of ad placement (certain times of day and programs cost more to advertise around). Many media outlets will have non-profit rates, which help keep the costs down. Another idea might be to work with the NH Association of Broadcasters on a PSA project. They have the ability to get all of their members to air the PSAs. The fee is collected by the NHAB to keep membership dues low. Realistically you are looking at costs of 10s of thousands of dollars for any type of paid PSA campaign.]

**7) Information Materials for Community Events** - Andrea Jordan will develop a curriculum that can be used at community events/fairs relative

**8) Social Networking/Media** – This type of public health message could be transmitted via social networking sites such Facebook, Youtube, Twitter, etc. Additionally, we could ask that organizations related to target audiences link the New Hampshire Drug Disposal website on their web pages and outreach materials.

## **Funding Opportunities**

1) Seek grants from Pharmaceutical Companies and Pharmacies

- 2) Seek grants from USEPA - Environmental Education Grants (\$15,000-\$25,000) may be available in 2010 with a potential December 2009 grant application deadline. The status of funding for this grant program will not be known until the Federal Budget is approved.
- 3) Seek grants from NH Charitable Foundation (deadline October 2009)

Other??

If unsuccessful in obtaining funding, the Advisory Committee will document its work and request that elected officials allocate resources to assist with this initiative.

**Q1 How does your household typically primarily get rid of unused or expired medicines?**

**[DO NOT READ OPTIONS]**

- 1 PUT IN HOUSEHOLD GARBAGE / TRASH
- 2 FLUSH DOWN THE TOILET OR SINK
- 3 GIVE TO SOMEONE ELSE WHO WOULD USE THEM
- 4 RETURN TO A PHARMACY / RETURN TO DOCTOR
- 5 STORE AT HOME
- 6 OTHER [SPECIFY]
- 7 DOES NOT APPLY / NEVER HAVE MEDICINES / ALWAYS USE UP MEDICINES
- 8 DON'T KNOW

**Q2 Picturing all the places in your house where you keep medicines that required a prescription from your doctor ; what is your best estimate of the total number of containers of prescription medicines?**

**[READ RESPONSES]**

- 1 None
- 2 Less than 5
- 3 6 to 10
- 4 11 to 20
- 5 More than 20
- 6 DON'T KNOW

**Q 3 Now think about all the places in your house where you keep over-the-counter medicines (medicines that you can purchase without a prescription) ; what is your best estimate of the total number of containers over-the-counter medicines ?**

**[READ RESPONSES]**

- 1 None
- 2 Less than 5
- 3 6 to 10
- 4 11 to 20
- 5 More than 20
- 6 DON'T KNOW

**Q 4 [ASK IF Q2 < 5] Approximately what proportion of all the medicines in your home are household members actively using or planning to use in the next six months?**

**[READ RESPONSES]**

- 1 ALL (100%)
- 2 ABOUT  $\frac{3}{4}$  (75%)
- 3 ABOUT  $\frac{1}{2}$  (50%)
- 4 ABOUT  $\frac{1}{4}$  (25%)
- 5 NONE (0%)
- 8 DON'T KNOW

**Q 5 . Why do you store medicine in the home that no household member will likely use in the next six months? [IF THE ANSWER TO Q# IS NOT "NONE"]**

- 1 DID NOT THINK ABOUT GETTING RID OF IT WHEN IT WAS NO LONGER NEEDED
- 2 NOT SURE HOW I AM SUPPOSED TO GET RID OF THE MEDICINE
- 3 MEDICINE WAS EXPENSIVE AND DID NOT WANT TO DISPOSE OF
- 4 I OR SOMEONE I KNOW MAY BE ABLE TO USE THE MEDICINE IN THE FUTURE
- 5 THOUGHT THAT THE MEDICINE COULD BE USED IN THE FUTURE

**Q 6 Have you seen the State of New Hampshire's guidance about how to properly dispose of unused medicines?**

- 1 YES
- 2 NO

**Q7 Why do you have unused medicine stored in the home?**

- 1 DOCTOR INSTRUCTED TO STOP TAKING THE MEDICINE OR DOCTOR PRESCRIBED ALTERNATIVE MEDICATION
- 2 FELT BETTER
- 3 SIDE EFFECTS/REACTION/ALLERGY
4. NOT EFFECTIVE
5. ACQUIRED FROM A DEATH OF A RELATIVE OR LOVED ONE
6. FORGOT TO TAKE/DID NOT WANT TO TAKE FOR OTHER REASONS
7. OTHER

**Q8 When you think about disposing of unused medicines, do you worry about ?**

[READ ALL OPTIONS]

- 1 ACCIDENTAL POISONING
- 2 ADVERSELY IMPACTING WATER RESOURCES
- 3 OTHERS ACCESSING AND ABUSING MEDICINES
- 4 OTHER
- 5 NONE OF THE ABOVE



# State of New Hampshire

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*Division of State Police*  
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Diversion Investigator  
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STATE OF NEW HAMPSHIRE  
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STATE OF NEW HAMPSHIRE  
Board of Pharmacy

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# Safe Medicine Disposal

*A message from the  
New Hampshire  
Board of Pharmacy*



New Hampshire Board of Pharmacy

[www.nh.gov/pharmacy](http://www.nh.gov/pharmacy)

## Why do I need to get rid of my old medicine?

Prescription drug abuse has been on the rise and is growing exponentially.

- 70% of people who abuse prescription pain relievers say they got them from friends or relatives, often without their knowledge
- Marijuana and prescription medication are the most common forms of drug abuse
- The majority of poisoning deaths are contributed to misuse of prescription drugs



## Why can't I just throw it away or flush it?

- People often go through the trash, and may stumble upon some unused prescription medicine
- These pills can end up being sold or abused
- Flushing medicine introduces extra drugs into the water systems
- New technology is detecting trace amounts of medicine in the environmental and drinking water supply

## 5 Steps to Safety—Disposal Technique

- 1) Pour your medicine into a sealable plastic bag
- 2) If the medicine is a solid (tablet, capsule), add a small amount of water to dissolve it
- 3) Add an undesirable substance (dirt, coffee grounds, or kitty litter) to the liquid medicine in the plastic bag
- 4) Seal up the bag. Immediately dispose of it in the household trash for regular pick-up
- 5) Use a marker to black out any personal or contact information, as well as the drug information on your empty medicine bottle. Then, the empty bottle can be recycled with plastic wastes.

## What should I do about used needles, syringes, or IV bags?

Household Sharps, including needles, syringes, and lancets

- After use, dispose of sharps in a rigid, puncture-resistant container
- Common household containers include bleach bottles and laundry detergent bottles
- Properly seal the bottle with duct tape and **mark that it is not for recycle** before disposing with the household trash
- If your town or city does not allow this, contact the NH Syringe Access Initiative at (603)271-0290, the SHARPs Program (Store Household sharps And Return them Properly) at (800)628-8070, or the NH Department of Transportation Sharps Program at (603)485-3806



**When disposed of properly, syringes may be thrown away with your trash**

Intravenous (IV) bags

- Empty IV bags can be thrown away or recycled. IV bags with contents should be returned to the medical care provider
- IV bags used for chemotherapy should not be disposed of in the trash. Talk to your health care provider for more information.

## Ways to Reduce Pharmaceutical Waste

- *Don't take samples if you won't use them. It will only create waste*
- *When you are given a new medication, start with a trial size. Don't get a 90-day supply of a new medication, just in case you don't stay on it.*
- *Keep all of your medicine in the same place in your house. This will avoid misplacing and over-purchasing products you already have*



**Unused medicine  
accumulates and  
goes bad**

### Useful Links:

*New Hampshire Dep't of  
Environmental Services  
Medication Safety*  
[www.nh.gov/medsafety](http://www.nh.gov/medsafety)

*Northern New England  
Poison Center:*  
[www.mainehealth.org/  
mmc\\_body.cfm?id=2046](http://www.mainehealth.org/mmc_body.cfm?id=2046)  
(800)222-1222

*SMARxT Disposal:*  
[www.smarxtdisposal.net](http://www.smarxtdisposal.net)

57 Regional Dr  
Concord, NH 03310

Phone: (603)271-2350  
Fax: (603)271-2856  
Email: [pharmacy.board@nh.gov](mailto:pharmacy.board@nh.gov)

New Hampshire Board of Pharmacy





**MEMO**  
**New Hampshire Board of Pharmacy**  
**1/8/10**

On Wednesday January 6, 2010 Board Commissioner George Bowersox, Chief Compliance officer Margaret Clifford and myself went to the Seabrook N.H. police department to view the "Prescription Drug Drop off Box"

Our intention was to physically view the box, observe and understand the "drop off process" and discuss with the authorities their feedback on the box. We were met by Lt. Gallagher who served as perfect guide describing the policies, the procedure, and provided viewing of the outside and inside as well as the goal of the drop off box.

**THE BOX**

As you enter in the confined lobby of the Seabrook police station what appears directly in front of you is a dispatcher seated behind security plexiglas. Two locked doors reside at the end of the lobby, one to the left and right. In the middle of the left wall is a square framed hole about 5" X 5". This is where pharmaceuticals are dropped off. There is a sign unattached to the wall in front of the whole that states what can be dropped off ( prescription pharmaceuticals) and what can not ( illicit drugs) and instructions to contact a police officer if dropping of CI (illicit drugs)

Behind a concrete wall is a metal box, securely bolted to the wall approximately 2 'X 2' 1 and ½ feet , with a key locker lock securing a trap door. The trap door allows for emptying the box. The Key has two owners Lt. Gallagher (supervisor) and the Evidence officer.

**THE PROCESS**

The public can enter the police lobby 24 hours a day, 7 days a week where the dispatcher will observe a drop off. The public drops off pharmaceuticals under instruction from a sign referenced above. There is no paperwork filled out, no receipt required or validation of disposal noted.

On a monthly bases the box is emptied with cooperation of a private citizen ( a registered pharmacist) and the evidence officer. The contents of the box are accurately counted itemized and recorded in a detailed report with both validating the activities. (see attachment) The contents of the box are then secured in an evidence room until final destruction.

**Questions directed by the board visitors to Seabrook Police**  
**(Please note that these are recalled questions and answers not direct quotes)**

Q. Is the box working?

A. Yes... Over 400 units of controlled drugs have been collected so far.

Q. Do you have a DEA waiver?

A. Yes ... It is a temporary waiver. Copy enclosed

Q. What would you change?

A. No sure yet

Q. Is there any pharmacist involved?

A. Yes David Kelly...He helps us identify, validate and count product when we empty the box.

Q. Is a pharmacist needed?

A. Not needed ... BUT a pharmacist surely saves a lot of time and money. They can record quantities and minimize identification of product.

Q. How are the drugs disposed?

A. Presently they are kept as evidence We would like to destroy them as we do evidence but there are some concerns with DES. There is a private collection company that charges \$ 750/ 5 gallon container of waste. The Seabrook police are not budgeted for that.

Q. How do you secure the box?

A. No on can reach in. The box has only two keys. Lt. Gallagher and evidence officer. The box is secured (bolted) to a concrete wall and it is observed 24 hours a day.

Q. How frequently do you empty the box?

A. Monthly or if it filled then more frequently. It has only in place about three months.

Q. How was the box made?

A. A local welder volunteered his time and materials.

Q. Do you know if any other police stations in the state are involved with Drop off boxes?

A. Two departments are interested (No. Hampton and Newington ) But they are not doing it yet.

Q. Is the box checked on regular bases?

A. Yes, at least once a month.

Q. What happens after the box is emptied?

A. The contents are treated as evidence. Once collected it is considered as hazardous waste.

Q. What if someone wants the product back?

A. We have not had that happen yet. We would need to check identification of course.

At this point we had a discussion regarding the pros and cons of returning medication once it was dropped off. It was agreed that it should be a one way box...Nothing gets returned.

NE 21-

Rule - showing drug - report to board.

I are. "Boy league"

II One way only Dept only - sign

III Now controlled. take back league -

take to ~~of~~ a

According to Seabrook police, today 90 percent of the drug abuse problem in Seabrook comes not from heroin but from prescription drugs like oxycodone, methadone, fentanyl, Percocet, Percodan, Valium, Vicodin, Valium, Klonopin, and Tylenol III, which contains codeine, as well as others.

"This began with the prescription drug deaths we had here in Seabrook starting in 2005," Gallagher said. "There were five deaths in a 14-month period of people who died from prescription drug overdoses either in Seabrook or who had ties to Seabrook. There have been others since then; although, not in such a tight cluster. This collection box is about finding a way to address the problem, and there is a problem."

Seabrook fire Chief Jeff Brown confirms the illegal use of prescription drugs is still the most frequent drug abuse call his EMT teams face when dealing with drug-related emergency runs. Brown said the drop box could help, and anything that can be done to prevent this type

Please see **PRESCRIPTIONS**, Page 10

# Seabrook has new tool to fight Rx drug abuse

## Police: Drop-off box for prescriptions at station

By ANGELJEAN CHIARAMIDA  
STAFF WRITER

SEABROOK—By Sept. 1, the lobby at Seabrook Police Station will have a box embedded in its wall that could save lives.

It's a drop box to collect unused prescription drugs, keeping them out of the hands of those who would steal, sell or abuse them, and hopefully prevent lives from being destroyed by this form of drug abuse.

Other communities in the nation have employed this type of collection system and have collected thousands of pounds of addictive drugs. Collecting unused prescriptions gets them out of medicine chests, said Seabrook Lt. Michael Gallagher, keeping them away from teenagers who might experiment with them, drug addicts and dealers who would steal, use or sell them, and out of the mouths of youngsters who put just about everything they touch in their mouths.

# PRESCRIPTIONS: Drop-off box put in at Seabrook station

■ Continued from Page 1

of substance abuse "is a good thing."

Nationally, more teens abuse prescription drugs than any other illicit drug, except marijuana. And when teens experiment, they do so with prescription drugs because many believe, since they're legal when prescribed by a doctor, these drugs are safe, police said.

Most don't get the pills for their first use from a drug dealer, Gallagher said, but from what they find at their homes, or those of relatives and friends. In addition, prescription drug addicts have told police they often steal from the medicine cabinets of those they visit to get their supply.

"They'll excuse themselves and go to your bathroom, then steal whatever they find in the medicine chest," Gallagher said.

And prescription drug abuse among teens is more prevalent than most believe, DEA spokesman Special Agent Tony Pettigrew has said in past interviews. Pettigrew offers the scenario of teen "pharm parties," which are a step up from teen beer parties. At pharm parties, each kid brings one or a few pills they've found and taken from their parents' or friend's or relative's house. All the pills are tossed into a hat no matter what they are, and the kids reach in and indiscriminately swallow whatever they grab, often with a mouthful of alcohol.



ANGELJEAN CHIARAMIDA/Staff photo

Police Detective Brett Walker, right, and Lt. Michael Gallagher test the fit of the new prescription drug collection box made free for the town by local welder James Markland. The box will be mounted to the wall of the police station lobby, and residents are encouraged to drop in unused prescription drugs. The program starts on Sept. 1.

## How it works

Seabrook's prescription collection box program is low cost and low tech, Gallagher said. Thanks to a box made for free by Seabrook welder James Markland, residents with unneeded controlled prescription drugs can get rid of them safely in about 15 seconds and not take a chance of polluting water sources by flushing them down the toilet.

They can simply walk in the front door of the police station, open the small panel in the lobby wall, drop in the drugs and leave. No questions asked, not permission needed.

Seabrook will follow U.S. DEA

guidelines; for example, the drop box is to collect only pharmaceutical drugs, not illegal drugs like marijuana, heroin or cocaine.

Gallagher and Detective Brett Walker are members of Allies in Substance Abuse Prevention, which brings together agencies from all over Rockingham County to find solutions to issues. Because prescription drug abuse is such a serious problem, a special task force spun off from ASAP, just to concentrate on that problem, said Cindy Desrosiers, ASAP group coordinator.

"The collection box is one of the strategies ASAP is

## MOST ABUSED PRESCRIPTION DRUGS

- diazepam (Valium)
- amphetamine-dextroamphetamine (Adderall)
- hydrocodone (Vicodin)
- oxycodone (OxyContin, Percocet, Percodan)
- clonazepam (Klonopin)
- propoxyphene (Darvon)
- hydromorphone (Dilaudid)
- lorazepam (Ativan)
- fentanyl transdermal patches (Duragesic)
- methadone wafers (synthetic morphine)

Source: Lt. Kenneth Gill of the Essex County Drug Task Force and Lt. Terry Kineen, supervisor of New Hampshire State Police drug unit.

implementing, and it's patterned after one we found in Missouri," Desrosiers said. "In one month, they'd gotten back 20,000 pounds of unused meds. Mike Gallagher has taken the lead in this project; I commend the Seabrook Police Department for being the first to push ahead with this."

A pharmacist will log the drugs monthly and determine what's been taken off the street for possible illicit use, she said.

Gallagher thanks Desrosiers, Melissa Heinen of N.H. Poison Control and Markland for making this project possible.

"I've always said that this is a community problem, and to solve the problem it will take the whole community," Gallagher said. "James Markland's help is an example of that kind of community support."

**HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS**  
**SUBCOMMITTEE WORK SESSION ON HB 607-FN**

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** May 21, 2010

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

**Comments and Recommendations:** Please see attached notes.

**Amendments:**

Sponsor: Rep.	OLS Document #:
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**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

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Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk



HB 607

5/21/2010

DISCUSSION WITH BLONDE KORMAN RE: COORDINATION EFFORTS  
NECESSARY WITH OTHER AGENCIES.

DISCUSSION WITH SARAH SILK RE: WOODBOND TAKEBACK PROGRAM.

REP NEWS: GREAT WORK WILL BE MADE THIS WEEK TO DEVELOP RSA  
CHANGES.

**DID YOU KNOW UNWANTED MEDICATIONS ARE HAZARDOUS WASTE?**

# **LRHHPF UNWANTED MEDICINE COLLECTIONS**

**SPECIAL DATES: SATURDAY, JUNE 19 & AUGUST 21, 2010 8:30 AM - NOON**

**At the Lakes Region Household Hazardous Product Facility (LRHHPF)**

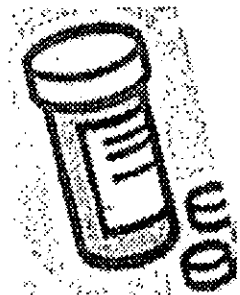
**404 Beach Pond Rd, Wolfeboro, NH**

**WHAT TO BRING:**

expired medications for humans and pets in original container prescription, over-the-counter, pills, liquids, creams, vitamins, medications no longer used. Cross off your name, but please **DO NOT** cross off the medication information

**COLLECTION PROCESS:**

A Pharmacist and Police Officer supervise the collection and the medicines are sent for secure incineration (as a pesticide) **NO** medicines are re-used or re-sold



## **IMPORTANT INFORMATION ABOUT UNWANTED MEDICINE**

- NEVER flush down the drain, it leads to drinking water contamination
- NEVER put in trash, they can end up anywhere leading to death or illness
- NEVER give to someone else, it could kill them
- NEVER take medicines for someone else, it could kill you
- NEVER leave around the home, accidental ingestion danger to children, guests, and pets



**Alton & Wolfeboro – FREE All other towns - \$25 per household**

**FOR MORE INFORMATION CALL: 651-7530**

**HB 607 BACKGROUND INFORMATION  
PREPARED BY NHDES  
MAY 21, 2010**

**DO OTHER STATES ALLOW POLICE STATIONS TO COLLECT MEDICINE?  
IF SO, HAVE THERE BEEN ANY PROBLEMS?**

A request was posted to Pharmwaste List serve which is an e-mail based list serve that addresses the management of unwanted pharmaceuticals.

Information was provided by ten individuals in response to the questions above.

Respondents explained that twelve states (MD, ID, IN, CA, FL, ID, MN, ND, NM, UT, WA, WI) have one or more police station drop boxes. Additionally, I am aware of four other states (AR, MA, ME, NH and TN) where drop boxes are present. Two of the states described some issues associated with small businesses disposing their unwanted pharmaceuticals in the drop boxes as well as other materials such as sharps. These problems were addressed through education and/or placing the drop boxes in an area that could be scrutinized more closely.

A reply to my inquiry indicated that police station drop boxes are not present in VA or PA.

While some states have general requirements/guidelines associated with the collection of controlled substances, I did not receive any responses that indicate states have developed detailed guidance for constructing and operating a police station drop box. Instead, local police stations are sometimes develop and implement their own procedures.

**WHAT ACTIONS WOULD THE NEW HAMPSHIRE DEPARTMENT OF  
ENVIRONMENTAL SERVICES TAKE IF STATE LAW WAS CLARIFIED TO  
ALLOW POLICE STATIONS TO COLLECT UNWANTED MEDICINE?**

- 1) Amend Hazardous Waste Regulations - NHDES would propose amending the Hazardous Waste Rules to conditionally exempt household pharmaceutical waste that is currently regulated as a hazardous waste by RSA 147-A and the implementing Hazardous Waste Rules, Env-Hw 100-1100.

Specifically, DES would exempt from the Hazardous Waste Rules, pharmaceutical waste collected by police officers, provided that the waste is a household waste that is collected under the oversight of a police officer,

stored, if necessary, at a police department, transported in a police vehicle, and delivered by a police officer to a solid waste disposal facility that is authorized to accept the waste under the destination state's rules.

Household hazardous waste, including pharmaceutical waste, is exempt from the Hazardous Waste Rules until it is collected separately from the municipal waste stream. Once the hazardous waste is taken from the household, the hazardous waste no longer is exempted from the Hazardous Waste Rules. The entity that takes possession of the hazardous waste from the household must comply with the applicable Hazardous Waste Rules.

Provided that the conditions of the proposed exemption are followed, pharmaceutical waste collected by police officers would not be regulated by the Hazardous Waste Rules.

- 2) **Coordinate the Development of Suggested Procedures for Constructing and Operating a Police Station Medicine Collection Drop Box** NHDES will work with appropriate federal and state agencies as well as other stakeholders to develop guidance for constructing and managing medicine drop boxes in police station. The guidance will provide specific guidance on how to store, process and dispose of the collected medication.

## **WHAT INCINERATORS IN NEW HAMPSHIRE CAN ACCEPT UNWANTED RESIDENTIAL MEDICINE FOR DISPOSAL?**

There are three incinerators that process municipal solid waste that legally could accept unwanted residential medicine for disposal. The incinerators are located in Concord, Claremont and Bridgewater-Hebron. If NHDES makes the amendments to the hazardous waste rules described above, police stations could take collected medicine to one of these facilities for disposal. The operators of the incinerators would have to approve of this activity and show that they would be in compliance with Env-A 1400 (the Air Toxics Control Program). It is likely the incinerators in Concord and Claremont could accept this material and comply with these regulations. A determination would need to be made if the incinerator in Bridgewater-Hebron could accept this waste and meet regulatory requirements.

There are no facilities in New Hampshire that can accept hazardous waste, regulated by the Hazardous Waste Rules, for disposal.

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** June 15, 2010

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

**Comments and Recommendations:** Please see attached notes.

**Amendments:**

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Seconded by Rep.

Vote:

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Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS  
SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** ~~May 28, 2010~~ June 9, 2010  
15'

**Subcommittee Members:** Reps. Nevins, Schlachman, and Holden

**Comments and Recommendations:**

**Amendments:**

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Vote:

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Moved by Rep.  
Seconded by Rep.  
Vote:

Respectfully submitted,

Rep.  
Subcommittee Chairman/Clerk

Rep. CHRIS NEVINS

TUES  
JUNE 15 HB607

HANDOUTS ATTACHED: PROPOSED CHANGES TO 318.42 318.017

NEW ATTENDEES:

JAN JIM QUINNAN - PHARMACEUTICAL BOARD  
ATTY KARIN ECKER - AG'S OFFICE

REP NEVINS - OPENING STATEMENT OF PURPOSES

PAUL SMITHING - CREATES A NEW SECTION?

JAY - CONCEPT OF FORESTWARD

DISCUSSION AMONG PARTICIPANTS THAT A COORDINATED MEETING BETWEEN THE AG'S OFFICE, DES + THE PHARMACEUTICAL BOARD WOULD BE HELPFUL IN CREATING A NEW SECTION FOR RSA 318 THAT WOULD COVER THE NECESSARY CRITERIA FOR A SUCCESSFUL PHARMACEUTICAL TAKE BACK PROGRAM.

ATTY KARIN ECKER (AG'S OFFICE)

JAY QUINNAN (PHARMACEUTICAL BOARD)

BLONDIE KERRAN (DES)

REP CHRIS NEVINS

} AGREED TO MEET AT THE PHARMACEUTICAL BOARD ON MON JUNE 21 AT 2PM TO COORDINATE

DUNE 15 <sup>15</sup> MTS

**318-B: 17 Disposal of Controlled Drugs in Possession of Peace Officer.** – All controlled and uncontrolled drugs, the lawful possession of which is not established or the title to which cannot be ascertained, which have come into the custody of a peace officer shall be forfeited and disposed of as follows:

I. The superior court shall order such controlled drugs forfeited and destroyed. A record of the place where the drugs were seized, of the kinds and quantities of drugs so destroyed, and of the time, place and manner of destruction shall be kept, and return under oath, reporting said destruction, shall be made to the superior court and to the Drug Enforcement Administration, if controlled drugs are involved, by the officer who destroys them.

I-a. The district court having jurisdiction over a misdemeanor controlled drug offense may order such controlled drugs forfeited and destroyed upon written motion. Such order shall not be entered until after the period for appeal of the offense has expired.

I-b. The district court shall require the same record and reporting of the officer who is destroying the controlled drugs as is required under paragraph I for the superior court, with the exception of notification to the Drug Enforcement Administration.

*S.A.M.T.B.* I-c. **In conjunction with locally approved Pharmaceutical Take Back Programs which meet Federal and State guidelines for the collection, storage and disposal of controlled and uncontrolled drugs.**

II, III. [Repealed.]

Source. 1969, 421:1. 1983, 292:13. 1995, 310:181. 1998, 362:1, 2. 2003, 80:1, eff. Jan. 1, 2004.

*Reasoning: Changes clarify the types of drugs peace officers may be in possession of and under what circumstances.*

318 B DUNE



JUNE 15<sup>TH</sup> 1986.

**318:42 Dealing in or Possessing Prescription Drugs.** – It shall be unlawful for any person who is not a licensed pharmacist in a pharmacy registered in accordance with the provisions of this chapter to manufacture, compound, dispense, sell, offer for sale or have in possession any prescription drug as defined in RSA 318:1, XVII, provided that this section shall not prevent the following:

I. Persons from possessing prescription drugs dispensed to them pursuant to a lawful prescription or who are acting as an authorized agent for a person holding a lawful prescription. For purposes of this section, an authorized agent shall mean any person, including but not limited to a family member or caregiver, who has the intent to deliver the prescription drug to the person to whom the prescription drugs are lawfully prescribed.

II. Physicians, dentists, optometrists, podiatrists, veterinarians, advanced practice registered nurses, naturopathic doctors, and physician assistants from possessing, compounding, personally administering, or distributing prescription drugs to meet the immediate medical needs of their patients. For advanced practice registered nurses and physician assistants, compounding shall be limited according to RSA 318:42, VIII. Nothing in this section shall prohibit the dispensing of noncontrolled prescription drugs by an authorized agent of a veterinarian for an animal under the agent's care, provided that the drugs were compounded by or under the supervision of the licensed veterinarian.

II-a. Midwives certified pursuant to RSA 326-D, from obtaining, possessing, or administering prescription drugs to meet the immediate medical needs of their patients. Such authority to obtain, possess, or administer shall be limited to those drugs listed in RSA 326-D:12. Nothing shall prohibit a pharmacist, in good faith, from selling and dispensing drugs listed in RSA 326-D:12 to midwives certified pursuant to RSA 326-D.

III. The sale of prescription drugs by licensed manufacturers or wholesalers to persons or entities legally authorized to possess such drugs.

IV. The possession of prescription drugs for such agricultural, technical, or industrial uses as may be approved by the board, the Federal Drug Enforcement Administration, or by other state or federal statutes or regulations.

V. The sale and distribution of nonprescription drugs as defined in RSA 318:1, XVIII by non-pharmacy retail stores and outlets. Retail stores and outlets engaging in the sale and distribution of such items shall not be deemed to be improperly engaged in the practice of pharmacy. No rule shall be adopted by the board under this chapter which shall require the sale of nonprescription drugs by a licensed pharmacist or under the supervision of a licensed pharmacist. The commissioner of the department of health and human services may make a determination that a specific product may only be dispensed upon a written prescription of a practitioner.

VI. The department of health and human services from possessing and distributing "biological drugs" to the public within the meaning of RSA 141-C:17.

VII. The dispensing of noncontrolled prescription drugs by registered nurses in clinics operated by or under contract with the department of health and human services, or by such nurses in clinics of nonprofit family planning agencies under contract with the department of health and human services, provided that:

(a) The drugs are dispensed under a written protocol established by a licensed physician or by an advanced practice registered nurse, and approved by the department of health and human services which provides for responsible supervision over the activities

in question and mentions the name of each registered nurse for whom the physician or advanced practice registered nurse is assuming supervisory responsibility. A written copy of the protocol showing the date it was approved by the department of health and human services shall be kept at the clinic at all times and shall be made available during any inspection conducted under RSA 318:8.

(b) The drugs appear on the current formulary approved pursuant to RSA 326-B.

(c) The drugs are dispensed only to bona fide clients of the clinic for their personal needs pursuant to written eligibility criteria established by the department of health and human services.

(d) The clinic, except for clinics operated directly by the department of health and human services, possesses a current limited retail drug distributor's license under RSA 318:51-b.

(e) [Repealed].

VII-a. The possession and administration, with written parental authorization, of flu vaccine, immunizations, and mantoux tests for the purpose of disease prevention and tuberculosis screening by registered nurses employed or contracted by public school systems. The possession and administration of epinephrine for the emergency treatment of anaphylaxis by licensed practical nurses or registered nurses employed or contracted by public school systems.

VII-b. The management of medication therapy and administration of non-controlled prescription drugs including injectable medications, biologicals, and immunizations by qualified pharmacists pursuant to collaborative pharmacy practice agreements.

VIII. A registered nurse or physician assistant from:

(a) Making dilutions from concentrated solutions or pre-weighed or pre-measured packets.

(b) Adding prepared sterile additives.

(c) Entering an institutional pharmacy in an institutional setting specially designated for this purpose by the institution in the absence of a pharmacist to obtain those drugs needed in an emergency situation.

IX. A pharmacy student serving an internship from performing the duties of a pharmacist in the presence of, and under the direction and supervision of, a licensed pharmacist.

X. The possession, for emergency use only, by emergency medical care providers licensed under RSA 153-A of such noncontrolled prescription drugs as are specified by the state emergency medical services medical control board, with the concurrence of the pharmacy board, provided that there has been prior establishment of medical control for possession of such drugs. The emergency medical care provider may only administer such prescription drugs upon receipt of orders to do so from a supervising physician or an emergency/trauma advanced practice registered nurse. Such orders may be transmitted either directly or by telephone or by radio or by other communication medium, or by standing order of local medical control delineated in a protocol as defined in RSA 153-A.

XI. A nurse licensed under RSA 326-B who is an employee of a home health care or hospice agency licensed pursuant to RSA 151:2, and is acting in the course of his or her employment, from possessing such noncontrolled prescription drugs as are approved by the board of nursing and agreed upon jointly by the board of registration in medicine and the pharmacy board and from administering such preapproved noncontrolled prescription

drugs according to written protocols approved annually by such employer's professional advisory committee which includes a physician licensed by the board of registration in medicine.

XII. A registered or certified pharmacy technician from performing functions and duties supervised by a licensed pharmacist as authorized by rules adopted by the board under RSA 541-A.

XIII. A nurse licensed under RSA 326-B, who is an employee of a home health care or hospice agency licensed pursuant to RSA 151:2 and is acting in the course of employment, from organizing the prescription and nonprescription drugs of clients into containers designed to aid clients in carrying out a prescriber's directions, provided that the organizing of drugs is documented in the client's nursing record and that the original prescription containers remain in the client's possession.

XIV. A nurse, licensed under RSA 326-B, who is an employee of a health facility, licensed by the state of New Hampshire, and acting in the course of his or her employment, from organizing the prescription and non-prescription drugs of clients into containers designed to aid clients in carrying out prescriber's directions; provided, that the organizing of the drugs is documented in the client's nursing record and that the original prescriptions will be kept at the facility or client's home and the medication container is set up on a weekly basis.

XV. The placement of automated pharmacy systems in long-term care facilities, hospices, and state correctional institutions, for the purpose of storage and dispensing of controlled and non-controlled prescription drugs under the supervision and control of a licensed pharmacist. Only pharmacies registered by the Federal Drug Enforcement Administration may provide controlled substances for storage in and dispensing from automated pharmacy systems.

**XVI. A Peace Officer in the lawful possession of controlled and uncontrolled drugs obtained during the collection, storage and disposal of said drugs in conjunction with a locally approved Pharmaceutical Take Back Program under 318-B:17.**

**Source.** 1921, 122:27. PL 210:43. 1931, 123:5. 1941, 207:1. RL 256:43. 1949, 280:2. RSA 318:42. 1967, 82:2. 1973, 453:10. 1981, 484:19. 1988, 158:4. 1991, 189:1; 382:19. 1992, 245:2. 1993, 333:2. 1994, 333:8-10. 1995, 65:1; 286:26; 310:181, 182. 1996, 56:1; 267:21; 277:3. 1997, 326:2. 1998, 67:4, 5. 1999, 213:4. 1999, 345:7. 2000, 91:1; 271:6, 7. 2000, 91:1; 188:5. 2001, 15:2. 2002, 281:7. 2003, 310:64. 2004, 49:1, eff. July 2, 2004. 2005, 274:5, eff. Sept. 20, 2005; 293:7, eff. July 1, 2005 at 12:01 a.m. 2006, 164:5, eff. July 23, 2006. 2007, 202:9-11, eff. Jan. 1, 2008. 2009, 54:2, 5, eff. July 21, 2009; 152:1, eff. July 8, 2009.

### **Section 318:43**

*Reasoning: Adds Peace Officers working with an approved Pharmaceutical Take Back Program to the exceptions of non-pharmacists as listed in RSA 318:42.*

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** June 23, 2010

**Subcommittee Members:** Reps. Nevins, Schlachmann, and Holden

**Comments and Recommendations:** Continued to work on language for new chapter 315E and changes to 318 and 318:B to enable pharmaceutical drug take back programs.

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION ON HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** June 23, 2010

**Subcommittee Members:** Reps. <sup>✓</sup>Nevins, <sup>✓</sup>Schlachmann, and ~~Holden~~

**Comments and Recommendations:**

Continued to work on language for new Chapter 318E and changes to ~~318~~ 318 + 318:B to enable pharm. drug take back programs.

**Amendments:**

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:

**Motions:** OTP, OTP/A, ITL, Retained (Please circle one.)

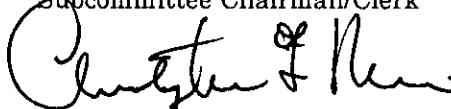
Moved by Rep.

Seconded by Rep.

Vote:

Respectfully submitted,

Rep. Chris Nevins  
Subcommittee Chairman/Clerk



**RSA 318:42**

It shall be unlawful....provided that this section shall not prevent the following:

**New sections**

**XVI. Law enforcement officers who are acting within the scope of their employment and official duties, from possessing prescription drugs for the purpose of collection, storage and disposal of said prescription drugs, in conjunction with a pharmaceutical drug take-back program pursuant to RSA 318-E.**

**XVII. Persons who possess prescription drugs pursuant to a lawful prescription or who are acting as an authorized agent for a person holding a lawful prescription, from delivering any unwanted or unused prescription drugs to law enforcement officers for the purpose of disposal of said prescription drugs in conjunction with a pharmaceutical drug take-back program pursuant to RSA 318-E.**

**RSA 318-B: 17**

**Amend**

**318-B17 Disposal of controlled Drugs in Possession of Law Enforcement Officer.** All controlled drugs, the lawful possession of which.....have come into the custody of a law enforcement officer shall be forfeited.....

**New section**

**II. All unwanted or unused controlled rugs which have come into the custody of a law enforcement officer, pursuant to a pharmaceutical drug take-back program, shall be disposed of in accordance with the disposal requirements for controlled drugs set forth under RSA 318-E.**

**RSA 318-B: 2 Acts Prohibited**

**New section**

**XV. Persons who have lawfully obtained a controlled substance in accordance with this title or a person acting as an authorized agent for a person holding a lawful prescription for a controlled substance may deliver any unwanted or unused controlled substances to law enforcement officers acting within the scope of their employment and official duties for the purposed of collection, storage and disposal of said controlled drugs in conjunction with a pharmaceutical drug take-back program pursuant to RSA 318-E.**

**Amend**

**RSA 318-B: 15 Persons and Corporations Exempted. – The provision of this chapter restricting.....performance of their official duties requiring possession or control of controlled drug, including law enforcement officers engaged in the collection, storage and disposal of controlled drugs in conjunction with a**

pharmaceutical drug take-back program under RSA 318-E; or to temporary incidental.....

**Definition for inclusion in RSA 318:1 and RSA 318-B: 1**

**“Law enforcement officer”** means any officer of the state or political subdivision thereof who is empowered by law to conduct investigations of or to make arrests for offenses enumerated in this chapter.

The purpose of this legislation is to enable communities in conjunction with law enforcement officers to collect, store and dispose of unused controlled and non-controlled pharmaceutical drugs to prevent drug abuse, poisonings, the diversion of controlled substances, and to protect the environment.

#### Chapter 318-E

#### Collection and Disposal of Controlled and Non-Controlled Unused Drugs

#### Section 318-E

- I. A local, county, regional, state or other governmental entity in conjunction with the chief law enforcement officer of a law enforcement agency may establish a controlled and non-controlled pharmaceutical drug take-back program.
- II. A pharmaceutical drug take-back program established by a local, county, regional, state or other governmental entity shall enable individuals with dispensed drugs to voluntarily and anonymously return this material to local law enforcement authorized to establish a take-back program for disposal of unused controlled and non-controlled drugs.
- III. The department of justice, board of pharmacy, department of safety and department of environmental services shall jointly develop guidelines for the collection, storage and disposal of collected drugs in accordance with applicable state and federal statutes.
- IV. Programs not under the auspices of a local, county, regional, state or other governmental entity shall comply with all state and federal regulations.
- V. The disposal requirements for controlled drugs stipulated in RSA 318-B: 17 shall not apply to controlled and non-controlled drugs collected in accordance with this section.
- VI. A law enforcement officer must witness the destruction of all collected drugs collected in accordance with this section.
- VII. Notwithstanding any other provisions of law, pharmaceutical drug take-back programs established under this chapter may accept public and private grants and donations of money for the purpose of covering the costs of said programs, including but not limited to public funds appropriated for this purpose.



# Testimony



# Proper Disposal of Prescription Drugs

Office of National Drug Control Policy February 2007

## Federal Guidelines:

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so (see box).
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

**Actiq** (fentanyl citrate)

**Daytrana Transdermal Patch** (methylphenidate)

**Duragesic Transdermal System** (fentanyl)

**OxyContin Tablets** (oxycodone)

**Avinza Capsules** (morphine sulfate)

**Baraclude Tablets** (entecavir)

**Reyataz Capsules** (atazanavir sulfate)

**Tequin Tablets** (gatifloxacin)

**Zerit for Oral Solution** (stavudine)

**Meperidine HCl Tablets**

**Percocet** (Oxycodone and Acetaminophen)

**Xyrem** (Sodium Oxybate)

**Fentora** (fentanyl buccal tablet)

Note: Patients should always refer to printed material accompanying their medication for specific instructions.

Office of National Drug Control Policy  
ONDCP, Washington, D.C. 20503  
p (202) 395-6618 f (202) 395-6730



# How to Dispose of Unused Medicines

**I**s your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A few drugs should be flushed down the toilet. And a growing number of community-based "take-back" programs offer another safe disposal alternative.

## Guidelines for Drug Disposal

FDA worked with the White House Office of National Drug Control Policy (ONDCP) to develop the first consumer guidance for proper disposal of prescription drugs. Issued by ONDCP in February 2007, the federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet unless this information specifically instructs you to do so.
- If no instructions are given, throw the drugs in the household trash, but first:
  - Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
  - Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.



*Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds ...*



- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service (see blue pages in phone book) to see if a take-back program is available in your community.

FDA's Director of Pharmacy Affairs, Ilisa Bernstein, Pharm.D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.

### Why the Precautions?

Disposal instructions on the label are part of FDA's "risk mitigation" strategy, says Capt. Jim Hunter, R.Ph., M.P.H., Senior Program Manager on FDA's Controlled Substance Staff. When a drug contains instructions to flush it down the toilet, he says, it's because FDA, working with the manufacturer, has determined this method to be the most appropriate route of disposal that presents the least risk to safety.

About a dozen drugs, such as powerful narcotic pain relievers and other controlled substances, carry instructions for flushing to reduce the danger of unintentional use or overdose and illegal abuse.

For example, the fentanyl patch, an adhesive patch that delivers a potent pain medicine through the skin, comes with instructions to flush used or left-over patches. Too much fentanyl can cause severe breathing problems and lead to death in babies, children, pets, and even adults, especially those who have not been prescribed the drug. "Even after a patch is used, a lot of the drug remains in the patch," says Hunter, "so you wouldn't want to throw something in the trash that contains a powerful and potentially dangerous narcotic that could harm others."

### Environmental Concerns


Despite the safety reasons for flushing drugs, some people are questioning the practice because of concerns about trace levels of drug residues found in surface water, such as rivers and lakes, and in some community drinking water supplies. However, the main way drug residues enter water systems is by people taking medications and then naturally passing them through their bodies, says Raanan Bloom, Ph.D., an Environmental Assessment Expert in FDA's Center for Drug Evaluation and Research. "Most drugs are not completely absorbed or metabolized by the body, and enter the environment after passing through waste water treatment plants."

A company that wants FDA to approve its drug must submit an application package to the agency. FDA requires, as part of the application package, an assessment of how the drug's use would affect the environment. Some drug applications are excluded from the assessment requirement, says Bloom, based on previous agency actions.

"For those drugs for which environmental assessments have been required, there has been no indication of environmental effects due to flushing," says Bloom. In addition, according to the Environmental Protection Agency, scientists to date have found no evidence of adverse human health effects from pharmaceutical residues in the environment.

Nonetheless, FDA does not want to add drug residues into water systems unnecessarily, says Hunter. The agency is in the process of reviewing all drug labels with disposal directions to assure that the recommended methods for disposal are still appropriate.

Another environmental concern lies with inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Traditionally, many inhalers have contained chlorofluorocarbons (CFC's), a propellant that damages the protective ozone layer. The CFC inhalers are being phased out and replaced with more environmentally friendly inhalers.

Depending on the type of product and where you live, inhalers and aerosol products may be thrown into household trash or recyclables, or may be considered hazardous waste and require special handling. Read the handling instructions on the label, as some inhalers should not be punctured or thrown into a fire or incinerator. To ensure safe disposal, contact your local trash and recycling facility. 

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This article appears on FDA's Consumer Health Information Web page ([www.fda.gov/consumer](http://www.fda.gov/consumer)), which features the latest on all FDA-regulated products. Sign up for free e-mail subscriptions at [www.fda.gov/consumer/consumerenews.html](http://www.fda.gov/consumer/consumerenews.html).

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### For More Information

Proper Disposal of Prescription Drugs Fact Sheet and Video Clip  
[www.oncdp.gov/drugfact/factsht/proper\\_disposal.html](http://www.oncdp.gov/drugfact/factsht/proper_disposal.html)

SMARxT Disposal Campaign  
[www.smarxtdisposal.net](http://www.smarxtdisposal.net)

Albuterol Inhalers: Time to Transition  
[www.fda.gov/consumer/updates/albuterol053008.html](http://www.fda.gov/consumer/updates/albuterol053008.html)

2/10/2009

Thank you for the opportunity to give input on the proposed Unwanted Medication Collection bill. My name is Roger Hebert. I've been a pharmacist in NH for more than 20 years. I'm the owner of Rice's Pharmacy in Nashua, the State's oldest pharmacy, started in 1868, which I've owned since 1995.

#### Other Affiliations

- Former President of New Hampshire Pharmacists Association
- Consultant Pharmacist and advisor to the Nashua Public Health Department
- Member of *PTAC* (the Pharmacy and Therapeutics Advisory Committee) for the NH Medicaid Program
- Member of the Concord Hospital Smallpox Vaccination Response Team
- Consultant Pharmacist to a number of nursing facilities, where I provide medication destruction services, allowing me to become very familiar with medication disposal issues

Medications and metabolites of those medications are being found in our water supply. However, it's much more complicated than saying that the problem is solely, or even primarily, caused by disposal of unwanted medications. There are many sources for this contamination, including estrogenic compounds from synthetic fertilizers, household products & pesticides, antibiotics used in food animals, human excretion into the waste stream from medications that people take, and yes, unwanted medications that people dispose of. Unwanted medications are a part of, but probably not the major cause of, this contamination. *The great majority of medications are taken; only a small percentage are disposed of. Medication which is taken is generally excreted in a bioactive state in the urine, into the waste stream. Collecting the small percentage of unused medication does nothing to address the issue of bioactive products excreted by the body into the waste stream, or the large amount of chemicals we use as a society on a daily basis, and which enters groundwater/wastewater.*

The intent of this bill is understandable; we all want to do something to decrease our impact on the environment. However, the way we accomplish this must be logistically possible, not in conflict with other laws or regulations, and the cost of the program should be borne by the appropriate parties.

So what is an equitable way to finance such an initiative?

Think about how we finance similar programs in our communities. What about the last time you had an oil change for your car? The mechanic charged you a disposal fee, and then probably turned around and sold the waste oil at a profit. The State does not mandate that the mechanic do all that for free. Yet that is what is being demanded of Pharmacy with this bill. What about the last time you bought new tires? You paid a fee to have the old ones disposed of.

Years ago, when I became aware of the link between synthetic fertilizers and pollution of ground water, I stopped using synthetic chemical fertilizers on my lawn, and started using only organic fertilizer. Could I bring back the unused synthetic fertilizer to the hardware store? No. It was my responsibility – I bought the product, so I was responsible for its ultimate fate. No other industry is required to accept hazardous waste returned from a consumer without passing on the cost of disposal to that consumer. That is personal responsibility – we shouldn't expect others to pay for things that should be our responsibility.

In the bill is language stating that the program will be "cost effective for retailers," but can it be? The costs of this program as proposed do not meet this test; the costs would be enormous for my pharmacy and other small pharmacies like it.

How do Drug Disposal programs work? Even ignoring the lack of economic fairness and responsibility that this bill would impose, is there a legal way to collect unwanted medications in a "cost effective manner for retailers?" Unfortunately there is not.

NERC (Northeast Recycling Council) recently reviewed seven “unwanted medication collection drives.”  
[http://www.nerc.org/documents/unwanted\\_medication\\_collection\\_bmp\\_11\\_08.pdf](http://www.nerc.org/documents/unwanted_medication_collection_bmp_11_08.pdf)

One of them, in Windsor Connecticut in April 2008, served only 122 participants and yet required the following to run the collection:

- 20 individuals, including pharmacy, law enforcement and other officials (2 Pharmacists, 2 pharmacy interns, and 5 pharmacy technicians, 1 representative from the Board of Pharmacy, 6 community volunteers, 1 representative from Metropolitan District Commission, Staff from Northeast Recycling Council, 1 field agent from the Connecticut Drug Control Division, 1 Police officer, Staff from Clean Harbors Environmental)
- Dozens of hours of preparation
- 24 collection drums (8x55 gallon drums, 6x30 gallon drums, 5x16 gallon drums, 5x5 gallon drums)
- computer and other supplies

Calculating staff costs and disposal fees, total pharmacy expense for the event was over \$3300 to serve 122 participants (The waste disposal fees totalled \$2156. There were more than \$1200 in pharmacy staff costs. [more than \$27 per participant] not to mention law enforcement and public health officials' time and expenses). NERC estimates that the 7 collections it studied each served approximately 1 percent of the potential population base. If 1 percent of the population cost the pharmacy more than \$3300 in expenses, what if 10 percent participate? \$33,000? What if the majority of patients participate? Is that a reasonable expense to mandate for pharmacies? Does it meet the “cost effective for retailers” test? If we as a community feel that these programs are critical, why don't we as a community pay for them?

The reasons these drives are so expensive involve legal and safety issues. *www.NERC.org provides a great overview: “The DEA prohibits transfer of controlled substances from an individual to a doctor, pharmacist, or reverse distributor unless a dispensing error or recall has happened. Therefore it is an absolute necessity that law enforcement personnel be on-site, participate in the collection, take physical control and custody of the controlled substances and be responsible for their destruction as required by federal and state law.”* PharmEcology Associates estimates that 10% of medications collected at medication collection drives are hazardous waste. *“It is impossible to prevent controlled substances and hazardous wastes from coming into a collection. Some non-prescription and prescription medications are classified as hazardous wastes (nitroglycerin, warfarin, nicotine patches, Leukeran<sup>®</sup>, lindane, Alkeran<sup>®</sup>, and medications with alcohol content).”* Furthermore, Board of Pharmacy, Controlled Substance Laws, Public Safety and Privacy laws further complicate the issue and the collection. This bill also requires pharmacies to incur another major expense, which is printing and marketing costs mandated in order to notify patients about the program.

Based upon the best available data published from recent Drug Disposal Programs, we estimate that this bill would cost each pharmacy thousands, if not tens of thousands of dollars, annually, while not truly eliminating the problem. As much as we may wish otherwise, there is no cost-effective way for this program to be implemented, and the proposed mechanism for funding it would prove economically devastating to New Hampshire pharmacies. We respectfully request the bill be defeated.

**Roger Hebert, RPh CGP**

On behalf on the New Hampshire Independent Pharmacists Association

[roger@ricespharmacy.com](mailto:roger@ricespharmacy.com)

**Rice's Pharmacy**

59 Main Street

Nashua NH 03064

603-882-5153

**THE STATE OF NEW HAMPSHIRE  
BOARD OF PHARMACY**

57 Regional Drive  
Concord, NH 03301-8518



January 22, 2009

Representative Tara Reardon  
Chairman  
Commerce and Consumer Affairs  
Committee of the House  
Legislative Office Building, Room 306  
Concord, NH 03301

**RE: Opposition to HB 607-FN**

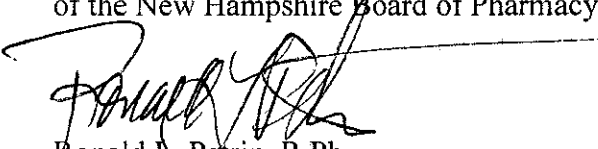
Dear **Chairman Reardon and Honorable Members of the Committee:**

The members of the Board of Pharmacy have reviewed the provisions of House Bill 607-FN as proposed and we are our opposed to this bill as written.

The reasons for the Board's opposition are as follows:

1. It violates current Federal *Drug Enforcement Administration (DEA)* laws.
2. The program this Bill proposes would put unknown, possibly contaminated controlled and non-controlled drugs in a central location within New Hampshire licensed pharmacies, where they might either intentionally or unintentionally be misused or mishandled;
3. This service/program would be very costly for retailers and that cost would somehow have to indirectly be passed on to consumers.
4. Lastly, the Board is currently working with DES (NH Department of Environmental Services) to come up with state-wide programs for the safe and legal disposal of all unwanted medications.

Respectfully Submitted On Behalf of the Members  
of the New Hampshire Board of Pharmacy,



Ronald L. Petrin, R.Ph.  
Vice President  
FOR THE BOARD

cc: Representative Sandra Harris, Sponsor

---

President George L. Bowersox, RPh Hudson	Vice President Ronald L. Petrin, RPh Bedford	Secretary ( <i>Public Member</i> ) Sandra B. Keans Rochester	Treasurer Kristina Genovese, RPh East Swanzey	Member Vahrij Manoukian, RPh Hollis	Member Charles J. Fanaras, RPh Bow
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Chief Compliance Investigator  
Margaret A. Clifford, RPh

Telephone (603) 271-2350 ♦ FAX (603) 271-2856 ♦ TDD Access: Relay NH 1-800-735-2964  
www.nh.gov/pharmacy/ ♦ E-Mail: pharmacy.board@nh.gov

# N.H. Rivers Management Advisory Committee

Members:

**Kenneth D. Kimball**  
Chair  
Recreational  
Interests

**Michele L. Tremblay**  
Vice Chair  
Conservation  
Community

**Aian S. Bartlett**  
Agricultural  
Community

**Robert G. Beaurivage**  
Public  
Water Suppliers

**Jennifer Czys**  
NH Office of  
Energy & Planning

**William Heinz**  
Granite State  
Hydropower  
Association

**Larry Spencer**  
Conservation  
Commissions

**Anne Krantz**  
Historic/Archeological  
Interests

**Johanna Lyons**  
NH Department of  
Resources and  
Economic  
Development

**John Magee**  
NH Fish & Game  
Department

**Fredrick J. McNeill**  
Municipal  
Officer

**Kathryn Nelson**  
Local River  
Management  
Advisory Committees

**Kevin Nyhan**  
NH Department of  
Transportation

**Gail McWilliam**  
Jellie  
NH Department of  
Agriculture,  
Markets & Food

**Walter A. Morse**  
NH Fish & Game  
Commission

**Allan Palmer**  
Business & Industry  
Association

Staff:

**Steve Couture**  
Rivers Coordinator  
NH Department of  
Environmental  
Services

February 10, 2009

The Honorable Tara Reardon, Chairman  
Commerce and Consumer Affairs Committee  
Legislative Office Building, Room 302  
Concord, NH 03301

**RE: HB 607-FN: An Act relative to residential pharmaceutical waste.**

Dear Chairman Reardon and Members of the Committee:

The Rivers Management Advisory Committee (RMAC) is writing to express its strong support for House Bill 607-FN, which would establish a pharmaceutical drug disposal program.

The occurrence of pharmaceuticals in the surface and groundwater is a growing concern. In 2002, the United States Geological Survey conducted a study sampling 139 streams across 30 states and found that 80 percent had measurable concentrations of prescription and nonprescription drugs, steroids, and reproductive hormones. It has also been found that exposure to low levels of pharmaceuticals have shown a negative effect on fish and other aquatic species and may have negative effects on human health. A pharmaceutical drug program is needed to ensure the safe and environmentally sound disposal of pharmaceutical that is convenient for consumers and cost effective for retailers.

The RMAC is a legislatively created body charged to work with the NH Department of Environmental Services (DES) on the administration of RSA 483, the Rivers Management and Protection Act (RMPA). The Committee is comprised of appointed members from the business, agriculture, hydroelectric, municipal government, water supply, conservation, recreation, fish and game, and historical interests. Among its other responsibilities, the RMAC is charged with reviewing legislation relevant to the RMPA and with advising the DES Commissioner on the merits of such legislation.

In conclusion, the RMAC strongly supports HB 607-FN, which would establish a pharmaceutical drug disposal program.

If you have further questions, please feel free to contact me at (603) 466-2721 x199 or [kkimball@outdoors.org](mailto:kkimball@outdoors.org).

Sincerely,



Kenneth D. Kimball, Ph.D., Chairman  
Rivers Management Advisory Committee

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29 Hazen Drive; PO Box 95; Concord, NH 03302-0095; Tel: 271-8801; Fax: 271-7894  
<http://des.nh.gov/organization/divisions/water/wmb/rivers/rmac/index.htm>

cc: RMAC members (via electronic mail)  
Katherine Peters, Special Assistant for Policy, Governor's Office  
Representative Harris  
Thomas S. Burack, Commissioner, DES (via email)  
Harry Stewart, Director, Water Division, DES (via email)  
Paul Currier, Administrator, WMB, DES (via email)  
Steve Couture, Rivers Coordinator, DES (via email)  
Charlie Ryan, Chair, Ammonoosuc River LAC (via email)  
Barbara Skuly, Chair, Ashuelot River LAC (via email)  
Deborah Hinman, Chair, Cold River LAC (via email)  
Adair Mulligan, Conservation Director, CRJC (via email)

Michelle Hamm, Chair Contoocook River LAC (via email)  
Don Clement, Chair, Exeter River LAC (via email)  
Liz Evans, Chair, Isinglass River LAC (via email)  
Sharon Meeker, Chair, Lamprey River LAC (via email)  
Bob Robbins, Chair, Lower Merrimack River LAC (via email)  
Max Stamp, Chair, Pemigewasset River LAC (via email)  
Dick Ludders, Chair, Piscataquog River LAC (via email)  
George May, Chair, Souhegan River LAC (via email)  
Robert Parrish, Chair, Swift River LAC (via email)  
Michele L. Tremblay, Chair, UMLAC (via email)



February 10, 2009

The Honorable Tara Reardon, Chair  
Commerce and Consumer Affairs  
Legislative Office Building  
Room 302  
Concord, NH 03301

Thank you Madam Chair and members of the Committee for considering HB 607.

I am Sandy Harris and I represent Sullivan County District 4.

This bill establishes a pharmaceutical drug and over-the-counter medicine disposal program. This program would be accomplished by rules set by the Commissioner of the Department of Health and Human Services. This includes:

- a take back by retailers
- informational materials such as signage and enclosures
- direct communication with consumers

An environmental fact sheet from the NH Department of Environmental Services says the following:

“The proper disposal of pharmaceuticals and personal care products is an emerging issue in the environmental arena. When aquatic and amphibian species are exposed to small amounts of pharmaceutical and personal care products, it can result in decreased reproduction, delayed development and even additional appendages in some species. In 2002, 80 percent of streams sampled (139 rivers in 30 states) by the U.S. Geological Survey showed evidence of drugs, hormones, steroids and personal care products....

While flushing medicine down the toilet does prevent misuse of the substance, the practice can cause other problems. Specifically, when medicines are flushed down the toilet, the medicines can harm the beneficial bacteria that are responsible for breaking down waste in the septic system or at the wastewater treatment plant (WWTP). Since municipal sewage treatment plants are not engineered for pharmaceutical removal, many medicines are not captured or only partially captured during the WWTP

process so they can pass through a WWTP intact. These substances are then released into nearby lake, river or ground water with the treated wastewater.

Several states have or are working on organizing a residential disposal program. They include Maine, Illinois, California, Massachusetts, Michigan, Indiana, New York and Pennsylvania. This legislation for HB 607 is primarily based on the Pennsylvania model. All these states have a provision to take back prescription and over-the-counter drugs but some have made special arrangements for controlled drugs, i.e. oxycodone, etc. Maine has a special dispensation from DEA to take back controlled substances. Some states have controlled substances given to the police. Massachusetts is establishing a task force and charging it with developing a pilot take-back program. California retailers of pharmaceuticals are to provide collection systems for safe disposal of consumer excess medicines.

In conclusion I have confidence in the Pennsylvania Program but if the Committee finds that other programs or a combination there of are more appropriate for NH, I would not quibble. This is on the people's radar. DES says it gets more calls about this than on concerns about bacteria. My major concern is not so much that it passes as is but that it not be subject to ITL. I invite DES, the Committee, and those interested parties to build on this bill to safeguard our rivers and our health.

**Cost** Wholesalers are responsible for what they sell. Retailers may well use this disposal as a "loss leader". People coming into their stores to dispose of unwanted drugs may very well buy merchandise at the same time. Hospitals have a charge to spend money for the "public good." The Regional Greenhouse Gas Initiative (RGGI) which auctions off pollution caps is charged with lowering energy needs and investing in "green" activities.

Protecting our rivers, lakes, fish and water supply from harmful poisons would be putting some of their funds to a highest priority.



# IssueBrief

## Return and Disposal of Consumers' Unused Medications

- Principles
- **Protect Patient Health and Safety:** Maintain a physical separation between pharmacies and locations that take back consumers' unused drugs.
  - **Use Safe and Effective Systems:** Provide consumers with a safe and effective means to return their unused drugs such as a mail back program using prepaid envelopes or state municipal waste collection systems.
  - **Ensure Necessary Funding:** Establish feasible funding sources such as through drug manufacturers or state hazardous waste resources.

413 North Lee Street  
P.O. Box 1417-D49  
Alexandria, Virginia  
22313-1480

### Overview

Finding a workable means for consumer disposal of unused and expired drug products is receiving increased attention at the national and state levels, and varying policy options have been proposed. The federal government has released guidelines recommending consumers mix their unused drugs with undesirable substances such as coffee grounds before placing them in containers for disposal in their household trash. Several federal bills have been introduced to address consumer return of unused controlled substances. In addition, a number of states have introduced legislation proposing different approaches such as consumer mail back programs using prepaid envelopes and using the state or municipal waste management system.

In order to protect public health and preserve the integrity of the drug distribution system, NACDS has developed key principles for a feasible and safe approach for handling disposal of consumers' unused drugs. We believe incorporation of these principles is necessary in the creation of a safe and effective system for the return and disposal of unused medications.

### Principles

*Protect Patient Health and Safety: Maintain a physical separation between pharmacies and locations that take back consumers' unused drugs*

For public health and safety and to preserve the integrity of the drug distribution supply chain, consumers' unused drugs are best returned to locations separate and apart from pharmacies where drugs are dispensed, patient healthcare services are provided, consumers purchase other healthcare products and other consumer items such as food products. It is essential to maintain this separation to preserve the safety and integrity of the Nation's drug supply and other consumer products. Many states have laws that prevent pharmacies from taking back drugs recognizing the importance of this separation. In addition, the Drug Enforcement Administration (DEA) does not permit pharmacies to take back controlled substances from consumers as it would violate the federal Controlled Substances Act and regulations. DEA only permits authorized law enforcement officials acting in their official capacity to take back controlled substances from consumers.

(703) 549-3001  
Fax (703) 836-4869  
www.nacds.org

Pharmacies including containers in pharmacies are not a solution for consumers' return of their unused drugs in view of the role of pharmacies in dispensing drugs, providing other healthcare products and patient services, and maintaining safety and security of drugs and devices.

Beyond the public health and safety concerns, pharmacies are not designed to accept and lack the space to take back consumers' returned drugs. A pharmacy taking back dispensed prescription drugs creates potentially hazardous circumstances since the drugs have left the secure distribution system. Pharmacists would have no knowledge about where the drugs had been stored or under what conditions. The drugs could be contaminated with infectious diseases or other hazardous substances posing potential risks to the public through inadvertent exposure to such contaminants or potentially contaminating other products in the retail establishment.

Although pharmacies have taken back consumer medications in limited pilot programs or one-time collection events, these programs still require the separation of locations taking back consumers' medications and pharmacies, and the concerns about bringing these unused drugs into pharmacies remain.

*Use Safe and Effective systems: Provide consumers with a safe and simple means to return their unused drugs such as a mail back program using prepaid envelopes or state municipal waste collection systems*

A consumer drug return and disposal program that is easy to understand and use will foster public acceptance and involvement. Examples include providing consumers with prepaid mail back envelopes to return their unused drugs to secure facilities for disposal or to municipal collection programs in the consumers' community. An effective program would be readily understandable through public service announcements and educational campaigns.

These programs should be as safe and simple as possible to enhance the effectiveness of consumer education on the return disposal of their unused medications.

*Ensure Necessary Funding: Establish feasible sustainable funding sources such as through drug manufacturers or state waste resources*

Drug return and disposal programs are best suited for funding through feasible resources such as drug manufacturers or municipal waste disposal resources. These represent feasible and sustainable funding resources. Pharmacies are not suitable for bearing the cost for these programs. Pharmacies are not reimbursed for dispensed drugs at a sufficient level to be able to fund drug return and disposal programs. Additional funding sources for consideration are grant programs or state funding resources.

# Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** 2-17-09

**LOB ROOM:** 302

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**Motions:** OTP, OTP/A, ITL, Interim Study Retain (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE:**

(Vote to place on Consent Calendar must be unanimous.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 607

BILL TITLE: relative to residential pharmaceutical waste.

DATE: 2-17-09

LOB ROOM: 302

*Referred*

**Amendments:**

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

Sponsor: Rep.

OLS Document #:

*VV*  
                      
                    

**Motions:**      OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:            (Please attach record of roll call vote.)

**Motions:**      OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote:            (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE:**

(Vote to place on Consent Calendar must be unanimous.)

**Statement of Intent:**      Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 28, 2009

**LOB ROOM:** 302

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Nevins

Seconded by Rep. Holden

Vote: 16-0 (Please attach record of roll call vote.)

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE: 16-0**

(Vote to place on Consent Calendar must be unanimous.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk



HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 607

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** ~~October 28, 2009~~ 11/12/09

**LOB ROOM:** 302

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. *Novins*  
Seconded by Rep. *Holden*

*16-0*

Vote: (Please attach record of roll call vote.)

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

**CONSENT CALENDAR-VOTE:**

(Vote to place on Consent Calendar must be unanimous.)

*16-0*

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. James F. Headd, Clerk

COMMERCE AND CONSUMER AFFAIRS

Bill #: HB 607 Title: Commercial Waste

PH Date: 1/1

Exec Session Date: 11/12/09

Motion: Interim Study Amendment #: \_\_\_\_\_

MEMBER	YEAS	NAYS
Butler, Edward A, Chairman	/	
DeStefano, Stephen T	—	
Kopka, Angeline A	—	
McEachern, Paul	/	
Hammond, Jill Shaffer	/	
Nord, Susi	/	
Winters, Joel F	/	
Meador, David R	/	
Gidge, Kenneth N	/	
Schlachman, Donna L, V Chairman	/	
Hunt, John B	/	
Quandt, Matt J	/	
Belanger, Ronald J	—	
Flanders, Donald H	/	
Holden, Rip	/	
Dowling, Patricia A	/	
Headd, James F, Clerk	/	
Nevins, Chris F	/	
Palfrey, David J	/	
<u>EATON, Daniel</u>		
	<u>16-</u>	<u>0</u>
TOTAL VOTE:		

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

INTERIM STUDY

EXECUTIVE SESSION on HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 26, 2010

**LOB ROOM:** 302

**RECOMMENDED FOR FUTURE LEGISLATION**

LSR No. \_\_\_\_\_  
(If legislation is already filed, list LSR No.)

**NOT RECOMMENDED FOR FUTURE LEGISLATION**

Moved by Rep. Nevins

Seconded by Rep. Schlachman

Vote: 12-1 (Please attach record of roll call vote.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. James Headd, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

INTERIM STUDY

EXECUTIVE SESSION on HB 607-FN

**BILL TITLE:** relative to residential pharmaceutical waste.

**DATE:** October 26, 2010

**LOB ROOM:** 302



RECOMMENDED FOR FUTURE LEGISLATION

LSR No. \_\_\_\_\_  
(If legislation is already filed, list LSR No.)



NOT RECOMMENDED FOR FUTURE LEGISLATION

Moved by Rep.

*Nevins*

Seconded by Rep.

*Schlachman*

Vote: *12-1* (Please attach record of roll call vote.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. James Headd, Clerk

COMMERCE AND CONSUMER AFFAIRS

Bill #: HB 607 Title: Relative to pharmaceutical waste

PH Date: 1/1/10

Exec Session Date: 10/26/10

Motion: OTP- Amendment #: \_\_\_\_\_

MEMBER	YEAS	NAYS
Butler, Edward A, Chairman	✓	
Schlachman, Donna L, V Chairman	✓	
DeStefano, Stephen T	✓	
Kopka, Angeline A	—	
Meader, David R	✓	
McEachern, Paul	—	
Hammond, Jill Shaffer	✓	
Nord, Susi	✓	
Winters, Joel F	—	
Keans, Sandra B		✓
Gidge, Kenneth N	—	
Hunt, John B	✓	
Quandt, Matt J	—	
Belanger, Ronald J	—	
Flanders, Donald H	✓	
Holden, Rip	—	
Dowling, Patricia A	✓	
Headd, James F, Clerk	✓	
Nevins, Chris F	✓	
Palfrey, David J	✓	
	12-	1
TOTAL VOTE:		

# Committee Report

**CONSENT CALENDAR**

**November 24, 2009**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on COMMERCE AND CONSUMER  
AFFAIRS to which was referred HB607-FN,**

**AN ACT relative to residential pharmaceutical waste.**

**Having considered the same, report the same with the  
recommendation that the bill be REFERRED FOR  
INTERIM STUDY.**

**Rep. Chris F Nevins**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>COMMERCE AND CONSUMER AFFAIRS</b>
Bill Number:	<b>HB607-FN</b>
Title:	<b>relative to residential pharmaceutical waste.</b>
Date:	<b>November 24, 2009</b>
Consent Calendar:	<b>YES</b>
Recommendation:	<b>REFER TO COMMITTEE FOR INTERIM STUDY</b>

### STATEMENT OF INTENT

HB 607 relative to residential pharmaceutical waste sought to establish a pharmaceutical drug disposal program through the Department of Health and Human Services. The aim of the bill was to ensure the safe and environmentally sound disposal of unused and outdated pharmaceuticals. The committee retained the bill in order to better study current efforts going on in New Hampshire and in other states to address the environmental aspects as well as other negative issues related to the misuse or improper disposal of pharmaceuticals. The latter include, but are not limited to, poisoning from suicide attempts, accidental deaths in children six (6) years old and younger, abuse among teens that is nearing epidemic proportions, and the increasing rate at which household medicines are the source of addictions. The committee voted for interim study to allow the interested parties to continue their work and coordination with the NH DES and the Attorney General's Office, and expects to present to the General Court a coherent solution in the next session.

Vote 16-0.

Rep. Chris F Nevins  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File



## CONSENT CALENDAR

### COMMERCE AND CONSUMER AFFAIRS

**HB607-FN**, relative to residential pharmaceutical waste. **REFER TO COMMITTEE FOR INTERIM STUDY.**

Rep. Chris F Nevins for COMMERCE AND CONSUMER AFFAIRS. HB 607 relative to residential pharmaceutical waste sought to establish a pharmaceutical drug disposal program through the Department of Health and Human Services. The aim of the bill was to ensure the safe and environmentally sound disposal of unused and outdated pharmaceuticals. The committee retained the bill in order to better study current efforts going on in New Hampshire and in other states to address the environmental aspects as well as other negative issues related to the misuse or improper disposal of pharmaceuticals. The latter include, but are not limited to, poisoning from suicide attempts, accidental deaths in children six (6) years old and younger, abuse among teens that is nearing epidemic proportions, and the increasing rate at which household medicines are the source of addictions. The committee voted for interim study to allow the interested parties to continue their work and coordination with the NH DES and the Attorney General's Office, and expects to present to the General Court a coherent solution in the next session. **Vote 16-0.**

Original: House Clerk  
Cc: Committee Bill File

**Ebbs, Heather**

---

**From:** EdofttheNotch@aol.com  
**Sent:** Sunday, November 15, 2009 11:04 AM  
**To:** Ebbs, Heather  
**Cc:** VNAV46@myfairpoint.net; Schlachman, Donna  
**Subject:** HB 607 blurb

Heather,

This is OK. Thanks,  
Rep. Ed Butler

HB 607 relative to residential pharmaceutical waste sought to establish a pharmaceutical drug disposal program through the Department of Health and Human Services. The aim of the bill was to ensure the safe and environmentally sound disposal of unused and outdated pharmaceuticals. The committee retained the bill in order to better study current efforts going on in New Hampshire and in other states to address the environmental aspects as well as other negative issues related to the misuse or improper disposal of pharmaceuticals. The latter include, but are not limited to, poisoning from suicide attempts, accidental deaths in children six (6) years old and younger, abuse among teens that is nearing epidemic proportions, and the increasing rate at which household medicines are the source of addictions. The committee voted for interim study to allow the interested parties to continue their work and coordination with the NH DES and the Attorney General's Office, and expects to present to the General Court a coherent solution in the next session.  
Representative Chris Nevins

11/16/2009

## New Hampshire General Court - Bill Status System

**Docket of HB607**

Docket Abbreviations

**Bill Title:** relative to residential pharmaceutical waste.*Official Docket of HB607:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
01/08/2009	H	Introduced and Referred to Commerce and Consumer Affairs; <b>HJ 12</b> , PG.235
01/29/2009	H	Public Hearing: 2/10/2009 1:30 PM LOB 302
02/10/2009	H	==CANCELLED== Executive Session: 2/17/2009 10:00 AM LOB 302
02/11/2009	H	==CANCELLED== Executive Session: 3/17/2009 1:00 PM LOB 302
02/26/2009	H	Retained in Committee
09/09/2009	H	Retained Bill - Subcommittee Work Session: 10/1/2009 10:00 AM LOB 302
09/09/2009	H	Retained Bill - Subcommittee Work Session: 10/6/2009 10:00 AM LOB 302
09/30/2009	H	Retained Bill - Subcommittee Work Session: 10/14/2009 9:00 AM LOB 302
10/01/2009	H	Retained Bill - Subcommittee Work Session: 10/21/2009 11:00 AM LOB 302
10/01/2009	H	Retained Bill - Subcommittee Work Session: 10/27/2009 10:00 AM LOB 302
10/01/2009	H	==CANCELLED== Retained Bill - Executive Session: 10/28/2009 LOB 302 1:00 PM
10/01/2009	H	Retained Bill - Subcommittee Work Session: 11/4/2009 11:00 AM LOB 302
10/09/2009	H	Retained Bill - Subcommittee Work Session: 11/10/2009 10:00 AM LOB 302
10/28/2009	H	Retained Bill - Executive Session: 11/12/2009 10:15 AM LOB 302 ==TIME CHANGE (Orig 10:00AM)==
11/24/2009	H	Committee Report: Refer to Interim Study for Jan 6 CC (vote 16-0); <b>HC 2</b> , PG.79
01/06/2010	H	Refer to Interim Study: MA VV; <b>HJ 6</b> , PG.251
03/17/2010	H	Referred to Commerce and Consumer Affairs for Interim Study; <b>HJ 26</b> , PG.1365

NH House

NH Senate

Contact Us

*New Hampshire General Court Information Systems*  
 107 North Main Street - State House Room 31, Concord NH 03301

INTERIM STUDY  
COMMITTEE REPORT

COMMITTEE: Commerce + Consumer Affairs

BILL NUMBER: HB 607-FW

TITLE: Relative to Residential Pharmaceutical Waste

DATE: October 26, 2010

RECOMMENDED FOR FUTURE LEGISLATION

LSR No. \_\_\_\_\_

(If legislation is already filed, please list LSR no.)

NOT RECOMMENDED FOR FUTURE LEGISLATION

STATEMENT OF INTENT: (May be handwritten)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMITTEE VOTE: 12-1 (Attach Committee Voting Sheet)

Rep. Chris Newins  
For the Committee

HS 607

## RECOMMEND FOR FURTHER LEGISLATION.

RECOGNIZING THAT NH IS EXPERIENCING AN INCREASING  
SERIOUS PROBLEM WITH THE ABUSE OF PHARMACEUTICAL DRUGS  
THE COMMITTEE HAS RECOMMENDED THAT LEGISLATION  
BE FORWARDED THAT WOULD ENABLE NH GOVERNMENTAL  
ENTITIES TO COLLECT AND DISPOSE OF CONTROLLED AND  
<sup>NON-</sup>~~NON-~~ CONTROLLED UNUSED DRUGS. THE PURPOSE OF THIS LEGISLATION  
IS TO ENABLE NH COMMUNITIES IN COOPERATION WITH LAW  
ENFORCEMENT OFFICERS TO COLLECT, STORE AND DISPOSE OF  
THESE DRUGS IN AN ENVIRONMENTALLY FRIENDLY ~~AND~~ COST  
EFFECTIVE WAY. THE PROPOSED LEGISLATION WILL HAVE HAD  
THE INPUT OF THE ATTORNEY GENERAL'S OFFICE, NH DES, THE  
PHARMACY BOARD, ASSOCIATION OF POLICE CHIEFS AND STATE  
POLICE AGENCIES ALL CONCUR ON THE NEED FOR THIS SOLUTION.  
LEGISLATION WILL ALSO BE IN COMPLIANCE WITH FEDERAL LAW.

OR

Newins

(Sob)