
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 540 Session of
2013

INTRODUCED BY KORTZ, DAVIS, STURLA, CALTAGIRONE, MUNDY, DELUCA,
V. BROWN, COHEN, HESS, HARKINS AND MCGEEHAN, FEBRUARY 6, 2013

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 6, 2013

AN ACT

1 Providing for the collection and disposal of leftover and
2 expired medicines and for penalties.

3 The General Assembly finds and declares that:

4 (1) Pennsylvania citizens benefit from the authorized
5 use of prescription and nonprescription medicines. The proper
6 use of medicines helps to cure, treat and prevent diseases
7 and to prolong life.

8 (2) Failure to properly dispose of leftover and expired
9 medicines can lead to the illegal possession and abuse of
10 medicines by children and others, possibly causing addiction,
11 poisonings, overdoses and other harmful health effects.

12 (3) Disposing of medicines by flushing them down the
13 toilet or placing them in the garbage can lead to the
14 contamination of groundwater and other bodies of water,
15 contributing to degradation of the environment and harm to
16 humans, animals and aquatic life.

17 (4) Pennsylvania residents need a safe method for
18 disposal of medicines through programs that provide

environmentally sound disposal of medicines with effective controls against diversion.

(5) The costs of properly collecting and disposing of leftover and expired medicines should be included in the manufacturer's business costs and the manufacturers of the medicines are best positioned to efficiently develop and operate programs for the safe and convenient collection and disposal of unused medicines.

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

Section 1. Short title.

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

Section 2. Definitions.

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

"Controlled substance." A drug, substance or immediate precursor included in Schedules I through V of the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act.

"Covered drug." As follows:

(1) A lawfully obtained prescription drug and nonprescription drug. The term includes both brand name and generic drugs permitted to be accepted in accordance with Federal and State law.

(2) The term does not include:

(i) Herbal-based remedies and homeopathic drugs, products or remedies.

(ii) Cosmetics, shampoos, sunscreens, toothpaste,

1 lip balm, antiperspirants or other personal care products
2 that are regulated as both cosmetics and proprietary
3 drugs under the Federal Food, Drug, and Cosmetic Act (52
4 Stat. 1040, 21 U.S.C. § 301 et seq.).

5 (iii) Drugs for which a manufacturer provides a
6 take-back program as part of the managed risk evaluation
7 and mitigation strategy under 21 U.S.C. § 355-1 (relating
8 to risk evaluation and mitigation strategies).

9 (iv) Drugs that are biological products as defined
10 in 21 CFR 600.3(h) (relating to definitions) as it exists
11 on the effective date of this section if the manufacturer
12 already provides a take-back program.

13 (v) Pet pesticides contained in pet collars, powders
14 or shampoos.

15 "Department." The Department of Health of the Commonwealth.

16 "Drug." Any of the following:

17 (1) Substances recognized in the official United States
18 Pharmacopeia, or official National Formulary, or any
19 supplement to either of them.

20 (2) Substances intended for use in the diagnosis, cure,
21 mitigation, treatment or prevention of disease in man or
22 other animals.

23 (3) Substances, other than food, intended to affect the
24 structure or any function of the human body or other animal
25 body.

26 (4) Substances intended for use as a component of any
27 article specified under paragraphs (1), (2) and (3).

28 "Generic drug." A drug that is chemically identical or
29 bioequivalent to a brand name drug in dosage form, safety,
30 strength, route of administration, quality, performance

1 characteristics and intended use, though inactive ingredients
2 may vary.

3 "Mail-back program." A system whereby residential sources of
4 unwanted covered drugs obtain prepaid and preaddressed mailing
5 envelopes for shipment to an entity that will dispose of them
6 safely and legally.

7 "Manufacture." As follows:

8 (1) Any of the following:

9 (i) The production, preparation, propagation,
10 compounding, conversion or processing of a drug or
11 controlled substance.

12 (ii) The packaging or repackaging of a substance
13 under subparagraph (i).

14 (iii) The labeling or relabeling of the commercial
15 container of a substance under subparagraph (i).

16 (2) The term does not include the activities of a
17 practitioner who, as an incident to his administration or
18 dispensing the substance in the course of his professional
19 practice, prepares, compounds, packages or labels the
20 substance.

21 "Manufacturer." A person lawfully authorized to manufacture
22 a drug or controlled substance.

23 "Nonproprietary drug." A drug or controlled substance
24 required by any applicable Federal or State law to be dispensed
25 only by prescription.

26 "Pharmaceutical stewardship program." A program operated by
27 a manufacturer, group of manufacturers or an association for the
28 collection, transportation and disposal of unwanted covered
29 drugs from residential sources that is financed by the
30 manufacturers of those products.

1 "Proprietary drug." Nonprescription, nonnarcotic medicines
2 or drugs which may be sold without a prescription and which are
3 prepackaged for use by the consumer and labeled in accordance
4 with Federal and State requirements.

5 "Residential sources." As follows:

6 (1) Single and multiple-family residences and locations
7 where household drugs are unused, unwanted, disposed or
8 abandoned.

9 (2) The term does not include drugs from hospitals,
10 clinics, pharmacies, airport security, drug seizures by law
11 enforcement, businesses or other nonresidential or business
12 sources.

13 "Ultimate user." A person who lawfully possesses a drug or
14 controlled substance for his own use or for the use of a member
15 of his household or for administering to an animal in his care.

16 "Unwanted covered drug." Any covered drug no longer wanted
17 by its ultimate user or that has been abandoned, discarded or is
18 intended to be discarded by its ultimate user.

19 Section 3. Pharmaceutical stewardship program.

20 (a) Participation required.--Beginning January 1, 2015, any
21 manufacturer offering a covered drug for sale in this
22 Commonwealth must operate or participate in an approved
23 pharmaceutical stewardship program prior to offering covered
24 drugs for sale in Pennsylvania.

25 (b) Submittal.--After January 1, 2015, any manufacturer who
26 intends to offer covered drugs for sale in this Commonwealth
27 must have received an approval to operate a pharmaceutical
28 stewardship program plan from the department or provide evidence
29 of having joined an existing pharmaceutical stewardship program
30 to the department at least 45 days prior to the manufacturer's

1 initial offer of sale of covered drugs.

2 (c) Program requirements.--A pharmaceutical stewardship
3 program plan must meet or include all of the following:

4 (1) Implementation of the pharmaceutical stewardship
5 program without charging a line item fee for the cost of the
6 program visible to the consumer at the time of sale of the
7 covered drugs or at the time the unwanted covered drugs are
8 delivered or collected for disposal from residential sources.

9 (2) A description of a proposed collection system which
10 shall include all of the following:

11 (i) (A) Except as provided under clause (B), at
12 least one collection site in each county. At least
13 one of the collection sites in each county shall have
14 Federal authorization to collect lawfully obtained
15 controlled substances.

16 (B) Counties with the following populations
17 based on the most recent Federal decennial census
18 shall have collection sites as follows:

19 (I) A county with a population of 100,001 to
20 300,000 shall have at least two collection sites.

21 (II) A county with a population of 300,001
22 to 1,000,000 shall have at least three collection
23 sites.

24 (III) A county with a population in excess
25 of 1,000,000 shall have at least four collection
26 sites.

27 (C) Except for a county of the first class, a
28 collection site under this subparagraph may not be
29 established in the same municipality as a collection
30 site under subparagraph (ii).

1 (ii) At least one collection site in every
2 municipality with a population over 50,000 in the most
3 recent Federal decennial census. Collection sites
4 established under subparagraph (i) may not be used to
5 meet the requirements under this subparagraph.

6 (iii) A mail-back program for unwanted covered
7 drugs. Envelopes for the program must be made available
8 at each collection site and to any pharmacy in the county
9 interested in providing envelopes to their customers.

10 (3) A handling and disposal system, including:

11 (i) Identification of and contact information for
12 disposal facilities and other entities to be used by the
13 program to collect and destroy the unwanted covered
14 drugs.

15 (ii) The policies and procedures to be followed by
16 persons handling and transporting unwanted covered drugs
17 collected under the pharmaceutical stewardship program.

18 (iii) A description of how the collected unwanted
19 covered drugs are tracked through to final disposal and
20 how safety and security is maintained.

21 (iv) Final disposal or reuse technologies that
22 provide superior environmental and human health
23 protection compared with current disposal technologies
24 for unwanted covered drugs, if approved by the department
25 upon petition. The department may not approve the use of
26 an alternative proposed technology unless the petitioners
27 have presented clear and convincing evidence that the
28 technology's performance under field conditions provides
29 equivalent protection in each and superior protection in
30 one or more of the following areas:

1 (A) Monitoring emissions or waste.

2 (B) Worker health and safety.

3 (C) Air, water or land emissions contributing to
4 persistent, bioaccumulative and toxic pollution.

5 (D) Overall impact to the environment and human
6 health.

7 (v) Separation of unwanted covered drugs from their
8 original containers, if appropriate, prior to disposal.

9 (4) A list of all entities participating in the
10 collection, handling and disposal proposed in the
11 pharmaceutical stewardship program and the entities' contact
12 information.

13 (5) Certification that the pharmaceutical stewardship
14 program will accept all unwanted covered drugs, including
15 unwanted covered drugs from other manufacturers.

16 (6) An education and outreach program that shall
17 include:

18 (i) A toll-free phone number and a website which
19 shall provide information on the pharmaceutical
20 stewardship program and a list of all collections sites
21 and allow a person to request that a mail-back program
22 envelope be mailed to them.

23 (ii) Printed brochures and posters describing where
24 and how to return unwanted covered drugs provided at no
25 cost to pharmacies, health care facilities and other
26 interested parties.

27 (7) Performance goals, including recovery goals
28 expressed as pounds of unwanted covered drugs disposed of per
29 capita and an explanation of how the recovery goals have been
30 set to recover a significant percentage of unwanted covered

1 drugs relative to the quantity of unwanted covered drugs that
2 may be available for disposal.

3 (8) Operation of the pharmaceutical stewardship program
4 in accordance with this act and other applicable Federal and
5 State laws.

6 (9) A specific date for implementation.

7 (d) Secure and Responsible Drug Disposal Act of 2010.--
8 Within 180 days after promulgation of Federal regulations
9 authorized under the Secure and Responsible Drug Disposal Act of
10 2010 (P.L. 111-273), each pharmaceutical stewardship program
11 shall submit an updated plan reflecting any necessary changes
12 required by the Federal regulations.

13 Section 4. Department review and approval.

14 (a) Approval required.--No manufacturer or other entity may
15 collect unwanted covered drugs until it has received written
16 approval or renewal of its pharmaceutical stewardship program
17 plan from the department.

18 (b) Compliance.--Within 90 days after receipt of a
19 pharmaceutical stewardship program plan, the department shall
20 determine whether it complies with this act. If it is deemed in
21 compliance with this act, the department shall notify the
22 applicant of its approval in writing. If the pharmaceutical
23 stewardship program plan is rejected, the department shall
24 notify the applicant in writing of its reasons for rejection.

25 (c) Review.--

26 (1) A manufacturer or other entity operating a
27 pharmaceutical stewardship program shall conduct an internal
28 evaluation of its program which shall be submitted to the
29 department as follows:

30 (i) Two years after implementation of the plan.

(ii) Five years after implementation of the plan,
and every five years thereafter.

(2) The department shall review the internal evaluations
submitted under this subsection and shall grant or deny
approval for the continued operation of the program in
accordance with the procedures under subsection (b).

(d) Substantive changes.--Any substantive changes to a
pharmaceutical stewardship program plan must be approved by the
department in writing.

Section 5. Report.

On or before April 1, 2016, and each April thereafter, a
pharmaceutical stewardship program under section 3(b) must
prepare and submit an annual report describing the program's
activities during the previous calendar year to the department.
The report must include all of the following:

(1) A list of manufacturers participating in the
pharmaceutical stewardship program.

(2) The amount, by weight, of unwanted covered drugs
collected at each site and the total amount by weight
collected by a mail-back program.

(3) A list of the collection sites provided in each
county, including the location of each collection site and
locations where envelopes for a mail-back program are
provided.

(4) The name and location of disposal facilities at
which unwanted covered drugs were disposed of and the weight
of unwanted covered drugs disposed of at each facility.

(5) If packaging was separated from the unwanted covered
drugs prior to disposal, the amount and percentage of
packaging recycled and the name and location of the material

1 recovery facility to which it was delivered.

2 (6) Whether policies and procedures for collecting,
3 transporting and disposing of unwanted covered drugs, as
4 established in the pharmaceutical stewardship program plan,
5 were followed during the reporting period and a description
6 of any noncompliance.

7 (7) Whether any safety or security problems occurred
8 during collection, transportation or disposal of unwanted
9 covered drugs during the reporting period and, if so, what
10 changes have or will be made to policies, procedures or
11 tracking mechanisms to alleviate the problem and to improve
12 safety and security.

13 (8) A description of public education and outreach
14 activities implemented during the reporting period, including
15 the methodology used to evaluate the outreach and program
16 activities.

17 (9) Any other information that the agency may reasonably
18 require.

19 Section 6. Enforcement.

20 (a) Penalty for nonimplementation.--If an approved
21 pharmaceutical stewardship program plan is not fully implemented
22 as follows, the department shall assess the following penalties
23 for each calendar day along with written notification to each
24 manufacturer associated with the pharmaceutical stewardship
25 program plan:

26 (1) If full implementation has not occurred within 30
27 days of the start date contained in the pharmaceutical
28 stewardship program plan, the department shall assess a
29 penalty of \$5,000 against the manufacturer or entity that
30 developed the pharmaceutical stewardship program under

1 section 3(b).

2 (2) If full implementation has not occurred within 60
3 days of the start date contained in the pharmaceutical
4 stewardship program plan, the department shall assess a
5 penalty of \$10,000 against the manufacturer or entity that
6 developed the pharmaceutical stewardship program under
7 section 3(b).

8 (b) Penalty for noncompliance.--If the department finds that
9 a pharmaceutical stewardship program is not in compliance with
10 its approved plan, the department must notify in writing each
11 manufacturer in the pharmaceutical stewardship program of the
12 violation and allow the manufacturer or entity operating the
13 pharmaceutical stewardship program 30 days to correct the
14 noncompliance. After 30 days, the manufacturer or entity
15 operating the pharmaceutical stewardship program under section
16 3(b) shall be assessed a penalty of \$5,000 for the first
17 violation and \$10,000 for each subsequent violation. Subsequent
18 violations shall occur after each ten days of noncompliance
19 under this subsection.

20 (c) Penalty for nonparticipation.--

21 (1) Upon first determining that a manufacturer is
22 offering a covered drug for sale in this Commonwealth but is
23 not participating in a pharmaceutical stewardship program
24 approved by the agency, the department shall send the
25 manufacturer a written warning that the manufacturer is in
26 violation of this act.

27 (2) A manufacturer not participating in a pharmaceutical
28 stewardship program approved by the department whose covered
29 drug continues to be sold in this Commonwealth 60 days after
30 receiving a written warning from the department shall be

1 assessed a penalty of \$10,000 for each calendar day that the
2 violation continues.
3 Section 20. Effective date.
4 This act shall take effect in 90 days.