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3	<b>Elements of Proposed State Legislation for Pharmaceuticals</b>						
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5	<b>State</b>		<b>Florida</b>	<b>Maine</b>	<b>Minnesota</b>	<b>Oregon</b>	<b>Washington</b>
6	<b>Bill # in 2009</b>		<b>SB 2650*</b>	<b>LD 821</b>	<b>HF 1217</b>	<b>SB 598</b>	<b>2SHB 1165 (SB 5279)</b>
7	<b>Covered products</b>		Prescription and proprietary drugs. "Proprietary" is not defined. Unclear what these are. Term should be defined in adopted statute.	All OTCs, prescription, and veterinary drugs. Does not include vitamins or personal care products.	All prescription and non-prescription drugs.	Prescription and non-prescription drugs. Proposed amendment excepted from definition of drug: contact lens disinfectants, antidandruff shampoos or products, antiperspirants, antiseptic or medicated skin care products, sunscreen, mouthwash, or toothpaste.	All OTC and prescription drugs, including controlled substances. Does not include vitamins.
8	<b>Definition of producer or manufacturer</b>		No definition	<i>Manufacturer:</i> Manufacturer or importer of brand label. Excludes retailer unless they act as importer.	<i>Producer:</i> Has legal ownership of the brand, brand name, or co-brand of covered product, or manufacturer of generic product (excludes retailers putting store label on covered product). When producer has no physical presence in US, importer is producer.	From existing statute ORS 689.005: <i>Manufacturer:</i> Person engaged in the manufacture of drugs.	<i>Producer:</i> Brand owner or manufacturer of generic drug, excluding retailer who puts its store label on products or pharmacist who compounds. When producer has no physical presence in US, importer is producer.
9	<b>Covered entities</b>		Consumers, including residents of long-term care facilities and persons enrolled in hospice and home health programs	All permanent or temporary residences e.g. homes, hospice facilities, nursing and boarding homes, foster and day care, schools	Residential generators, e.g. single and multiple family residences and locations where household drugs are unused, unwanted, disposed of, or abandoned, such as hospice services, nursing homes boarding care homes, schools day care, etc.	Consumers, including residents of long term care facilities and persons enrolled in hospice, palliative care and home health programs	Residential sources, including single and multiple family residences and other locations where household drugs are unwanted and people reside on a temporary or permanent basis such as hospice services, boarding homes, schools, foster care, day care, etc.
10	<b>Manufacturer responsibilities</b>	<b>Plan</b>	Yes, with annual renewal.	Yes.	Yes, must be updated at least every 4 years.	Submit plan to Department of Human Services for approval. Individual or collective programs allowed.	Submit plan to Board of Pharmacy for approval. Individual or joint plans are allowed.
11		<b>Program</b>	Convenient and adequate to serve consumers in urban and rural areas	Must include mail-in option	Convenient and adequate to serve consumers in urban and rural areas	Flexible on type of program. Must be convenient and adequate to serve consumers in urban and rural areas.	Flexible on type of program. However, must be collected in all counties and, at a minimum, in all cities of 10,000 or greater population.

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12		<b>Costs</b>	Producers must cover all costs. Department of Health may establish fees on producers or program operators to recover agency expenses.	Producer must cover all costs.	Producer must cover all costs. Agency may establish fees on producers or program operators to recover agency expenses.	Producer must cover all costs. DHS to set application fee for submission of plan.	Producers cover all costs. Department of Health may establish fees on producers or program operators to recover agency expenses.
13		<b>Fees</b>	No fee allowed at time of sale or time of collection.	No fee allowed at time of sale or time of collection.	No fee allowed at time of sale or time of collection.	No fee allowed at time of sale or time of collection.	No fee allowed at time of sale or time of collection.
14		<b>Data</b>	"Include recovery goals for the first 3 years of the program, expressed as pounds per capita..."	Recovery goals for first three years of program expressed in pounds per capita	"Include amount, by weight, of unwanted products collected from residential generators..."	None specified but program must include a method of evaluation and improvement of the program.	Annual report on weight collected. Must annually evaluate effectiveness of outreach and program, including % of residents aware of program and to what extent residents find program convenient.
15		<b>Coverage</b>	Must accept all unwanted covered products regardless of who produced them.	Must accept all unwanted covered products regardless of who produced them.	Must accept all unwanted covered products regardless of who produced them.	Must accept all prescription and non-prescription drugs sold in Oregon regardless of who produced them.	Must accept all unwanted covered products regardless of who produced them.
16		<b>Report</b>	None specified but could be required by rule under "Include a method for evaluation and improvement of the program."	Annual report and quarterly data report	Annual report	No	Annual report
17		<b>Education &amp; Outreach</b>	"Inform consumers, retail pharmacies, health practitioners, county health departments, hospitals, hospice care providers, and long-term care facilities.."	Educational and outreach materials provided to pharmacies, health care providers and other interested parties. Toll-free number and website to be developed for disposal information.	"Promote the program to residential generators, pharmacists, retailers of covered products, and health care practitioners..." Toll-free number and website to be developed for disposal information.	"Inform consumers, retail drug outlets, health practitioners, county health departments, hospitals, hospice care providers, and long term care facilities of the availability of the program."	"Must promote ... so that collection options are widely understood by customers, pharmacists, retailers of covered products, and health care practitioners..." Toll-free number and website to be developed for disposal information.

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18	<b>State responsibilities</b>		Review and approve plan; appoint Advisory Committee on Pharmaceutical Take-Back Programs; Department of Health may impose fees on producers and program operators to cover agency expenses.	Maine DEP: administrative duties; Maine DEA: collection duties; Maine DHHS: advisory regarding education & outreach and data.	Review and approve plan.	DHS review and approve plan, adopt rules for retail signs, and make signs available on internet, enforcement, adopt rules on administrative fee, Advisory Committee	Board of Pharmacy approves plan. Department of Ecology consults with Board on plan, including disposal, secure tracking and handling, public education. Board of Pharmacy licenses product stewardship programs, enforces law, invites comments on satisfaction with services, adopts rules, and may establish performance standards. Also reports to legislature in 2014.
19	<b>Pharmacy responsibilities</b>		Post a sign to inform consumers of the availability of pharmaceutical take-back programs.	Must make educational and outreach materials and mailers available to customers.	Not specified.	Must post sign regarding rules.	Not specified
20	<b>Disposal</b>		Incineration or hazardous waste disposal	Hazardous waste	Hazardous waste facility. Programs may petition agency to use disposal technologies that provide superior environmental and human health protection.	Incineration or hazardous waste disposal	Hazardous waste facility. Programs may petition Ecology to use disposal technologies that provide superior environmental and human health protection.
21	<b>Performance standards</b>		Manufacturers set recovery goals and "plan of action" in case recovery goals not met.	Department to establish goals after first three years of program, determined by recovery figures reported by manufacturers	Not specified	Recovery goals included in plan for the first, second and third years expressed as pounds per capita	No recovery rate requirements. However, Board of Pharmacy may establish performance standards.
22	<i>*HB 1357 was also introduced in Florida to provide for a pilot product stewardship program in two counties (Pasco &amp; Hernando) for a finite period (until 2012).</i>						

Washington

<http://apps.leg.wa.gov/documents/billdocs/2009-10/Pdf/Bills/House%20Bills/1165-S2.pdf>

Minnesota

Use:

[https://www.revisor.leg.state.mn.us/revisor/pages/search\\_status/status\\_search.php?body=House](https://www.revisor.leg.state.mn.us/revisor/pages/search_status/status_search.php?body=House)

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