

The Association of Oregon Counties Supports HB 2465-5

The Association of Oregon Counties strongly supports HB 2465-5 which establishes a pharmaceutical stewardship program. AOC has long been supportive in product stewardship programs and developed principles upon which future programs should be based.

Product stewardship programs should:

- Have the goal of reducing negative impacts to public health and the environment over the life-cycle of products (from production to distribution, use and disposal).
- Require all producers of a covered product to implement a program as a condition of selling or offering for sale the product in the state.
- Make producers primarily responsible for financing the programs.
- Use existing infrastructure when establishing a collection network where applicable/appropriate.
- Require that end-of-life programs provide convenient, statewide collection service for the public. Convenience of depot collection sites can be measured first by considering public safety and protection of the environment, and then by considering distance to users, the opportunity to recycle several items at one location, economic feasibility, and sustainability.
- Allow local governments to retain the authority to make local decisions regarding other product stewardship collection mechanisms, including curbside collection and collection events, and local governments shall be responsible for funding these alternative programs.
- Require that producers and retailers educate the public to increase awareness of product stewardship programs (including end-of-life management) and inform consumers about the impacts of products over their life-cycle.
- Be regulated and reviewed by the Oregon Department of Environmental Quality (DEQ) to ensure established requirements are being met. DEQ must be able to demonstrate that all participants in the collection program are meeting the minimum requirements as outlined in collection plans. The Department should report to the Oregon Environmental Quality Commission and/or the Oregon State Legislature as appropriate.

HB 2645-5 outline pharmaceutical stewardship programs that fit squarely within these principles. Focusing on convenient, state-wide collection done in an economically feasible way will benefit the public safety, public health and the environmental health of Oregon. AOC strongly supports this proposal and appreciates the leadership of Representative Malstrom on this very important issue.

Please contact AOC Staff, Mark Nystrom (mnystrom@oregoncounties.org) regarding this testimony.

HB 2645, with the -5 amendments, would establish a statewide prescription drug take-back program. This legislation takes advantage of changes to U.S. Drug Enforcement Administration rules in 2014 which authorized additional entities, including pharmacies, to collect unused prescription drugs which can then be shipped for ultimate safe disposal.

Convenience Leads to Success

- Bellingham, a town of 83,000, is running a pilot program with five participating pharmacies. Since the program began in April 2010, pharmacies have collected 13,819 pounds while the police department and DEA supported collection events have collected 537 pounds (3.7%).
- San Francisco, CA (population 840,000) has operated their pilot program since 2012. They have 12 pharmacy locations, one community center, and all 10 police stations as part of program. In that time the pharmacies have collected 80,437 pounds while law enforcement 4,095 pounds. Law enforcement collections have accounted for 4.8% of program-wide collection.
- Over the past five years Marion County, Oregon (population 323,000) has been operating a kiosk and runs annual take back events. Over that time, they collected 3,263 pounds of which approximately 60-80 pounds are collected from the kiosk. These numbers are consistent with law enforcement in the pilot program locations; it is clear that there is a great deal of room for improvement.

Drug Take-Back is Inexpensive

- Many of the same drug companies that oppose take-backs in the U.S. are required to fund pharmaceutical take-back programs in seven European countries and four Canadian provinces.
- British Columbia has a province-wide Medications Return Program that costs just \$516,800 (USD) in 2011 to collect more than 151,000 pounds of medication from a population of 4.53 million. The costs are just over \$500 for each participating collection site. Most pharmaceutical manufacturers in British Columbia pay less than \$2,000 a year to comply with the program.
- Based on calculations done in Washington, a program is expected to cost 0.1% or one-cent for every \$10 of prescription.
- A study conducted by Lines for Life determined industry would incur similar costs to British Columbia for the operation of a kiosk (based on purchase or lease of receptacle, liners, shipping, and disposal) in Oregon.
- This program will cost a tiny fraction of the \$3.1 Billion in Oregon sales (2015 Retail Pharmacy Sales, Kaiser Family Foundation.)

How HB 2645-5 will work:

For the Consumer:

- The bill will result in additional drug collection kiosks, including at local pharmacies.
- Many consumers will see a secure collection kiosk when they travel to the pharmacy to pick up their medications.
- When they have unused medications, they simply return them to the pharmacy, or nearest collection site, for safe disposal.

For the Pharmacy/Other Authorized Collection Sites:

- Participating pharmacies will need to find space for the kiosk and will also need to service the kiosk.
- Based on experiences in California and Washington, servicing involves opening the kiosk when the internal box is full, sealing the box closed, and then calling UPS/USPS or some other common carrier for pick up.
- The box is then securely stored until the carrier picks it up to ship it to a disposal location (typically an incinerator).

For the Pharmaceutical Manufacturing Industry:

- The pharmaceutical manufacturing industry will create and fund a program that supports the collection, transportation, and ultimate disposal of unused medication.
- The program will also be responsible for funding outreach and education.
- The program must develop a plan that is reviewed and approved by the Department of Environmental Quality (DEQ) to ensure it meets the requirements spelled out in the legislation.
- The program will also need to report back to the legislature to update them on their progress.
- The industry will have the benefit of regulatory consistency through a statewide program; there will be no county or city-based programs allowed as there is a moratorium on separate, local programs in the bill.

For State Government:

- DEQ will review the program and work with the pharmaceutical industry until the program is approved.
- Industry will then check in with DEQ when they need to make plans to the program and for annual reporting.
- The Board of Pharmacy will assist DEQ by providing lists of manufacturers and imposing penalties if the case of non-compliance.
- The Board will also inspect return kiosks during their scheduled inspections of pharmacies.

For Local Government:

- Local governments will still be able to provide kiosks at police and sheriffs offices, offer collection events, and mail back services that can be done in conjunction with the program or independently. Working within the program will remove the burden of transporting and disposal of unused medications.

Programs In the US and World Wide

- *World Wide*—Programs like this have been up and running around the world for decades. The countries that already have pharmaceutical product stewardship include: In Europe: Belgium, France, Hungary, Portugal, and Spain. In North America: Canada and Mexico. In South America Brazil and Colombia.
- *California and Washington*—Alameda County, CA started the first program in the US in 2012; now, eight counties have passed ordinances. In Washington four counties have all passed ordinances.
 - There are over 10 million residents total covered by pharmaceutical stewardship programs in California and Washington.