



Senate

General Assembly

File No. 326

February Session, 2012

Substitute Senate Bill No. 92

Senate, April 10, 2012

The Committee on Environment reported through SEN. MEYER of the 12th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DISPOSAL AND COLLECTION OF UNUSED MEDICATION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2012*) (a) As used in this
2 section:

3 (1) "Health care institution" means any public or private institution
4 or agency licensed or certified by the state to provide health care,
5 including a nursing home, residential health care facility, home health
6 care agency or hospice program or an institution, facility or agency
7 that provides services to persons with psychiatric disabilities or
8 intellectual disability, provided "health care institution" does not
9 include hospitals; and

10 (2) "Unused medication" means any unopened, expired or excess
11 medication dispensed for patient or resident care, including pills,
12 tablets, capsules and caplets.

13 (b) No health care institution and no employee, staff person,
 14 contractor, or other person acting under the direction or supervision of
 15 a health care institution, may discharge, dispose of, flush, pour or
 16 empty any unused medication into a public or private waste water
 17 collection system or septic system.

18 Sec. 2. (NEW) (*Effective October 1, 2012*) (a) The Department of
 19 Consumer Protection shall, in consultation with the Division of State
 20 Police within the Department of Emergency Management and Public
 21 Protection, the Connecticut Pharmacists Association and the
 22 Connecticut Police Chiefs Association, develop and implement a
 23 program for the collection of unwanted pharmaceuticals. Such
 24 program shall require municipal police stations and state police
 25 barracks (1) to have a secure locked box that is accessible to the public
 26 on a twenty-four-hour daily basis for the anonymous drop-off of
 27 unused pharmaceuticals, and (2) to arrange for the transport of such
 28 pharmaceuticals to a biomedical waste treatment facility, as defined in
 29 section 22a-207 of the general statutes, for incineration.

30 (b) The Department of Consumer Protection shall, within available
 31 appropriations, organize a public awareness campaign to educate the
 32 public concerning the dangers of unsafe disposal of pharmaceuticals
 33 and of the availability of the pharmaceutical collection program at
 34 municipal police stations and state police barracks.

35 (c) The Commissioner of Consumer Protection may adopt
 36 regulations, in accordance with the provisions of chapter 54 of the
 37 general statutes, to implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2012</i>	New section
Sec. 2	<i>October 1, 2012</i>	New section

ENV *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 13 \$	FY 14 \$
Consumer Protection, Dept.	GF - Cost	144,500 plus significant incineration fees	144,500 plus significant incineration fees
Comptroller Misc. Accounts (Fringe Benefits) ¹	GF - Cost	39,739	39,739
Emergency Services and Public Protection, Dept.	GF - Cost	13,000	None

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 13 \$	FY 14 \$
Various Municipalities	STATE MANDATE - Cost	1,000 per secured locked box	None

Explanation

The bill results in a cost to the state in excess of \$197,239 in FY 13 and \$184,239 in FY 14.

The bill is anticipated to cost the Department of Consumer Protection (DCP) in excess of \$184,239 as it would require DCP to collect unused pharmaceuticals from secure locked boxes located at state police barracks and local police stations. The costs include two Drug Control Agents (\$138,000), fringe benefits (\$39,739 paid through the State Comptroller) and two vehicles including oil and gas (\$6,500). Additionally there would be a significant cost of incinerating the

¹ The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated non-pension fringe benefit cost associated with most personnel changes is 29.22% of payroll in FY 13 and FY 14.

unused pharmaceuticals. The estimated cost of incinerating unused pharmaceuticals is estimated to be \$2 per pound.

The bill is anticipated to cost the Department of Emergency Services and Public Protection (DESPP) \$13,000 in FY 13. The cost in FY 13 is associated with purchase and installation of the secured locked boxes at each barracks.

The bill also requires all municipal police stations to have secure locked boxes for the collection of unused pharmaceuticals. It is estimated that municipalities will incur costs of approximately \$1,000 for the initial purchase of secure locked boxes. Eight municipalities already have such boxes utilized in an existing program.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 92*****AN ACT CONCERNING THE DISPOSAL AND COLLECTION OF UNUSED MEDICATION.*****SUMMARY:**

This bill prohibits a health care institution and its employees, staff, contractors, or other people under its direction or supervision from discharging, disposing of, flushing, pouring, or emptying unused medication into a wastewater collection or septic system. Hospitals are exempt from the prohibition.

Under the bill, “unused medication” means unopened, expired, or excess medication dispensed for patient or resident care and includes pills, tablets, capsules, and caplets.

The bill requires the Department of Consumer Protection (DCP) to establish a program for collecting unwanted pharmaceuticals. The DCP commissioner must organize a public awareness campaign about unsafe pharmaceutical disposal and the program. The bill allows the DCP commissioner to adopt regulations to implement the program.

EFFECTIVE DATE: October 1, 2012

HEALTH CARE INSTITUTION

For purposes of the bill’s prohibition, a “health care institution” is a public or private institution or agency licensed or certified by the state to provide health care. It includes a nursing home; residential health care facility; home health care agency; hospice program; or an institution, facility, or agency providing services to people with psychiatric or intellectual disabilities. It excludes hospitals.

PHARMACEUTICAL COLLECTION PROGRAM

The bill requires DCP to develop and implement a program for collecting unwanted pharmaceuticals in consultation with the (1) Division of State Police in the Department of Emergency Management and Public Protection, (2) Connecticut Pharmacists Association, and (3) Connecticut Police Chiefs Association.

Under the bill, the program must require municipal police stations and state police barracks to (1) have a secure locked box accessible to the public on a 24-hour basis for anonymous drop-off of unused pharmaceuticals and (2) arrange for the transport of such pharmaceuticals to a biomedical waste treatment facility for incineration.

It requires the DCP commissioner, within available appropriations, to organize a public awareness campaign about the (1) dangers of unsafe pharmaceutical disposal and (2) availability of the pharmaceutical collection program at municipal police stations and state police barracks.

BACKGROUND

Biomedical Waste Treatment Facility

By law, a “biomedical waste treatment facility” is solid waste facility that can store, treat, or dispose of biomedical waste. It does not include a (1) facility where the only biomedical waste stored, treated, or disposed of is generated at the facility and (2) licensed acute care facility or licensed regional household hazardous waste collection facility accepting untreated solid waste from medical care administration in a household by a household resident (CGS § 22a-207).

COMMITTEE ACTION

Environment Committee

Joint Favorable Substitute

Yea 24 Nay 5 (03/21/2012)