Controlled Substances Return and Disposal: 2016 Legislative Session Bill Status Update

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State/Locality and Bill No.	Description	Status and Date of Last Action
United States 2015 HR 953	"Comprehensive Addiction and Recovery Act of 2015." Section 203 of the Act is entitled "Prescription Drug Take Back Expansion." Provides that the Attorney General, in coordination with the Administrator of the federal Drug Enforcement Administration ("DEA"), the Secretary of Health and Human Services, and the Director of the Office of National Drug Control Policy, may make grants to eligible entities to expand or make available disposal sites for unwanted prescription medications. Grant funds may be used for: (1) expenses of a prescription drug disposal site, including materials and resources; (2) implementing disposal procedures and processes; (3) implementing community education strategies, including community education materials and resources; (4) replicating a prescription drug take back initiative throughout multiple jurisdictions; and (5) training of law enforcement officers and other community participants. Grants may not exceed $250,000 and two years in length. The bill proposes to appropriate $2,500,000 for the expansion for each of fiscal years 2016 through 2020.	4/29/2015 – referred to Subcommittee on Higher Education and Workforce Training.
United States 2015 HR 2463	"Dispose Responsibly of Your Pills Act (DROP) of 2015." Provides that the Attorney General, in coordination with the Administrator of the Drug Enforcement Administration, the Secretary of Health and Human Services, and the Director of the Office of National Drug Control Policy, may make grants of up to $250,000 to eligible entities to expand or make available disposal sites for unwanted prescription medications. Appropriates $2,500,000 for each of fiscal years 2016 through 2020. Eligible entities to receive grants include: (1) a law enforcement agency; (2) a manufacturer, distributor, or reverse distributor of prescription medications; (3) a retail pharmacy; (4) a registered narcotic treatment program; (5) a hospital or clinic with an on-site pharmacy; (6) an eligible long-term care facility; or (7) any other entity authorized by the Drug Enforcement Administration to dispose of prescription medications.	5/20/2015 – introduced and referred to Committee on Energy and Commerce and Committee on Judiciary.

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United States 2015 HR 3677	"Opioid Abuse Prevention and Treatment Act of 2015." Section 6 of the bill provides that the Secretary of Health and Human Services must "convene or coordinate with an existing entity an interagency working group: (1) to encourage States and local governments to increase opportunities for disposal of opiates, such as frequent 'take-back programs' and fixed medicine disposal sites at law enforcement public buildings; and (2) to reduce opportunities for abuse of opiates, such as establishing opioid dispensing limits at hospital emergency departments."	10/1/2015 – introduced and referred to Committee on Energy and Commerce.
United States 2015 HR 4931	"Pharmaceutical Stewardship Act of 2016." Provides that "the Attorney General, acting through the Administrator of the Drug Enforcement Administration, shall establish and implement a national pharmaceutical stewardship program to facilitate the collection and disposal of prescription medications at the locations at which such prescription medications are dispensed." The legislation allows the Attorney General to "assess, collect, and use . . . annual fees from producers of prescription medications" to pay the administrative costs of the program.	4/13/2016 – introduced and referred to Committee on Energy & Commerce.
United States 2015 S 524	"Comprehensive Addition and Recovery Act of 2015." Among other items, authorizes the U.S. Attorney General, in coordination with the Administrator of the DEA, the Secretary of Health and Human Services, and the Director of the Office of National Drug Control Policy, to coordinate with any entity allowed to dispose of prescription medication (such as law enforcement, pharmacies, pharmaceutical manufacturers / distributors and long-term-care facilities) to expand or make available disposal sites for unwanted prescription medications.	3/10/2016 – passed Senate with amendment.
United States 2015 S 636	"Increasing the Safety of Prescription Drug Use Act of 2015." Section 107 of the Act is entitled "Prescription Drug Disposal" and provides that "the Secretary of Health and Human Services shall convene or coordinate with an existing entity an interagency working group to encourage States and local governments to increase opportunities for disposal of opiates, such as frequent 'take-back programs' and fixed medicine disposal sites at law enforcement public buildings, and to reduce opportunities for abuse of opiates, such as establishing opioid dispensing limits at hospital emergency departments."	3/3/2015 – read twice and referred to the Committee on Health, Education, Labor and Pensions.

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California 2015 AB 45	As amended, this bill requires the California Department of Resources Recycling and Recovery ("Department") to adopt one or more model ordinances for a comprehensive program for the collection of household hazardous waste. The bill also authorizes a local jurisdiction that provides for the residential collection and disposal of solid waste to adopt one of the model ordinances adopted by the Department. The bill requires the Department to determine whether a nonprofit organization has been created and funded to make grants to local jurisdictions for specified purposes relating to household hazardous waste disposal and specifies that if the Department does not determine that such a nonprofit organization exists by December 31, 2018, then the bill's provisions would be repealed on January 1, 2019.	2/4/2016 – referred to House Committee on Environmental Quality.
California 2015 AB 623	Among other provisions, adds § 4069 to the Business and Professions Code requiring a pharmacist to "inform a patient receiving an opioid analgesic drug product on proper storage and disposal of the drug." The state Board of Pharmacy is directed to adopt regulations to implement the provision.	1/31/2016 – legislation died pursuant to California state constitution.
California 2015 SB 1229	Provides that a "collector," defined as an entity authorized by federal DEA to receive controlled substances for purpose of destruction, is not liable for civil damages, or subject to criminal prosecution, for maintaining a secure drug take-back bin on its premises if the collector, in good faith and not for compensation, takes specified steps. These steps include that the collector regularly inspects the area surrounding the secure drug take-back bin for potential tampering or diversion, in order to ensure the health and safety of consumers and employees.	5/5/2016 – referred to Assembly Committee on Judiciary.

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California 16 CCR §§ 1776, 1776.1, 1776.2, 1776.3, 1776.4, 1776.5, and 1776.6	The California Board of Pharmacy ("Board") proposes to add and adopt regulations providing specific requirements to allow state pharmacies that wish to establish prescription drug take-back services. Pharmacies, hospitals/clinics with onsite pharmacies, distributors and reverse distributors licensed by the Board and licensed skilled nursing facilities may offer specified prescription drug take-back services to the public to provide options for the public to destroy unwanted, unused or outdated prescription drugs. Each of these entities must comply with regulations of the DEA and the Board. Only California-licensed pharmacies and drug distributors (licensed wholesalers and third-party logistics providers) who are licensed in good standing with the board and are also registered with the DEA as collectors may participate in drug take back programs authorized under this article.	5/3/2016 – proposed regulations currently are in 15-day post-hearing comment period until 5/18/2016.
Colorado 6 CCR 1010-23	The Colorado Division of Environmental Health and Sustainability ("Division") is proposing adoption of Rules and Regulations Governing the Colorado Household Medication Take-Back Program ("Program'). This proposed regulation was developed in response to House Bill (HB) 14-1207, directed the Colorado Department of Public Health and Environment ("Department") to establish a household medication take-back program, subject to available funds, to facilitate the safe and effective collection and proper disposal of unused medications. Established in 2009, and codified in 2014 at C.R.S. § 25-15-328, the Program's effectiveness has been limited due to its small geographic coverage (11 collection locations in the Denver metropolitan area and Summit County) and due to its inability to collect prescribed controlled substances. The proposed regulation is based extensively on the DEA rule and mirrors its requirements applicable to Program participants requiring DEA registration for their activities (pharmacy or hospital/clinic-based collection locations, transporters, and registered disposal facilities).	5/16/2016 – rulemaking hearing scheduled.

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Connecticut 2016 HB 5429	Provides that the Connecticut Commissioner of Consumer Protection, after consulting with the Commission of Pharmacy and the Connecticut Pharmacists Association, must develop and implement a voluntary program for the collection and disposal of unwanted pharmaceuticals by pharmacies. The program is to include: (1) the anonymous drop-off of unwanted pharmaceuticals at state-licensed pharmacies; and (2) the transport of such pharmaceuticals to a biomedical waste treatment facility for incineration.	2/26/2016 – hearing in the Joint Committee on General Law scheduled for 3/3/2016.
Georgia Ga Comp. R. & Regs. 480-50	New set of regulations entitled "Drug Disposal and Authorized Collectors." Separate regulations issued for authorized collectors, collection receptacles at long term care facilities, inner liner requirements, mail-back programs and reverse distributors. Provides that collection receptacles may only be available to receive drugs when the collector is open for business and only when an authorized employee is present. Mail-back programs may be offered at no cost or for a fee. An authorized collector may begin receiving drugs for disposal at the facility only after: providing 30 days of advance notification to the Georgia Board of Pharmacy and the Georgia Drugs and Narcotics Agency ("GDNA") of its qualification for and intention to serve as an authorized collector. Provides that GDNA can conduct inspections of authorized collectors.	1/20/2016 – adopted; effective 2/9/2016.
Hawaii 2015 SB 303	Establishes the Hawaii Drug Take-Back and Education Initiative to coordinate and increase the safe return and disposal of drugs and the Narcotics Enforcement and Prescription Drug Monitoring Advisory Committee to advise the Department of Public Safety Narcotics Enforcement Division. The objectives of the Hawaii drug take-back and education initiative include: (1) Organizing quarterly drug take-back events; (2) Developing recommendations to incentivize the return and disposal of drugs; (3) Creating initiatives to expand and coordinate education programs, partnerships, and federal grants; and (4) Integrating recommendations from the narcotics enforcement and prescription drug monitoring advisory committee.	12/17/2015 – carried over to 2016 session.

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Hawaii 2015 SB 1229	Similar to 2015 SB 303 in terms of drug return and disposal but contains additional provisions not directly related to that subject.	1/21/2016 – re-referred to Senate committees.
Louisiana 2016 HCR 97	Resolution that expresses support of the legislature for the "MyOldMeds" campaign for the purpose of increasing awareness among policymakers, patients, and providers regarding safe and secure disposal of prescription medicines.	5/3/2016 – read second time in Senate and referred to Committee on Health & Welfare.
Maryland COMAR 10.34.33	Provides for the Prescription Drug Repository Program, which is a voluntary program for pharmacies to: (1) collect prescription drugs and medical supplies for disposal; and/or (2) collect donated prescription drugs and medical supplies for redispensing to the needy. Requirements for disposal are: • Pharmacies that collect returned prescription drugs or medical supplies for proper disposal shall be approved by the Board as repositories. • Repositories that collect only non-controlled dangerous substances for proper disposal shall: (1) dispose of prescription drugs or medical supplies collected for disposal in compliance with applicable State and federal laws and regulations; (2) have policies and procedures regarding the safe and secure handling and disposal of prescription drugs and medical supplies, to include specific guidelines for prescription drugs requiring special disposal or care; (3) dispose of collected prescription drugs and medical supplies through a third party processor or a reverse distributor, as appropriate; and (4) maintain a separate secure container behind the prescription counter that is clearly marked for the Disposal Program. • A pharmacist may not delegate to a pharmacy technician the collection of prescription drugs or medical supplies under §B of this regulation. (Continued below)	4/7/2016 – adopted; effective 5/9/2016.

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Maryland COMAR 10.34.33 (Continued)	• Repositories that collect controlled dangerous substances for disposal: (1) shall comply with the requirements of the Secure and Responsible Drug Disposal Act of 2010; (2) may collect non-controlled dangerous substances and medical supplies in the same manner; and (3) may commingle the collection of controlled and non-controlled dangerous substances and medical supplies in accordance with the Secure and Responsible Drug Disposal Act of 2010.	4/7/2016 – adopted; effective 5/9/2016.
Massachusetts 2015 HB 3947 (formerly HB 3926 and 3944)	Among many other provisions, the bill provides that: (1) practitioners who prescribe controlled substances must counsel patients about the side effects, addictive nature and proper storage and disposal of prescription medications; and (2) there shall be a Massachusetts Council on Substance Use Disorder Prevention and Treatment that must provide recommendations on methods and programs to increase the collection and safe disposal of federally scheduled prescription medications.	3/9/2016 – residue of bill reported as 2015 HB 4096.
Massachusetts 2015 HB 4056	This bill is the conference committee report of the House (HB3947) and Senate (SB2103) to the bill, originally sponsored by the Governor (HB3817) dealing with the opioids epidemic. Among other provisions, Section 31 ("Drug Stewardship Program") provides that "any pharmaceutical product manufacturer selling or distributing a covered drug to consumers in the Commonwealth, whether directly or through a wholesaler, retailer or other agent, shall: (1) operate a drug stewardship program approved by the department individually or jointly with other manufacturers; (2) enter into an agreement with a stewardship organization that shall operate a drug stewardship program approved by the department; or (3) enter into an agreement with the department to operate an alternative plan under section 6."	3/14/2016 – enacted (2016 Laws Chapter 52); effective 1/1/2017.

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Massachusetts 2015 SB 2008	Legislative proposal from the Special Senate Committee on Opioid Addiction Prevention, Treatment and Recovery Options ("Committee"), first convened in March 2015. Among other recommendations, the Committee proposes that the legislature "establish, as a condition of selling or distributing a schedule II or III drug in Massachusetts, that the manufacturer of the drug establish and fund a stewardship program that allows patients to dispose of unused and unwanted drugs." Other details of the program include: • exemptions from the law for veterinary products, drugs compounded on a per-patient basis, sharps products whose disposal is already covered and drugs approved for use in medication assisted addiction treatment; and • stewardship plans must include "a drug take-back or mail-back component; adequate provisions for the security, transport and disposal of returned products; provisions to incentivize participation; and public outreach and education."	9/10/2015 – filed in the Senate.
Massachusetts 2015 SB 2022 (formerly SB 2020)	Among other provisions, Section 24 ("Drug Stewardship Program") provides that "any pharmaceutical product manufacturer selling or distributing a covered drug to consumers in the Commonwealth, whether directly or through a wholesaler, retailer or other agent, shall: (1) operate a drug stewardship plan approved by the Department [of Public Health] individually or jointly with other manufacturers; or (2) enter into an agreement with a stewardship organization that shall operate a drug stewardship plan approved by the department." Other details of the program include: • "covered drug" includes Schedule II and Schedule II I drugs (plus benzodiazepines) but does not include solely veterinary drugs or drugs approved and used primarily for medication-assisted substance addiction treatment; and (Continued below)	11/12/2015 – referred to House Committee on Ways & Means.

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Massachusetts 2015 SB 2022 (formerly SB 2020) (continued)	• a collection system that includes at least two or more of the following: (1) a mail-back program; (2) additional collection kiosks; (3) drop-off day events at regional locations; (4) in-home disposal methods that render a product safe from misuse and that comply with applicable controlled substance regulations and environmental safety regulations; or (5) any other method recommended by the Department or pursuant to DEA guidelines. In addition, Section 25 proposes to establish the Prescription Drug Awareness Trust Fund to be used to support initiatives to encourage public and professional awareness of the potential for the abuse of prescription drugs and to reduce the number of unwanted drugs in Massachusetts.	11/12/2015 – referred to House Committee on Ways & Means.
Massachusetts 2015 SB 2103	This bill represents the Massachusetts Senate's response to the opioids epidemic which, as reported in the media, has been partly fueled by the casual prescribing of serious and long-lasting narcotics on the part of some physicians and hospitals. This amendment text is identical to the text previously engrossed by the Senate (SB2022), and which bill is now sitting in House Ways & Means. Among other provisions, Section 24 ("Drug Stewardship Program") provides that "any pharmaceutical product manufacturer selling or distributing a covered drug to consumers in the Commonwealth, whether directly or through a wholesaler, retailer or other agent, shall: (1) operate a drug stewardship plan approved by the Department [of Public Health] individually or jointly with other manufacturers; or (2) enter into an agreement with a stewardship organization that shall operate a drug stewardship plan approved by the department."	1/19/2016 – new text of 2015 HB 3947.
Minnesota 2015 HF 1503	Companion bill to 2015 SF 1425	5/5/2015 – indefinitely postponed.

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Minnesota 2015 SF 1425	Adds to § 151.37 of the Minnesota Code that a pharmacy may collect a legend drug from an ultimate user (or from a long-term care facility on behalf of an ultimate user who resides or resided at the long-term care facility) for purposes of disposing of the drug as pharmaceutical waste if: (1) The pharmacy can collect and dispose of controlled substances as allowed under new § 152.105; and (2) Legend and legend drugs are collected in the same manner in which it collects and disposes of controlled substances. Adds new § 152.105 providing that controlled substances may be collected and disposed of only pursuant to federal regulations (21 CFR §§ 1300-1317) and the requirements of § 116.07 governing the disposal of hazardous waste.	5/5/2016 – second reading in House.
New Hampshire 2015 HB 1626	Amends the state's drug disposal law (R.S.A. § 318-E:1) to add illicit drugs and drug paraphernalia to the drug take-back programs. Under this bill, the drug take-back program may have an on-site employee, staff member, or volunteer to offer aid to persons returning the drugs in finding suitable rehabilitation assistance.	4/28/2016 – deemed inexpedient to legislate in Senate committee.
New Jersey 2016 AB 1825	Provides for the development of a poison control and drug information program. Among other things, the program is to provide community education programs, which are designed to improve public awareness of: (1) poisoning and overdose problems and prevention methods; and (2) the safe and proper storage and disposal of medications, and the benefits of locking medicine cabinets, using medication lock-boxes, and using prescription disposal drop-boxes.	1/27/2016 – introduced and referred to Committee on Health and Senior Services.

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New Jersey 2016 AB 1828	This bill requires pharmacy practice sites that dispense prescription drugs and medications to install and maintain a prescription medication drop-off receptacle, wherein unused or expired prescription drugs and other common household medications may be anonymously deposited by members of the public. A pharmacy practice site would be required to make its receptacle accessible to the public during the pharmacy practice site's ordinary business hours. Each pharmacy practice site will be required to obtain such registrations, licenses, and authorizations as may be required under federal law to enable the pharmacy to comply with the provisions of the bill. The bill requires every pharmacy practice site to install a receptacle and meet any other requirements necessary to comply with the bill within one year after the effective date of the bill.	1/27/2016 – introduced and referred to Committee on Health and Senior Services.
New Jersey 2016 SB 580	This bill would establish the New Jersey Water Supply and Pharmaceutical Product Study Commission. The purpose of the commission would be to investigate, quantify and evaluate the potential risks associated with pharmaceutical products in the State's water supply and to develop recommendations for proper disposal methods and potential filtering techniques to remove pharmaceutical products from the waste stream. The study commission would expire on the 120th day after transmittal of its report to the Governor and the Legislature.	1/12/2016 – introduced and referred to Committee on Environment and Energy.
New Jersey 2016 SB 1301	Companion bill to 2016 AB 1828.	2/8/2016 – introduced; referred to Committee on Health, Human Services & Senior Citizens.

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New York 2015 AB 710	Adds Sections 27-2805, 27-2807 and 27-2809 to the state environmental conservation law. Section 27-2805 prohibits any person from disposing of a drug as mixed solid waste in a landfill and instead requires drugs to be disposed pursuant to a drug collection program ("Program") established under § 27-2807. Under § 27-2807, every manufacturer must establish a Program for which it is responsible for all costs and security. As part of the Program, each manufacturer must conduct at least one collection event each year in each county of the state. Manufacturers cannot charge consumers a fee for the return of any drug. Collected drugs must be disposed of in an environmentally sound manner as provided in rules and regulations promulgated by the Department of Environmental Conservation (the "Department"). Manufacturers are to report to the Department every two years regarding the types and amount of drugs collected.	1/6/2016 – referred to Committee on Assembly Environmental Conservation.
New York 2015 AB 881	The Commissioner of the Office of Alcoholism and Substance Abuse Services (the "Commissioner"), in consultation with the Commissioner of Health, is directed to create educational materials that include information on the dangers of misuse and the potential for addiction to prescription drugs, treatment resources available, and the proper way to dispose of unused prescription drugs. The materials are to be given to pharmacists and may be distributed with any prescribed drug that is a controlled substance. The Commissioner is also directed to identify the New York counties where prescription opioid abuse is most prevalent and encourage pharmacists in those areas to use the educational materials.	1/6/2016 – referred to Committee on Assembly Alcoholism and Drug Abuse.

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New York 2015 AB 1001	Adds Article 2-B to the Public Health Law to provide for a prescription drug disposal program (the "Program") established by the Department of Public Health. Under the Program, pharmacies are to accept and dispose of unused prescription drugs prescribed to state residences. The Commissioner of Public Health is directed to promulgate rules and regulations enabling pharmacists to accept and dispose of the drugs.	1/6/2016 – referred to Committee on Assembly Health.
New York 2015 AB 2855	Requires every drug manufacturer to establish and implement a collection program for unused and expired drugs held by hospitals and residential health care facilities for which it is responsible for all costs and security. Collected drugs must be disposed of in an environmentally sound manner as provided in rules and regulations promulgated by the Department of Environmental Conservation (the "Department"). Manufacturers are to report to the Department every two years regarding the types and amount of drugs collected.	1/6/2016 – referred to Committee on Assembly Health.
New York 2015 AB 6436	Amends NY ECL § 27-2703 to extend until 2017 a demonstration program to determine the most effective method for the disposal of drugs.	1/6/2016 – referred to Committee on Assembly Environmental Conservation.
New York 2015 AB 9066	Creates a Safe Drug Disposal Site Grant Program allowing any pharmacy or drug enforcement agency authorized to collect drugs per the New York Department of Environmental Conservation ("Department") to apply for a grant from the Safe Drug Disposal Site Fund ("Fund") as established pursuant to New York finance law. Grants may only be issued for the operation of a safe disposal site for schedule II, III, IV, and V controlled substances. Operation of such site shall include the collection, storage, or disposal of controlled substances from individual consumers, but shall not be used to dispose of any inventory. The Fund is established in the joint custody of the New York Comptroller and the New York Commissioner of Taxation and Finance.	1/21/2016 – introduced and referred to Committee on Assembly Higher Education.

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New York 2015 SB 6255	Provides that the New York Commissioner of Health ("Commissioner") is authorized to promulgate rules and regulations necessary to require chain pharmacies to operate drug disposal sites for unused controlled substances in each county of the state, provided such chain pharmacy has a pharmacy located in a county. Moreover, the Commissioner is to determine and designate drug disposal sites based on the geographical location and number of locations such chain pharmacy owns in each county. For the purposes of this subdivision, "chain pharmacy" means a pharmacy with more than twenty locations in the state.	1/6/2016 – referred to Committee on Senate Health.
Pennsylvania 2015 HB 686	Provides that beginning January 1, 2016, any manufacturer offering a "covered drug" for sale in the state "must operate or participate in an approved pharmaceutical stewardship program prior to offering covered drugs for sale." "Covered drugs" include lawfully obtained prescription and non-prescription drugs. The program must be approved by the state Department of Health and implemented "without charging a line item fee for the cost of the program visible to the consumer." Other program requirements include: (1) At least one collection site in each county; (2) Additional collection sites in counties with populations above 100,000; (3) At least one collection site in each municipality with a population over 50,000; (4) Mail-back program with envelopes available at collection sites and pharmacies; (5) Handling and disposal system; and (6) Education and outreach system. The penalty for a first offense of a manufacturer not participating in a program is a written warning. If the manufacturer does not participate within 60 days of the warning, it is subject to a fine of $10,000 per day.	3/3/2015 – referred to Health Committee.

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Utah 2016 HJR 21	This resolution: (1) strongly urges the federal government to support and allow for new creative solutions for the public to more conveniently and regularly dispose of prescribed medications; and (2) presents a plan to allow a pharmacy to serve as a convenient drop-off repository for prescription drugs such as opioids.	3/10/2016 – amendment filed to strike the enacting clause.
Vermont 2015 HB 588	Creates a Product Stewardship Program ("Program") that applies to a producer whose covered drug is sold or distributed in Vermont. The Vermont Department of Health ("Department") is to administer and implement the Program. Under the Program, each producer shall: (1) operate, either individually or jointly with other producers, a product stewardship program approved by the Department; or (2) enter into an agreement with a stewardship organization to operate on the producer's behalf a product stewardship program approved by the Department. The producer, group of producers, or stewardship organization must pay all administrative and operational fees associated with the product stewardship program, including the cost of collecting, transporting, and safely disposing of unwanted drugs collected from residential generators and the recycling or disposal, or both, of packaging collected with the unwanted drug. A person or producer may not charge a specific point-of-sale fee to consumers to recoup the costs of the product stewardship program, nor charge a specific point-of-collection fee at the time the unwanted drugs are collected from residential generators or delivered for disposal.	1/20/2016 – read first time and referred to Committee on Human Services.
Vermont 2015 HB 667	This bill proposes to establish a process by which a patient with a terminal condition who seeks medication to be self-administered to hasten his or her own death would name a personal representative to be responsible for safely disposing of any unused medication remaining after the patient's death.	1/27/2016 – read first time; referred to Committee on Human Services.
Vermont 2015 HB 705	Provides that all Vermont pharmacies shall accept unused or unwanted prescription drugs at no charge to the consumer, regardless of whether the consumer purchased the drugs from the pharmacy or is a current or former customer of the pharmacy.	1/28/2016 – read first time; referred to Committee on Human Services.

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Vermont 2015 HB 821	Among other things, provides that "all Vermont pharmacies that dispense regulated prescription drugs shall accept unused or unwanted regulated prescription drugs at no charge to the consumer, regardless of whether the consumer purchased the drugs from the pharmacy or is a current or former customer of the pharmacy. The pharmacy shall comply with all federal laws and U.S. Drug Enforcement Agency regulations and guidance regarding appropriate disposal of unused or unwanted prescription drugs obtained pursuant to this section."	1/29/2016 – read first time and referred to Committee on Human Services.
Vermont 2015 SB 243	Establishes 18 V.S.A. § 4224 (Unused Prescription Drug Disposal Program), which reads "The Department of Health shall establish and maintain a statewide unused prescription drug disposal program to provide for the safe disposal of Vermont residents' unused and unwanted prescription drugs. The program may include establishing secure collection and disposal sites and providing medication envelopes for sending unused prescription drugs to an authorized collection facility for destruction." $625,000.00 is appropriated from the Evidence-Based Education and Advertising Fund to the Department of Health in fiscal year 2017 for the purpose of funding statewide unused prescription drug disposal Initiatives. In addition the legislation requires the professional boards that license physicians, osteopathic physicians, dentists, pharmacists, advanced practice registered nurses, optometrists, and naturopathic physicians to amend their continuing education rules (for each licensing year after July 1, 2016) to require a total of at least two hours of continuing education for all licensees with a DEA registration number on the topics of the abuse and diversion, safe use, and appropriate storage and disposal of controlled substances. Also, requires the Commissioner of Health, after consultation with the Controlled Substances and Pain Management Advisory Council, to adopt rules governing the prescription of opioids, including providing information concerning the safe storage and disposal of controlled substances.	5/4/2016 – passed by Senate and House.

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Virginia 2016 HB 629	Provides that pharmacies may participate in voluntary drug disposal programs, provided that such programs are operated in accordance with state and federal law, and requires the Virginia Board of Pharmacy to maintain a list of such pharmacies on a website maintained by the Board. The bill also provides that a pharmacy that participates in a drug disposal program shall not be liable for any theft, robbery, or other criminal act related to its participation in the pharmacy drug disposal program or the collection, storage, or destruction of prescription drugs collected through such pharmacy drug disposal program, provided that the pharmacy practice site is acting in good faith and in accordance with applicable state and federal law and regulations.	3/1/2016 – adopted (2016 Laws Chapter 95); effective 7/1/2016.
Virginia 18 VAC 110-20-10; 18 VAC 110-20-211.	The changes to the regulations: (1) establish standards for collection sites similar to those required by federal DEA to register as an "authorized collector" in Virginia, (2) require notification to the Virginia Board of Pharmacy ("Board") prior to establishing a collection site; and (3) authorize the Board to inspect for and enforce standards for collection.	2/8/2016 – adopted; effective 3/24/2016.
Wyoming 2016 HB 137	Provides that a person is authorized to collect any controlled substances of a decedent "for purposes of disposal in accordance with 21 C.F.R. part 1317.30 and 21 C.F.R. part 1317.35." Exempts from the offense of possession of a controlled substance "persons in possession of any controlled substances for purposes of disposal in accordance with 21 C.F.R. part 1317.30 and 21 C.F.R. part 1317.35."	3/4/2016 – enacted (2016 Laws Chapter 57); effective 7/1/2016.