



## Vermont Association of Chain Drug Stores

**To: Senator Ginny Lyons**

**Cc: Senate Committee on Health & Welfare**

**From: Mike Duteau; President**

**Date: April 20, 2022**

**Re: H.462 An act relating to miscellaneous Department of Health programs**

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Our Association appreciates the opportunity to comment on H.462. We strongly urge your committee to consider the current statewide take back program which has year over year increased the collection of unused prescription drugs as the primary take back program. The ancillary programs like mail back envelopes, kiosks, and programs like DisposeRx are available and offer options that best fit the needs of patients, including those who rely on free prescription delivery services and benefit most from envelopes and other options that can be utilized from home.

We understand this is largely driven by the increase in overdose deaths and certainly understand the importance of addressing this issue. However, in a recent report it was noted that the vast majority of overdoses were from counterfeit drugs laced with fentanyl, not prescription drugs. These drugs will never be disposed of and certainly not in a community pharmacy setting.

H.462 mandates that all pharmacies participate in the Vermont Kiosk program by December 31, 2022. Today, all VACDS members participate in a program for patients to safely dispose of unwanted medication which is most suitable and safe in their pharmacy setting. Most pharmacies are not designed to accept these medications and space consideration is often the main purpose to use alternatives to kiosks for consumers. The DEA has criteria for which each setting would need to meet. We have attached the criteria, but for example, the kiosk can only be accessible to patients while the pharmacy is open. Pharmacies with a pull-down gate would not likely have a place to install a kiosk. The kiosk needs to be in "line of sight" from the pharmacist. Two employees are required to remove the liner, weigh & tag, and store the drugs until they are picked up.

Several states with prescription drug disposal programs allow for numerous options including kiosks and mail back envelopes. Some states do have standards regarding the number of kiosks per county and provide support for the programs which are often funded by the pharmaceutical companies. New York passed a comprehensive law in 2018 which is paid for by the manufacturers – implementation has been delayed, however, due to the pandemic.

We ask for the following changes:

- Funding be available for kiosks; either from manufacturers or the Opioid settlement funds
- All pharmacies should participate in a kiosk OR all pharmacies should provide some type of drug disposal program
- Language be added that makes it explicit that they will be installed in DEA approved locations
- The implementation date should be pushed out to 2023

We look forward to collaborating with the committee to strike a balance, but we do not believe that every pharmacy in Vermont needs to have a kiosk, as pharmacies are very often located on every street corner.



## ***DEA Criteria for Drug Takeback Kiosk***

§ 1317.75 Collection receptacles.

(d) Collection receptacles shall be securely placed and maintained:

(1) Inside a collector's registered location, inside law enforcement's physical location, or at an authorized long-term care facility;

(2) At a registered location, be located in the immediate proximity of a designated area where controlled substances are stored and at which an employee is present (e.g., can be seen from the pharmacy counter). Except as follows:

(i) At a hospital/clinic: A collection receptacle shall be located in an area regularly monitored by employees, and shall not be located in the proximity of any area where emergency or urgent care is provided;

(ii) At a narcotic treatment program: A collection receptacle shall be located in a room: That does not contain any other controlled substances and is securely locked with controlled access;

(iii) At a long-term care facility: A collection receptacle shall be located in a secured area regularly monitored by long-term care facility employees.

(e) A controlled substance collection receptacle shall meet the following design specifications:

(1) Be securely fastened to a permanent structure so that it cannot be removed;

(2) Be a securely locked, substantially constructed container with a permanent outer container and a removable inner liner as specified in [§ 1317.60 of this chapter](#);

(3) The outer container shall include a small opening that allows contents to be added to the inner liner, but does not allow removal of the inner liner's contents;

(4) The outer container shall prominently display a sign indicating that only Schedule II-V controlled and non-controlled substances, if a collector chooses to comingle substances, are acceptable substances (Schedule I controlled substances, controlled substances that are not lawfully possessed by the ultimate user, and other illicit or dangerous substances are not permitted); and

(f) Except at a narcotic treatment program, the small opening in the outer container of the collection receptacle shall be locked or made otherwise inaccessible to the public when an employee is not present (e.g., when the pharmacy is closed), or when the collection receptacle is not being regularly monitored by long-term care facility employees.

(g) The installation and removal of the inner liner of the collection receptacle shall be performed by or under the supervision of at least two employees of the authorized collector.