

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1047

Chapter 196, Laws of 2018

65th Legislature
2018 Regular Session

UNWANTED MEDICATION DISPOSAL

EFFECTIVE DATE: June 7, 2018

Passed by the House March 3, 2018
Yeas 84 Nays 12

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate February 27, 2018
Yeas 49 Nays 0

CYRUS HABIB

President of the Senate

Approved March 22, 2018 3:05 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1047** as passed by House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 26, 2018

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1047

AS AMENDED BY THE SENATE

Passed Legislature - 2018 Regular Session

State of Washington 65th Legislature 2017 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Peterson, Appleton, Stanford, Robinson, Lytton, Ormsby, Senn, Jinkins, Bergquist, Frame, Gregerson, Doglio, Fey, Tharinger, Ryu, Kilduff, Macri, Hudgins, Farrell, Sawyer, and Cody)

READ FIRST TIME 02/17/17.

1 AN ACT Relating to protecting the public's health by creating a
2 system for safe and secure collection and disposal of unwanted
3 medications; amending RCW 42.56.270 and 69.41.030; adding a new
4 section to chapter 69.50 RCW; adding a new section to chapter 70.95
5 RCW; adding new sections to chapter 43.131 RCW; adding a new chapter
6 to Title 69 RCW; creating a new section; prescribing penalties; and
7 providing an expiration date.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9 NEW SECTION. **Sec. 1.** LEGISLATIVE FINDINGS. (1) Abuse, fatal
10 overdoses, and poisonings from prescription and over-the-counter
11 medicines used in the home have emerged as an epidemic in recent
12 years. Poisoning is the leading cause of unintentional injury-related
13 death in Washington, and more than ninety percent of poisoning deaths
14 are due to drug overdoses. Poisoning by prescription and over-the-
15 counter medicines is also one of the most common means of suicide and
16 suicide attempts, with poisonings involved in more than twenty-eight
17 thousand suicide attempts between 2004 and 2013.

18 (2) Home medicine cabinets are the most common source of
19 prescription drugs that are diverted and misused. Studies find about
20 seventy percent of those who abuse prescription medicines obtain the
21 drugs from family members or friends, usually for free. People who

1 are addicted to heroin often first abused prescription opiate
2 medicines. Unused, unwanted, and expired medicines that accumulate in
3 homes increase risks of drug abuse, overdoses, and preventable
4 poisonings.

5 (3) A safe system for the collection and disposal of unused,
6 unwanted, and expired medicines is a key element of a comprehensive
7 strategy to prevent prescription drug abuse, but disposing of
8 medicines by flushing them down the toilet or placing them in the
9 garbage can contaminate groundwater and other bodies of water,
10 contributing to long-term harm to the environment and animal life.

11 (4) The legislature therefore finds that it is in the interest of
12 public health to establish a single, uniform, statewide system of
13 regulation for safe and secure collection and disposal of medicines
14 through a uniform drug "take-back" program operated and funded by
15 drug manufacturers.

16 NEW SECTION. **Sec. 2.** DEFINITIONS. The definitions in this
17 section apply throughout this chapter unless the context clearly
18 requires otherwise.

19 (1) "Administer" means the direct application of a legend drug
20 whether by injection, inhalation, ingestion, or any other means, to
21 the body of the patient or research subject by:

22 (a) A practitioner; or

23 (b) The patient or research subject at the direction of the
24 practitioner.

25 (2) "Authorized collector" means any of the following persons or
26 entities that have entered into an agreement with a program operator
27 to collect covered drugs:

28 (a) A person or entity that is registered with the United States
29 drug enforcement administration and that qualifies under federal law
30 to modify its registration to collect controlled substances for the
31 purpose of destruction;

32 (b) A law enforcement agency; or

33 (c) An entity authorized by the department to provide an
34 alternative collection mechanism for certain covered drugs that are
35 not controlled substances, as defined in RCW 69.50.101.

36 (3) "Collection site" means the location where an authorized
37 collector operates a secure collection receptacle for collecting
38 covered drugs.

1 (4)(a) "Covered drug" means a drug from a covered entity that the
2 covered entity no longer wants and that the covered entity has
3 abandoned or discarded or intends to abandon or discard. "Covered
4 drug" includes legend drugs and nonlegend drugs, brand name and
5 generic drugs, drugs for veterinary use for household pets, and drugs
6 in medical devices and combination products.

7 (b) "Covered drug" does not include:

8 (i) Vitamins, minerals, or supplements;

9 (ii) Herbal-based remedies and homeopathic drugs, products, or
10 remedies;

11 (iii) Controlled substances contained in schedule I of the
12 uniform controlled substances act, chapter 69.50 RCW;

13 (iv) Cosmetics, shampoos, sunscreens, lip balm, toothpaste,
14 antiperspirants, or other personal care products that are regulated
15 as both cosmetics and nonprescription drugs under the federal food,
16 drug, and cosmetic act, 21 U.S.C. Sec. 301 et seq.;

17 (v) Drugs for which manufacturers provide a pharmaceutical
18 product stewardship or drug take-back program as part of a federal
19 food and drug administration managed risk evaluation and mitigation
20 strategy under 21 U.S.C. Sec. 355-1;

21 (vi) Biological drug products, as defined by 21 C.F.R. 600.3 (h)
22 as it exists on the effective date of this section, for which
23 manufacturers provide a pharmaceutical product stewardship or drug
24 take-back program and who provide the department with a report
25 describing the program, including how the drug product is collected
26 and safely disposed and how patients are made aware of the drug take-
27 back program, and who updates the department on changes that
28 substantially alter their drug take-back program;

29 (vii) Drugs that are administered in a clinical setting;

30 (viii) Emptied injector products or emptied medical devices and
31 their component parts or accessories;

32 (ix) Exposed needles or sharps, or used drug products that are
33 medical wastes; or

34 (x) Pet pesticide products contained in pet collars, powders,
35 shampoos, topical applications, or other forms.

36 (5) "Covered entity" means a state resident or other nonbusiness
37 entity and includes an ultimate user, as defined by regulations
38 adopted by the United States drug enforcement administration.
39 "Covered entity" does not include a business generator of
40 pharmaceutical waste, such as a hospital, clinic, health care

1 provider's office, veterinary clinic, pharmacy, or law enforcement
2 agency.

3 (6) "Covered manufacturer" means a person, corporation, or other
4 entity engaged in the manufacture of covered drugs sold in or into
5 Washington state. "Covered manufacturer" does not include:

6 (a) A private label distributor or retail pharmacy that sells a
7 drug under the retail pharmacy's store label if the manufacturer of
8 the drug is identified under section 4 of this act;

9 (b) A repackager if the manufacturer of the drug is identified
10 under section 4 of this act; or

11 (c) A nonprofit, 501(c)(3) health care corporation that
12 repackages drugs solely for the purpose of supplying a drug to
13 facilities or retail pharmacies operated by the corporation or an
14 affiliate of the corporation if the manufacturer of the drug is
15 identified under section 4 of this act.

16 (7) "Department" means the department of health.

17 (8)(a) "Drug" means:

18 (a) Substances recognized as drugs in the official United States
19 pharmacopoeia, official homeopathic pharmacopoeia of the United
20 States, or official national formulary, or any supplement to any of
21 them;

22 (b) Substances intended for use in the diagnosis, cure,
23 mitigation, treatment, or prevention of disease in human beings or
24 animals;

25 (c) Substances other than food, minerals, or vitamins that are
26 intended to affect the structure or any function of the body of human
27 beings or animals; and

28 (d) Substances intended for use as a component of any article
29 specified in (a), (b), or (c) of this subsection.

30 (9) "Drug take-back organization" means an organization
31 designated by a manufacturer or group of manufacturers to act as an
32 agent on behalf of each manufacturer to develop and implement a drug
33 take-back program.

34 (10) "Drug take-back program" or "program" means a program
35 implemented by a program operator for the collection, transportation,
36 and disposal of covered drugs.

37 (11) "Drug wholesaler" means an entity licensed as a wholesaler
38 under chapter 18.64 RCW.

39 (12) "Generic drug" means a drug that is chemically identical or
40 bioequivalent to a brand name drug in dosage form, safety, strength,

1 route of administration, quality, performance characteristics, and
2 intended use. The inactive ingredients in a generic drug need not be
3 identical to the inactive ingredients in the chemically identical or
4 bioequivalent brand name drug.

5 (13) "Legend drug" means a drug, including a controlled substance
6 under chapter 69.50 RCW, that is required by any applicable federal
7 or state law or regulation to be dispensed by prescription only or
8 that is restricted to use by practitioners only.

9 (14) "Mail-back distribution location" means a facility, such as
10 a town hall or library, that offers prepaid, preaddressed mailing
11 envelopes to covered entities.

12 (15) "Mail-back program" means a method of collecting covered
13 drugs from covered entities by using prepaid, preaddressed mailing
14 envelopes.

15 (16) "Manufacture" has the same meaning as in RCW 18.64.011.

16 (17) "Nonlegend drug" means a drug that may be lawfully sold
17 without a prescription.

18 (18) "Pharmacy" means a place licensed as a pharmacy under
19 chapter 18.64 RCW.

20 (19) "Private label distributor" means a company that has a valid
21 labeler code under 21 C.F.R. Sec. 207.17 and markets a drug product
22 under its own name, but does not perform any manufacturing.

23 (20) "Program operator" means a drug take-back organization,
24 covered manufacturer, or group of covered manufacturers that
25 implements or intends to implement a drug take-back program approved
26 by the department.

27 (21) "Repackager" means a person who owns or operates an
28 establishment that repacks and relabels a product or package
29 containing a covered drug for further sale, or for distribution
30 without further transaction.

31 (22) "Retail pharmacy" means a place licensed as a pharmacy under
32 chapter 18.64 RCW for the retail sale and dispensing of drugs.

33 (23) "Secretary" means the secretary of health.

34 NEW SECTION. **Sec. 3.** REQUIREMENT TO PARTICIPATE IN A DRUG TAKE-
35 BACK PROGRAM. A covered manufacturer must establish and implement a
36 drug take-back program that complies with the requirements of this
37 chapter. A manufacturer that becomes a covered manufacturer after the
38 effective date of this section must, no later than six months after
39 the date on which the manufacturer became a covered manufacturer,

1 participate in an approved drug take-back program or establish and
2 implement a drug take-back program that complies with the
3 requirements of this chapter. A covered manufacturer may establish
4 and implement a drug take-back program independently, as part of a
5 group of covered manufacturers, or through membership in a drug take-
6 back organization.

7 NEW SECTION. **Sec. 4.** IDENTIFICATION OF COVERED MANUFACTURERS.

8 (1) No later than ninety days after the effective date of this
9 section, a drug wholesaler that sells a drug in or into Washington
10 must provide a list of drug manufacturers to the department in a form
11 agreed upon with the department. A drug wholesaler must provide an
12 updated list to the department on January 15th of each year.

13 (2) No later than ninety days after the effective date of this
14 section, a retail pharmacy, private label distributor, or repackager
15 must provide written notification to the department identifying the
16 drug manufacturer from which the retail pharmacy, private label
17 distributor, or repackager obtains a drug that it sells under its own
18 label.

19 (3) A person or entity that receives a letter of inquiry from the
20 department regarding whether or not it is a covered manufacturer
21 under this chapter shall respond in writing no later than sixty days
22 after receipt of the letter. If the person or entity does not believe
23 it is a covered manufacturer for purposes of this chapter, it shall:
24 (a) State the basis for the belief; (b) provide a list of any drugs
25 it sells, distributes, repackages, or otherwise offers for sale
26 within the state; and (c) identify the name and contact information
27 of the manufacturer of the drugs identified under (b) of this
28 subsection.

29 NEW SECTION. **Sec. 5.** DRUG TAKE-BACK PROGRAM APPROVAL. (1) By
30 July 1, 2019, a program operator must submit a proposal for the
31 establishment and implementation of a drug take-back program to the
32 department for approval. The department shall approve a proposed
33 program if the applicant submits a completed application, the
34 proposed program meets the requirements of subsection (2) of this
35 section, and the applicant pays the appropriate fee established by
36 the department under section 12 of this act.

37 (2) To be approved by the department, a proposed drug take-back
38 program must:

1 (a) Identify and provide contact information for the program
2 operator and each participating covered manufacturer;

3 (b) Identify and provide contact information for the authorized
4 collectors for the proposed program, as well as the reasons for
5 excluding any potential authorized collectors from participation in
6 the program;

7 (c) Provide for a collection system that complies with section 6
8 of this act;

9 (d) Provide for a handling and disposal system that complies with
10 section 8 of this act;

11 (e) Identify any transporters and waste disposal facilities that
12 the program will use;

13 (f) Adopt policies and procedures to be followed by persons
14 handling covered drugs collected under the program to ensure safety,
15 security, and compliance with regulations adopted by the United
16 States drug enforcement administration, as well as any applicable
17 laws;

18 (g) Ensure the security of patient information on drug packaging
19 during collection, transportation, recycling, and disposal;

20 (h) Promote the program by providing consumers, pharmacies, and
21 other entities with educational and informational materials as
22 required by section 7 of this act;

23 (i) Demonstrate adequate funding for all administrative and
24 operational costs of the drug take-back program, with costs
25 apportioned among participating covered manufacturers;

26 (j) Set long-term and short-term goals with respect to collection
27 amounts and public awareness; and

28 (k) Consider: (i) The use of existing providers of pharmaceutical
29 waste transportation and disposal services; (ii) separation of
30 covered drugs from packaging to reduce transportation and disposal
31 costs; and (iii) recycling of drug packaging.

32 (3)(a) No later than one hundred twenty days after receipt of a
33 drug take-back program proposal, the department shall either approve
34 or reject the proposal in writing to the applicant. The department
35 may extend the deadline for approval or rejection of a proposal for
36 good cause. If the department rejects the proposal, it shall provide
37 the reason for rejection.

38 (b) No later than ninety days after receipt of a notice of
39 rejection under (a) of this subsection, the applicant shall submit a
40 revised proposal to the department. The department shall either

1 approve or reject the revised proposal in writing to the applicant
2 within ninety days after receipt of the revised proposal, including
3 the reason for rejection, if applicable.

4 (c) If the department rejects a revised proposal, the department
5 may:

6 (i) Require the program operator to submit a further revised
7 proposal;

8 (ii) Develop and impose changes to some or all of the revised
9 proposal to address deficiencies;

10 (iii) Require the covered manufacturer or covered manufacturers
11 that proposed the rejected revised proposal to participate in a
12 previously approved drug take-back program; or

13 (iv) Find the covered manufacturer out of compliance with the
14 requirements of this chapter and take enforcement action as provided
15 in section 11 of this act.

16 (4) The program operator must initiate operation of an approved
17 drug take-back program no later than one hundred eighty days after
18 approval of the proposal by the department.

19 (5)(a) Proposed changes to an approved drug take-back program
20 that substantially alter program operations must have prior written
21 approval of the department. A program operator must submit to the
22 department such a proposed change in writing at least fifteen days
23 before the change is scheduled to occur. Changes requiring prior
24 approval of the department include changes to participating covered
25 manufacturers, collection methods, achievement of the service
26 convenience goal described in section 6 of this act, policies and
27 procedures for handling covered drugs, education and promotion
28 methods, and selection of disposal facilities.

29 (b) For changes to a drug take-back program that do not
30 substantially alter program operations, a program operator must
31 notify the department at least seven days before implementing the
32 change. Changes that do not substantially alter program operations
33 include changes to collection site locations, methods for scheduling
34 and locating periodic collection events, and methods for distributing
35 prepaid, preaddressed mailers.

36 (c) A program operator must notify the department of any changes
37 to the official point of contact for the program no later than
38 fifteen days after the change. A program operator must notify the
39 department of any changes in ownership or contact information for

1 participating covered manufacturers no later than ninety days after
2 such change.

3 (6) No later than four years after a drug take-back program
4 initiates operations, and every four years thereafter, the program
5 operator must submit an updated proposal to the department describing
6 any substantive changes to program elements described in subsection
7 (2) of this section. The department shall approve or reject the
8 updated proposal using the process described in subsection (3) of
9 this section.

10 (7) The department shall make all proposals submitted under this
11 section available to the public and shall provide an opportunity for
12 written public comment on each proposal.

13 NEW SECTION. **Sec. 6.** COLLECTION SYSTEM. (1)(a) At least one
14 hundred twenty days prior to submitting a proposal under section 5 of
15 this act, a program operator must notify potential authorized
16 collectors of the opportunity to serve as an authorized collector for
17 the proposed drug take-back program. A program operator must commence
18 good faith negotiations with a potential authorized collector no
19 later than thirty days after the potential authorized collector
20 expresses interest in participating in a proposed program.

21 (b) A person or entity may serve as an authorized collector for a
22 drug take-back program voluntarily or in exchange for compensation,
23 but nothing in this chapter requires a person or entity to serve as
24 an authorized collector.

25 (c) A drug take-back program must include as an authorized
26 collector any retail pharmacy, hospital or clinic with an on-site
27 pharmacy, or law enforcement agency that offers to participate in the
28 program without compensation and meets the requirements of subsection
29 (2) of this section. Such a pharmacy, hospital, clinic, or law
30 enforcement agency must be included as an authorized collector in the
31 program no later than ninety days after receiving the offer to
32 participate.

33 (d) A drug take-back program may also locate collection sites at:

34 (i) A long-term care facility where a pharmacy, or a hospital or
35 clinic with an on-site pharmacy, operates a secure collection
36 receptacle;

37 (ii) A substance use disorder treatment program, as defined in
38 RCW 71.24.025; or

1 (iii) Any other authorized collector willing to participate as a
2 collection site and able to meet the requirements of subsection (2)
3 of this section.

4 (2)(a) A collection site must accept all covered drugs from
5 covered entities during the hours that the authorized collector is
6 normally open for business with the public.

7 (b) A collection site located at a long-term care facility may
8 only accept covered drugs that are in the possession of individuals
9 who reside or have resided at the facility.

10 (c) A collection site must use secure collection receptacles in
11 compliance with state and federal law, including any applicable on-
12 site storage and collection standards adopted by rule pursuant to
13 chapter 70.95 or 70.105 RCW and United States drug enforcement
14 administration regulations. The program operator must provide a
15 service schedule that meets the needs of each collection site to
16 ensure that each secure collection receptacle is serviced as often as
17 necessary to avoid reaching capacity and that collected covered drugs
18 are transported to final disposal in a timely manner, including a
19 process for additional prompt collection service upon notification
20 from the collection site. Secure collection receptacle signage must
21 prominently display a toll-free telephone number and web site for the
22 program so that members of the public may provide feedback on
23 collection activities.

24 (d) An authorized collector must comply with applicable
25 provisions of chapters 70.95 and 70.105 RCW, including rules adopted
26 pursuant to those chapters that establish collection and
27 transportation standards, and federal laws and regulations governing
28 the handling of covered drugs, including United States drug
29 enforcement administration regulations.

30 (3)(a) A drug take-back program's collection system must be safe,
31 secure, and convenient on an ongoing, year-round basis and must
32 provide equitable and reasonably convenient access for residents
33 across the state.

34 (b) In establishing and operating a collection system, a program
35 operator must give preference to locating collection sites at retail
36 pharmacies, hospitals or clinics with on-site pharmacies, and law
37 enforcement agencies.

38 (c)(i) Each population center must have a minimum of one
39 collection site, plus one additional collection site for every fifty
40 thousand residents of the city or town located within the population

1 center. Collection sites must be geographically distributed to
2 provide reasonably convenient and equitable access to all residents
3 of the population center.

4 (ii) On islands and in areas outside of population centers, a
5 collection site must be located at the site of each potential
6 authorized collector that is regularly open to the public, unless the
7 program operator demonstrates to the satisfaction of the department
8 that a potential authorized collector is unqualified or unwilling to
9 participate in the drug take-back program, in accordance with the
10 requirements of subsection (1) of this section.

11 (iii) For purposes of this section, "population center" means a
12 city or town and the unincorporated area within a ten-mile radius
13 from the center of the city or town.

14 (d) A program operator must establish mail-back distribution
15 locations or hold periodic collection events to supplement service to
16 any area of the state that is underserved by collection sites, as
17 determined by the department, in consultation with the local health
18 jurisdiction. The program operator, in consultation with the
19 department, local law enforcement, the local health jurisdiction, and
20 the local community, must determine the number and locations of mail-
21 back distribution locations or the frequency and location of these
22 collections events, to be held at least twice a year, unless
23 otherwise determined through consultation with the local community.
24 The program must arrange any periodic collection events in advance
25 with local law enforcement agencies and conduct periodic collection
26 events in compliance with United States drug enforcement
27 administration regulations and protocols and applicable state laws.

28 (e) Upon request, a drug take-back program must provide a mail-
29 back program free of charge to covered entities and to retail
30 pharmacies that offer to distribute prepaid, preaddressed mailing
31 envelopes for the drug take-back program. A drug take-back program
32 must permit covered entities to request prepaid, preaddressed mailing
33 envelopes through the program's web site, the program's toll-free
34 telephone number, and a request to a pharmacist at a retail pharmacy
35 distributing the program's mailing envelopes.

36 (f) The program operator must provide alternative collection
37 methods for any covered drugs, other than controlled substances, that
38 cannot be accepted or commingled with other covered drugs in secure
39 collection receptacles, through a mail-back program, or at periodic
40 collection events, to the extent permissible under applicable state

1 and federal laws. The department shall review and approve of any
2 alternative collection methods prior to their implementation.

3 NEW SECTION. **Sec. 7.** DRUG TAKE-BACK PROGRAM PROMOTION. (1) A
4 drug take-back program must develop and provide a system of
5 promotion, education, and public outreach about the safe storage and
6 secure collection of covered drugs. This system may include signage,
7 written materials to be provided at the time of purchase or delivery
8 of covered drugs, and advertising or other promotional materials. At
9 a minimum, each program must:

10 (a) Promote the safe storage of legend drugs and nonlegend drugs
11 by residents before secure disposal through a drug take-back program;

12 (b) Discourage residents from disposing of covered drugs in solid
13 waste collection, sewer, or septic systems;

14 (c) Promote the use of the drug take-back program so that where
15 and how to return covered drugs is widely understood by residents,
16 pharmacists, retail pharmacies, health care facilities and providers,
17 veterinarians, and veterinary hospitals;

18 (d) Establish a toll-free telephone number and web site
19 publicizing collection options and collection sites and discouraging
20 improper disposal practices for covered drugs, such as flushing them
21 or placing them in the garbage;

22 (e) Prepare educational and outreach materials that: Promote safe
23 storage of covered drugs; discourage the disposal of covered drugs in
24 solid waste collection, sewer, or septic systems; and describe how to
25 return covered drugs to the drug take-back program. The materials
26 must use plain language and explanatory images to make collection
27 services and discouraged disposal practices readily understandable to
28 all residents, including residents with limited English proficiency;

29 (f) Disseminate the educational and outreach materials described
30 in (e) of this subsection to pharmacies, health care facilities, and
31 other interested parties for dissemination to covered entities;

32 (g) Work with authorized collectors to develop a readily
33 recognizable, consistent design of collection receptacles, as well as
34 clear, standardized instructions for covered entities on the use of
35 collection receptacles. The department may provide guidance to
36 program operators on the development of the instructions and design;
37 and

1 (h) Annually report on its promotion, outreach, and public
2 education activities in its annual report required by section 10 of
3 this act.

4 (2) If more than one drug take-back program is approved by the
5 department, the programs must coordinate their promotional activities
6 to ensure that all state residents can easily identify, understand,
7 and access the collection services provided by any drug take-back
8 program. Coordination efforts must include providing residents with a
9 single toll-free telephone number and single web site to access
10 information about collection services for every approved program.

11 (3) Pharmacies and other entities that sell medication in the
12 state are encouraged to promote secure disposal of covered drugs
13 through the use of one or more approved drug take-back programs. Upon
14 request, a pharmacy must provide materials explaining the use of
15 approved drug take-back programs to its customers. The program
16 operator must provide pharmacies with these materials upon request
17 and at no cost to the pharmacy.

18 (4) The department, the health care authority, the department of
19 social and health services, the department of ecology, and any other
20 state agency that is responsible for health, solid waste management,
21 and wastewater treatment shall, through their standard educational
22 methods, promote safe storage of prescription and nonprescription
23 drugs by covered entities, secure disposal of covered drugs through a
24 drug take-back program, and the toll-free telephone number and web
25 site for approved drug take-back programs. Local health jurisdictions
26 and local government agencies are encouraged to promote approved drug
27 take-back programs.

28 (5) The department:

29 (a) Shall conduct a survey of covered entities and a survey of
30 pharmacists, health care providers, and veterinarians who interact
31 with covered entities on the use of medicines after the first full
32 year of operation of the drug take-back program, and again every two
33 years thereafter. Survey questions must: Measure consumer awareness
34 of the drug take-back program; assess the extent to which collection
35 sites and other collection methods are convenient and easy to use;
36 assess knowledge and attitudes about risks of abuse, poisonings, and
37 overdoses from drugs used in the home; and assess covered entities'
38 practices with respect to unused, unwanted, or expired drugs, both
39 currently and prior to implementation of the drug take-back program;
40 and

1 (b) May, upon review of results of public awareness surveys,
2 direct a program operator for an approved drug take-back program to
3 modify the program's promotion and outreach activities to better
4 achieve widespread awareness among Washington state residents and
5 health care professionals about where and how to return covered drugs
6 to the drug take-back program.

7 NEW SECTION. **Sec. 8.** DISPOSAL AND HANDLING OF COVERED DRUGS.

8 (1) Covered drugs collected under a drug take-back program must be
9 disposed of at a permitted hazardous waste disposal facility that
10 meets the requirements of 40 C.F.R. parts 264 and 265, as they exist
11 on the effective date of this section.

12 (2) If use of a hazardous waste disposal facility described in
13 subsection (1) of this section is unfeasible based on cost,
14 logistics, or other considerations, the department, in consultation
15 with the department of ecology, may grant approval for a program
16 operator to dispose of some or all collected covered drugs at a
17 permitted large municipal waste combustor facility that meets the
18 requirements of 40 C.F.R. parts 60 and 62, as they exist on the
19 effective date of this section.

20 (3) A program operator may petition the department for approval
21 to use final disposal technologies or processes that provide superior
22 environmental and human health protection than that provided by the
23 technologies described in subsections (1) and (2) of this section, or
24 equivalent protection at less cost. In reviewing a petition under
25 this subsection, the department shall take into consideration
26 regulations or guidance issued by the United States environmental
27 protection agency on the disposal of pharmaceutical waste. The
28 department, in consultation with the department of ecology, shall
29 approve a disposal petition under this section if the disposal
30 technology or processes described in the petition provides equivalent
31 or superior protection in each of the following areas:

- 32 (a) Monitoring of any emissions or waste;
- 33 (b) Worker health and safety;
- 34 (c) Air, water, or land emissions contributing to persistent,
35 bioaccumulative, and toxic pollution; and
- 36 (d) Overall impact to the environment and human health.

37 (4) If a drug take-back program encounters a safety or security
38 problem during collection, transportation, or disposal of covered

1 drugs, the program operator must notify the department as soon as
2 practicable after encountering the problem.

3 NEW SECTION. **Sec. 9.** PROGRAM FUNDING. (1) A covered
4 manufacturer or group of covered manufacturers must pay all
5 administrative and operational costs associated with establishing and
6 implementing the drug take-back program in which they participate.
7 Such administrative and operational costs include, but are not
8 limited to: Collection and transportation supplies for each
9 collection site; purchase of secure collection receptacles for each
10 collection site; ongoing maintenance or replacement of secure
11 collection receptacles when requested by authorized collectors;
12 prepaid, preaddressed mailers; compensation of authorized collectors,
13 if applicable; operation of periodic collection events, including the
14 cost of law enforcement staff time; transportation of all collected
15 covered drugs to final disposal; environmentally sound disposal of
16 all collected covered drugs in compliance with section 8 of this act;
17 and program promotion and outreach.

18 (2) A program operator, covered manufacturer, authorized
19 collector, or other person may not charge:

20 (a) A specific point-of-sale fee to consumers to recoup the costs
21 of a drug take-back program; or

22 (b) A specific point-of-collection fee at the time covered drugs
23 are collected from covered entities.

24 NEW SECTION. **Sec. 10.** ANNUAL PROGRAM REPORT. (1) By July 1st
25 after the first full year of implementation, and each July 1st
26 thereafter, a program operator must submit to the department a report
27 describing implementation of the drug take-back program during the
28 previous calendar year. The report must include:

29 (a) A list of covered manufacturers participating in the drug
30 take-back program;

31 (b) The amount, by weight, of covered drugs collected, including
32 the amount by weight from each collection method used;

33 (c) The following details regarding the program's collection
34 system: A list of collection sites with addresses; the number of
35 mailers provided; locations where mailers were provided, if
36 applicable; dates and locations of collection events held, if
37 applicable; and the transporters and disposal facility or facilities
38 used;

1 (d) Whether any safety or security problems occurred during
2 collection, transportation, or disposal of covered drugs, and if so,
3 completed and anticipated changes to policies, procedures, or
4 tracking mechanisms to address the problem and improve safety and
5 security;

6 (e) A description of the public education, outreach, and
7 evaluation activities implemented;

8 (f) A description of how collected packaging was recycled to the
9 extent feasible;

10 (g) A summary of the program's goals for collection amounts and
11 public awareness, the degree of success in meeting those goals, and
12 if any goals have not been met, what effort will be made to achieve
13 those goals the following year; and

14 (h) The program's annual expenditures, itemized by program
15 category.

16 (2) Within thirty days after each annual period of operation of
17 an approved drug take-back program, the program operator shall submit
18 an annual collection amount report to the department that provides
19 the total amount, by weight, of covered drugs collected from each
20 collection site during the prior year.

21 (3) The department shall make reports submitted under this
22 section available to the public through the internet.

23 NEW SECTION. **Sec. 11.** ENFORCEMENT AND PENALTIES. (1) The
24 department may audit or inspect the activities and records of a drug
25 take-back program to determine compliance with this chapter or
26 investigate a complaint.

27 (2)(a) The department shall send a written notice to a covered
28 manufacturer that fails to participate in a drug take-back program as
29 required by this chapter. The notice must provide a warning regarding
30 the penalties for violation of this chapter.

31 (b) A covered manufacturer that receives a notice under this
32 subsection (2) may be assessed a penalty if, sixty days after receipt
33 of the notice, the covered manufacturer continues to sell a covered
34 drug in or into the state without participating in a drug take-back
35 program approved under this chapter.

36 (3)(a) The department may send a program operator a written
37 notice warning of the penalties for noncompliance with this chapter
38 if it determines that the program operator's drug take-back program
39 is in violation of this chapter or does not conform to the proposal

1 approved by the department. The department may assess a penalty on
2 the program operator and participating covered manufacturers if the
3 program does not come into compliance by thirty days after receipt of
4 the notice.

5 (b) The department may immediately suspend operation of a drug
6 take-back program and assess a penalty if it determines that the
7 program is in violation of this chapter and the violation creates a
8 condition that, in the judgment of the department, constitutes an
9 immediate hazard to the public or the environment.

10 (4)(a) The department shall send a written notice to a drug
11 wholesaler or a retail pharmacy that fails to provide a list of drug
12 manufacturers to the department as required by section 4 of this act.
13 The notice must provide a warning regarding the penalties for
14 violation of this chapter.

15 (b) A drug wholesaler or retail pharmacy that receives a notice
16 under this subsection may be assessed a penalty if, sixty days after
17 receipt of the notice, the drug wholesaler or retail pharmacy fails
18 to provide a list of drug manufacturers.

19 (5) In enforcing the requirements of this chapter, the
20 department:

21 (a) May require an informal administrative conference;

22 (b) May require a person or entity to engage in or refrain from
23 engaging in certain activities pertaining to this chapter;

24 (c) May, in accordance with RCW 43.70.095, assess a civil fine of
25 up to two thousand dollars. Each day upon which a violation occurs or
26 is permitted to continue constitutes a separate violation. In
27 determining the appropriate amount of the fine, the department shall
28 consider the extent of harm caused by the violation, the nature and
29 persistence of the violation, the frequency of past violations, any
30 action taken to mitigate the violation, and the financial burden to
31 the entity in violation; and

32 (d) May not prohibit a covered manufacturer from selling a drug
33 in or into the state of Washington.

34 NEW SECTION. **Sec. 12.** DEPARTMENT FEE. (1)(a) By July 1, 2019,
35 the department shall: Determine its costs for the administration,
36 oversight, and enforcement of the requirements of this chapter,
37 including the survey required under section 20 of this act; pursuant
38 to RCW 43.70.250, set fees at a level sufficient to recover the costs

1 associated with administration, oversight, and enforcement; and adopt
2 rules establishing requirements for program operator proposals.

3 (b) The department shall not impose any fees in excess of its
4 actual administrative, oversight, and enforcement costs. The fees
5 collected from each program operator in calendar year 2020 and any
6 subsequent year may not exceed ten percent of the program's annual
7 expenditures as reported to the department in the annual report
8 required by section 10 of this act and determined by the department.

9 (c) Adjustments to the department's fees may be made annually and
10 shall not exceed actual administration, oversight, and enforcement
11 costs. Adjustments for inflation may not exceed the percentage change
12 in the consumer price index for all urban consumers in the United
13 States as calculated by the United States department of labor as
14 averaged by city for the twelve-month period ending with June of the
15 previous year.

16 (d) The department shall collect fees from each program operator
17 by October 1, 2019, and annually thereafter.

18 (2) All fees collected under this section must be deposited in
19 the secure drug take-back program account established in section 13
20 of this act.

21 NEW SECTION. **Sec. 13.** SECURE DRUG TAKE-BACK PROGRAM ACCOUNT.
22 The secure drug take-back program account is created in the state
23 treasury. All receipts received by the department under this chapter
24 must be deposited in the account. Moneys in the account may be spent
25 only after appropriation. Expenditures from the account may be used
26 by the department only for administering and enforcing this chapter.

27 NEW SECTION. **Sec. 14.** ANTITRUST IMMUNITY. The activities
28 authorized by this chapter require collaboration among covered
29 manufacturers. These activities will enable safe and secure
30 collection and disposal of covered drugs in Washington state and are
31 therefore in the best interest of the public. The benefits of
32 collaboration, together with active state supervision, outweigh
33 potential adverse impacts. Therefore, the legislature intends to
34 exempt from state antitrust laws, and provide immunity through the
35 state action doctrine from federal antitrust laws, activities that
36 are undertaken, reviewed, and approved by the department pursuant to
37 this chapter that might otherwise be constrained by such laws. The
38 legislature does not intend and does not authorize any person or

1 entity to engage in activities not provided for by this chapter, and
2 the legislature neither exempts nor provides immunity for such
3 activities.

4 NEW SECTION. **Sec. 15.** FEDERAL LAW. This chapter is void if a
5 federal law, or a combination of federal laws, takes effect that
6 establishes a national program for the collection of covered drugs
7 that substantially meets the intent of this chapter, including the
8 creation of a funding mechanism for collection, transportation, and
9 proper disposal of all covered drugs in the United States.

10 NEW SECTION. **Sec. 16.** LOCAL LAWS. (1)(a) For a period of twelve
11 months after a drug take-back program approved under section 5 of
12 this act begins operating, a county may enforce a grandfathered
13 ordinance. During that twelve-month period, if a county determines
14 that a covered manufacturer is in compliance with its grandfathered
15 ordinance, the department shall find the covered manufacturer in
16 compliance with the requirements of this chapter with respect to that
17 county.

18 (b) In any county enforcing a grandfathered ordinance as
19 described in (a) of this subsection, the program operator of an
20 approved drug take-back program must work with the county and the
21 department to incorporate the local program into the approved drug
22 take-back program on or before the end of the twelve-month period.

23 (2) After the effective date of this section, a political
24 subdivision may not enact or enforce a local ordinance that requires
25 a retail pharmacy, clinic, hospital, or local law enforcement agency
26 to provide for collection and disposal of covered drugs from covered
27 entities.

28 (3) At the end of the twelve-month period provided in subsection
29 (1) of this section, this chapter preempts all existing or future
30 laws enacted by a county, city, town, or other political subdivision
31 of the state regarding a drug take-back program or other program for
32 the collection, transportation, and disposal of covered drugs, or
33 promotion, education, and public outreach relating to such a program.

34 (4) For purposes of this section, "grandfathered ordinance" means
35 a pharmaceutical product stewardship or drug take-back ordinance
36 that: (a) Is in effect on the effective date of this section; and (b)
37 the department determines meets or exceeds the requirements of this
38 chapter with respect to safe and secure collection and disposal of

1 unwanted medicines from residents, including the types of drugs
2 covered by the program, the convenience of the collection system for
3 residents, and required promotion of the program.

4 NEW SECTION. **Sec. 17.** PUBLIC DISCLOSURE. Proprietary
5 information submitted to the department under this chapter is exempt
6 from public disclosure under RCW 42.56.270. The department may use
7 and disclose such information in summary or aggregated form that does
8 not directly or indirectly identify financial, production, or sales
9 data of an individual covered manufacturer or drug take-back
10 organization.

11 NEW SECTION. **Sec. 18.** RULE MAKING. The department shall adopt
12 any rules necessary to implement and enforce this chapter.

13 NEW SECTION. **Sec. 19.** REPORT TO LEGISLATURE. (1) No later than
14 thirty days after the department first approves a drug take-back
15 program under section 5 of this act, the department shall submit an
16 update to the legislature describing rules adopted under this chapter
17 and the approved drug take-back program.

18 (2) By November 15th after the first full year of operation of an
19 approved drug take-back program and biennially thereafter, the
20 department shall submit a report to the legislature. The report must:

21 (a) Describe the status of approved drug take-back programs;

22 (b) Evaluate the secure medicine collection and disposal system
23 and the program promotion, education, and public outreach
24 requirements established by this chapter;

25 (c) Evaluate, in conjunction with an academic institution that is
26 not an agency of the state and is qualified to conduct and evaluate
27 research relating to prescription and nonprescription drug use and
28 abuse and environmental impact, to the extent feasible, the impact of
29 approved drug take-back programs on: Awareness and compliance of
30 residents with safe storage of medicines in the home and secure
31 disposal of covered drugs; rates of misuse, abuse, overdoses, and
32 poisonings from prescription and nonprescription drugs; and
33 diversions of covered drugs from sewer, solid waste, and septic
34 systems. To conduct this evaluation, the department and the academic
35 institution may rely on available data sources, including the public
36 awareness surveys required under this chapter, and the prescription
37 drug monitoring program and public health surveys such as the

1 Washington state healthy youth survey. The department and the
2 academic institution may also consult with other state and local
3 agencies and interested stakeholders; and

4 (d) Provide any recommendations for legislation.

5 NEW SECTION. **Sec. 20.** (1)(a) The department shall contract with
6 the statewide program of poison and drug information services
7 identified in RCW 18.76.030 to conduct a survey of residents to
8 measure whether the secure medicine collection and disposal system
9 and the program promotion, education, and public outreach
10 requirements established in this chapter have led to statistically
11 significant changes in: (i) Resident attitudes and behavior on safe
12 storage and secure disposal of prescription and nonprescription
13 medications used in the home; and (ii) the rates of abuse or misuse
14 of or accidental exposure to prescription and nonprescription drugs.

15 (b) The survey of residents must include telephone follow-up with
16 users of the program's emergency telephone service. The survey must
17 be conducted before the secure medicine collection and disposal
18 system is implemented and again no earlier than four years after the
19 system is implemented.

20 (2) The statewide program of poison and drug information services
21 shall report the survey results to the legislature and the department
22 of health within six months of completion of the survey.

23 (3) This section expires July 1, 2026.

24 **Sec. 21.** RCW 42.56.270 and 2017 c 317 s 17 are each amended to
25 read as follows:

26 The following financial, commercial, and proprietary information
27 is exempt from disclosure under this chapter:

28 (1) Valuable formulae, designs, drawings, computer source code or
29 object code, and research data obtained by any agency within five
30 years of the request for disclosure when disclosure would produce
31 private gain and public loss;

32 (2) Financial information supplied by or on behalf of a person,
33 firm, or corporation for the purpose of qualifying to submit a bid or
34 proposal for (a) a ferry system construction or repair contract as
35 required by RCW 47.60.680 through 47.60.750 or (b) highway
36 construction or improvement as required by RCW 47.28.070;

37 (3) Financial and commercial information and records supplied by
38 private persons pertaining to export services provided under chapters

1 43.163 and 53.31 RCW, and by persons pertaining to export projects
2 under RCW 43.23.035;

3 (4) Financial and commercial information and records supplied by
4 businesses or individuals during application for loans or program
5 services provided by chapters 43.325, 43.163, 43.160, 43.330, and
6 43.168 RCW, or during application for economic development loans or
7 program services provided by any local agency;

8 (5) Financial information, business plans, examination reports,
9 and any information produced or obtained in evaluating or examining a
10 business and industrial development corporation organized or seeking
11 certification under chapter 31.24 RCW;

12 (6) Financial and commercial information supplied to the state
13 investment board by any person when the information relates to the
14 investment of public trust or retirement funds and when disclosure
15 would result in loss to such funds or in private loss to the
16 providers of this information;

17 (7) Financial and valuable trade information under RCW 51.36.120;

18 (8) Financial, commercial, operations, and technical and research
19 information and data submitted to or obtained by the clean Washington
20 center in applications for, or delivery of, program services under
21 chapter 70.95H RCW;

22 (9) Financial and commercial information requested by the public
23 stadium authority from any person or organization that leases or uses
24 the stadium and exhibition center as defined in RCW 36.102.010;

25 (10)(a) Financial information, including but not limited to
26 account numbers and values, and other identification numbers supplied
27 by or on behalf of a person, firm, corporation, limited liability
28 company, partnership, or other entity related to an application for a
29 horse racing license submitted pursuant to RCW 67.16.260(1)(b),
30 marijuana producer, processor, or retailer license, liquor license,
31 gambling license, or lottery retail license;

32 (b) Internal control documents, independent auditors' reports and
33 financial statements, and supporting documents: (i) Of house-banked
34 social card game licensees required by the gambling commission
35 pursuant to rules adopted under chapter 9.46 RCW; or (ii) submitted
36 by tribes with an approved tribal/state compact for class III gaming;

37 (11) Proprietary data, trade secrets, or other information that
38 relates to: (a) A vendor's unique methods of conducting business; (b)
39 data unique to the product or services of the vendor; or (c)
40 determining prices or rates to be charged for services, submitted by

1 any vendor to the department of social and health services for
2 purposes of the development, acquisition, or implementation of state
3 purchased health care as defined in RCW 41.05.011;

4 (12)(a) When supplied to and in the records of the department of
5 commerce:

6 (i) Financial and proprietary information collected from any
7 person and provided to the department of commerce pursuant to RCW
8 43.330.050(8); and

9 (ii) Financial or proprietary information collected from any
10 person and provided to the department of commerce or the office of
11 the governor in connection with the siting, recruitment, expansion,
12 retention, or relocation of that person's business and until a siting
13 decision is made, identifying information of any person supplying
14 information under this subsection and the locations being considered
15 for siting, relocation, or expansion of a business;

16 (b) When developed by the department of commerce based on
17 information as described in (a)(i) of this subsection, any work
18 product is not exempt from disclosure;

19 (c) For the purposes of this subsection, "siting decision" means
20 the decision to acquire or not to acquire a site;

21 (d) If there is no written contact for a period of sixty days to
22 the department of commerce from a person connected with siting,
23 recruitment, expansion, retention, or relocation of that person's
24 business, information described in (a)(ii) of this subsection will be
25 available to the public under this chapter;

26 (13) Financial and proprietary information submitted to or
27 obtained by the department of ecology or the authority created under
28 chapter 70.95N RCW to implement chapter 70.95N RCW;

29 (14) Financial, commercial, operations, and technical and
30 research information and data submitted to or obtained by the life
31 sciences discovery fund authority in applications for, or delivery
32 of, grants under chapter 43.350 RCW, to the extent that such
33 information, if revealed, would reasonably be expected to result in
34 private loss to the providers of this information;

35 (15) Financial and commercial information provided as evidence to
36 the department of licensing as required by RCW 19.112.110 or
37 19.112.120, except information disclosed in aggregate form that does
38 not permit the identification of information related to individual
39 fuel licensees;

1 (16) Any production records, mineral assessments, and trade
2 secrets submitted by a permit holder, mine operator, or landowner to
3 the department of natural resources under RCW 78.44.085;

4 (17)(a) Farm plans developed by conservation districts, unless
5 permission to release the farm plan is granted by the landowner or
6 operator who requested the plan, or the farm plan is used for the
7 application or issuance of a permit;

8 (b) Farm plans developed under chapter 90.48 RCW and not under
9 the federal clean water act, 33 U.S.C. Sec. 1251 et seq., are subject
10 to RCW 42.56.610 and 90.64.190;

11 (18) Financial, commercial, operations, and technical and
12 research information and data submitted to or obtained by a health
13 sciences and services authority in applications for, or delivery of,
14 grants under RCW 35.104.010 through 35.104.060, to the extent that
15 such information, if revealed, would reasonably be expected to result
16 in private loss to providers of this information;

17 (19) Information gathered under chapter 19.85 RCW or RCW
18 34.05.328 that can be identified to a particular business;

19 (20) Financial and commercial information submitted to or
20 obtained by the University of Washington, other than information the
21 university is required to disclose under RCW 28B.20.150, when the
22 information relates to investments in private funds, to the extent
23 that such information, if revealed, would reasonably be expected to
24 result in loss to the University of Washington consolidated endowment
25 fund or to result in private loss to the providers of this
26 information;

27 (21) Market share data submitted by a manufacturer under RCW
28 70.95N.190(4);

29 (22) Financial information supplied to the department of
30 financial institutions or to a portal under RCW 21.20.883, when filed
31 by or on behalf of an issuer of securities for the purpose of
32 obtaining the exemption from state securities registration for small
33 securities offerings provided under RCW 21.20.880 or when filed by or
34 on behalf of an investor for the purpose of purchasing such
35 securities;

36 (23) Unaggregated or individual notices of a transfer of crude
37 oil that is financial, proprietary, or commercial information,
38 submitted to the department of ecology pursuant to RCW
39 90.56.565(1)(a), and that is in the possession of the department of

1 ecology or any entity with which the department of ecology has shared
2 the notice pursuant to RCW 90.56.565;

3 (24) Financial institution and retirement account information,
4 and building security plan information, supplied to the liquor and
5 cannabis board pursuant to RCW 69.50.325, 69.50.331, 69.50.342, and
6 69.50.345, when filed by or on behalf of a licensee or prospective
7 licensee for the purpose of obtaining, maintaining, or renewing a
8 license to produce, process, transport, or sell marijuana as allowed
9 under chapter 69.50 RCW;

10 (25) Marijuana transport information, vehicle and driver
11 identification data, and account numbers or unique access identifiers
12 issued to private entities for traceability system access, submitted
13 by an individual or business to the liquor and cannabis board under
14 the requirements of RCW 69.50.325, 69.50.331, 69.50.342, and
15 69.50.345 for the purpose of marijuana product traceability.
16 Disclosure to local, state, and federal officials is not considered
17 public disclosure for purposes of this section;

18 (26) Financial and commercial information submitted to or
19 obtained by the retirement board of any city that is responsible for
20 the management of an employees' retirement system pursuant to the
21 authority of chapter 35.39 RCW, when the information relates to
22 investments in private funds, to the extent that such information, if
23 revealed, would reasonably be expected to result in loss to the
24 retirement fund or to result in private loss to the providers of this
25 information except that (a) the names and commitment amounts of the
26 private funds in which retirement funds are invested and (b) the
27 aggregate quarterly performance results for a retirement fund's
28 portfolio of investments in such funds are subject to disclosure;

29 (27) Proprietary financial, commercial, operations, and technical
30 and research information and data submitted to or obtained by the
31 liquor and cannabis board in applications for marijuana research
32 licenses under RCW 69.50.372, or in reports submitted by marijuana
33 research licensees in accordance with rules adopted by the liquor and
34 cannabis board under RCW 69.50.372; (~~and~~)

35 (28) Trade secrets, technology, proprietary information, and
36 financial considerations contained in any agreements or contracts,
37 entered into by a licensed marijuana business under RCW 69.50.395,
38 which may be submitted to or obtained by the state liquor and
39 cannabis board; and

1 (29) Proprietary information filed with the department of health
2 under chapter 69.--- RCW (the new chapter created in section 25 of
3 this act).

4 **Sec. 22.** RCW 69.41.030 and 2016 c 148 s 11 are each amended to
5 read as follows:

6 (1) It shall be unlawful for any person to sell, deliver, or
7 possess any legend drug except upon the order or prescription of a
8 physician under chapter 18.71 RCW, an osteopathic physician and
9 surgeon under chapter 18.57 RCW, an optometrist licensed under
10 chapter 18.53 RCW who is certified by the optometry board under RCW
11 18.53.010, a dentist under chapter 18.32 RCW, a podiatric physician
12 and surgeon under chapter 18.22 RCW, a veterinarian under chapter
13 18.92 RCW, a commissioned medical or dental officer in the United
14 States armed forces or public health service in the discharge of his
15 or her official duties, a duly licensed physician or dentist employed
16 by the veterans administration in the discharge of his or her
17 official duties, a registered nurse or advanced registered nurse
18 practitioner under chapter 18.79 RCW when authorized by the nursing
19 care quality assurance commission, a pharmacist licensed under
20 chapter 18.64 RCW to the extent permitted by drug therapy guidelines
21 or protocols established under RCW 18.64.011 and authorized by the
22 commission and approved by a practitioner authorized to prescribe
23 drugs, an osteopathic physician assistant under chapter 18.57A RCW
24 when authorized by the board of osteopathic medicine and surgery, a
25 physician assistant under chapter 18.71A RCW when authorized by the
26 medical quality assurance commission, or any of the following
27 professionals in any province of Canada that shares a common border
28 with the state of Washington or in any state of the United States: A
29 physician licensed to practice medicine and surgery or a physician
30 licensed to practice osteopathic medicine and surgery, a dentist
31 licensed to practice dentistry, a podiatric physician and surgeon
32 licensed to practice podiatric medicine and surgery, a licensed
33 advanced registered nurse practitioner, a licensed physician
34 assistant, a licensed osteopathic physician assistant, or a
35 veterinarian licensed to practice veterinary medicine: PROVIDED,
36 HOWEVER, That the above provisions shall not apply to sale, delivery,
37 or possession by drug wholesalers or drug manufacturers, or their
38 agents or employees, or to any practitioner acting within the scope
39 of his or her license, or to a common or contract carrier or

1 warehouse operator, or any employee thereof, whose possession of any
2 legend drug is in the usual course of business or employment:
3 PROVIDED FURTHER, That nothing in this chapter or chapter 18.64 RCW
4 shall prevent a family planning clinic that is under contract with
5 the health care authority from selling, delivering, possessing, and
6 dispensing commercially prepackaged oral contraceptives prescribed by
7 authorized, licensed health care practitioners: PROVIDED FURTHER,
8 That nothing in this chapter prohibits possession or delivery of
9 legend drugs by an authorized collector or other person participating
10 in the operation of a drug take-back program authorized in chapter
11 69.--- RCW (the new chapter created in section 25 of this act).

12 (2)(a) A violation of this section involving the sale, delivery,
13 or possession with intent to sell or deliver is a class B felony
14 punishable according to chapter 9A.20 RCW.

15 (b) A violation of this section involving possession is a
16 misdemeanor.

17 NEW SECTION. Sec. 23. A new section is added to chapter 69.50
18 RCW to read as follows:

19 It is not a violation of this chapter to possess or deliver a
20 controlled substance in compliance with chapter 69.--- RCW (the new
21 chapter created in section 25 of this act).

22 NEW SECTION. Sec. 24. A new section is added to chapter 70.95
23 RCW to read as follows:

24 An authorized collector regulated under chapter 69.--- RCW (the
25 new chapter created in section 25 of this act) is not required to
26 obtain a permit under RCW 70.95.170 unless the authorized collector
27 is required to obtain a permit under RCW 70.95.170 as a consequence
28 of activities that are not directly associated with the collection
29 facility's activities under chapter 69.--- RCW (the new chapter
30 created in section 25 of this act).

31 NEW SECTION. Sec. 25. Sections 2 through 20 of this act
32 constitute a new chapter in Title 69 RCW.

33 NEW SECTION. Sec. 26. A new section is added to chapter 43.131
34 RCW to read as follows:

1 The authorization for drug take-back programs created in this act
2 shall be terminated on January 1, 2029, as provided in section 27 of
3 this act.

4 NEW SECTION. **Sec. 27.** A new section is added to chapter 43.131
5 RCW to read as follows:

6 The following acts or parts of acts, as now existing or hereafter
7 amended, are each repealed, effective January 1, 2030:

- 8 (1) RCW 69.---.--- and 2018 c ... s 2 (section 2 of this act);
- 9 (2) RCW 69.---.--- and 2018 c ... s 3 (section 3 of this act);
- 10 (3) RCW 69.---.--- and 2018 c ... s 4 (section 4 of this act);
- 11 (4) RCW 69.---.--- and 2018 c ... s 5 (section 5 of this act);
- 12 (5) RCW 69.---.--- and 2018 c ... s 6 (section 6 of this act);
- 13 (6) RCW 69.---.--- and 2018 c ... s 7 (section 7 of this act);
- 14 (7) RCW 69.---.--- and 2018 c ... s 8 (section 8 of this act);
- 15 (8) RCW 69.---.--- and 2018 c ... s 9 (section 9 of this act);
- 16 (9) RCW 69.---.--- and 2018 c ... s 10 (section 10 of this act);
- 17 (10) RCW 69.---.--- and 2018 c ... s 11 (section 11 of this act);
- 18 (11) RCW 69.---.--- and 2018 c ... s 12 (section 12 of this act);
- 19 (12) RCW 69.---.--- and 2018 c ... s 13 (section 13 of this act);
- 20 (13) RCW 69.---.--- and 2018 c ... s 14 (section 14 of this act);
- 21 (14) RCW 69.---.--- and 2018 c ... s 15 (section 15 of this act);
- 22 (15) RCW 69.---.--- and 2018 c ... s 16 (section 16 of this act);
- 23 (16) RCW 69.---.--- and 2018 c ... s 17(section 17 of this act);
- 24 (17) RCW 69.---.--- and 2018 c ... s 18 (section 18 of this act);
- 25 (18) RCW 69.---.--- and 2018 c ... s 19 (section 19 of this act);
- 26 and
- 27 (19) RCW 69.---.--- and 2018 c ... s 20 (section 20 of this act).

Passed by the House March 3, 2018.
Passed by the Senate February 27, 2018.
Approved by the Governor March 22, 2018.
Filed in Office of Secretary of State March 26, 2018.

--- END ---