



STATE OF MARYLAND

**DHMH**

**Department of Health and Mental Hygiene**

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor

Joshua M. Sharfstein, M.D., Secretary

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**MARYLAND BOARD OF PHARMACY**

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Michael Souranis, Board President - LaVerne G. Naesea, Executive Director

January 1, 2013

The Honorable Martin O'Malley  
Office of the Governor  
State House  
Annapolis, Maryland 21401-1925

The Honorable Thomas V. Mike Miller, Jr.  
President of Senate  
State House, H-107  
Annapolis, MD 21401 - 1991

The Honorable Michael Erin Busch  
Speaker of House of Delegates  
State House, H-101  
Annapolis, MD 21401 - 1991

Re: Seventh Annual Report on the Operation of the Prescription Drug Repository Program

Dear Governor O'Malley, President Miller and Speaker Busch:

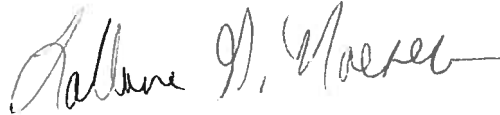
In accordance with Health-General Article, § 15-609(b)(3), Annotated Code of Maryland, the Maryland Board of Pharmacy (the "Board") respectfully submits the enclosed Prescription Drug Repository Program Annual Report.

This is the seventh annual report on the operation of the Prescription Drug Repository Program (the "Program") as required by Health-General Article, § 15-609(b)(3), Annotated Code of Maryland. The Program is intended to provide a mechanism for the acceptance of prescription drugs and medical supplies donated by individuals and entities for the purpose of dispensing to needy individuals or for the purpose of disposal. The Program has been established for approximately six years. Ten pharmacies have been approved to be repositories and 34 pharmacies have been approved to be drop-off sites. The site locations have expanded from Baltimore City, Baltimore County, the Eastern Shore and Southern Maryland to also include Harford, Cecil, Anne Arundel and Montgomery Counties. There has been a small, steady increase in participants since 2006. The drop-off sites have expanded significantly since the program now requires pharmacies that only dispose of customer's unwanted or expired prescription drugs to register with the program.

The Honorable Martin O'Malley  
The Honorable Thomas V. Mike Miller, Jr.  
The Honorable Michael Erin Busch  
Page Two

Should you have questions or additional concerns, please feel free to contact Anna D. Jeffers, Legislation and Regulations Manager, at (410) 764-4794.

Respectfully,

A handwritten signature in black ink, appearing to read "LaVerne G. Naesea". The signature is fluid and cursive, with a horizontal line extending from the end.

LaVerne G. Naesea  
Executive Director

Enclosure

cc: The Honorable Joan Carter Conway  
The Honorable Donald B. Elliott  
The Honorable Peter A. Hammen  
The Honorable David D. Rudolph  
Sarah Albert, Department of Legislative Services, MSAR#5841  
Linda Bethman, Board Counsel, Maryland Board of Pharmacy  
Patrick Dooley, Chief of Staff, DHMH  
Harry Finke, Chair, Practice Committee, Maryland Board of Pharmacy  
Marie Grant, Director, Office of Governmental Affairs  
Anna D. Jeffers, Legislation and Regulations Manager, Maryland Board of Pharmacy  
Thomas Kim, Deputy Secretary, DHMH  
Drew Vetter, Governor's Legislative Office  
Erin McMullen, Department of Legislative Services  
Simon Powell, Department of Legislative Services  
Michael N. Souranis, President, Maryland Board of Pharmacy



**MARYLAND  
BOARD OF PHARMACY PRESCRIPTION  
DRUG REPOSITORY PROGRAM**

**SEVENTH ANNUAL REPORT TO THE  
GOVERNOR  
AND  
THE GENERAL ASSEMBLY**

**January 1, 2013**

**MARYLAND BOARD OF PHARMACY PRESCRIPTION DRUG  
REPOSITORY PROGRAM**

**SEVENTH ANNUAL REPORT**

**TABLE OF CONTENTS**

BOARD MEMBERS.....3  
EXECUTIVE SUMMARY .....4  
BACKGROUND.....4  
PROGRAM DESCRIPTION.....5  
PROGRAM CHALLENGES.....5  
EXPANSION OF THE PROGRAM TO INCLUDE DISPOSAL.....5  
CONCLUSION.....6

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LaVerne G. Naesea, Executive Director

Anna D. Jeffers, Legislation and Regulations Manager

## **Executive Summary**

This is the seventh annual report on the operation of the Prescription Drug Repository Program (the “Program”) as required by Health-General Article, § 15-609(b)(3), Annotated Code of Maryland. The Program is intended to provide a mechanism for the acceptance of prescription drugs and medical supplies donated by individuals and entities for the purpose of dispensing to needy individuals or for the purpose of disposal. The Program has been established for approximately six years. Ten pharmacies have been approved to be repositories and 34 pharmacies have been approved to be drop-off sites. The site locations have expanded from Baltimore City, Baltimore County, the Eastern Shore and Southern Maryland to also include Harford, Cecil, Anne Arundel and Montgomery Counties. There has been a small, steady increase in participants since 2006. The drop-off sites have expanded significantly since the program now requires pharmacies that only dispose of customer’s unwanted or expired prescription drugs to register with the program.

In 2011 the Maryland Board of Pharmacy (the “Board”) expanded the purpose of the Program to include disposal. SB 770/HB 460 Prescription Drug Repository Program – Disposal of Prescription Drugs and Medical Supplies, Chapters 546 and 547, passed and became effective on October 1, 2011. This expansion ensures accountability by pharmacies who take back drugs and increases awareness among consumers that unused or unwanted prescription medications may be donated to pharmacies for disposal or redispensing if the medications are eligible for redispensing. It has greatly increased the number and location of drop-off sites. The Attorney General’s Office approached the Board during the 2011 legislative session with its interest in the proper disposal of prescription drugs through drop boxes and is working with the Board to implement regulations. The regulations to simplify disposal for those entities that only choose to dispose have been on hold waiting for promulgation of federal regulations that would allow disposal of controlled dangerous substances at the pharmacy level.

## **BACKGROUND**

In the Fall of 2005 and Winter of 2006, a task force of stakeholders (listed in prior annual reports), provided recommendations for a prescription medication donation program to the Maryland General Assembly via the Maryland Board of Pharmacy. As a result of those recommendations, SB 1059 (Chapter 287) was passed during the 2006 legislative session requiring establishment of the Program. The Board used the task force’s recommendations and SB 1059 to develop and promulgate regulations to implement the Program. COMAR 10.34.33 Prescription Drug Repository Program became effective on January 29, 2007. The Board utilized the statute and proposed regulations to develop the necessary donor and recipient forms, and applications for drop-off sites and/or repositories for the Program. During the 2011 legislative session, SB 770/HB 460 Prescription Drug Repository Program – Disposal of Prescription Drugs and Medical Supplies, Chapters 546 and 547, introduced at the request of the Board, made it a requirement that a pharmacy may accept prescription drugs and medical supplies taken to the pharmacy for disposal only if the pharmacy is approved by the Board as a repository for that purpose. This legislation provides accountability for pharmacies and it is hoped will increase awareness among consumers that unused or unwanted prescription medications may be donated to pharmacies for disposal or redispensing if the medications are eligible for redispensing. For

Chapter 546 see: [http://mlis.state.md.us/2011rs/chapters\\_noln/Ch\\_546\\_sb0770T.pdf](http://mlis.state.md.us/2011rs/chapters_noln/Ch_546_sb0770T.pdf). The Board has submitted six Prescription Drug Repository Program Annual Reports to the Governor and the General Assembly from January 1, 2007 through January 1, 2012. The forms, the regulations, and prior annual reports are available on the Board's website at: <http://dhmh.maryland.gov/pharmacy/SitePages/laws-regulation-legislation-reports.aspx#pr>

## **PROGRAM DESCRIPTION**

A description of the program operations was included in the January 1, 2009 report. In brief, the Board has administrative oversight of the Program by receiving and approving the applications for repositories and drop-off sites. Applications may be for the establishment of a repository that will accept dispensed medications to identified Maryland patients and/or dispose of drugs that do not meet the criteria for the Program. Applications may also be approved for drop-off sites that may receive and forward all donated drugs to a Board approved repository. Only a pharmacy may be a repository. Drop-off sites may be in either a pharmacy or a health care facility. Since only pharmacies may be approved as repositories, the Board monitors repositories as a part of its existing annual pharmacy inspection process. The Repository/Drop Off Site Inspection form is available on the Board's website. With the passage of SB 770/HB 460, the Board also inspects pharmacies that only dispose of prescription medications during the same annual pharmacy inspection process. In the 2012 Fiscal Year, the Board inspected 97% of pharmacies in Maryland. The Board will develop procedures for monitoring health care facilities, or develop memorandums of agreement with those agencies that are already responsible for monitoring health care facilities to act as the Board's agent, if any health care facilities enroll in the program.

## **PROGRAM CHALLENGES**

The increase in drop-off sites has given Maryland citizens more options for disposal of prescription drugs. Although there has been an increase in drop-off sites for disposal, there still are not enough repositories to accommodate those in need of free prescription drugs. The Board has attributed the possible causes for the lack of participation in the program to three primary, possibly overlapping, challenges: 1) limited incentives to participate; 2) limited program promotion to healthcare providers and patients; and 3) limited staff, storage, disposal and other necessary resources for efficiently operating a drop-off or repository site. The Board made a number of recommendations in the January 1, 2010 Report that would have established tax incentives for participation in the Program or funding for start up costs. In the current economic climate, those recommendations may not be possible.

Now that the Program includes pharmacies that solely wish to dispose of customer's medications, the Program serves a dual purpose. More and more consumers are asking their pharmacists if they can dispose of their unwanted medications at the pharmacy, which may become an incentive for more pharmacies to participate. The challenge will be whether or not customers take the next step and begin to ask the pharmacies to accept medications for proper re-dispensing to the needy as well.

## **EXPANSION OF THE PROGRAM TO INCLUDE DISPOSAL**

In December of 2010, President Obama signed into law the Secure and Responsible Drug Disposal Act of 2010. This Act allows pharmacies to collect controlled dangerous substances for disposal. On October 1, 2011, Maryland SB 770/HB 460 Prescription Drug Repository Program – Disposal of Prescription Drugs and Medical Supplies became effective, requiring all disposing pharmacies in Maryland to register with the Board as a drop-off site/repository. The Board is aware that federal regulations implementing the Secure and Responsible Drug Disposal Act of 2010 will be forthcoming. In order to accommodate the federal regulations, the Board is waiting for the publication of the proposed federal regulations, before revising the existing COMAR 10.34.33 Prescription Drug Repository Program to include disposal of controlled dangerous substances. The Maryland Attorney General's Office had expressed an interest in disposing of unused drugs based on its involvement in an initiative sponsored by the National Association of State Attorneys General. The Attorney General's Office asked the Board to include in the proposed regulations an allowance for drop boxes at pharmacy counters for consumers to use to dispose of prescription drugs. The pharmacy would then contract with a reverse distributor or disposal company to collect the drugs for disposal. The Attorney General's Office has indicated that start up funding may be available to pharmacies interested in such a drop off box. The Board's forthcoming revisions to COMAR 10.34.33 will accommodate both the proposed federal regulations and the request of the Attorney General's Office.

## CONCLUSION

As noted in prior reports, the low interest in becoming a repository or drop-off site appears to be due to the costs and liabilities related to the perceived increase in workload, including documentation of transactions, and separate storage requirements for repositories and drop-off sites. It was believed that absent State incentives and extensive promotion, it is unlikely that this Program will have a successful impact on those needy individuals for whom the legislation was intended. In the current economic climate, the tax incentives and start up funding recommended in past year's annual report are unlikely.

Yet the Board continues to receive phone calls from patients, and family members of patients, expressing an interest in both donating and disposing unused prescription medications and medical supplies. Oftentimes these phone calls are from citizens in surrounding states looking for a place to donate unused medications from their deceased loved ones. They are willing to bring the medications great distances so that they could benefit others. The Board also receives an increasing number of phone calls from patients expressing an interest in the proper disposal of prescription medications they no longer want in their homes.

The Board's recommendation to expand the Program by including donation for disposal was realized with the passage of SB 770/HB 460. As a result, there has been a threefold increase in the number of drop-off sites in Maryland. As more consumers bring in their medications for disposal, it may very well increase the public's knowledge of the Program. The natural next question when disposing of prescription medications is whether or not some of the prescription medications might be used to help those less fortunate. Donation of medications for disposal may very well be the best way to promote the original purpose of the Program, dispensing to needy individuals.