

December 12, 2011

Congresswoman Louise Slaughter
2469 Rayburn HOB
Washington, D.C. 20515

RE: Support for H.R. 2939, the Pharmaceutical Stewardship Act of 2011

Dear Congresswoman Slaughter:

The California Product Stewardship Council (CPSC) is a statewide non-profit organization formed by California local governments in 2006. We now have 123 California local governments and hundreds of business partners, interested non-profits and individuals who are working towards a single mission: To shift California's product waste management system from one focused on government-funded and ratepayer-financed waste diversion to one that relies on producer responsibility in order to reduce public costs and drive improvements in product design. This is the fundamental philosophy of EPR, otherwise known as Product Stewardship.

The Board of Directors of the California Product Stewardship Council has voted unanimously to support the Pharmaceutical Stewardship Act of 2011, H.R. 2939. This bill would take an important step toward reducing the risks to public health and the environment posed by unused and expired pharmaceuticals. Left lingering in homes these drugs may be taken accidentally or intentionally abused; tossed in the garbage or flushed down drains, these drugs can contaminate our waterways and drinking water.

HR 2939 would provide Americans with a convenient way to safely dispose of their unused or expired pharmaceuticals and would help keep them out of the hands of teenagers and help keep antibiotics and endocrine disrupting compounds out of our waterways.

Over the past ten years local drug take-back programs have proliferated across the country; however, the majority of Americans still do not have access to convenient, on-going and secure options to safely dispose of their medications. Sporadic single-day collection events do not adequately address this need, as residents are still required to store their medications in their homes between events. Most importantly, however, these local programs are highly constrained by lack of funding and are dependent upon grants and donations that do not provide a sustainable source of support to ensure continuous operation.

The need for a national prescription drug take back program has been a priority issue for many of CPSC's members and partners for the past six years and we believe the public private partnership approach proposed in HR 2939 is the most effective approach for ensuring Americans across the country have access to safe, convenient, cost-effective drug take-back programs. Pharmaceutical manufacturers are already running several similar, successful take back programs in other jurisdictions and it is reasonable to expect these companies to provide similar programs to protect the health and safety of their customers in the United States.

In our review of this important legislation, we have identified a few areas where we feel the bill could be made stronger and we respectfully offer the following suggestions:

1. Section (2)(b)(3) - Board of Directors – We feel that it would be important to expand membership to include at least one member from the National League of Cities and one from the National Association of Counties. Local governments play a key role in these programs and their inclusion in the decision making group will ensure success in implementation.
2. Section (2)(l)-State, Tribal, And Local Regulation – The proposal states—“This section does not preempt the authority of State, tribal, and local governments to impose more stringent requirements relating to the **disposal** of drugs.” (emphasis added). The “Disposal” is one of the many elements of the program and as such the proposed legislation preempts local governments from imposing expanded requirements on collection, public education, funding, enforcement and other elements of the program. We recommend this section be amended to clearly specify that the local governments have the authority to expand any element of the program and is not solely limited to the “disposal” element.
3. Section (2)(q)(2)-Sources of Funds – Expand Line 14 by adding “and/” to read “penalties under subsection (j) **and**/or fees under sub-”
4. The bill includes excessive costs for EPA administration. These funds should be reduced or allocated elsewhere in the program.
5. The bill lacks clear measures of success for a pharmaceutical stewardship program – we recommend convenience level and public education effectiveness as determined by third party surveys every three years.

Action on H.R. 2939 is a critical step to support our state and community level efforts with a sustainable funding which will ensure that controlled substances and other medications are securely collected from homes and kept out of reach of those who would misuse them.

We appreciate your leadership in this important issue and look forward to supporting your work and this bill to passage.

Sincerely,



Heidi Sanborn,
Executive Director, CPSC