

Date of Hearing: June 21, 2016

ASSEMBLY COMMITTEE ON JUDICIARY
Mark Stone, Chair
SB 1229 (Jackson) – As Amended June 14, 2016

As Proposed to be Amended

SENATE VOTE: 39-0

SUBJECT: HOME-GENERATED PHARMACEUTICAL WASTE: SECURE DRUG TAKE-BACK BINS

KEY ISSUE: SHOULD A PHARMACY OR OTHER ENTITY THAT MEETS CERTAIN MINIMUM HEALTH AND SAFETY STANDARDS BE GIVEN QUALIFIED IMMUNITY FROM CIVIL AND CRIMINAL LIABILITY FOR NEGLIGENCE, BUT NOT GROSS NEGLIGENCE OR WILLFUL OR MALICIOUS MISCONDUCT, IN CONNECTION WITH ANY INJURY OR HARM THAT RESULTS FROM THE COLLECTOR MAINTAINING A SECURE DRUG-TAKE BACK BIN ON ITS PREMISES?

SYNOPSIS

Empirical data indicates that the volume of pharmaceutical drugs prescribed in the U.S. is at a record level and still growing. More drugs prescribed also means more drugs that expire or, for various reasons, are never used. Unused prescription drugs then accumulates in drawers and medicine cabinets across the nation. Until recently, disposal options for unused or leftover drugs, because of their status as controlled substances, were limited and largely dictated by law enforcement policy concerns. People were specifically told that one of their disposal options—easily the most convenient one—was the undesirable practice of dumping these medications in the household trash or flushing them down the toilet, where they end up chemically polluting our landfills, rivers, and drinking water supply. In addition, a glut of unused and easily misappropriated medications has helped feed a growing epidemic of prescription drug abuse, particularly of narcotic painkillers and opioids, as well-documented in many recent national press accounts.

This non-controversial bill, sponsored by the California Product Stewardship Council (CPSC), seeks to encourage pharmacies and other authorized entities to voluntarily maintain secure drug take-back receptacles on their premises where their customers and others can come to safely dispose of unused or expired medications. To incentivize more of these take-back receptacles to be introduced into use in California, this bill attempts to alleviate civil liability concerns that are reportedly an obstacle to greater voluntary participation in this growing movement to reduce improper disposal of prescription drugs. Specifically, the bill provides qualified immunity to entities that meet certain eligibility conditions and who act responsibly to comply with specified requirements reflected in recent federal Drug Enforcement Agency (DEA) regulations, that seek to ensure public health and safety as well as the proper, environmentally safe disposal of the unused medications collected. To qualify for immunity from liability, the collector must, among many other things, do the following: (1) comply with all applicable state and federal laws and regulations relating to the collection of home-generated pharmaceutical waste for disposal in secure drug take-back bins; (2) ensure that the secure drug take-back bin is placed in a location that is regularly monitored by employees of the registered collector; and (3) ensure that public

access to the secure drug take-back bin is limited to hours in which employees of the registered collector are present and able to monitor its operation. Proposed amendments to the bill clarify that the qualified immunity provisions do not apply to gross negligence or willful or wanton misconduct in either civil or criminal cases, and that collectors remain liable for any injury or harm that results from the collector maintaining the secure take-back bin under the health and safety conditions specified in the bill, when the injury or harm results from the collector's gross negligence or willful and wanton misconduct.

This bill enjoys a broad range of support, including the California Pharmacists Association; environmental groups like the Sierra Club and Californians Against Waste, who want to prevent contamination of watersheds and drinking water supplies; and many local governments, who see the potential for cost savings since they currently spend millions of dollars managing the waste stream and regulating intake at county landfills. This bill was approved in the Senate without receiving a single "No" vote, and there is no known opposition.

SUMMARY: Provides qualified immunity from civil and criminal liability of participating entities that take reasonable care to ensure the health and safety of consumers and employees when maintaining secure drug take-back bins on their premises. Specifically, **this bill:**

- 1) Defines the term “collector” to include only those entities authorized by and registered with the federal Drug Enforcement Administration (DEA) to receive a controlled substance for the purpose of destruction, if the entity is in good standing with any applicable licensing authority.
- 2) Provides that a collector must do all of the following in order to receive qualified civil or criminal immunity from liability:
 - a) Comply with all applicable state and federal laws and regulations relating to the collection of home-generated pharmaceutical waste for disposal in secure drug take-back bins, including, but not limited to, the federal Secure and Responsible Drug Disposal Act of 2010.
 - b) Notify local law enforcement and any local environmental health department as to the existence and location of any secure drug take-back bin on the collector’s premises and the status of the collector’s registration as a collector with the DEA.
 - c) Ensure that the secure drug take-back bin is placed in a location that is regularly monitored by employees of the registered collector.
 - d) Ensure that conspicuous signage is posted on the secure drug take-back bin that clearly notifies customers as to what controlled and non-controlled substances are and are not acceptable for deposit into the bin, as well as the hours during which collection is allowed.
 - e) Ensure that public access to the secure drug take-back bin is limited to hours wherein employees of the registered collector are present and able to monitor the operation of the secure drug take-back bin.

- f) Regularly inspect the area surrounding the secure drug take-back bin for potential tampering or diversion, and maintain certain records and logs for at least two years, in writing or electronic form, that may be used to demonstrate regular inspection of the area.
 - g) Notify local law enforcement authorities of any suspected or known tampering, theft, or significant loss of controlled substances within one business day of discovery.
 - h) Notify local law enforcement as to any decision to discontinue its voluntary collection of controlled substances, as specified.
- 3) Provides that a collector that maintains a secure drug take-back bin, in good faith and not for compensation, shall not be liable in a civil action, or be subject to criminal prosecution, for maintaining a secure drug take-back bin on its premises if the collector takes all of the steps specified in # 2), above.
 - 4) Clarifies that the terms and conditions specified in # 2) shall be construed in a manner consistent with the requirements imposed by the DEA's final rule governing the secure disposal of controlled substances pursuant to 79 Fed. Reg. 53519-70 and any regulations promulgated by the state of California.
 - 5) Clarifies that a collector remains liable for any injury or harm that results from the collector maintaining the secure take-back bin under the health and safety conditions specified in the bill, unless the injury or harm results from the collector's gross negligence or willful and wanton misconduct.
 - 6) Clarifies that the immunity in # 3) would not apply in a case of personal injury or wrongful death which results from the collector's gross negligence or willful or wanton misconduct in maintaining a secure drug take-back bin.
 - 7) Provides that nothing in this bill shall be construed to require entities that may qualify as a collector to acquire, maintain, or make available to the public a secure drug take-back bin on its premises.

EXISTING LAW:

- 1) Pursuant to the Medical Waste Management Act, requires the Department of Public Health to regulate the management and handling of medical waste, including pharmaceutical waste, as defined. (Part 14 of Division 104 of the Health and Safety Code, commencing with Section 117600.)
- 2) Defines "pharmaceutical waste" as any pharmaceutical that for any reason may no longer be sold or dispensed for use as a drug and excludes from this definition those pharmaceuticals that still have potential value to the generator because they are being returned to a reverse distributor for possible manufacturer credit.
- 3) Specifies that waste comprised only of pharmaceuticals is hazardous, and is considered "medical waste," although it is not subject to hazardous waste laws, as specified.
- 4) Provides that no person who in good faith, and not for compensation, renders emergency medical or nonmedical care at the scene of an emergency shall be liable for any civil

damages resulting from any act or omission other than an act or omission constituting gross negligence or willful or wanton misconduct. (Health and Safety Code Section 1799.102.)

- 5) Provides that everyone is responsible, not only for the result of his or her willful acts, but also for an injury occasioned to another by his or her want of ordinary care or skill in the management of his or her property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon himself or herself. (Civil Code Section 1714 (a).)
- 6) Provides that a person or entity that acquires an automatic external defibrillator (AED) for emergency use is not liable for any civil damages resulting from any acts or omissions when the AED is used to render emergency care, provided that the person or entity has complied with certain notice, maintenance, and other reasonable care requirements under the Health and Safety Code, as specified; except that these qualified immunities do not apply in the case of personal injury or wrongful death which results from the gross negligence or willful or wanton misconduct of the person who uses the AED to render emergency care. (Civil Code Section 1714.21, subd. (d) and (e).)
- 7) Provides that any prehospital emergency medical care person or lay rescuer, as specified, who administers an epinephrine auto-injector, in good faith and not for compensation, to another person who appears to be experiencing anaphylaxis at the scene of an emergency situation is not liable for any civil damages resulting from his or her acts or omissions in administering the epinephrine auto-injector, if that person has complied with specified requirements of the Health and Safety Code. Further provides that this protection does not apply in a case of personal injury or wrongful death that results from the gross negligence or willful or wanton misconduct of the person who renders emergency care treatment by the use of an epinephrine auto-injector. (Civil Code Section 1714.23, subd. (b) and (c).)

FISCAL EFFECT: As currently on print this bill is keyed non-fiscal.

COMMENTS: This bill, sponsored by the California Product Stewardship Council (CPSC), seeks to encourage pharmacies and other authorized entities to voluntarily maintain secure drug take-back receptacles on their premises where their customers and others can come to safely dispose of unused or expired medications. To incentivize more of these take-back receptacles to be introduced in California, this bill attempts to alleviate the civil liability concerns that are reportedly an obstacle to greater voluntary participation in this growing movement to reduce improper disposal of prescription drugs. Specifically, the bill provides qualified immunity to entities that meet certain eligibility conditions and that act to comply with specified requirements, reflected in recent federal DEA regulations, that seek to ensure public health and safety as well as the proper disposal of the pharmaceutical waste collected.

In explaining the compelling need for this bill, the author states:

Home-generated pharmaceutical waste (i.e., prescription or over-the-counter human or veterinary drugs that are “left over” from treatment or have expired), has become an increasing problem nationwide and in California. With the rise of prescription drug abuse, these excess drugs—often stored in medicine cabinets or under sinks for years—have found their way into recreational use by teens or are otherwise misused by seniors or others. People taking un-prescribed or expired drugs are creating a growing public health and safety risk. Without a safe means of

disposal, many people with excess drugs are turning to throwing them in the trash or flushing them in a toilet. This creates serious problems with soil and water quality, especially since our water treatment plants are not capable of removing pharmaceuticals from wastewater.

Law enforcement and pioneering pharmacies concerned with public safety and environmental health have been hosting drug take-back programs and bins voluntarily. These early efforts are laudable, but the scope of these drug take-back options has remained relatively small in relation to the demand for convenient and safe disposal. Many pharmacies have raised concerns regarding potential liability as the reason behind their reluctance to host a drug take-back bin.

In order to help protect the public from prescription drug abuse and to protect water quality from home-generated pharmaceutical waste, SB 1229 would encourage pharmacies to host secure drug take-back bins by (1) establishing a duty of care for the proper oversight of secure drug take-back bins; and (2) providing limited civil and criminal liability immunity for pharmacies hosting drug take-back bins if they meet that duty of care.

High volume of unused pharmaceuticals and the social and environmental problems associated with improper disposal. The volume of pharmaceutical drugs that are prescribed in the U.S. is estimated to be at unprecedented levels, and is projected to continue growing even further in coming years. According to predicted figures by the U.S. Centers for Medicare & Medicaid Services (CMS), which publishes the National Health Expenditure (NHE) Projections, approximately \$305.1 billion of prescription drugs were predicted to be prescribed in the U.S. in 2014, with that total increasing to \$328.4 billion in 2015, and \$343.2 billion in 2016. (NHE Projections 2014-2024, available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html>.) The proportion of prescribed drugs that are not consumed by the patient, and thus potentially disposable, has been the subject of many studies in the U.S. and in Europe, but is difficult to precisely estimate because of differing methodologies. In 2009, researchers in Washington reviewed many of these studies and found that perhaps between 10% and 33% of prescribed drugs go unused. In one study conducted in Northern California and cited by these researchers, examination of containers containing unused medicine revealed an average of 52% of the original medicine still inside, unused. (Grasso, Cheri, et al., (2009) Secure Medicine Return in Washington State, The PH:ARM Pilot. See: <http://www.takebackyourmeds.org/pdf-files/pharm-final-report>.) These figures don't even include over-the-counter medications, which pose similar problems of pollution and drug abuse if unused and not properly disposed.

According to the sponsor, unused drugs that accumulate in homes increase the risk of preventable poisonings, drug abuse, and overdoses. Recent data show that drug overdoses are now the leading cause of injury death in the United States, even surpassing motor vehicle crash deaths. According to the Centers for Disease Control and Prevention (CDC), nearly half a million people died from drug overdoses from 2000 to 2014, and the majority of drug overdose deaths involve an opioid, including prescription pain relievers and heroin. Overdose is a growing problem even among school-age youth. The 2014 National Survey on Drug Use and Health reported an estimated 0.7 percent of adolescents aged 12 to 17 (approximately 168,000 adolescents) had a pain reliever use disorder in 2014, while 18,000 adolescents, representing 0.1

percent of those in the same age group, had a heroin use disorder in 2014. (Available at: <https://nsduhweb.rti.org/respweb/homepage.cfm>.)

Apparently lacking knowledge of better disposal options, many people simply throw their unused medications into the household trash, or flush them down the toilet. Flushing medication into sewage systems, however, harms the environment, including wildlife, and contaminates drinking water sources, such as aquifers and rivers. According to a 2002 study by the U.S. Geological Survey, researchers sampling 139 streams across 30 states found that 80 percent had measurable concentrations of prescription and nonprescription drugs, steroids, and reproductive hormones. ("Water-Quality Data for Pharmaceuticals, Hormones, and Other Organic Wastewater Contaminants in U.S. Streams, 1999-2000" (2002) USGS; available at: <http://toxics.usgs.gov/pubs/OFR-02-94/index.html>.) Exposure, even to low levels of pharmaceuticals, has been shown to have negative effects on fish and other aquatic species and may have negative effects on human health. A 2010 Associated Press investigation found medications in watersheds near Los Angeles, Riverside and Long Beach, raising strong public health concerns about bacterial resistance to antibiotics and endocrine disruption in aquatic organisms. ("AP investigation details pharmaceuticals found in watersheds of 28 major metro areas." (2010) Associated Press; available at: http://hosted.ap.org/specials/interactives/pharmawater_site/day1_07.html.)

Federal actions to encourage drug collection programs and reduce improper disposal of unused drugs. In 2010, Congress enacted the Secure and Responsible Drug Disposal Act of 2010 (Public Law 111-273; hereafter "Disposal Act.") Before the Disposal Act, individuals who wanted to dispose of unused, unwanted, or expired pharmaceutical controlled substances had limited options because the federal Controlled Substances Act (21 U.S.C. Sec. 801 *et seq.*; hereafter "CSA") only permitted individuals were allowed to destroy those substances (e.g., by flushing or discarding), surrender them to law enforcement, or seek assistance from the federal Drug Enforcement Agency Administration (DEA). These restrictions resulted in the accumulation of pharmaceutical controlled substances in household medicine cabinets that were available for abuse, misuse, diversion, and accidental ingestion. The Disposal Act amended the CSA to authorize specified individuals, referred to as "ultimate users," to deliver their pharmaceutical controlled substances to another person for the purpose of disposal in accordance with regulations promulgated by the United States Attorney General.

On September 9, 2014, the DEA issued its final rule (79 Fed. Reg. 53519-70) governing the secure disposal of controlled substances by ultimate users. Those regulations implement the Disposal Act by expanding the options available to collect controlled substances from ultimate users for the purpose of disposal, including take-back events, mail-back programs, and collection receptacle locations. Those regulations, among other things, allow authorized manufacturers, distributors, reverse distributors, narcotic treatment programs, hospitals/clinics with an on-site pharmacy, and retail pharmacies to voluntarily administer mail-back programs and maintain collection receptacles.

According to CPSC, medication collection programs are recommended by the White House Office of National Drug Control Policy (ONDCP), Drug Enforcement Administration (DEA), Food and Drug Administration (FDA), and the Environmental Protection Administration (EPA) as a more secure and environmentally safe method of disposal than throwing medicines in the trash. ("Report on Options for Managing Home Generated Medications in San Joaquin County" (2016) California Product Stewardship Council.) Since passage of the Disposal Act, the DEA

has coordinated National Prescription Drug Take-Back Day events at sites across the country to collect unused drugs and educate the public about responsible means of disposal and the potential for abuse of these medications. Furthermore, the ONDCP's 2015 National Drug Control Strategy calls for increased use of prescription medication return/take-back programs as one of four pillars in combating prescription medication misuse, along with the education of health care providers, patients, and families; enhancing and encouraging the establishment of prescription drug monitoring programs statewide; and increased enforcement to address doctor shopping and pill mills.

By offering qualified immunity from liability for maintaining a secure collection bin, this bill seeks to encourage more pharmacies and other authorized entities to voluntarily participate in secure drug-take back programs. Generally speaking, current law holds every person responsible, not only for the result of his or her willful acts, but also for an injury occasioned to another by his or her want of ordinary care or skill in the management of his or her property or person, except so far as the latter has, willfully or by want of ordinary care, brought the injury upon himself. (Civil Code Section 1714 (a).) However, the Legislature has authorized qualified immunity from civil liability in order to promote good public policy and actions that benefit the public generally. The public policy goal of qualified immunity is to encourage a person or entity to undertake an activity or responsibility that the person or entity would otherwise not be compensated, required or willing to do (as a duty of employment or a professional standard of conduct, for example) because the act would be beneficial to the public interest. For instance, in order to encourage persons to render potentially lifesaving care in medical emergencies, California law provides qualified immunities to lay persons who use an automated external defibrillator (AED) device in emergency situations (Civil Code Section 1714.21) and to those laypersons who administer opioid antagonist medication to persons experiencing an opioid overdose (Civil Code Section 1714.23).

As previously discussed, this bill is intended to further the laudable public policy of reducing prescription drug abuse and protecting water quality from home-generated pharmaceutical waste by encouraging pharmacies to voluntarily set up and maintain a drug take-back receptacle for their patients, something they are otherwise not required to do. According to the author, to further these policy goals it is necessary to establish new qualified immunities because the threat of civil liability (whether real or imagined) discourages pharmacies and other entities from voluntarily maintaining secure drug take-back receptacles. According to the California Pharmacists Association:

[O]ne barrier discouraging independent pharmacies from hosting collection receptacles continues to be the fear of the civil liability associated with doing so. A pharmacy that tries to help patients by hosting a collection receptacle and takes all the right steps to ensure the safe and secure operation of that receptacle should be confident that they will not be held civilly liable for events outside of their control.

In order to incentivize more pharmacies to voluntarily set up and maintain a drug take-back receptacle for their patients, this bill would provide pharmacies and other authorized entities with qualified liability protections, as specified, as long as they comply with certain requirements for maintaining a secure drug take-back receptacle.

Characteristics of the qualified immunity provisions and their relationship to federal rules.

The qualified immunity provisions of this bill are limited with respect to who they apply to and

the conditions under which immunity becomes available—in both cases respecting the need to observe federal regulations governing the collection of controlled substances. First, the immunity provisions only extend to pharmacies and entities that qualify as authorized "collectors" under federal DEA regulations. As defined by this bill, a collector must be an entity authorized by and registered with the DEA to receive a controlled substance for the purpose of destruction. Under federal regulations, this can include registered manufacturers, distributors, reverse distributors, narcotic treatment programs, hospital or clinics with an on-site pharmacy, or retail pharmacies that are so authorized and registered with the DEA. In addition, because an entity would also have to be licensed in California under state law whether or not it voluntarily maintains a drug take-back bin, this bill also requires that a collector be in good standing with any applicable state licensing authority in order to qualify for these immunity protections.

Second, the bill's qualified immunity provisions only protect the collector from liability if the collector, not for compensation and acting in good faith, complies with a number of specified requirements that operate to ensure the health and safety of consumers and employees and the proper disposal of the home-generated pharmaceutical waste contained in the secure drug take-back bin. To qualify for immunity from liability, the collector must, among other things: (1) comply with all applicable state and federal laws and regulations relating to the collection of home-generated pharmaceutical waste for disposal in secure drug take-back bins; (2) ensure that the secure drug take-back bin is placed in a location that is regularly monitored by employees of the registered collector; (3) ensure that public access to the secure drug take-back bin is limited to hours in which employees of the registered collector are present and able to monitor the operation of the secure drug take-back bin; and (4) ensure that conspicuous signage is posted on the secure drug take-back bin that clearly notifies customers as to what controlled and noncontrolled substances are and are not acceptable for deposit into the bin, as well as the hours during which collection is allowed.

In addition to the above conditions, there are several notification requirements that must also be followed in order to obtain immunity. The collector must: (1) notify local law enforcement and any local environmental health department as to the existence and location of any secure drug take-back bin on the collector's premises and the status of the collector's registration as a collector with the federal DEA; (2) notify local law enforcement of any suspected or known tampering, theft, or significant loss of controlled substances, within one business day of discovery, or, if the collector maintains daily business hours, within one calendar day; and (3) notify local law enforcement as to any decision to discontinue its voluntary collection of controlled substances and provide documentation of its written notification to the federal DEA's Registration Unit as otherwise required under federal laws and regulations.

According to the author, the intent of the bill is to ensure that individuals are not provided immunity from either civil or criminal liability for injuries or harm resulting from gross negligence or willful or wanton misconduct—and this application of the rule is not limited just to civil cases of personal injury or wrongful death in the civil context, as may arguably be implied by the current language of proposed Section 1712.24, subdivision (c). Therefore, the author proposes the following amendments to clarify the qualified immunity provisions do not apply to gross negligence or willful or wanton misconduct in either civil or criminal cases:

On page 4, lines 13 to 20, make the following changes:

(b) Any collector that maintains a secure drug take-back bin shall not be liable in a civil action, or be subject to criminal prosecution, for any injury or harm that results from the collector maintaining a secure drug take-back bin on its premises if provided that the collector, not for compensation, acts in good faith to take all of the following steps to ensure the health and safety of consumers and employees and the proper disposal in the waste stream of the home-generated pharmaceutical waste contained in a secure drug take-back bin, unless the injury or harm results from the collector's gross negligence or willful and wanton misconduct:

[. . .]

On page 5, delete lines 24 to 27, and on line 28, replace "(d)" with "(c)"

Special requirement for collectors to maintain logs of inspections. As noted above, the bill requires that a collector regularly inspect the area surrounding the secure drug take-back receptacle for potential tampering or diversion—a safety requirement that is also reflected in the DEA 2014 regulations. Specific to this bill, according to the author, is a further requirement that record logs of those inspections, reflecting the date and time of the inspection, be maintained and retained by the take-back program for two years. The bill also requires retention of other records or reports mandated by federal or state regulations for a minimum of two years, unless regulations mandate a longer period. Recent amendments to the bill clarify that these logs shall be maintained in writing or electronic form, may be combined with logs required by state or federal regulations, and may be used to demonstrate regular inspection of the area surrounding the take-back receptacle. This last requirement may be particularly useful to a collector seeking to claim immunity in court pursuant to these provisions, because the logs could help the collector prove it has complied with the minimum requirements necessary to establish the qualified immunity protections.

Previous Related Legislation. SB 738 (Huff), Ch. 132, Stats. 2015, provides that an authorizing physician and surgeon shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the issuance of a prescription or order to a qualified supervisor of health or administrator at a school district, county office of education, or charter school for epi-pens pursuant to specified law, unless the physician and surgeon's issuance constitutes gross negligence or willful or malicious conduct.

AB 635 (Ammiano), Ch. 707, Stats. 2013, provides that a licensed health care provider who acts with reasonable care and issues a prescription for, or an order for the administration of, an opioid antagonist to a person experiencing or suspected of experiencing an opioid overdose is not subject to professional review, liable in a civil action, or subject to criminal prosecution for issuing the prescription or order. The bill also provide, that a person who is not otherwise licensed to administer an opioid antagonist, but who meets other specified conditions, is not subject to professional review, liable in a civil action, or subject to criminal prosecution for administering an opioid antagonist.

REGISTERED SUPPORT / OPPOSITION:

Support

California Product Stewardship Council (sponsor)
American Federation of State, County, and Municipal Employees (AFSCME)

Applied Pharmacy Solutions
Area Agency on Aging
Californians Against Waste
California Alliance for Retired Americans
California Association of Sanitation Agencies
California Pharmacists Association
California Special Districts Association
California State Association of Counties
California State PTA
City of Palo Alto
City of Torrance
Clean Water Action
County Health Executives Association of California
County of Los Angeles
County of Santa Barbara
County of Riverside
County Sanitation Districts of Los Angeles County
David Cortese, Santa Clara County Supervisor
League of California Cities
Los Angeles County Solid Waste Management Cmte./ Integrated Waste Management Task Force
Medication Education and Disposal Safety Coalition
Napa Sanitation District
Nate Miley, Alameda County Supervisor
Sacramento State Student Health and Counseling Services Pharmacy
San Luis Obispo County Integrated Waste Management Authority
Santa Clara County Board of Supervisors
Sierra Club California
Solid Waste Association of North America
South Bay Cities Council of Governments
StopWaste
Summerland Sanitary District
Research in Social and Administrative Pharmacy

Opposition

None on file

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