

Date of Hearing: August 28, 2018

ASSEMBLY COMMITTEE ON ENVIRONMENTAL SAFETY AND TOXIC MATERIALS

Bill Quirk, Chair

SB 212 (Jackson) – As Amended August 27, 2018

SENATE VOTE: 40-0

SUBJECT: Solid waste: pharmaceutical and sharps waste stewardship

SUMMARY: Requires entities that sell drugs or sharps in the state to individually, or with other entities, develop and implement a statewide home-generated drug stewardship plan, or a home-generated sharps waste stewardship plan, or both for the collection and proper disposal of home-generated drug and sharps waste. Requires the Department of Resources, Recycling and Recovery (CalRecycle) to oversee and enforce each stewardship plan (Plan). **Specifically, the bill:**

- 1) Defines "covered drug" as a drug, including a brand name or generic drug, sold, offered for sale, or dispensed in the state in any form, including, but not limited to, prescription and nonprescription drugs approved by the United States Food and Drug Administration (FDA) a drug marketed as an over-the-counter drug; and, a drug in a medical device. Exempts from the definition of a "covered drug" drug for veterinary use. Exempts from the definition of a "covered drug" drugs that are used for animal medicines and dialysate drugs or other saline solutions required to perform kidney dialysis.
- 2) Defines "covered product" as a covered drug or home-generated sharps waste.
- 3) Defines "drug" as an article recognized in the official United States pharmacopoeia, the official national formulary, the official homeopathic pharmacopeia of the United States, or any supplement of the formulary or those pharmacopoeias; a substance intended for the use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals; a substance, other than food, intended to affect the structure or any function of the body of humans or other animals; or, a substance intended for use as a component of any substance specified in the bill.
- 4) Defines a "covered entity" as a manufacturer of covered products that are sold into the state. If there is not a manufacturer for a covered product, then the covered entity is the distributor of the covered product sold into the state. If there is not a manufacturer or distributor for a covered product, then the covered entity is the owner or licensee of a trademark or brand name under which covered products are sold into the state. If there is not a manufacturer, distributor, or owner or licensee of trademark or brand name, then the covered entity is the importer of the covered product into the state.
- 5) Defines "stewardship organization" as an organization established by a group of covered entities to develop, implement, and administer a stewardship program.
- 6) Defines "stewardship plan (Plan)" as the plan for collecting and properly managing covered products that is developed by a covered entity or stewardship organization.

- 7) Defines "stewardship program" as a stewardship program for the collection, transportation, and disposal of covered products.
- 8) Defines "program operator" as a covered entity, or stewardship organization on behalf of a group of covered entities, that is responsible for operating a stewardship program.
- 9) Defines "sharps" as hypodermic needles, pen needles, intravenous needles, lancets, and other devices that are used to penetrate the skin for the delivery of medications.
- 10) Establishes a process where a stewardship organization can establish a stewardship program for covered drugs, or for home-generated sharps waste, or for both.
- 11) Requires a stewardship program for covered drugs to have specific requirements of its program operator including the requirement of a minimum number of collection sites; provisions for handling, transporting, and disposing of the covered drugs; the allowance of a mail-back program; an alternative form of collection and disposal of covered drugs if allowed under state and federal law; provisions for the collection of covered drugs from an ultimate user who is homeless, homebound, or disabled; provides for a service schedule that meets the needs of a collection site so that it is serviced often enough to avoid reaching capacity; and, demonstrated adequate funding for all administrative and operation costs to be borne by participating covered entities.
- 12) Requires a stewardship program for home-generated sharps waste to be a mail-back program; maintain an internet website and toll-free number for providing information about the program; provide for the handling, transport, and disposal of home-generated sharps waste; provide containers and mail-back materials at no cost to the ultimate user; provide the sharps waste container and mail-back materials at the point of sale to the extent allowed by law; provide reimbursement to local agencies for disposal costs related to home-generated sharps waste; and, demonstrate adequate funding for all administrative and operation costs to be borne by participating covered entities.
- 13) Requires a covered entity, no later than April 1, 2019, to provide a list of covered products, and a list and description of any covered products that it sells or offers for sale in the state to the Board.
- 14) Requires a program operator to conduct a comprehensive education and outreach program intended to promote participation in the stewardship program.
- 15) Requires a program operator, within six months of adoption of regulations by CalRecycle, to submit a Plan for the establishment and implementation of a stewardship program to CalRecycle, for approval.
- 16) Requires CalRecycle to approve a Plan submitted to it that meets the requirements of this bill.
- 17) Requires a program operator, at least 120 days before submitting a Plan to CalRecycle, to notify each potential authorized collector in the county or counties in which it operates of the opportunity to serve as an authorized collector.

- 18) Requires a retail pharmacy to make a reasonable effort to serve as an authorized collector. Requires a retail pharmacy chain, if there are not at least five collection sites in a county, to have at least fifteen percent of its store locations serve as authorized collectors.
- 19) Requires a program operator to initiate operation of an approved stewardship program no later than 270 days after approval of the Plan by CalRecycle.
- 20) Requires CalRecycle to make all Plans submitted to it available to the public, except for proprietary information in the Plan.
- 21) Requires a program operator, at the time it submits a Plan to CalRecycle to submit an initial stewardship program budget for the first five calendar years of operation.
- 22) Requires a program operator, on or before March 31, 2022, and each year thereafter, to prepare and submit to CalRecycle both of the following: a written report describing the stewardship program activities during the previous reporting period of one year, and a written program budget for stewardship program implementation for the upcoming calendar year.
- 23) Requires the program operator to keep minutes, books, and records that clearly reflect the activities and transactions of the program operator's stewardship program and requires the program operator to be audited by an independent certified public accountant at least once each calendar year. Requires the program operator to provide the audit to CalRecycle.
- 24) Requires each covered entity, individually or through a stewardship organization, to pay all administrative and operational costs associated with establishing and implementing the stewardship program, including the cost of collecting, transporting, and disposing of covered products, as well as the regulatory and oversight costs of CalRecycle and any other state agency involved in this regulatory program.
- 25) Requires CalRecycle, on or before June 30, 2022, and at least annually thereafter, to post on its Internet Web site a list of covered entities, stewardship organizations, authorized collections sites, retail pharmacies, and retail pharmacy chains in compliance with the stewardship program.
- 26) Requires all handling, transport, and disposal undertaken as part of a stewardship program to comply with applicable state and federal laws, including, but not limited to, regulations adopted by the United State Drug Enforcement Agency (US DEA).
- 27) Requires CalRecycle to adopt regulations for implementation of the bill with an effective date no later than January 1, 2021.
- 28) Requires a covered entity to be in compliance with the provisions of the bill one year from the adoption of regulations by CalRecycle.
- 29) Requires a stewardship plan for covered drugs or home-generated sharps waste or both to include provisions to expand into local jurisdictions that currently have a local drug or home-generated sharps waste stewardship program, if that local jurisdiction repeals its local stewardship program.

- 30) Sets the amount of the administrative penalty CalRecycle may impose at up to \$10,000 per day for violations of the bill, except for violations that are intentional, knowing or reckless, in which case the penalty may not exceed \$50,000 per day.
- 31) Provides that the bill does not apply to a drug or sharp within a jurisdiction that is subject to a local stewardship program if that local program took effect before April 18, 2018. Requires, if that local ordinance is repealed, covered drugs or home-generated sharps waste to be in compliance with this bill within 270 days after the date the ordinance is repealed.
- 32) Provides that this bill shall preempt a local stewardship program for covered products enacted by an ordinance that has an effective date on or after April 18, 2018.

EXISTING LAW:

- 1) Pursuant to the Medical Waste Management Act (MWMA), requires the California Department of Public Health (CDPH) to regulate the management and handling of medical waste and authorizes off-site medical waste treatment facilities, oversees transfer stations, approves alternative treatment technologies, and acts as the local enforcement agency in 25 jurisdictions where local agencies have elected not to conduct their own enforcement. (Health and Safety Code (HSC) § 117600, et seq.)
- 2) Exempts household pharmaceutical waste from classification as a hazardous waste or as medical waste. (HSC § 117700)
- 3) Defines "home-generated sharps waste" as hypodermic needles, pen needles, intravenous needles, lancets, and other devices that are used to penetrate the skin for the delivery of medications derived from a household, including a multifamily residence or household. (HSC § 117671)
- 4) Defines "medical waste" to include, among other things, pharmaceutical waste, which includes a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in the Federal Food, Drug, and Cosmetic Act. (HSC § 117690 and § 117747)
- 5) Prohibits a person from hauling medical waste unless the person is a registered hazardous waste hauler; a mail-back system approved by the United States Postal Service; a common carrier allowed to haul pharmaceutical waste; a small- or large-quantity generator transporting limited quantities of medical waste with an exemption; or, a registered trauma scene waste practitioner. (HSC § 117900)
- 6) Requires a person that generates or treats medical waste to ensure that the medical waste is treated by one of the following methods rendering it solid waste:
 - a. Incineration at a permitted medical waste treatment facility in a controlled-air, multichamber incinerator, or other method of incineration approved by CDPH that provides complete combustion of the waste into carbonized or mineralized ash;
 - b. Treatment with an alternative technology approved by CDPH that treats the waste with temperatures in excess of 1300 degrees Fahrenheit;

- c. Steam sterilization at a permitted medical waste treatment facility or by other sterilization in accordance with specified operating procedures for steam sterilizers or other sterilization; or,
 - d. Other alternative medical waste treatment methods which are approved by CDPH and result in the destruction of pathogenic micro-organisms. (HSC § 118215(a))
- 7) Prohibits the disposal of home-generated sharps waste in the trash or recycling containers, and requires that all sharps waste be transported to a collection center in a sharps container approved by the local enforcement agency. (HSC § 118286)
 - 8) Authorizes a city and a county Household Hazardous Waste (HHW) element to include a program for the safe collection, treatment, and disposal of sharps waste generated by households. (Public Resources Code (PRC) § 41502)
 - 9) Requires manufacturers of self-injectable medications to annually submit a plan describing how it provides for the safe collection and proper disposal of medical sharps. (PRC § 47115)
 - 10) Requires pharmaceutical takeback programs to be in compliance with the Controlled Substances Act and its implementing regulations. (21 U.S.C. § 801-971 and 21 Code of Federal Regulations 1300-1321)

FISCAL EFFECT: Unknown.

COMMENTS:

Need for the bill: According to the author, "For too long, our communities have dealt with the impacts from improperly disposed pharmaceutical drugs and medical sharps. The cost of inaction has been enormous to our public health, environment, water quality, and public safety. This bill establishes an industry-run and funded program, overseen by the state, that will ensure we provide convenient locations for Californians to safely dispose of their unused prescriptions and other medical waste. This is an important step to finally getting unused and discarded medical products out of our public spaces, municipal waste systems, and our environment."

What is medical waste? Medical waste is waste materials generated at health care facilities, such as hospitals, clinics, physicians' offices, dental practices, blood banks, and veterinary hospitals/clinics, as well as medical research facilities and laboratories. Medical waste includes pharmaceutical waste, including prescription or over-the-counter (OTC) human or veterinary drugs.

Medical Waste Management Act (MWMA): The MWMA was created to comprise a single, integrated, and complementary approach to the storage, treatment, transportation, and disposal of medical waste. Under the MWMA, pharmaceutical waste has to be incinerated at a permitted medical waste treatment facility; treated at temperatures in excess of 1300 degrees Fahrenheit; or, steam sterilized at a permitted medical waste treatment facility. The MWMA is administered by CDPH.

Scope of the problem: According to the U.S. Centers for Medicare & Medicaid Services, approximately \$275.9 billion in prescription drugs was predicted to be prescribed in the United States in 2014. By 2020, that number is projected to reach \$379.9 billion. An estimated 10 to 33

percent of prescribed medicines are not consumed. With a lack of safe, secure, and convenient disposal options, consumers traditionally turn to trashing, flushing, or storing these medicines at home. Wastewater treatment plants are not designed to remove pharmaceuticals and studies show exposure to even low levels of drugs has negative effects on fish and other aquatic species, and also may negatively affect human health.

Medical sharps: An estimated one million Californians inject medications outside traditional health care facilities, which generate approximately 936 million sharps each year which then need to be properly disposed. The numbers of patients using injectable medications will continue to grow because it is an effective delivery method for various medications. The most common home use of sharps is to manage diabetes. Other reasons to inject at home include hepatitis, multiple sclerosis, infertility, migraines, allergies, hemophilia, and medications for pets. According to statistics from CalRecycle, 43% of all self-injectors throw needles in the trash.

Sharps collection: Home-generated sharps waste is required to be put into an approved sharps container before being transported out to an approved drop-off location or via mail-back program. CalRecycle maintains the Facility Information Toolbox (FacIT) Website, which currently lists more than 600 facilities where residents can take their home-generated sharps such as hospitals, pharmacies, or household hazardous waste (HHW) facilities.

While disposal of sharps in landfills is illegal, there is no statewide statutory program in place to require the management of sharps by manufacturers, pharmaceutical companies, pharmacies, or others. Current law allows for a streamlined oversight structure for those that do wish to provide a voluntary disposal for sharps to their customers or the general public, but there is no mandate for them to do so. Some pharmacies and health care providers have developed programs as a way to assist their customers and have reported some success.

Sharps collection requirements under the MWMA: CDPH has the authority to approve locations as points of consolidation for the collection of home-generated sharps waste, which, after collection, is transported and treated as medical waste. An approved consolidation location is known as a "home-generated sharps consolidation point." A home-generated sharps consolidation point must comply with all of the following requirements: (1) All sharps waste shall be placed in sharps containers; and, (2) sharps containers ready for disposal shall not be held for more than seven days without the written approval of the enforcement agency.

California Board of Pharmacy (Board): The Board regulates the pharmacy practice of pharmacists, interns, pharmacy technicians, and exemptees (those who are involved with the wholesale or manufacturer of drugs and medical devices, but who are not required to hold a pharmacist license). The Board also regulates all types of firms that distribute prescription drugs and devices in California, including community pharmacies and those located in hospitals, clinics, home and community support services facilities, and out-of-state mail order pharmacies that fill prescriptions and deliver them in California.

Confusion over where/how to dispose of household pharmaceutical and sharps waste: The guidance by the federal and state government is not clear on how consumers should dispose of their sharps and pharmaceutical waste.

According to the FDA website, it states that there are two ways for consumers to dispose of medicine, depending on the drug:

- 1) Flushing medicines: Because some medicines could be especially harmful to others, they have specific directions to immediately flush them down the sink or toilet when they are no longer needed. Check the label or the patient information leaflet with your medicine. Or consult the FDA's list of medicines recommended for disposal by flushing.
- 2) Disposing medicines in household trash: Almost all medicines can be thrown into your household trash. These include prescription and over-the-counter (OTC) drugs in pills, liquids, drops, patches, creams, and inhalers.

However, CalRecycle's website on managing household pharmaceutical and sharps waste states the following:

"There are no laws that forbid households from putting medication into the trash. Household waste is exempt from classification as hazardous waste and as medical. If take-back programs or mail back options are not available to you, and if your local household hazardous waste facility does not accept pharmaceuticals, then as a last resort, disposing nonchemotherapy medication in the trash is probably your best option. Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds; place the mixture in a container such as a sealed plastic bag; then throw the container in your household trash.

Wastewater treatment plants are not designed to remove pharmaceuticals and studies show exposure to even low levels of drugs has negative effects on fish and other aquatic species, and also may negatively affect human health. Thus, we recommend households do not dispose of waste medication down the drain or down the toilet. This includes any prescription or nonprescription substances intended to be swallowed, inhaled, injected, applied to the skin or eyes, or otherwise absorbed.

Note: Due to security concerns, the FDA lists a small number of drugs that it recommends flushing including Oxycodone, Duragesic (Fentanyl) patch, Demerol, Methadone, Morphine, and Percocet."

In summary, the FDA says to trash most medications and flush some of the rest, and CalRecycle says that it is ok to trash most medications; however, specific packaging instructions need to be followed before placing in the garbage and do not flush them; however, it is ok to flush the specific medications that the FDA says to flush, which is clearly confusing.

Product Stewardship (Stewardship): Product stewardship, also known as Extended Producer Responsibility (EPR), is a strategy to place a shared responsibility for end-of-life product management on the producers, and all entities involved in the product chain, instead of the general public. Product stewardship encourages product design changes that minimize a negative impact on human health and the environment at every stage of the product's lifecycle. This allows the costs of treatment and disposal to be incorporated into the total cost of a product. It places primary responsibility on the producer, or brand owner, who makes design and marketing decisions. It also creates a setting for markets to emerge that truly reflect the environmental impacts of a product, and to which producers and consumers respond. CalRecycle has developed

a product stewardship framework and checklists to guide statutory proposals that would allow CalRecycle and other stakeholders to implement product stewardship programs.

Current State Stewardship Programs: There are several statewide Stewardship programs in California, all of which are overseen by CalRecycle. They include: Carpet Materials Management (carpet), Paint Product Management (paint), and Mattress Product Management (mattresses). One important distinction between these Stewardship programs and SB 212, is that the current state Stewardship programs do not only focus on collection of the waste, but instead on ways to recycle these wastes. However pharmaceutical and sharps waste cannot be recycled and must be destroyed. So this focus does not work for potential Stewardship programs for these products. Additionally, under the Mattress Stewardship program, a retailer is prohibited from selling a mattress into the state unless the retailer and manufacturer are complying with the mattress Stewardship program. SB 212 does not have a product sale or distribution prohibition (it is important to note that SB 212 is focused on medications which obviously serve a necessary function).

Joint Legislative Audit Committee (JLAC) audit of pharmaceutical and sharps waste: In 2016, JLAC approved Assemblymembers Ting's and Gray's audit request that the State Auditor provide independently developed and verified information related to CDPH, CalRecycle, and a selection of counties' waste disposal standards for home-generated sharps and pharmaceutical waste. In May 2017, the audit was submitted to the Legislature. A summary of the audit's recommendations including the following:

- 1) To foster consumers' proper disposal of sharps and pharmaceutical waste, the Legislature should provide CalRecycle statutory oversight responsibility for home-generated sharps and pharmaceutical waste disposal and provide CalRecycle additional resources to the extent that it can justify the need. This responsibility should include the following actions:
 - a) Developing and implementing a public education campaign about home-generated sharps and pharmaceutical waste disposal. CalRecycle should coordinate this campaign with local, state, and, to the extent possible, federal agencies to ensure consumers receive consistent guidance regarding proper disposal methods;
 - b) Maintaining an up-to-date, well-publicized, and accessible statewide list of free sharps and pharmaceutical waste collection sites. CalRecycle should create this list by either improving its FacIT database or by establishing a new database, potentially using Recyclewhere.org as a model;
 - c) Increasing consumers' access to proper disposal methods in underserved locations. It could increase access by subsidizing prepaid mail-back options or by encouraging municipalities to include the collection of sharps and pharmaceutical waste in their contracts with waste haulers; and,
 - d) Determining the characteristics of other government programs, such as New York State's consumer education program, that might benefit California.
- 2) To increase in-state options for processing California's home-generated pharmaceutical waste, the Legislature should expressly authorize municipal solid waste incinerators to burn

limited quantities of home-generated pharmaceutical waste, but only after considering environmental impacts. To ensure consistency throughout the State, the Legislature should adopt standard requirements for counties to follow when implementing EPR programs. These requirements should limit any additional costs the programs may impose on consumers.

Existing pharmaceutical/sharp Stewardship programs: Currently, there are a few local pharmaceutical and sharps EPR programs, including a program in Alameda County.

Alameda County: The Alameda County Board of Supervisors passed the Alameda County Safe Drug Disposal (SDD) Ordinance on July 24, 2012. The Alameda County Board of Supervisors passed the Alameda County Safe Consumer-Generated Sharps Disposal (SSD) Ordinance on November 15, 2015, adding Chapter 6.54 to the Alameda County General Ordinance Code. The SSD Ordinance places certain requirements on pharmaceutical and sharps manufacturers that sell or distribute products in Alameda County usually intended for administration outside of a healthcare setting. The SSD Ordinance took effect December 18, 2015.

The SDD and SSD requires pharmaceutical and sharps producers to develop a product stewardship program (Program) to finance and manage the collection, transportation, treatment, and disposal of consumer-generated drugs and sharps waste within Alameda County, including unincorporated areas. The costs of implementing the Program will be allocated in a fair and reasonable manner, such that the portion of costs paid by each producer is reasonably related to the amount of sharps and medication usually injected outside a healthcare setting that producer sells in Alameda County. The Program will accept sharps regardless of who produced them or their compatibility with producers' drugs, unless excused from this requirement by the Alameda County Department of Environmental Health.

According to the Alameda County website, "There are now 41 collection sites throughout Alameda County where residents can drop-off their unwanted prescription and over-the-counter drugs, including 40 sites that can accept Schedule II-IV Controlled Substances. This updated information includes 37 sites now managed by the Alameda MED-Project Stewardship Organization, as well as a pair of Walgreen's stores that initiated an independent collection program during 2016."

Ordinances similar to Alameda County's have been enacted in the City and County of San Francisco, Marin County, San Mateo County, and Santa Clara County.

Recent amendments: The recent amendments to SB 212, adopted on August 24 and on August 27, made significant changes to the bill as previously heard in the Assembly Environmental Safety and Toxic Materials Committee. The major changes include clarifying who ultimately pays for this EPR program. The bill still requires manufacturers to pay for the program; however, in the event the manufacturer is unwilling to participate (especially if it is located outside of California), then the responsibility to pay for the program will shift to the distributor, wholesaler, and ultimately to the importer of the sharp or covered drug. Without this provision, the responsibility to pay for the Stewardship program could have been left to the in-state manufacturers.

Another important aspect of the recent changes includes allowing for a separate management system for home-generated sharps. The bill now requires these sharps to be handled via a mail-

back system, at no cost to the consumer. This recognizes the difference in the use and collection of used drugs versus used sharps.

Related legislation:

- 1) AB 2039 (Ting, 2016). Would have required the development and implementation of industry-generated plans to collect and recycle home-generated sharps. Held in the Assembly Environmental Safety and Toxic Materials Committee.
- 2) SB 1229 (Jackson, Chapter 238 Statutes of 2016). 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.
- 3) AB 1159 (Gordon, 2015). Proposed establishing a pilot product stewardship program for the management of medical sharps and household primary batteries. Held in the Assembly Appropriations Committee.
- 4) SB 486 (Simitian, Chapter 591, Statutes of 2009). Requires a pharmaceutical manufacturer that sells or distributes medications in California that are self-injected at home to submit a plan to CalRecycle describing how the manufacturer supports the safe collection and disposal of sharps.

REGISTERED SUPPORT / OPPOSITION:

Support (position on prior version(s) of bill)

Alameda County Board of Supervisors
Butte County Board of Supervisors
California Association of Environmental Health Administrators
California Cattlemen's Association
California Product Stewardship Council
California Resource Recovery Association
California School Employees Association, AFL-CIO
California State Association of Counties
California Teamsters
Californians Against Waste
Central Contra Costa Sanitary District
City of Chula Vista
City of Palo Alto
City of Santa Monica
City of Sunnyvale
City of Thousand Oaks
City of Torrance
City of West Hollywood
Communities Against Abuse of Prescription Drugs
County Health Executives Association of California
County of Humboldt
County of Sacramento

County of Santa Clara
County of Mendocino
County Sanitation Districts of Los Angeles County
Covanta
Del Norte Solid Waste Management Authority
Delta Diablo
Dublin San Ramon Public Services District
East Bay Municipal Utility District
Gallinas Watershed Council
GreenWaste
Groundwater Resources Association of California
Heal the Bay
Las Gallinas Valley Sanitary District
League of California Cities
Long Beach Gray Panthers
Los Angeles County Solid Waste Management Committee/Integrated Management Task Force
Medical Waste Services
Mendocino Solid Waste Management Authority
Metropolitan Recycling, LLC
Monterey County Prescribe Safe Initiative
Monterey Regional Waste Management District
Mojave Desert & Mountain Recycling Authority
National Stewardship Action Council
Orange County Sanitation District
Prescribe Safe Monterey County
ReThinkWaste
Riverside County Department of Waste Resources
Rural County Representatives of California
Salinas Valley Solid Waste Authority
San Benito County Integrated Waste Management
San Joaquin County
Save the Bay
Shasta County
Solid Waste Association of North America
Sonoma County Waste Management Agency
Stop Waste
Surfrider Foundation
Surfrider Foundation, Los Angeles
Upper Valley Waste Management Agency
Watershed Alliance of Marin
Western Placer Waste Management Authority
Western United Dairymen
7th Generation Advisors

Opposition (position on prior version(s) of bill)

Association for Accessible Medicines
Biocom
Biotechnology Innovation Organization

California Hospital Association
California Life Sciences Association
California Pharmacists Association
California Retailers Association
Lupin Pharmaceuticals
National Association of Chain Drug Stores
Otay Water District
Pharmaceutical Research and Manufacturers of America (PhRMA)

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