SB4209

LRB10227277CPF39066b

102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB4209

Introduced 11/14/2022, by Sen. Steven M. Landek

SYNOPSIS AS INTRODUCED:

10200HB1780eng, Sec. 25
10200HB1780eng, Sec. 35
10200HB1780eng, Sec. 45

If and only if House Bill 1780 of the 102nd General Assembly becomes law, amends the Drug Take-Back Act. Removes language providing that all potential authorized collection sites that offer to participate in a drug take-back program shall be counted towards meeting the minimum number of authorized collection sites within a drug take-back program. Removes language providing that, if the Environmental Protection Agency receives more than one proposal for a drug take-back program, the Agency shall review all proposals in conjunction with one another to ensure the proposals are coordinated to achieve the authorized collection site coverage. In provisions regarding drug take-back program promotion, provides that if there is more than one drug take-back program operated by more than one manufacturer program operator, the provisions shall be implemented individually by each drug take-back program, except that approved drug take-back programs shall coordinate to provide and maintain a single toll-free number and website publicizing collection options and collection sites (rather than implemented by all drug take-back programs collectively using a single toll-free number and website and similar education, outreach, and promotional materials). Makes other changes. Effective immediately or on the date House Bill 1780 of the 102nd General Assembly takes effect, whichever is later.

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A BILL FOR

AN ACT concerning safety.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. If and only if House Bill 1780 of the 102nd General Assembly becomes law, then the Drug Take-Back Act is amended by changing Sections 25, 35, and 45 as follows:

(10200HB1780eng, Sec. 25)

Sec. 25. Drug take-back program requirements.

(a) At least 120 days prior to submitting a proposal under Section 35, a manufacturer program operator must notify potential authorized collectors of the opportunity to serve as an authorized collector for the proposed drug take-back program. No later than 30 days after a potential authorized collector expresses interest in participating in a proposed program, the manufacturer program operator must commence good faith negotiations with the potential authorized collector regarding the collector's participation in the program.

(b) A person may serve as an authorized collector for a drug take-back program voluntarily or in exchange for compensation. Nothing in this Act requires any person to serve as an authorized collector for a drug take-back program.

(c) A pharmacy shall not be required to participate in a drug take-back program.

(d) A drug take-back program must include as a collector any person who (i) is a potential authorized collector and (ii) offers to participate in the program. The manufacturer program operator must include the person in the program as an authorized collector no later than 90 days after receiving a written offer to participate.

(e) A drug take-back program must pay for all administrative and operational costs of the drug take-back program, as outlined in subsection (a) of Section 55.

(f) An authorized collector operating a drug take-back program collection site must accept all covered drugs from consumers during the hours that the location used as a collection site is normally open for business to the public.

(g) A drug take-back program collection site must collect covered drugs and store them in compliance with State and federal law, including United States Drug Enforcement Administration regulations. The manufacturer program operator must provide for transportation and disposal of collected covered drugs in a manner that ensures each collection site is serviced as often as necessary to avoid reaching capacity and that collected covered drugs are transported to final disposal in a manner compliant with State and federal law, including a process for additional prompt collection service upon notification from the collection site. Covered drugs shall be disposed of at:

(1) a permitted hazardous waste facility that meets

the requirements under 40 CFR 264 and 40 CFR 265;

(2) a permitted municipal waste incinerator that meets the requirements under 40 CFR 50 and 40 CFR 62; or

(3) a permitted hospital, medical, and infectious waste incinerator that meets the requirements under subpart HHH of 40 CFR part 62, an applicable State plan for existing hospital, medical, and infectious waste incinerators, or subpart Ec of 40 CFR part 60 for new hospital, medical, and infectious waste incinerators.

(h) Authorized collectors must comply with all State and federal laws and regulations governing the collection, storage, and disposal of covered drugs, including United States Drug Enforcement Administration regulations.

(i) A drug take-back program must provide for the collection, transportation, and disposal of covered drugs on an ongoing, year-round basis and must provide access for residents across the State as set forth in subsection (j).

(j) A drug take-back program shall provide, in every county with a potential authorized collector, one authorized collection site and a minimum of at least one additional collection site for every 50,000 county residents, provided that there are enough potential authorized collectors offering to participate in the drug take-back program.

~~All potential authorized collection sites that offer to participate in a drug take-back program shall be counted towards meeting the minimum number of authorized collection~~

~~sites within a drug take-back program. Collection sites funded in part or in whole under a contract between a covered manufacturer and a pharmacy entered into on or before the effective date of this Act shall be counted towards the minimum requirements within this Section for so long as the contract continues.~~

(k) A drug take-back program may include mail-back distribution locations or periodic collection events for each county in the State. The manufacturer program operator shall consult with each county authority identified in the written notice prior to preparing the program plan to determine the role that mail-back distribution locations or periodic collection events will have in the drug take-back program.

The requirement to hold periodic collection events shall be deemed to be satisfied if a manufacturer program operator makes reasonable efforts to arrange periodic collection events but they cannot be scheduled due to lack of law enforcement availability.

A drug take-back program must permit a consumer who is a homeless, homebound, or disabled individual to request prepaid, preaddressed mailing envelopes. A manufacturer program operator shall accept the request through a website and toll-free telephone number that it must maintain to comply with the requests.

(Source: 10200HB1780eng.)

(10200HB1780eng, Sec. 35)

Sec. 35. Drug take-back program approval.

(a) By July 1, 2023, each covered manufacturer must individually or collectively submit to the Agency for review and approval a proposal for the establishment and implementation of a drug take-back program. The proposal must demonstrate that the drug take-back program will fulfill the requirements under Section 25. ~~If the Agency receives more than one proposal for a drug take-back program, the Agency shall review all proposals in conjunction with one another to ensure the proposals are coordinated to achieve the authorized collection site coverage set forth in subsection (j) of Section 25.~~

(b) The Agency shall approve a proposed program if each covered manufacturer and manufacturer program operator participating in the program has registered and paid the fee under Section 60, the program proposal demonstrates the program fulfills the requirements under Section 25, and the proposal includes the following information on forms prescribed by the Agency:

(1) The identity and contact information for the manufacturer program operator and each participating covered manufacturer.

(2) The identity and contact information for the authorized collectors participating in the drug take-back program.

(3) The identity of transporters and waste disposal facilities that the program will use to transport and dispose of collected covered drugs.

(4) The identity of all potential authorized collectors that were notified of the opportunity to serve as an authorized collector, including how they were notified.

(c) Within 90 days after receiving a drug take-back program proposal, the Agency shall either approve, reject, or approve with modification the proposal in writing to the manufacturer program operator. During this 90-day period, the Agency shall provide a 30-day public comment period on the drug take-back program proposal. If the Agency rejects the proposal, it shall provide the reason for rejection in the written notification to the manufacturer program operator.

(d) No later than 90 days after receipt of a notice of rejection under subsection (c) of this Section, the manufacturer or manufacturers participating in the program shall submit a revised proposal to the Agency. Within 90 days of receipt of a revised proposal the Agency shall either approve or reject the revised proposal in writing to the manufacturer program operator. During this 90-day period, the Agency shall provide a 30-day public comment period on the revised proposal.

(e) After approval, covered manufacturers must, individually or collectively, initiate operation of a drug

take-back program meeting the requirements under Section 25 no later than December 1, 2023.

(Source: 10200HB1780eng with sam 03.)

(10200HB1780eng, Sec. 45)

Sec. 45. Drug take-back program promotion. Each drug take-back program must include a system of promotion, education, and public outreach about the proper collection and management of covered drugs. If there is more than one drug take-back program operated by more than one manufacturer program operator, the requirements of this Section shall be implemented individually by each drug take-back program, except that approved drug take-back programs shall coordinate to provide and maintain a single toll-free number and website publicizing collection options and collection sites ~~by all drug take back programs collectively using a single toll free number and website and similar education, outreach, and promotional materials~~. Promotion, education, and public outreach ~~This~~ may include, but are ~~is~~ not limited to, signage, written materials to be provided at the time of purchase or delivery of covered drugs, and advertising or other promotional materials. At a minimum, promotion, education, and public outreach must include the following:

(1) Promoting the proper management of drugs by residents and the collection of covered drugs through a drug take-back program.

(2) Discouraging residents from disposing of drugs in household waste, sewers, or septic systems.

(3) Promoting the use of the drug take-back program so that where and how to return covered drugs is readily understandable to residents.

(4) Maintaining a toll-free telephone number and website publicizing collection options and collection sites, and discouraging improper disposal practices for covered drugs, such as disposal in household waste, sewers, or septic systems.

(5) Preparing and distributing to program collection sites, for dissemination to consumers, the educational and outreach materials. The materials must use plain language and explanatory images to make collection services and discouraged disposal practices readily understandable by residents, including residents with limited English proficiency.

(6) Promotional materials prepared and distributed in conjunction with an approved drug take-back program under this Section may not be used to promote in-home disposal products of any kind, including, but not limited to, in-home disposal products of authorized collectors participating in a drug take-back program.

The program promotion requirements under this Section do not apply to any drug take-back program established prior to the effective date of this Act that provides promotional or

educational materials to the public about the proper collection and management of covered drugs.

(Source: 10200HB1780eng with sam 01.)

Section 99. Effective date. This Act takes effect upon becoming law or on the date House Bill 1780 of the 102nd General Assembly takes effect, whichever is later.