

2013 DRAFTING REQUEST

Assembly Amendment (AA-AB448)

Received: 10/28/2013 Received By: mgallagh
Wanted: As time permits Same as LRB:
For: John Nygren (608) 266-2343 By/Representing: Jennifer Malcore
May Contact: Drafter: mgallagh
Subject: Criminal Law - drugs Addl. Drafters:
Occupational Reg. - misc Extra Copies: CMH

Submit via email: YES
Requester's email: Rep.Nygren@legis.wisconsin.gov
Carbon copy (CC) to: michael.gallagher@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

DNR suggestions.

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	mgallagh 11/26/2013	evinz 11/29/2013		_____			
/P1	mgallagh 12/13/2013	evinz 12/13/2013	rschluet 12/2/2013	_____	sbasford 12/2/2013		
/P2	mgallagh 1/7/2014	evinz 1/7/2014	rschluet 12/13/2013	_____	srose 12/13/2013		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1			jmurphy 1/7/2014	_____ _____	mbarman 1/7/2014	mbarman 1/7/2014	

FE Sent For:

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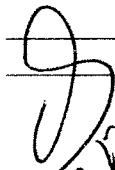

Topic:

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Instructions:

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/?	mgallagh 11/26/2013	evinz 11/29/2013		_____			
/P1			rschluet 12/2/2013		sbasford 12/2/2013		
FE Sent For:		p2 eev 12/13/13	p2 eev 12/13/13 <END>				

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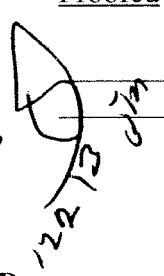
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/?	mgallagh	1pl eev 11/29/13	1pl eev 11/29/13				

FE Sent For:
<END>

Gallagher, Michael

From: Malcore, Jennifer
Sent: Monday, October 28, 2013 2:18 PM
To: Gallagher, Michael
Subject: Possible changes to AB 448

Mike,

Here is what we discussed with DNR and DOJ.

The proposed bill would inadvertently create barriers for those who voluntarily collect medical sharps (e.g., hypodermic needles, lancets) from the public, because current laws exempt these facilities from DNR's plan approval process for solid waste storage facilities. Under ch. NR 526, the state's medical waste rule, sharps collectors must follow safety requirements and operate not-for-profit. Some must register (i.e., notify DNR that they are collecting sharps), but those who generate sharps themselves, such as hospitals, do not even have to register. Separate collection of sharps is effective for reducing needlestick injuries among those who handle municipal solid waste and recyclables. There are over 500 locations in the state collecting sharps. Many of them would stop offering the service if they were expected to comply with the proposed bill. One way to avoid this adverse outcome would be for the proposed bill to exempt facilities collecting sharps in compliance with s. NR 526.09, Wis. Adm. Code. ✓

3. Chemotherapy waste and items containing elemental mercury (e.g., mercury thermometers) should be explicitly excluded from the definition of "pharmaceutical item" in proposed s. 165.65(1)(d). Wastes like these have the potential to harm persons who collect, store, transport and destroy pharmaceuticals. Elemental mercury may also cause a waste incinerator to violate air pollution standards. There are other outlets for managing mercury items, such as household hazardous waste collection sites (Clean Sweeps). The negative effects of even incidental exposure to chemotherapy drugs and related waste is an emerging issue for families and waste handlers. Additional research would be needed to determine whether, for example, medical facilities may be appropriate outlets for disposal of chemotherapy waste from households. ✓

4. Any proposed legislation about drug collection programs must clearly state that the programs are for households only. The term "household" must align with DNR's agreement with DHS and with EPA regulations (see <http://dnr.wi.gov/files/pdf/pubs/wa/wa1214.pdf>). The reason is: business and institutional waste is subject to state and federal hazardous waste regulations, whereas household pharmaceutical waste is exempt from hazardous waste regulations if it is managed according to our enforcement discretion guidance (<http://dnr.wi.gov/files/PDF/pubs/wa/wa1052.pdf>) and our guidance for Collecting Unwanted Household Pharmaceuticals (<http://dnr.wi.gov/files/pdf/pubs/wa/wa1024.pdf>). ✓

If an intention is to know and/or publicize the locations of medication collection sites, we recommend that the bill require collectors to register with the state, instead of transferring locational and contact information through a plan review process. The UW Extension's Solid and Hazardous Waste Education Center (SHWEC) has compiled the most comprehensive list available of Wisconsin collection sites (<http://www4.uwm.edu/shwec/collections/>), based on information collectors voluntarily provide to SHWEC. The bill could require collectors to report the locations of their sites to the state, so that a comprehensive list could be available. If DNR were designated to be the keeper of the list, we could easily modify our soon-to-be-online registration system for sharps collection stations to apply to pharmaceutical collections too. ✓

These are suggestions from DNR that we agree on. Let me know if you have any questions.

Jennifer Malcore
Office of State Representative John Nygren

Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor
Matthew J. Frank, Secretary

101 S. Webster St.
Box 7921
Madison, Wisconsin 53707-7921
Telephone 608-266-2621
FAX 608-267-3579
TTY Access via relay - 711

February 27, 2008

Subject: Pharmaceutical waste at non-hospital healthcare facilities

Dear Pharmaceutical Collection Event Organizer:

The attached document, "**Pharmaceutical waste at non-hospital healthcare facilities**", clarifies the terminology used by the State of Wisconsin to describe various types of non-hospital healthcare facilities and how they are regulated with respect to using Clean Sweep or other household hazardous waste collection facilities to dispose of pharmaceutical waste. The Wisconsin Department of Natural Resources (DNR) Waste and Materials Management Program and the Wisconsin Department of Health and Family Services, Division of Quality Assurance worked jointly to produce the document.

Organizers of pharmaceutical collection events may use the document to determine the circumstances under which they can accept pharmaceutical waste from non-hospital healthcare facilities. Similarly, non-hospital healthcare facilities may use the document to assist in determining their regulatory status, if they want to bring pharmaceutical waste to household collection events.

Household hazardous waste is regulated as a hazardous waste in Wisconsin when it is separately collected at a household hazardous waste collection facility. The DNR has issued an enforcement discretion memorandum conditionally exempting household pharmaceutical hazardous waste from these requirements. The memorandum describes different types of non-hospital healthcare facilities and states whether each facility may be considered a business or household for the purpose of disposing pharmaceuticals at household hazardous waste collection events or facilities.

The DNR advises healthcare facilities to contact the organizers of collection events before bringing any pharmaceutical waste to the event to ensure that it can be accepted and to make any other necessary arrangements.

Sincerely,

Joanie Burns, Section Chief
Hazardous Waste Prevention and Management Section
Waste and Materials Management Program

Attach.: Pharmaceutical waste at non-hospital healthcare facilities

Pharmaceutical waste at non-hospital healthcare facilities

Purpose

This document provides a summary of non-hospital healthcare facility definitions, as they pertain to pharmaceutical waste, in order to establish a basis for each type of facility to determine how its pharmaceutical waste should be handled. This document represents a joint effort by the Wisconsin Department of Natural Resources (DNR) Waste and Materials Management Program and the Wisconsin Department of Health and Family Services, Division of Quality Assurance (DQA).

Summary of DNR/DHFS Consensus on Regulation	
Nursing homes	Business/non-household
Community-based residential facility (CBRF)	Business/non-household
Residential care apartment complex (RCAC)	Household <i>Exception: RCACs that purchase, store, distribute or otherwise centrally manage medications on behalf of tenants are considered businesses, regardless of the number of tenants/units.</i>
Adult family home (AFH)	Household
Hospice care	In-patient: business
	In-home: household
	In-other-facility: see above for each represented facility

Background Information

Nursing homes

- Serve 5 or more residents.
- 60% of nursing homes serve 5 to 99 residents.
- An estimated 90% of medications are controlled by the nursing home.
- Prescription drugs present typically are for long term residents. There would be limited use of epinephrine, nicotine patches and chemotherapy agents. Warfarin is likely to be the most common medication in use that is a hazardous waste (HW).
- Noncontrolled substances, including warfarin, can be returned to the pharmacy for reuse. If that is done, nursing homes would not have to dispose of them as hazardous pharmaceutical waste. It is therefore assumed that many nursing homes would generate a small quantity of pharmaceutical HW.

CBRFs

- Serve 5 or more residents.
- Approximately 85% of CBRFs serve 5 to 20 residents.
- Services are above the level of room and board, and may include full medication management, infectious waste, household waste, etc. There is no designation on a CBRF license about the extent of services offered.
- Noncontrolled substances, including warfarin, can be returned to the pharmacy for reuse. If that is done, CBRFs would not have to dispose of them as hazardous pharmaceutical waste. It is therefore assumed that many CBRFs would generate a small quantity of pharmaceutical HW.

RCACs

- Serve 5 or more tenants.
- Approximately 75% of RCACs serve 21 to 100 tenants.
- Wide range of types of services offered, but limited to a combination of no more than 28 hours per week, including nursing services.
- Services may include central storage and administration of medicines.
- Unused medicines are sent home with apartment residents or their families; if the facility chooses to take responsibility for the medications or otherwise centrally manages medications on behalf of residents, the facility becomes the generator and the medication waste is no longer considered household waste.

AFHs

- Serve 4 or fewer residents, and are similar in size to many households.
- Prescription medications may be controlled by the facility.

Hospices

- Hospice care providers often provide services in patient homes.
- Some hospice care providers come into nursing homes and CBRFs to treat patients and manage end-of-life care.
- There are limited numbers of inpatient hospice facilities such as a freestanding structure or separate part of a structure that provides other services. These inpatient facilities are typically small, with 10-20 beds.
- For hospice care provided in patient homes, medication is usually under the control of the patient or family. For hospice care provided in facilities like nursing homes and CBRFs, the medication is under the control of the facility.
- Hospice care provided in an inpatient setting would be under control of the hospice and involve minimal hazardous waste generation. Most inpatient hospice care settings are assumed to generate very small amounts of pharmaceutical HW.

Other Information

Medications in nursing homes and CBRFs, such as Coumadin (Warfarin) and other non-controlled substances, are often returned to the pharmacy for reuse; with the exception of controlled substances, the pharmacy code allows this (Wis. Adm. Code, Ch. Phar 7.04). Controlled substances and any medications in hospices and residential care apartment complexes cannot be returned to a pharmacy for reuse.

All medications that are not used represent a stream of medication waste that is problematic for hazardous waste management requirements, which include the requirement to evaluate and characterize waste. This is particularly true for controlled substances, which are often flushed or placed in the garbage.

The DNR and the DQA are working to inform facilities considered to be businesses that there are specific requirements for managing hazardous waste in order to reduce confusion between hazardous waste and infectious/biohazard waste and to promote compliance with applicable regulatory requirements.

Disclaimer: *This document is intended solely as guidance and does not include any mandatory requirements except where requirements found in statute or administrative rule are referenced. This document does not establish or affect legal rights or obligations and is not finally determinative of any of the issues addressed. This document does not create any rights enforceable by any party in litigation with the State of Wisconsin or an agency of the State of Wisconsin. Any regulatory decisions made by the Department of Natural Resources or other agency of the State of Wisconsin in any manner addressed by this document will be made by applying the governing statutes and administrative rules to the relevant facts.*

Guidance for Safe Management of Household Pharmaceuticals

The Wisconsin Department of Natural Resources (DNR) has issued an enforcement discretion memorandum that conditionally exempts household pharmaceutical waste collected at household pharmaceutical waste collection facilities or events – including those collected, confiscated or otherwise taken into possession by law enforcement officials – from the state's hazardous waste and solid waste rules. The memorandum was first issued in June 2006, and it was revised and reissued in 2011.

Under the hazardous waste rules, NR 600 series, Wis. Adm. Code, the department regulates collected household waste if the hazardous waste in this waste stream is separated from other household solid waste and managed at a household hazardous waste collection facility. The United States Environmental Protection Agency (EPA), however, excludes all household waste from hazardous waste regulation. As such, exercising the enforcement discretion does not render Wisconsin's hazardous waste program less stringent than the counterpart federal program. Furthermore, the memorandum sets out management standards that must be met; collected household pharmaceuticals not managed in accordance with the standards are subject to all applicable requirements under Wisconsin solid and hazardous waste rules.

CORRESPONDENCE/MEMORANDUM

DATE: May 26, 2011

FILE REF: [Click here and type file ref.]

TO: Ed Lynch, Hazardous Waste Management Section Chief

FROM: Pat Chabot, Hazardous Waste Program Coordinator

SUBJECT: Enforcement Discretion (Extended)-Hazardous Waste and Solid Waste Requirements
Pertaining to Collected Household Pharmaceutical Waste**Guidance for Safe Management of Household Pharmaceuticals**

The Wisconsin Department of Natural Resources (DNR) has issued an enforcement discretion memorandum that conditionally exempts household pharmaceutical waste collected at household pharmaceutical waste collection facilities or events, including those collected, confiscated or otherwise taken into possession by law enforcement officials, from the state's hazardous waste and solid waste rules.

Under the hazardous waste rules, NR 600 series, Wis. Adm. Code, the department regulates collected household waste if the hazardous waste in this waste stream is separated from other household solid waste and managed at a household hazardous waste collection facility. The United States Environmental Protection Agency (EPA), however, excludes all household waste from hazardous waste regulation. As such, exercising the enforcement discretion does not render Wisconsin's hazardous waste program less stringent than the counterpart federal program. Furthermore, the memorandum sets out management standards that must be met. Collected household pharmaceuticals not managed in accordance with the management standards are subject to all applicable requirements under Wisconsin solid and hazardous waste rules. This memorandum will remain in effect until DNR modifies, rescinds or codifies it.

Background

The traditional methods for managing household pharmaceutical waste (i.e., flushing them down the toilet or throwing them in the trash) have raised concerns about the potential for these substances to accumulate in surface and ground water and to otherwise harm human health and the environment. The risk of harm can be reduced by encouraging the collection of household pharmaceutical waste for better management.

Some pharmaceuticals are controlled substances and are strictly regulated by the U.S. Drug Enforcement Administration (DEA). After controlled substances are dispensed by a pharmacy, only law enforcement officials are allowed to accept them for management, including when they are brought to household collection events. Law enforcement officials must maintain custody of the controlled substances at all times, ending with witnessed destruction. As a result, law enforcement officers participating in household pharmaceutical waste collections will likely want to take the collected household controlled substances back to their offices to securely store them along with other, confiscated controlled substances prior to the witnessed destruction.

Under the hazardous waste rules, NR 600 series, the Department regulates collected household waste if the hazardous waste in this waste stream is separated from other household solid waste and managed at a household hazardous waste collection facility. This is more stringent than the counterpart federal regulations, which completely exempt household waste from hazardous waste regulation. Many other states follow the federal regulations and completely exempt household waste from hazardous waste regulation.

Only a relatively small proportion of discarded household pharmaceuticals would actually be subject to regulation as a hazardous waste in Wisconsin. However, because household pharmaceutical waste is very diverse, and because of the time and resources required to determine which of it is hazardous waste, collectors or collection events may be inclined to classify all of the pharmaceuticals they take in as hazardous waste. This creates other potential problems that could discourage collection altogether, including increasing costs and limiting treatment or disposal options (there are no commercial hazardous waste landfills or incinerators in Wisconsin).

Requirements under the solid waste rules, NR 500 series, might also discourage the collection of household pharmaceutical waste, including the following for solid waste storage facilities: initial site inspection requirements, location criteria, obtaining an operating license, and certifying compliance or paying compliance inspection fees.

Under the Wisconsin hazardous waste rules, unless the collected household controlled substances are screened to exclude those that are also hazardous waste, the law enforcement offices to which these are taken would be regulated as permanent household hazardous waste collection facilities. As a result, household pharmaceutical waste collections may be discouraged by the inability or reluctance of law enforcement agencies to comply with hazardous waste requirements.

Action

The Waste and Materials Management Program would like to encourage the safe collection and management of all household pharmaceutical waste. Accordingly, the Department should exercise discretion and refrain from enforcing hazardous waste requirements pertaining to pharmaceuticals that are collected at household pharmaceutical waste collection facilities or events, including those collected, confiscated or otherwise taken into possession by law enforcement officials.

Any household pharmaceutical waste that is excluded from hazardous waste regulation under this memo would still be subject to solid waste regulation. As such, the Department should also exercise discretion in enforcing solid waste requirements pertaining to pharmaceuticals that are collected at household pharmaceutical waste collection facilities or events, including those collected, confiscated or otherwise taken into possession by law enforcement officials.

Enforcement discretion for the requirements of the NR 500 and NR 600 series may be exercised if the following management practices will met:

1. Controlled substances will be managed according to DEA requirements.
2. Reasonable precautions will be taken to prevent theft of or accidental exposure to collected household pharmaceuticals.
3. Sharps are presumed to be infectious waste in Wisconsin and are regulated under ch. NR 526. Therefore all sharps, including those associated with household pharmaceuticals, will be managed in accordance with ch. NR 526.
4. Collected household pharmaceuticals will be collected, stored, transported and managed in a safe and nuisance free manner and to prevent releases to the environment.

Practices necessary to ensure this include, but are not limited to, the following:

- a. Collected household pharmaceuticals will not be disposed in a publicly owned treatment works or other wastewater treatment facility.

b. To the extent possible, and with due consideration to the compatibility of the waste stream to a particular management method, pharmaceuticals will be destroyed so as to render them unrecoverable in the future, and in order to minimize their potential impact upon the environment. Incineration will be done in accordance with state air management requirements and any associated permits regulating the facility. Open burning of pharmaceuticals or plastic containers will not be conducted under any circumstances.

c. Operators of household pharmaceutical collection facilities and events will verify that the facilities or entities employed to manage collected pharmaceuticals are permitted or otherwise authorized to accept and manage this waste, and will ensure that the final disposition/destruction of all collected household pharmaceuticals can be ascertained.

The exercise of enforcement discretion described in this memo will provide relief from the solid and hazardous waste requirements in order to encourage the safe and controlled management of household pharmaceuticals. Collected household pharmaceuticals not managed in accordance with the above conditions will be subject to all applicable regulatory requirements, including the Wisconsin solid and hazardous waste rules.

Exercising this enforcement discretion will not jeopardize Wisconsin's RCRA hazardous waste program authorization. The US EPA excludes all household waste from hazardous waste regulation; therefore, Wisconsin's hazardous waste program will not become less stringent than the counterpart federal program.

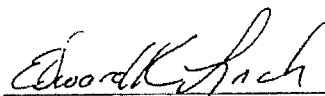
The Department will continue to evaluate state policy on an ongoing basis and may modify or withdraw this memo, in whole or in part, at any time.

DISCLAIMER

This document is intended solely as guidance, and does not contain any mandatory requirements except where reference is made to requirements found in statute or administrative rule. This guidance does not establish or affect legal rights or obligations, and is not finally determinative of any of the issues addressed. This guidance does not create any rights enforceable by any party in litigation with the State of Wisconsin or the Department of Natural Resources. Any regulatory decisions made by the Department of Natural Resources in any manner addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

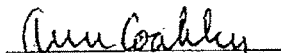
Approved:

Date:



Ed Lynch, Chief
Hazardous Waste Management Section

5-31-11


Ann Coakley, Director

05/31/11



Thomson



LRBa1086?
MPG:.....
Leev

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION
ASSEMBLY AMENDMENT,
TO ASSEMBLY BILL 448

9
/P1

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 3, lines 1 and 9: before "pharmaceutical" insert "household".

3 **2.** Page 3, line 3: delete the material beginning with "(d)" and ending with

4 "drug." on line 6 and substitute:

5 (d) 1. Except as provided under ^{subd.} ~~subdivision~~ 2., "household pharmaceutical

6 item" means any of the following if lawfully possessed by an individual for the

7 individual's own use, for the use of a member of the individual's household, or for the

8 use of an animal owned by the individual or a member of the individual's household:

9 a. A drug, as defined in s. 450.01 (10) ^a prescription drug, as defined in s. 450.01

10 (20) ^a or controlled substance or controlled substance analog, if the drug, prescription

11 drug, or controlled substance or controlled substance analog is located in or comes

12 from a place where the individual, a member of the individual's household, an

1 in-home hospice service, or an adult family home serving fewer than 5 adult
2 members manages the use of the drug, prescription drug, or controlled substance or
3 controlled substance analog.

4 b. A device, as defined in ^{S.} 450.01 (6), or an object used for administering a drug,
5 if the device or object is located in or comes from a place where the individual, a
6 member of the individual's household, an in-home hospice service, or an adult family
7 home serving fewer than 5 adult members manages the use of the device or object.

8 2. "Household pharmaceutical item" does not include any of the following:

9 a. A piece of medical equipment or a clinical laboratory article, whether
10 contaminated, disinfected, or unused, that may cause a puncture or cut, including
11 a hypodermic needle, ^a syringe with needle attached, ^a scalpel blade, ^a lancet, ^a broken
12 glass vial, ^a broken rigid plastic vial, or ^a laboratory slide.

13 b. Any item that may be contaminated with antineoplastic chemotherapy
14 drugs, including objects used to administer drugs, gloves, and other items that have
15 come into contact with chemotherapy drugs.

16 c. Any item containing elemental mercury." ✓

17 **3.** Page 4, lines [✓] 1, [✓] 2, [✓] 3, [✓] 6, [✓] 20, [✓] 21 and [✓] 23: before "pharmaceutical" insert
18 "household". ✓

19 **4.** Page 5, lines [✓] 9, [✓] 11, and [✓] 12: before "pharmaceutical" insert "household". ✓

20 **5.** Page 6, line 19: after that line insert:

21 ^u(d) Each person that operates a drug disposal program in this state shall,
22 within 30 days after the drug disposal program begins operation, notify and provide
23 all of the following information to the department of natural resources:

24 1. The location and hours of operation of the drug disposal program.

Gallagher, Michael

From: Malcore, Jennifer
Sent: Thursday, December 12, 2013 1:05 PM
To: Gallagher, Michael
Subject: FW: Draft review: LRB a1086/P1 Topic: DNR suggestions.
Attachments: 13a1086/P1.pdf

Mike,

Can you look at the comments below from Brad Wolbert,

The amendment excludes sharps from the definition of "household pharmaceutical item." The problem is that a large class of sharps are also pharmaceuticals – among them, common items like epi-pens and pre-filled insulin syringes. There needs to be a home for these to go to. These can't go to sharps collection stations because they need to be disposed of via incineration, and sharps collected at sharps collection stations generally go to infectious waste treatment facilities that are not incinerators. One fix for this problem would be to not exclude sharps from the definition of "household pharmaceutical item," but instead to simply exempt activities confined to collection of sharps that are in compliance with DNR standards from the requirements of the proposed s. 165.65(2). This would also fix the seemingly contradictory definitions in the amendment regarding whether objects used to administer a drug are household pharmaceutical items or not.

Is this doable for the amendment? Otherwise it looks good to go.

Thanks, let me know if you any questions.

Jennifer Malcore

Office of State Representative John Nygren
Co-Chair , Joint Committee on Finance
89th Assembly District
309 East, State Capitol
608.266.2344

From: Bruhn, Michael L - DNR [<mailto:Michael.Bruhn@wisconsin.gov>]
Sent: Wednesday, December 11, 2013 11:07 AM
To: Malcore, Jennifer
Subject: FW: Draft review: LRB a1086/P1 Topic: DNR suggestions.

Hey Jennifer,

Below is one issue that our staff has identified that should be addressed. Barb had a number of smaller issues, but the issue that Brad references is the most important.

Thanks!!

Michael Bruhn
Legislative Liaison
Wisconsin Department of Natural Resources
(☎) phone: (608) 266-5375
(✉) e-mail: michael.bruhn@wisconsin.gov
Website: dnr.wi.gov

Find us on Facebook: www.facebook.com/WIDNR

From: Wolbert, Brad - DNR
Sent: Tuesday, December 10, 2013 3:42 PM
To: Bruhn, Michael L - DNR
Cc: Bickford, Barbara J - DNR (Barb); Coakley, Ann M - DNR; Stevens, Patrick K - DNR
Subject: FW: Draft review: LRB a1086/P1 Topic: DNR suggestions.

Mike, it looks like we are very close with this amendment, and we appreciate the bill author's responsiveness to our concerns. However, in addressing our previous comment about sharps collection stations, the amendment creates a new problem (fortunately, it is very fixable!).

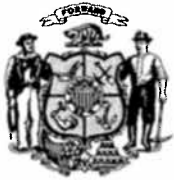
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Barb's detailed comments are below, but I think the above issue is the crucial one. Thanks for the opportunity to comment and for keeping us in the loop on this!

Brad Wolbert, P.G., Chief

Recycling and Solid Waste Section
Bureau of Waste and Materials Management
Wisconsin Department of Natural Resources
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State of Wisconsin
2013 - 2014 LEGISLATURE



LRBa1086(P1)
MPG:eev:rs

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION
ASSEMBLY AMENDMENT
TO ASSEMBLY BILL 448

Insert

152

Insert 1-2

- 1 At the locations indicated, amend the bill as follows:
- 2 **1.** Page 3, lines 1 and 9: before "pharmaceutical" insert "household".
- 3 **2.** Page 3, line 3: delete the material beginning with "(d)" and ending with
- 4 "drug." on line 6 and substitute:
- 5 "(d) 1. Except as provided under subd. 2., "household pharmaceutical item"
- 6 means any of the following if lawfully possessed by an individual for the individual's
- 7 own use, for the use of a member of the individual's household, or for the use of an
- 8 animal owned by the individual or a member of the individual's household:
- 9 a. A drug, as defined in s. 450.01 (10); a prescription drug, as defined in s. 450.01
- 10 (20); or a controlled substance or controlled substance analog, if the drug,
- 11 prescription drug, or controlled substance or controlled substance analog is located
- 12 in or comes from a place where the individual, a member of the individual's

1 household, an in-home hospice service, or an adult family home serving fewer than
2 5 adult members manages the use of the drug, prescription drug, or controlled
3 substance or controlled substance analog.

4 b. A device, as defined in s. 450.01 (6), or an object used for administering a
5 drug, if the device or object is located in or comes from a place where the individual,
6 a member of the individual's household, an in-home hospice service, or an adult
7 family home serving fewer than 5 adult members manages the use of the device or
8 object.

9 2. "Household pharmaceutical item" does not include any of the following:

10 ~~a. A piece of medical equipment or a clinical laboratory article, whether~~
11 ~~contaminated, disinfected, or unused, that may cause a puncture or cut, including~~
12 ~~a hypodermic needle, a syringe with needle attached, a scalpel blade, a lancet, a~~
13 ~~broken glass vial, a broken rigid plastic vial, or a laboratory slide.~~

14 ~~b.~~ ^a Any item that may be contaminated with antineoplastic chemotherapy
15 drugs, including objects used to administer drugs, gloves, and other items that have
16 come into contact with chemotherapy drugs.

17 ~~c.~~ ^b Any item containing elemental mercury."

18 3. Page 4, lines 1, 2, 3, 6, 20, 21 and 23: before "pharmaceutical" insert
19 "household".

20 4. Page 5, lines 9, 11 and 12: before "pharmaceutical" insert "household".

21 5. Page 6, line 19: after that line insert:

22 "(d) Each person that operates a drug disposal program in this state shall,
23 within 30 days after the drug disposal program begins operation, notify and provide
24 all of the following information to the department of natural resources:

- 1 1. The location and hours of operation of the drug disposal program.
- 2 2. The name, address, telephone number, and 24-hour contact information for
- 3 one or more persons in this state who are responsible for the operation of the
- 4 program.
- 5 3. A description of the household pharmaceutical items the drug disposal
- 6 program may receive.”.
- 7 **6.** Page 6, line 20: before “PHARMACEUTICAL” insert “HOUSEHOLD”.
- 8 **7.** Page 6, lines 22 and 23: before “pharmaceutical” insert “household”.
- 9 **8.** Page 7, lines 2 and 12: before “pharmaceutical” insert “household”.
- 10 **9.** Page 10, line 8: delete “provide” and substitute “provided”.

11

(END)

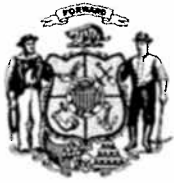
2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRBa1086/P2ins
MPG:eev:rs

1 INSERT 1-2

2 ~~#~~ Page 3, line 2: after "items." insert "Drug disposal program" does not
3 include a sharps collection station operated in compliance with rules promulgated
4 by the ~~D~~epartment of ~~N~~atural Resources." ✓

5 END INSERT 1-2



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No changes.

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 3, lines 1 and 9: before “pharmaceutical” insert “household”.

3 **2.** Page 3, line 2: after “items.” insert ““Drug disposal program” does not
4 include a sharps collection station operated in compliance with rules promulgated
5 by the department of natural resources.”.

6 **3.** Page 3, line 3: delete the material beginning with “(d)” and ending with
7 “drug.” on line 6 and substitute:

8 “(d) 1. Except as provided under subd. 2., “household pharmaceutical item”
9 means any of the following if lawfully possessed by an individual for the individual’s
10 own use, for the use of a member of the individual’s household, or for the use of an
11 animal owned by the individual or a member of the individual’s household:

1 a. A drug, as defined in s. 450.01 (10); a prescription drug, as defined in s. 450.01
2 (20); or a controlled substance or controlled substance analog, if the drug,
3 prescription drug, or controlled substance or controlled substance analog is located
4 in or comes from a place where the individual, a member of the individual's
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12 object.

13 2. "Household pharmaceutical item" does not include any of the following:

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16 come into contact with chemotherapy drugs.

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11

(END)