

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

LLS NO. 22-0640.01 Brita Darling x2241

SENATE BILL 22-098

SENATE SPONSORSHIP

Rodriguez,

HOUSE SPONSORSHIP

(None),

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 CONCERNING A TASK FORCE TO EXAMINE THE CREATION OF A
102 PROGRAM ALLOWING FOR THE USE OF DONATED UNUSED DRUGS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill creates the Colorado drug reuse opportunity program (program). The program allows members of the public, health-care providers, pharmacies, health-care facilities, drug manufacturers, and other entities to donate prescription drugs, excluding controlled substances, and "over-the-counter" medicine (drugs) to be distributed or redispensed to Colorado residents with a prescription for such a drug or

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

symptoms treatable with such a drug (eligible patients). Donated drugs are free to eligible patients, although there may be a fee for processing and redispensing the drugs.

The bill establishes requirements for:

- Donating unused drugs, receiving and accepting drug donations, and redispensing and administering unused drugs to eligible patients;
- Storing, repackaging, and labeling donated drugs;
- Disposing of donated drugs that cannot be redispensed; and
- Record keeping relating to the donation, receipt, and reuse of the donated drugs.

In redispensing the donated drugs, to the extent possible, the program gives priority to eligible patients who are not covered by health insurance or who lack adequate health insurance coverage or whose income falls below a certain income level.

The state board of pharmacy shall promulgate rules, including rules for donating and receiving drugs, labeling and repackaging drugs, and redispensing or administering drugs by persons authorized to dispense or administer drugs.

With certain exceptions, the bill provides immunity from civil or criminal liability or professional discipline for a manufacturer, donor, or receiver of drugs for activities directly attributable to donating, receiving, redispensing, or administering a drug under the program.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. In Colorado Revised Statutes, add 25-1.5-118 as**
3 **follows:**

4 **25-1.5-118. Drug repository task force - creation - report -**
5 **definitions - repeal. (1) THE DRUG REPOSITORY TASK FORCE IS HEREBY**
6 **CREATED IN THE DEPARTMENT. THE PURPOSE OF THE TASK FORCE IS TO**
7 **EXAMINE DRUG REPOSITORY PROGRAMS FOR UNUSED PRESCRIPTION DRUGS**
8 **AND OVER-THE-COUNTER MEDICATIONS IN THE COUNTRY TO DETERMINE**
9 **THE BEST MODEL FOR COLORADO TO IMPLEMENT A SAFE, EFFICIENT, AND**
10 **EFFECTIVE DRUG REPOSITORY PROGRAM IN THE STATE.**

11 **(2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE**
12 **REQUIRES:**

1 (a) "MEDICINE" MEANS PRESCRIPTION DRUGS AND
2 OVER-THE-COUNTER MEDICATIONS.

3 (b) "TASK FORCE" MEANS THE DRUG REPOSITORY TASK FORCE
4 CREATED IN THIS SECTION.

5 (3) THE TASK FORCE CONSISTS OF AT LEAST THIRTEEN AND NO
6 MORE THAN FIFTEEN VOTING MEMBERS, AS FOLLOWS:

7 (a) SIX MEMBERS APPOINTED BY THE EXECUTIVE DIRECTOR OF THE
8 DEPARTMENT, AS FOLLOWS:

9 (I) ONE MEMBER REPRESENTING THE DEPARTMENT;

10 (II) ONE MEMBER REPRESENTING PATIENTS;

11 (III) ONE MEMBER FROM A STATEWIDE ADVOCACY GROUP
12 REPRESENTING CHRONIC HEALTH CONDITIONS;

13 (IV) ONE MEMBER FROM A STATEWIDE ORGANIZATION OF
14 HOSPITALS;

15 (V) ONE MEMBER FROM A SAFETY NET HOSPITAL; AND

16 (VI) ONE MEMBER FROM A STATEWIDE ASSOCIATION OF
17 PLAINTIFF'S ATTORNEYS;

18 (b) SIX MEMBERS APPOINTED BY THE EXECUTIVE DIRECTOR OF THE
19 DEPARTMENT OF REGULATORY AGENCIES, AS FOLLOWS:

20 (I) ONE MEMBER REPRESENTING THE DEPARTMENT OF
21 REGULATORY AGENCIES;

22 (II) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF
23 PHARMACISTS;

24 (III) ONE MEMBER REPRESENTING A STATEWIDE ASSOCIATION OF
25 COMMUNITY PHARMACIES;

26 (IV) ONE MEMBER REPRESENTING PHARMACEUTICAL
27 MANUFACTURERS;

1 (V) ONE MEMBER REPRESENTING DRUG REPOSITORY PROGRAMS;

2 AND

3 (VI) ONE MEMBER WHO IS A PHYSICIAN WITH PRESCRIBING

4 AUTHORITY;

5 (c) ONE MEMBER APPOINTED BY THE EXECUTIVE DIRECTOR OF THE

6 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING REPRESENTING THE

7 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; AND

8 (d) UP TO TWO ADDITIONAL MEMBERS APPOINTED BY THE

9 EXECUTIVE DIRECTOR OF THE DEPARTMENT, AS THE EXECUTIVE DIRECTOR

10 DEEMS APPROPRIATE TO CARRY OUT THE TASK FORCE'S DUTIES.

11 (4) THE APPOINTING AUTHORITIES SPECIFIED IN SUBSECTION (3) OF

12 THIS SECTION SHALL APPOINT MEMBERS OF THE TASK FORCE NO LATER

13 THAN AUGUST 1, 2022. EACH TASK FORCE MEMBER SERVES AT THE

14 PLEASURE OF THE APPOINTING AUTHORITY.

15 (5) EACH TASK FORCE MEMBER SERVES WITHOUT COMPENSATION

16 AND IS NOT ENTITLED TO REIMBURSEMENT FOR ANY EXPENSES

17 ASSOCIATED WITH SERVING ON THE TASK FORCE.

18 (6) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE

19 EXECUTIVE DIRECTOR'S DESIGNEE, SHALL CONVENE THE FIRST MEETING OF

20 THE TASK FORCE NO LATER THAN SEPTEMBER 15, 2022. THE TASK FORCE

21 SHALL MEET AS NECESSARY TO COMPLETE ITS WORK, AS DETERMINED BY

22 THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, OR THE EXECUTIVE

23 DIRECTOR'S DESIGNEE.

24 (7) THE TASK FORCE SHALL CONSIDER, AT A MINIMUM, THE

25 FOLLOWING ISSUES:

26 (a) DRUG REPOSITORIES IN OTHER STATES, INCLUDING ILLINOIS

27 AND IOWA, AS POSSIBLE MODELS FOR A COLORADO DRUG REPOSITORY

- 1 PROGRAM;
- 2 (b) THE DRUG REPOSITORY MODEL THAT WILL BE THE SAFEST,
3 MOST EFFICIENT, AND MOST EFFECTIVE FOR COLORADO;
- 4 (c) THE MEDICATIONS THAT WILL BE INCLUDED IN THE DRUG
5 REPOSITORY PROGRAM;
- 6 (d) THE NECESSARY REQUIREMENTS FOR DONATING, RECEIVING,
7 PACKAGING, AND REDISPENSING MEDICINE;
- 8 (e) ANY LEGAL OR REGULATORY BARRIERS TO IMPLEMENTING THE
9 DRUG REPOSITORY PROGRAM AND HOW TO ELIMINATE THE BARRIERS;
- 10 (f) THE FEES OR OTHER COSTS ASSOCIATED WITH THE DRUG
11 REPOSITORY PROGRAM;
- 12 (g) WHETHER AND HOW TO PRIORITIZE PATIENT ACCESS TO THE
13 DRUG REPOSITORY PROGRAM;
- 14 (h) THE NECESSARY CHANGES TO EXISTING STATUTE OR RULES IN
15 ORDER TO IMPLEMENT THE DRUG REPOSITORY PROGRAM;
- 16 (i) HOW THE DRUG REPOSITORY PROGRAM WILL INTERACT WITH
17 EXISTING DRUG TAKE-BACK PROGRAMS AND DRUG DEPOSITORY PROGRAMS
18 IN COLORADO; AND
- 19 (j) HOW TO MARKET THE DRUG REPOSITORY PROGRAM TO DONORS,
20 CONSUMERS, MANUFACTURERS, AND PERSONS REDISPENSING MEDICINE.
- 21 (8) THE TASK FORCE MAY SOLICIT INFORMATION FROM AND
22 CONSULT WITH ADDITIONAL STAKEHOLDERS AS NECESSARY TO DESIGN THE
23 DRUG REPOSITORY PROGRAM.
- 24 (9) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT TO THE TASK
25 FORCE TO ASSIST THE TASK FORCE IN CARRYING OUT ITS DUTIES.
- 26 (10) NO LATER THAN DECEMBER 15, 2022, THE TASK FORCE SHALL
27 SUBMIT ITS REPORT, INCLUDING ITS FINDINGS AND RECOMMENDATIONS ON

1 ISSUES IDENTIFIED IN SUBSECTION (7) OF THIS SECTION, TO THE GOVERNOR
2 AND THE PUBLIC AND BEHAVIORAL HEALTH AND HUMAN SERVICES
3 COMMITTEE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE
4 OF REPRESENTATIVES AND THE HEALTH AND HUMAN SERVICES COMMITTEE
5 OF THE SENATE, OR ANY SUCCESSOR COMMITTEES.

6 (11) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2023.

7 **SECTION 2. Safety clause.** The general assembly hereby finds,
8 determines, and declares that this act is necessary for the immediate
9 preservation of the public peace, health, or safety.