LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

DRUG TAKE-BACK AND DISPOSAL PROGRAMS: SUMMARY OF STATE LAWS

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LAPPA
LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

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DRUG TAKE-BACK AND DISPOSAL PROGRAMS: SUMMARY OF STATE LAWS

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SUMMARY

Prescription drugs are medications that require a licensed and registered healthcare professional to prescribe them to a patient and generally fall into two categories – controlled and non-controlled substances.[1] Non-controlled prescription drugs include medications such as antibiotics and drugs to control high blood pressure. Controlled substances are classified by the federal Drug Enforcement Administration (DEA) into five schedules based on each drug's accepted medical use and potential for abuse.[2] Nearly four billion prescriptions, representing both controlled and non-controlled substances, were dispensed by retail pharmacies in 2019, the most recent year for which there is data.[3]

An investigation into controlled substance prescribing for the period 2004 to 2019 determined that Schedule IV depressants (specifically benzodiazepines, commonly used to treat anxiety disorders, and sleep medications such as Ambien, Sonata, and Lunesta) and Schedule II narcotics "were the most commonly dispensed categories of controlled substances throughout the study period."[4] Additionally, most prescribed stimulants, including those used to treat attention deficit hyperactivity disorder, fall within Schedule II of the federal controlled substances schedules.[5] A report from the Centers for Disease Control and Prevention reflects that overdose rates involving stimulants in the United States have increased significantly since 2010, and 32 percent of all overdose deaths in the United States in 2022 involved stimulants.[6]

However, simply because a prescription drug is not listed as a controlled substance does not mean that it is safe. In a survey of adult patients admitted to psychiatry services, 38.4 percent reported misuse of non-controlled prescription drugs.[7] Additionally, in 2024, more than 64,000 calls to poison control centers involved pharmaceuticals, including over-the-counter drugs, and nearly half of those calls (49.2 percent) involved children under the age of six.[8] In an effort to combat the very real public health danger that expired, unused, and unwanted prescription drugs can pose, in 2010, the DEA began coordinating a bi-annual National Prescription Take-back

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[1] *Prescription Drug*, MERRIAM-WEBSTER DICTIONARY (accessed July 21, 2025), PRESCRIPTION DRUG Definition & Meaning - Merriam-Webster.
[2] *Drug Scheduling*, DRUG ENF'T ADMIN. (accessed July 21, 2025), Drug Scheduling.
[3] *Number of Retail Prescription Drugs Filled at Pharmacies by Payer*, KFF (accessed July 21, 2025), Number of Retail Prescription Drugs Filled at Pharmacies by Payer | KFF. The exact figure is 3,792,051,418 but that total does not include prescriptions dispensed in clinics, hospitals, physicians' offices, or pharmacies within a closed healthcare system, such as a long-term care facility.
[4] Katsiaryna Bykov, Mengdong He, and Joshua J. Gagne, *Trends in Utilization of Prescribed Controlled Substances in U.S. Commercially Insured Adults, 2004-2019*, 180(7) JAMA Internal Medicine 1006 (Apr. 20, 2020), Trends in Utilization of Prescribed Controlled Substances in US Commercially Insured Adults, 2004-2019 | Clinical Pharmacy and Pharmacology | JAMA Internal Medicine | JAMA Network.
[5] DRUG ENF'T ADMIN., *supra* note.
[6] Stephanie Hayden *et al.*, *Controlled Substance Prescribing Patterns among Fatal Overdose Decedents with an Opioid, Stimulant, or Both Contributing to Death – Pennsylvania, 2017-2022*, CTRS. FOR DISEASE CONTROL & PREVENTION (Apr. 10, 2025), Controlled Substance Prescribing Patterns Among Fatal Overdose Decedents with an Opioid, Stimulant, or Both Contributing to Death — Pennsylvania, 2017–2022 | MMWR.
[7] Amelia Slane *et al.*, *Survey of Noncontrolled Medication Misuse Patterns*, 12(3) THE MENTAL HEALTH CLINICIAN 199, 202 (Jan. 25, 2022), Survey of noncontrolled medication misuse patterns - PMC.
[8] *Generic Substance Categories by Age*, POISON CONTROL, NAT'L CAPITAL POISON CENTER (accessed July 21, 2025), Generic Substance Categories by Age.

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Day, with the first being held on September 25, 2010.[9] The purpose of take-back days, both those authorized by the DEA and by states, is to allow individuals in possession of expired, unused, or unwanted prescription drugs to anonymously deposit those drugs into collection bins for disposal and destruction.[10] Take-back days encourage the proper disposal of prescription drugs, including controlled substances. They also decrease the possibility of diversion, misuse and abuse, and accidental poisonings and environmental hazards resulting from improper medication disposal.[11] The 28th National Take Back Day held in April 2025 saw participation from 4,472 law enforcement agencies at 4,590 collection sites.[12] Since the inception of national drug take-back days, nearly 20 million pounds of medications have been collected.[13]

Four days after the first take-back day was held in 2010, Congress passed the Secure and Responsible Drug Disposal Act of 2010 (Disposal Act), an amendment to the Controlled Substance Act (CSA).[14] The stated goal of the Disposal Act is ". . . to encourage the Attorney General to set controlled substance diversion prevention parameters that will allow public and private entities to develop a variety of methods of collection and disposal of controlled substances, including some pharmaceuticals, in a secure, convenient, and responsible manner."[15] Additionally, it gave the Attorney General the authority to promulgate new regulations to allow "patients to deliver unused pharmaceutical controlled substances to appropriate entities for disposal in a safe and effective manner consistent with effective controls against diversion."[16]

Prior to the passage of the Disposal Act, federal law permitted take-back programs to accept only non-controlled prescription drugs for disposal unless they: (1) obtained specific permission from the DEA; and (2) law enforcement officers were on hand to receive controlled substances directly from individuals seeking to dispose of them.[17] With the passage of the Disposal Act, individuals in lawful possession of a controlled substance became allowed to deliver that drug to another person for purposes of disposal if "the person receiving the controlled substance is authorized … to engage in such activity."[18] Specifically, the regulation permits: (1) an individual in lawful possession of a controlled substance; (2) any person lawfully entitled to dispose of a decedent's property, including any controlled substances in the possession of the decedent prior to death; and (3) a long-term care facility on behalf of an individual who currently resides or did reside at the facility to dispose of controlled substance prescription drugs in a designated collection receptacle, through a mail-back program, or at a drug take-back event.[19]

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[9] *DEA Heads First-ever Nationwide Prescription Drug Take-back Day*, U.S. DEP'T OF JUST. (Aug. 19, 2010), https://www.justice.gov/opa/pr/dea-heads-first-ever-nationwide-prescription-drug-take-back-day.
[10] *Id*.
[11] Jeffrey A. Gray and Nicholas E. Hagemeier, *Prescription Drug Abuse and DEA-sanctioned Drug Take-back Events: Characteristics and Outcomes in Rural Appalachia*, 172(15) JAMA INTERNAL MED. 1186 (Aug. 2012), https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1203518.
[12] *National Take Back Day Results*, U.S. DRUG ENF'T ADMIN. (accessed July 21, 2025), https://www.dea.gov/takebackday#results.
[13] *Id*.
[14] 21 U.S.C.A. 822 (2025).
[15] Findings, 21 U.S.C.A. 822 (2025).
[16] *Id*.
[17] *Id*.
[18] 21 U.S.C.A. 822 (2025).
[19] 21 C.F.R. § 1317.30 (2025).

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In addition, the DEA promulgated regulations that explicitly authorize drug manufacturers, distributors, reverse distributors, narcotic treatment programs, hospitals/clinics with on-site pharmacies, and retail pharmacies (collectively "registrants") to voluntarily administer drug take-back and disposal programs for the disposal of both controlled and non-controlled substances via collection receptacles or mail-back packages.[20] Collection receptacles may also be established at long-term care facilities for use by facility staff on behalf of a patient who resides or has resided at the facility.[21] Registrants are only permitted to collect prescription drugs for disposal at their registered location(s) and at long-term care facilities at which registered hospitals/clinics or retail pharmacies are authorized to maintain collection receptacles.[22] Collectors may only operate mail-back programs and/or install, manage, and maintain collection receptacles at their authorized collection location, while federal, state, tribal, and local law enforcement agencies may collect prescription drugs from individuals through take-back events as well as mail-back programs and collection receptacles located inside the law enforcement agency's physical address.[23]

The Disposal Act and the regulations that stem from it only provide for the collection and disposal of controlled substances. States retain the authority to regulate collection and disposal of non-controlled prescription drugs. As of July 2025, 40 states have laws and/or regulations that authorize drug take-back programs or provide mechanisms for the disposal of prescription drugs. The map directly below and the state tables immediately after this summary provide jurisdiction-specific information. Of note, unlike DEA-sponsored drug take-back events, state-run drug take-back events allow individuals to dispose of a variety of pharmaceuticals, including controlled substances, non-controlled prescription drugs, and over-the-counter medications, as well as, in some cases, needles and syringes.[24] The District of Columbia previously had a drug take-back and disposal program authorized by law, but it was repealed in November 2021. Additionally, although 10 states and the District of Columbia do not have drug take-back programs enshrined in statute or regulation, there are numerous locations in each of those jurisdictions that provide year-round collection receptacles for individuals to dispose of their expired, unused, or unwanted prescription drugs.

[20] *See* 21 C.F.R. §§ 1300 -1317.95 (2025).
[21] *See* 21 C.F.R. §§ 1301.51, 1317.40, and 1317.80 (2025).
[22] 21 C.F.R. § 1317.40 (2025).
[23] 21 C.F.R. §§ 1317.35 and 1317.40 (2025).
[24] For example, Ohio law permits individuals to deposit prescription medications, including controlled substances, dangerous drugs, and over-the-counter medications into a drug collection receptacle and also permits the collection of needles and sharps at law enforcement-sponsored take-back events if a bulk sharps disposal container is provided for that purpose. OHIO ADMIN. CODE 4729:10-1-01 and 4729:10-1-03 (2025).

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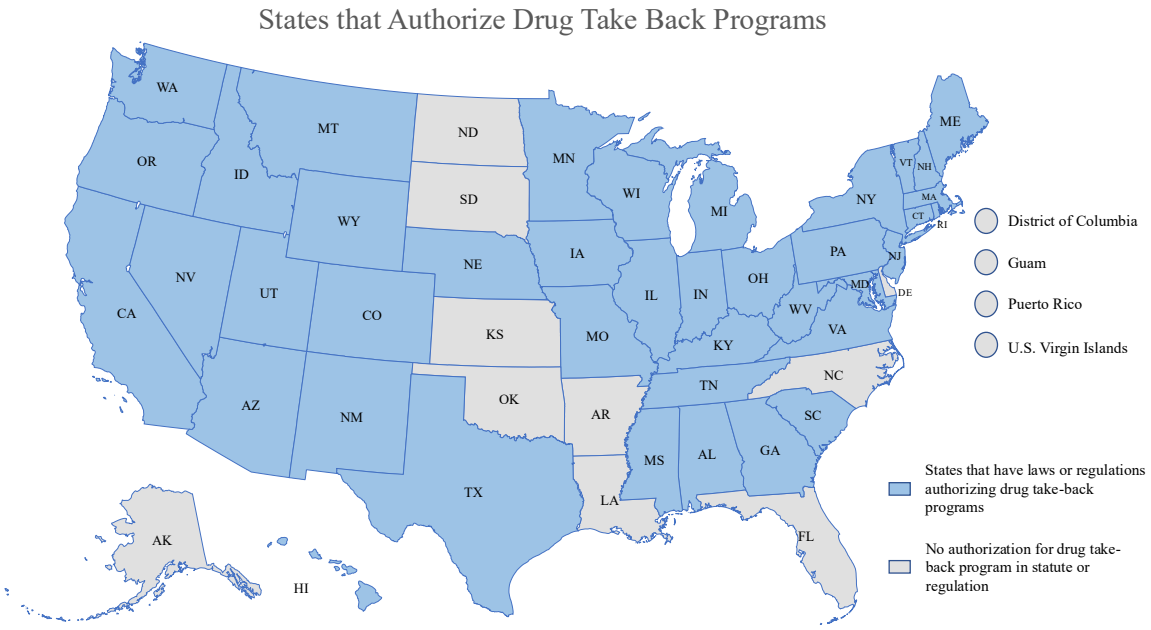

In addition to drug take-back programs, 34 states authorize what are known as drug repository or drug donation programs that permit individuals to donate unused or unwanted non-controlled prescription drugs to be redispensed to eligible patients, typically individuals who are indigent, uninsured, or underinsured. Descriptions of those programs can be found in the "miscellaneous provisions" section of the state tables on the following pages. While more than 34 states have drug repository or donation programs, this document only includes those programs that permit individuals to make donations in addition to facilities such as hospitals and pharmacies and does not include information on the states that only permit facilities to make donations. Only four states (Alaska, Delaware, Kansas, and Oklahoma) and the District of Columbia do not have laws that authorize either a drug take-back program or a drug repository or donation program; however, Oklahoma has a bill pending that, if enacted, would make it the 41st state with a drug take-back program authorized by state law or regulation.

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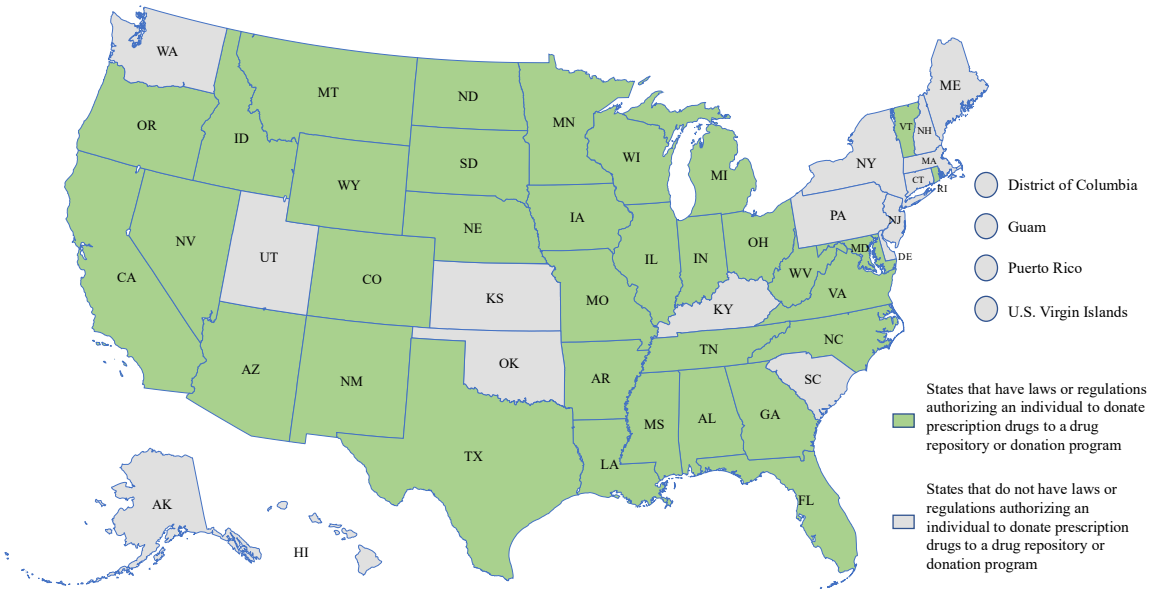
States that Authorize Drug Repository or Donation Programs



In this document, the Legislative Analysis and Public Policy Association (LAPPA) examines federal and state statutes and regulations related to the various drug take-back and disposal programs as well as drug repository or donation programs that permit individuals to donate unused or unwanted prescription drugs. Starting on the next page, LAPPA provides jurisdiction-by-jurisdiction tables describing aspects of each law or regulation in effect as of July 2025, including:

- Statutory and regulatory citations, if any, related to drug take-back and disposal programs and drug repository or donation programs;
- Whether the state authorizes drug take-back and disposal programs by statute and/or regulation;
- Specific provisions included in the state's drug take-back and disposal program;
- Miscellaneous provisions including information related to drug repository or donation programs that permit individuals to donate unexpired prescription drugs; and
- Recently (within the six months prior to the latest document update) proposed federal and state legislation.

LAPPA designed this document to: (1) provide a single resource for each jurisdiction's laws; (2) allow for comparison of the laws between jurisdictions; and (3) identify and highlight any interesting or novel provisions. Please note that the information contained in the profile for each jurisdiction uses the terms (*e.g.*, "abuse," "addict") used in the language of the state statute or regulation cited.

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Statute(s) and regulation(s)	• 21 U.S.C.A. § 822 (West 2025) (persons required to register) • 21 U.S.C.A. § 822a (West 2025) (prescription drug take back expansion) • 21 U.S.C.A. § 826 (West 2025) (production quotas for controlled substances) • 34 U.S.C.A. § 10701 (West 2025) (description) • 21 C.F.R. § 1300.01 (2025) (definitions relating to controlled substances) • 21 C.F.R. § 1301.51 (2025) (modification in registration) • 21 C.F.R. § 1301.52 (2025) (termination of registration; transfer of registration; distribution upon discontinuation of business) • 21 C.F.R. § 1304.22 (2025) (records for manufacturers, distributors, dispensers, researchers, importers, exporters • 21 C.F.R. §§ 1317.01 to 1317.95 (2025) (collectively "Disposal")
Effective date(s)	• March 9, 2010 (21, §§ 1301.51 and 1301.52) • October 12, 2010 (21, § 822) • October 9, 2014 (21, §§ 1304.22 and 1317.01 to 1317.95) • July 22, 2016 (21, § 822a and 34, § 10701) • October 24, 2018 (21, § 826) • August 1, 2023 (21, § 1300.01)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	21, § 822 – subsection (g) provides that an ultimate user who has lawfully obtained a controlled substance in accordance with this subchapter may, without being registered as a distributor, deliver the controlled substance to another person for the purpose of disposal of the controlled substance if: (1) the person receiving the controlled substance is authorized under this section to engage in such activity; and (2) the disposal takes place in accordance with regulations issued by the Attorney General to prevent diversion of controlled substances. In developing regulations under this section, the Attorney General shall take into consideration the public health and safety, as well as the ease and cost of program implementation and participation by various communities. Such regulations may not require any entity to establish or operate a delivery or disposal program. The Attorney General may, by regulation, authorize long-term care facilities to dispose of controlled substances on behalf of

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Program components (continued)	ultimate users who reside, or have resided, at such long-term care facilities in a manner that the Attorney General determines will provide effective controls against diversion and be consistent with the public health and safety. If a person dies while lawfully in possession of a controlled substance for personal use, any person lawfully entitled to dispose of the decedent's property may deliver the controlled substance to another person for the purpose of disposal under the same conditions as provided in this section for an ultimate user. 21, § 822a – definition of "covered entity," which means: • A state, local, or tribal law enforcement agency; • A manufacturer, distributor, or reverse distributor of prescription medications; • A retail pharmacy; • A registered narcotic treatment program; • A hospital or clinic with an onsite pharmacy; • An eligible long-term care facility; or • Any other entity authorized by the DEA to dispose of prescription medications. The Attorney General, in coordination with the Administrator of the DEA, the Secretary of Health and Human Services, and the Director of the Office of National Drug Control Policy, shall coordinate with covered entities in expanding or making available disposal sites for unwanted prescription medications. § 1300.01 – definitions include: • "Collection," which means to receive a controlled substance for the purpose of destruction from an ultimate user, a person lawfully entitled to dispose of an ultimate user decedent's property, or a long-term care facility on behalf of an ultimate user who resides or has resided at that facility; • "Collector," which means a registered manufacturer, distributor, reverse distributor, narcotic treatment program, hospital or clinic with an on-site pharmacy, or retail pharmacy that is authorized under this chapter to so receive a controlled substance for the purpose of destruction; • "Reverse distribute," which means to acquire controlled substances from another registrant or law enforcement for

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Program components (continued)	the purpose of return to the registered manufacturer or another registrant authorized by the manufacturer to accept returns on the manufacturer's behalf or for destruction; and • "Reverse distributor," which means a person registered with the DEA as a reverse distributor. 21, § 1301.51 – provides that any manufacturer, distributor, reverse distributor, narcotic treatment program, hospital or clinic with an on-site pharmacy, or retail pharmacy registered pursuant to this part may apply to modify its registration to become authorized as a collector by submitting a written request to the registration unit of the DEA. The request shall contain the registrant's name, address, and registration number and the method(s) of collection the registrant to conduct (collection receptacle and/or mail-back program. If a hospital or clinic with an on-site pharmacy or retail pharmacy is applying for modification to authorize such registrant to be a collector to maintain a collection receptacle at a long-term care facility, the request shall also include the name and physical location of each long-term care facility at which the entity intends to operate a collection receptacle. 21, § 1301.52 – any registrant that has been authorized as a collector and desires to discontinue its collection of controlled substances from ultimate users shall notify the DEA of its intent by submitting a written notification to the registration unit of the DEA. When ceasing collection activities of an authorized mail-back program, the registrant shall provide the administration with the name, registered address, and registration number of the collector that will receive the remaining mail-back packages. 21, § 1304.22 – sets forth the recordkeeping requirements for specific registrants including manufacturers, distributors, dispensers, reverse distributors, and collectors. 21, § 1317.05 (registrant disposal) – among other things, provides that any collector in lawful possession of a controlled substance acquired by collection from an ultimate user or other authorized non-registrant person shall dispose of that substance in the following ways: • Mail-back program. Upon receipt of a sealed mail-back package, the collector shall promptly: (1) destroy the

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Program components (continued)	package; or (2) securely store the package and its contents at the collector's registered location in a manner consistent with this chapter, or in a manner consistent with the security requirements for Schedule II controlled substances until prompt on-site destruction can occur; • Collection receptacles. Upon removal from the permanent outer container, the collector shall seal it and promptly: (1) destroy the sealed inner liner and its contents; (2) securely store the sealed inner liner and its contents at the collector's registered location in a manner consistent with this chapter until prompt destruction can occur; or (3) securely store the sealed inner liner and its contents at a long-term care facility; • Practitioner methods of destruction. Collectors that are practitioners (*i.e.*, retail pharmacies and hospitals/clinics) shall dispose of sealed inner liners and their contents by utilizing and method in this section, or by delivering sealed inner liners and their contents to a distributor's registered location by common or contract carrier pick-up or by distributor pick-up at the collector's authorized collection location; and • Non-practitioner methods of destruction. Collectors that are non-practitioners (*i.e.*, manufacturers, distributors, narcotic treatment programs, and reverse distributors) shall dispose of sealed inner liners and their contents by utilizing any method in this section, or by delivering sealed inner liners and their contents to a distributor's registered location by common or contract carrier or by distributor pick-up at the collector's authorized collection location for destruction. Freight forwarding facilities may not be utilized to transfer sealed inner liners and their contents. 21, § 1317.15 (reverse distributor registration requirements and authorized activities) – any person that reverse distributes a controlled substance shall be registered with the DEA as a reverse distributor, unless exempted by law or otherwise authorized pursuant to this chapter. A reverse distributor shall acquire controlled substances from a registrant in the following manner: • Pick-up controlled substances from a registrant at the registrant's registered location or authorized collection site; or

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Program components (continued)	• Receive controlled substances delivered by common or contract carrier or delivered directly by a non-practitioner registrant. Upon acquisition of a controlled substance by delivery or pick-up, a reverse distributor shall: • Immediately store the controlled substance at the reverse distributor's registered location or immediately transfer the controlled substance to the reverse distributor's registered location for secure storage until timely destruction or prompt return of the controlled substance to the registered manufacturer or other registrant authorized by the manufacturer to accept returns or recalls on the manufacturer's behalf; • Promptly deliver the controlled substance to the manufacturer or another registrant authorized by the manufacturer to accept returns or recalls on the manufacturer's behalf; or • Timely destroy the controlled substance in a manner authorized by law. A reverse distributor shall destroy or cause the destruction of any controlled substance received for the purpose of destruction no later than 30 calendar days after receipt. 21, § 1317.30 (authorization to collect from non-registrants) – the following persons are authorized to collect controlled substances from ultimate users and other non-registrants for destruction in compliance with this chapter: (1) any registrant authorized by the DEA to be a collector pursuant to § 1317.40; and (2) federal, state, tribal, or local law enforcement when in the court of official duties and pursuant to § 1317.35. The following non-registrant persons in lawful possession of a Schedule II – V controlled substance may transfer that substance to the authorized persons listed above, and in a manner authorized by this part, for the purpose of disposal: • An ultimate user in lawful possession of a controlled substance; • Any person lawfully entitled to dispose of a decedent's property if that decedent was an ultimate user who died while in lawful possession of a controlled substance; and

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Program components (continued)	• A long-term care facility on behalf of an ultimate user who resides or resided at such long-term care facility and is/was in lawful possession of a controlled substance, in accordance with § 1317.80 only. 21, § 1317.35 (collection by law enforcement) – federal, state, tribal, or local law enforcement may collect controlled substances from ultimate users and persons lawfully entitled to dispose of an ultimate user decedent's property using the following collection methods: (1) take-back events; (2) mail-back programs; or (3) collection receptacles located inside law enforcement's physical address. Law enforcement that conducts a take-back event or a mail-back program or maintains a collection receptacle should maintain any records of removal, storage, or destruction of the controlled substances collected in a manner that is consistent with that agency's recordkeeping requirements for illicit controlled substances evidence. Any controlled substances collected by law enforcement through a take-back event, mail-back program, or collection receptacle should be stored in a manner that prevents the diversion of controlled substances and is consistent with that agency's standard procedures for storing illicit controlled substances. Any controlled substances collected by law enforcement through a take-back event, mail-back program, or collection receptacle should be transferred to a destruction location in a manner that prevents the diversion of controlled substances and is consistent with that agency's standard procedures for transferring illicit controlled substances. Sets forth the recordkeeping requirements for law enforcement that transfers controlled substances collected from ultimate users pursuant to this part to a reverse distributor for destruction. 21, § 1317.40 (registrants authorized to collect and authorized collection activities) – manufacturers, distributors, reverse distributors, narcotic treatment programs, hospitals and clinics with an on-site pharmacy, and retail pharmacies that desire to be collectors shall modify their registration to obtain

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Program components (continued)	authorization to be a collector. Authorization to be a collector is subject to renewal. If a registrant that is authorized to collect ceases activities as a collector, such registrant shall notify the DEA in accordance with regulation. Collection by registrants shall occur only at the following locations: • Those registered locations of manufacturers, distributors, reverse distributors, narcotic treatment programs, hospitals and clinics with an on-site pharmacy, and retail pharmacies that are authorized for collection; and • Long-term care facilities at which registered hospitals and clinics or retail pharmacies are authorized to maintain collection receptacles. Collectors may conduct the following activities: • Receive and destroy mail-back packages at an authorized registered location that has an on-site method of destruction; • Install, manage, and maintain collection receptacles located at their authorized collection location(s); and • Promptly dispose of sealed inner liners and their contents as provided for in § 1317.05. 21, § 1317.55 (reverse distributor and distributor acquisition of controlled substances from collectors or law enforcement) – a reverse distributor is authorized to acquire controlled substances from law enforcement that collected the substances from ultimate users. A reverse distributor is authorized to acquire controlled substances through a collection receptacle in accordance with §§ 1317.75 and 1317.80. A distributor is authorized to acquire controlled substances through a collection receptacle in accordance with §§ 1317.75 and 1317.80. A reverse distributor or a distributor that acquires controlled substances in accordance with this section shall acquire and dispose of the controlled substances in the manner authorized for reverse distributors and securely store the controlled substances in a manner consistent with the security requirements for Schedule II controlled substances until timely destruction can occur.

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Program components (continued)	21, § 1317.60 (inner liner requirements) – sets forth the requirements for inner liners including that the liner shall be removable and sealable immediately upon removal without emptying or touching the contents and, further, that the contents of the inner liner shall not be viewable from the outside when sealed. Additionally, each inner liner shall bear a permanent, unique identification number that enables the inner liner to be tracked. Access to the inner liner shall be restricted to employees of the collector. The inner liner shall be sealed by two employees immediately upon removal from the permanent outer container and the sealed inner liner shall not be opened, x-rayed, analyzed, or otherwise penetrated. 21, § 1317.65 (take-back events) – federal, state, tribal, or local law enforcement may conduct a take-back event and collect controlled substances from ultimate users and persons lawfully entitled to dispose of an ultimate user decedent's property in accordance with this section. Any person may partner with law enforcement to hold a collection take-back event in accordance with this section. Law enforcement shall appoint a law enforcement officer employed by the agency to oversee the collection. Law enforcement officers conducting a take-back event shall maintain control and custody of the controlled substances from the time the substances are collected from the ultimate user or person authorized to dispose of the ultimate user decedent's property until secure transfer, storage, or destruction of the controlled substances has occurred. Each take-back event should have at least one receptacle for the collection of controlled substances. The receptacle should be a securely locked, substantially constructed container with an outer container and a removable inner liner as specified in § 1317.60 of this chapter. The outer container should include a small opening that allows contents to be added to the inner liner, but that does not allow removal of the inner liner's contents. Only those controlled substances listed in Schedules II – V that are lawfully possessed by an ultimate user or a person entitled to dispose of an ultimate user decedent's property may be

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Program components (continued)	collected. Controlled and non-controlled substances may be collected together and be comingled, although comingling is not required. Only ultimate users and persons entitled to dispose of an ultimate user decedent's property in lawful possession of a Schedule II – V controlled substance may transfer such substances to law enforcement during the take-back event. No other person may handle the controlled substances at any time. 21, § 1317.70 (mail-back programs) – a mail-back program may be conducted by federal, state, tribal, or local law enforcement or any collector. A collector conducting a mail-back program shall have and utilize at their registered location a method of destruction consistent with § 1317.90 of this chapter. Only those controlled substances listed in Schedules II – V that are lawfully possessed by an ultimate user or person lawfully entitled to dispose of an ultimate user decedent's property may be collected. Controlled and non-controlled substances may be collected together and comingled, although comingling is not required. Collectors or law enforcement that conduct a mail-back program shall make packages available, for sale or for free, as specified in this paragraph to ultimate users and persons lawfully entitled to dispose of an ultimate user decedent's property, for the collection of controlled substances by common or contract carrier. Any person may partner with a collector or law enforcement to make such packages available in accordance with this section. Sets forth the requirements for mail-back packages including that the cost of shipping the package shall be postage paid. Ultimate users and persons lawfully entitled to dispose of an ultimate user decedent's property shall not be required to provide any personally identifiable information when mailing back controlled substances to a collector. The collector or law enforcement may implement a system that allows ultimate users or persons lawfully entitled to dispose of an ultimate user decedent's property to notify the collector or law enforcement that they are sending one of the designated packages by giving the unique identification number on the package.

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Program components (continued)	A collector that conducts a mail-back package program shall: • Accept only those controlled substances contained within packages that the collector made available for the collection of controlled substances by mail and packages that are lawfully forwarded to the collector; • Within three business days of receipt, notify the Field Division Office of the administration in their area of the receipt of a package that likely contains controlled substances that the collector did not make available or did not agree to receive; and • When discontinuing activities as a collector or ceasing an authorized mail-back program: (1) make a reasonable effort to notify the public prior to discontinuing such activities or ceasing the authorized mail-back program; and (2) obtain the written agreement of another collector that has and utilizes at its registered location a method of destruction consistent with § 1317.90 of this chapter to receive all remaining mail-back packages that were disseminated but not returned and arrange for the forwarding of only such packages to that location. Only law enforcement officers employed by the law enforcement agency or law enforcement component of a federal agency and employees of the collector shall handle packages received through an authorized mail-back program. Upon receipt of a mail-back package by a collector conducting a mail-back program, the package shall not be opened, x-rayed, analyzed, or otherwise penetrated. 21, § 1317.75 (collection receptacles) – collectors or federal, state, tribal, or local law enforcement may manage and maintain collection receptacles for disposal. Only those Schedule II – V controlled substances that are lawfully possessed by an ultimate user or other authorized non-registrant person may be collected. Controlled and non-controlled substances may be collected together and be comingled, although comingling is not required. Collectors shall only allow ultimate users and other authorized non-registrant persons in lawful possession of a Schedule II – V controlled substance to deposit such substances in a collection receptacle at a registered location. Collectors shall not permit an ultimate user to transfer such substance to any person for any

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Program components (continued)	reason. Once a substance has been deposited into a collection receptacle, the substance shall not be counted, sorted, inventoried, or otherwise individually handled. Collection receptacles shall be securely placed and maintained: • Inside a collector's registered location, inside law enforcement's physical location, or at an authorized long-term care facility; • At a registered location, be located in the immediate proximity of a designated area where controlled substances are stored at which an employee is present. Except as follows: (1) at a hospital/clinic – a collection receptacle shall be located in an area regularly monitored by employees, and shall not be located in the proximity of any area where emergency or urgent care is provided; (2) at a narcotic treatment program – a collection receptacle shall be located in a room that does not contain any other controlled substances and is securely locked with controlled access; and (3) at a long-term care facility – a collection receptacle shall be located in a secured area regularly monitored by long-term care facility employees. A controlled substance collection receptacle shall meet the following design specifications: • Be securely fastened to a permanent structure so that it cannot be removed; • Be a securely locked, substantially constructed container with a permanent outer container and a removable inner liner; • The outer container shall include a small opening that allows contents to be added to the inner liner, but does not allow removal of the inner liner's contents; and • The outer container shall prominently display a sign indicating that only Schedule II – V controlled and non-controlled substances, if a collector chooses to comingle substances, are acceptable substances. Except at a narcotic treatment program, the small opening in the outer container of the collection receptacle shall be locked or made otherwise inaccessible to the public when an employee is not present, or when the collection receptacle is not being regularly monitored by long-term care facility employees.

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FEDERAL	
Program components (continued)	21, § 1317.80 (collection receptacles at long-term care facilities) – a long-term care facility may dispose of Schedule II – V controlled substances on behalf of an ultimate user who resides, or has resided, at such facility by transferring those controlled substances into an authorized collection receptacle located at that facility. When disposing of such controlled substances by transferring those substances into a collection receptacle, such disposal shall occur immediately, but no longer than three business days after the discontinuation of use by the ultimate user. Discontinuation of use includes a permanent discontinuation of use as directed by a prescriber, as a result of the resident's transfer from the long-term care facility, or as a result of death. Only authorized retail pharmacies and hospitals/clinics with an on-site pharmacy may install, manage, and maintain collection receptacles at long-term care facilities and remove, seal, transfer, and store, or supervise the removal, sealing, transfer, and storage of sealed inner liners at long-term care facilities. Collectors authorized to install, manage, and maintain collection receptacles at long-term care facilities shall comply with all requirements of this chapter. Upon removal, sealed inner liners may only be stored at the long-term care facility for up to three business days in a securely locked, substantially constructed cabinet, or a securely locked room with controlled access until transfer in accordance with § 1317.05. Neither a hospital/clinic with an on-site pharmacy nor a retail pharmacy shall operate a collection receptacle at a long-term care facility until its registration has been modified in accordance with this chapter. 21, § 1317.90 (methods of destruction) – all controlled substances to be destroyed by a registrant, or caused to be destroyed by a registrant, shall be destroyed in compliance with applicable federal, state, tribal, and local laws and regulations and shall be rendered non-retrievable. Where multiple controlled substances are comingled, the method of destruction shall be sufficient to render all such controlled substances non-retrievable. When the actual

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FEDERAL	
Program components (continued)	substances collected for destruction are unknown but may reasonably include controlled substances, the method of destruction shall be sufficient to render non-retrievable any controlled substance likely to be present. The method of destruction shall be consistent with the purpose of rendering all controlled substances to a non-retrievable state in order to prevent diversion of any such substance to illicit purposes and to protect the public health and safety. 21, § 1317.95 (destruction procedures) – sets forth the requirements for destruction of controlled substances including through: • Transfer to a person registered or authorized to accept controlled substances for the purpose of destruction; • Transport to a registered location; • Transport to a non-registered location; and • On-site destruction and sets forth the procedures to be followed for each method of destruction.
Miscellaneous provisions	21, § 826 – subsection (i)(3) provides that not later than one year after October 24, 2018, the Attorney General shall submit to Congress a report on how the Attorney General, when fixing and adjusting production and manufacturing quotas under this section for covered controlled substances, will work with the Secretary of Health and Human Services on methods to appropriately and anonymously estimate the type and amount of covered controlled substances that are submitted for collection from approved drug collection receptacles, mail-back programs, and take-back events. 34, § 10701 – from amounts made available to carry out this subchapter, the Attorney General may make grants to states, units of local government, and Indian tribes, for use by the state, unit of local government, or Indian tribe to provide services primarily relating to opioid abuse, including for any one or more of the listed items, including for developing, implementing, or expanding a prescription drug take-back program.
Recently proposed legislation	None.
Program website	Take Back Day (dea.gov)

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ALABAMA	
Statute(s) and regulation(s)	• ALA. ADMIN. CODE r. 420-11-1-.01 to -.03 (2025) (collectively "Procedures for Donation of Certain Prescription Drugs to Charitable Clinics") • ALA. ADMIN. CODE r. 680-X-2-.42 (2025) (requirements for the disposal of prescription drugs by pharmacies collected from ultimate user(s) or person(s) entitled to dispose of drugs)
Effective date(s)	• November 4, 2018 (680-X-2-.42) • June 24, 2003 (420-11-1-.01 to -.03)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	680-X-2-.42 – This rule only applies to the collection and disposal of prescription drugs by pharmacies returned or received from an ultimate user or a person entitled to dispose of prescription drugs. An "ultimate user" is a person who has lawfully obtained and who possesses the controlled substance for his or her own use or for the use of a member of his or her household or an animal owned by the individual or a member of his or her household. A "person entitled to dispose of prescription drugs" is one lawfully entitled to dispose of a decedent's property if that decedent was an ultimate user who died while in possession of prescription drugs. The rule requires that any pharmacy that intends to receive, collect, and dispose of controlled substance must comply with the applicable provisions of any existing rule or regulation or any amendment or revision thereto adopted pursuant to the federal Secure and Responsible Drug Disposal Act of 2010. Each such pharmacy shall submit the necessary authorization to be a collector issued by the Drug Enforcement Administration (DEA) to the board within 10 days of the receipt of such authorization. In the event a pharmacy ceases to act as a collector, the board shall be notified in the same manner as required by applicable federal rule or regulation. It further requires that any pharmacy that also intends to receive, collect, and dispose of non-controlled prescription drugs shall also comply with the same requirements as those relating to controlled substances with the exception that such pharmacies are not required to obtain DEA authorization. Each

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ALABAMA	
Program components (continued)	such pharmacy shall notify the board at the same time of the submission of the controlled substance authorization referenced above as well as notification at the same time if such pharmacy ceases activities as a collector.
Miscellaneous provisions	420-11-1-.01 (definitions) – definitions include: • "Charitable clinic," which means an established free medical clinic and any community health center provided for under federal law; • "Charitable patient," which means a person who is a recipient of services of a charitable clinic but does not include people who are eligible to receive drugs under the Alabama Medicaid program or under any other prescription drug program funded in whole or in part by the state; and • "Donating patient," which means a person who is a recipient of services in an authorized institution as defined in this rule. 420-11-1-.02 (provides) – provides that legend drugs, except controlled substances, dispensed to a patient may be donated by the patient or, if the patient is deceased or incompetent, the patient's spouse, adult child, sibling, parent, legally-appointed guardian, or the administrator of the estate of a deceased patient. The pharmacist or physician associated with the charitable clinic shall ensure that the drugs that are accepted for use by the clinic meet the following criteria: • The drugs are no longer needed by the original patient due to death or a stop order by the patient's physician; • The drugs have been maintained in accordance with federal requirements; • The drugs were originally dispensed by unit dose or an individually sealed dose and they are still intact in the original dispensed container. Medications in a bulk container are only acceptable from a hospice program; and • The drugs have not expired and must be used prior to the expiration date on the package. 420-11-1-.03 (transfer of drugs) – charitable clinics must have a written agreement with an authorized institution before accepting drugs. Sets forth the procedures that must be followed by the authorized institution before releasing custody

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ALABAMA	
Miscellaneous provisions (continued)	of the medications to the clinic, including that the institution have written documentation on file that the patient or family member donated the drugs to the clinic which documentation shall be maintained for a minimum of two years at the institution. Provides that charitable clinics may only give donated drugs to charitable patients.
Recently proposed legislation	None
Program website	https://smartandsafeal.org/takeback/

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ALASKA	
Statute(s) and regulation(s)	None
Effective date(s)	N/A
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	Prescription and Veterinary Medicine Disposal

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ARIZONA	
Statute(s) and regulation(s)	• ARIZ. REV. STAT. ANN. § 9-500.45 (2025) (drug disposal programs; business assessments prohibited; restrictions; state preemption; definition) • ARIZ. REV. STAT. ANN. § 11-269.20 (2025) (drug and paraphernalia drop-off locations; referral) • ARIZ. REV. STAT. ANN. § 11-269.26 (2025) (drug disposal programs; business assessments prohibited; restrictions; state preemption; definition) • ARIZ. REV. STAT. ANN. § 32-1909 (2025) (donated medicine; donors; authorized recipients; requirements; immunity; definitions) • ARIZ. REV. STAT. ANN. § 36-123.01 (2025) (drug disposal education and awareness; controlled substances; public-private partnership; fund)
Effective date(s)	• April 26, 2018 (§ 11-269.20) • August 3, 2018 (§§ 9-500.45, 11-269.26, and 36-123.01) • September 29, 2021 (§ 32-1909)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 11-269.20 requires the board of supervisors from each county in the state to establish, on or before December 31, 2018, at least one location in the county where a person may drop off any legal or illegal drug or substance and drug paraphernalia and receive a referral to a substance abuse treatment facility. § 36-123.01 – requires the department of health services, on or before January 1, 2019, to enter into a public-private partnership to develop an education and awareness program regarding the disposal of prescription drugs, including controlled substances, nonprescription drugs, needles, and sharps. It provides that the program may include: • Web-based resources that (1) describes available drug disposal options, including drug disposal take-back sites, drug disposal take-back events, in-home drug disposal options that render products safe from misuse, and any other method that complies with state and federal laws and the rules adopted pursuant to those laws; (2) may reduce the available of unused controlled substances and may minimize the potential environmental impact of drug disposal options; (3) provides a list of drug disposal take-back sites that may be sorted and searched by name or location; (4) provides a list of drug disposal take-back

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ARIZONA	
Program components (cont'd)	events in this state, including the date, time, and location information for each event; and (5) describes appropriate disposal methods for needles and sharps and location sites for providing for disposal of needles and sharps; and • Educational activities designed to ensure consumer awareness of the safe storage and effective disposal of prescription drugs, including controlled substances, and nonprescription drugs. Establishes the drug disposal education and awareness fund which shall consist of monies donated or contributed to the fund by private persons or organizations. Provides that the department of health services shall administer the fund, and that monies in the fund are continuously appropriated and are exempt from the provisions of law relating to lapsing of appropriations. Further provides that monies in the fund shall be used to pay for the costs of administering the education and awareness program.
Miscellaneous provisions	Both § 9-500.45 (related to cities and towns) and § 11-269.26 (related to counties) prohibit a city, town, or county from doing the following: • Imposing a tax, fee, assessment, or charge on any consumer or owner or operator of a business to pay for or support a drug disposal program in the jurisdiction of the city, town, or county; or • Requiring an owner or operator of a business to establish, pay for, or operate a drug disposal in the jurisdiction of a city, town, or county. They also provide that the establishment or regulation of drug disposal programs that comply with state and federal law and rules adopted pursuant to those laws is a matter of statewide concern and not subject to further regulation by a city, town, or county. § 9-500.45 also provides that a city or town is not prohibited by this section from using other general fund monies from operating a drug disposal program. Additionally, § 11-269.26 provides that this section does not prohibit the board of supervisors of a county from complying with the requirements of § 11-269.20 relating to establishing at least one location in the county for the drop off of any legal or illegal drug or substance and drug paraphernalia.

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ARIZONA	
Miscellaneous provisions (continued)	§ 32-1909 – provides that a donor may donate medicine to an authorized recipient, and an authorized recipient may receive donated medicine from donors. Before a donor may make its first donation to an authorized recipient, the authorized recipient must verify and record certain information, including that the donor is legally authorized to possess the medicine and that the donor will remove or redact any patient names and prescription numbers on donated medicine or will otherwise maintain patient confidentiality by executing a confidentiality agreement with the authorized recipient. It further provides that, notwithstanding any other law, an authorized recipient may transfer donated medicine to another authorized recipient or to an entity participating in a drug donation program operated by another state. Medicine transferred pursuant to this section may be transferred only once. It sets forth the requirements for donated medicine and provides that donated medicine that does not meet such requirements must be disposed of by returning it to the donor, destroying it in an incinerator, medical waste hauler, or other lawful method or transferring it to a returns processor. A record of disposed medicine shall contain a description of the disposal method, the date of disposal, and the name, strength, and quantity of each medicine disposed of. A drug manufacturer, repackager, dispenser, or wholesaler, other than a returns processor, that participates in this program shall comply with federal requirements relating to drug supply chain security. Medicine donated under this section may not be resold and is considered nonsaleable, but charging a handling, dispensing, or administrative fee under this section is not reselling a donated medicine. Provides that certain persons and entities are not subject to civil liability, criminal liability, or professional disciplinary action if acting in good faith under this section. It also includes the following definitions:

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ARIZONA	
Miscellaneous provisions (continued)	• "Authorized recipient" means any entity that has a license or permit in good standing in this state and that is legally authorized to possess medicine, including a wholesaler, distributor, reverse distributor, repackager, hospital, pharmacy, or healthcare institution; • "Donor" means any person, any individual member of the public, or any entity legally authorized to possess medicine, including a manufacturer, wholesaler, distributor, third-party logistic provider, pharmacy, dispenser, clinic, surgical center, health center, detention and rehabilitation center, laboratory, medical school, pharmacy school, healthcare professional, or healthcare facility; and • "Eligible patient" means an individual who is indigent, uninsured, underinsured, or enrolled in a public health benefits program.
Recently proposed legislation	None
Program website	https://www.azdhs.gov/gis/dump-the-drugs-az/

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ARKANSAS	
Statute(s) and regulation(s)	ARK. CODE ANN. §§ 17-92-1101 to -1107 (West 2025) (collectively "Donated Prescription Medications Dispensed to Patients at Charitable Clinics")
Effective date(s)	August 12, 2005
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	§ 17-92-1001 (purpose) – provides that it is the purpose of this act to improve the health of in-need Arkansans through a prescription drug redispensing program that authorizes charitable clinic pharmacies to redispense medicines that would otherwise be destroyed. § 17-92-1103 (prescription drug redispensing program) - establishes a pilot program to determine the efficacy of redispensing prescription drugs to indigent patients. It requires the state board of pharmacy, in cooperation with the department of health and the department of human services, to develop and implement the program consistently with public health and safety through which unused prescription medications, other than controlled substances, may be transferred from a nursing facility to a charitable clinic pharmacy for the purpose of distributing the medication to Arkansas residents who are indigent. It requires the board of pharmacy to monitor the program and submit two reports to the General Assembly along with any recommendations. The first report was due on or before January 1, 2006, and the second report was due on or before October 1, 2006. It provides that program participation by any entity, including individuals, pharmacies, charitable clinics, charitable clinic pharmacies, nursing facilities, and drug manufacturers, is voluntary. § 17-92-1104 (donations of unused prescription drugs) - establishes guidelines for a charitable clinic to accept for redispensing prescription drugs obtained from a nursing facility by the clinic pharmacy for relabeling and dispensing free of

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ARKANSAS	
Miscellaneous provisions (cont'd)	charge and pursuant to a valid prescription to an indigent patient. It provides that a nursing home may enter into a contract with any charitable clinic for the transfer of prescription drugs under this section, which contracts shall be approved by the board of pharmacy, in cooperation with the departments of health and human services, and which shall set out procedures for ensuring a safe chain of custody to protect the safety of all transferred drugs. It further provides that the contract may specific that the charitable clinic will (1) define a specified set of prescription drugs that will be transferred from the nursing home to the clinic; (2) request from time to time the transfer of particular prescription drugs; (3) receive all prescription drugs that the nursing home is authorized to transfer under this section; or (4) make such other provisions as may be approved by the board. The pharmacist-in-charge at the charitable clinic shall be responsible for determining the prescription drugs that will be included in the contract. It requires that donations of prescription drugs to the charitable clinic pharmacy be in their original sealed and tamper-evident packaging, but the pharmacy may accept prescription drugs packaged in single-unit doses or blister packs with the outside packaging opened if the single-unit dose packaging remains intact. Other requirements include that: • A pharmacist must determine that the prescription drug is not adulterated or misbranded and is safe to dispense, and no product of which the integrity cannot be assured can be accepted for redispensing by the pharmacist; • Prescription drugs must be physically transferred from the nursing facility to the clinic pharmacy by a person authorized by the board to pick up the prescription drugs for the clinic; • The donor must execute a form stating that the donor is authorized and intends to voluntarily donate the prescription drugs to the clinic; • All identifying information must be obliterated from the packaging before transferring to the clinic pharmacy, but the drug name, strength, and expiration date must remain on the prescription drug package label;

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ARKANSAS	
Miscellaneous provisions (cont'd)	• Expired prescription drugs must be destroyed; • No controlled substances may be transferred; • No prescription drug dispensed through a charitable clinic pharmacy shall be eligible for reimbursement from the Arkansas Medicaid program; and • Patients receiving prescription drugs pursuant to this program must sign a waiver form releasing the nursing facility, the donor, and the donor's estate from liability. Finally, this section sets forth immunity provisions for various individuals and entities related to donating, transferring, accepting, and redispensing prescription drugs.
Recently proposed legislation	None
Program website	Drug Take-Back Guide Arkansas Takeback

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CALIFORNIA	
Statute(s) and regulation(s)	• CAL. CIV. CODE § 1714.24 (West 2025) (collector maintaining secure drug take-back bin; civil or criminal liability; requirements for immunity) • CAL. HEALTH & SAFETY CODE §§ 150401 to 150404 (West 2025) (collectively "Cancer Medication Recycling Act") • CAL. PUB. RES. CODE §§ 42030 to 42036.4 (West 2025) (collectively "Pharmaceutical and Sharps Waste Stewardship") • CAL. CODE REGS. tit. 14, §§ 18972.1 to 18975.2 (2025) (collectively "Pharmaceutical and Sharps Waste Stewardship Program") • CAL. CODE REGS. tit. 16, §§ 1776 to 1776.6 (2025) (collectively "Prescription Drug Take-back Services")
Effective date(s)	• January 1, 2017 (§ 1714.24) • June 6, 2017 (16, §§ 1776 to 1776.6) • January 1, 2019 (§§ 42030 to 42036.4) • January 7, 2021 (14, §§ 18972.1 to 18975.2) • January 1, 2022 (§§ 150401 to 150404)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	CIV. § 1714.24 – includes definitions for certain terms including: • "Collector," which means only those entities authorized by and registered with the DEA to receive a controlled substance for the purpose of destruction, if the entity is in good standing with any applicable licensing authority; • "Home-generated pharmaceutical waste," which means a pharmaceutical that is no longer wanted or needed by the consumer and includes any delivery system, such as pills, liquids, and inhalers; and • "Secure drug take-back bin," which means a receptacle as described in 21 C.F.R. § 1317.75. This statute also provides immunity provisions for any collector that maintains a secure drug take-back bin and provides that such collections 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 provided that the collector, not for compensation, acts in good faith to take all of the steps listed below to ensure the health and safety of consumers and employees and the proper disposal in the waste stream of the

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CALIFORNIA	
Program components (continued)	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. Those steps include: • Compliance 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; • Notifying 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; • Ensuring that the secure drug take-back bin is placed in a location that is regularly monitored by employees of the registered collector; • Ensuring that conspicuous signage is posted on the bins 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; • Ensuring that public access to bins is limited to hours in which employees of the registered collector are present and able to monitor the operation of the bin; • Regularly inspecting the area surrounding the secure drug take-back bin for potential tampering or diversion and maintain record logs of such inspections for two years; • Notifying local law enforcement authorities of any suspected or known tampering, theft, or significant loss of controlled substances within one business day of discovery. If the collector maintains daily business hours, such notification shall be made within one calendar day; and • Notifying local law enforcement as to any decision to discontinue its voluntary collection of controlled substances and provide documentation of its written notification to the DEA's registration unit as otherwise required by federal law. Nothing in this section requires a qualified entity to maintain a bin on its premises. PUB. RES. § 42030 (definitions) – includes definitions for terms

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Program components (continued)	including: • "Authorized collection site" means a location where an authorized collector operates a secure collection receptacle for collecting covered products; • "Authorized collector" means a person or entity that has entered into an agreement with a program operator to collect covered drugs including, but not limited to, any of the following: (1) a person or entity registered with the DEA and that qualifies under federal law to modify that registration to collect controlled substances for the purpose of destruction; (2) a law enforcement agency; or (3) a retail pharmacy that offers drug take-back services in compliance with state regulations; • "Covered drug" means a drug, including a brand name or generic drug, sold, offered for sale, or dispensed in California in any form, including prescription and nonprescription drugs, a drug marketed pursuant to an over-the-counter drug monograph, and a drug in a medical device, or a combination product containing a drug and a medical device, and includes a list of products that are not included as a "covered drug"; • "Covered entity" means: (1) the manufacturer of covered products that are sold in or into the state; or (2) if no entity meets that definition, the distributor of covered products that are sold into or into the state that is licensed as a wholesaler with certain exceptions; or (3) if no entity meets the definitions in paragraphs (1) and (2), it means a repackager of covered products sold in or into the state; or (4) if no entity meets the definitions in paragraphs (1), (2), or (3), it means the owner or licensee of a trademark or brand under which covered products are sold in or into the state, regardless of whether the trademark is registered; or (5) if no entity meets any of the foregoing definitions, it means the importer of the covered products that are sold in or into the state; • "Covered product" means a covered drug or home-generated sharps waste; "Mail-back program" means a method of collecting covered products from ultimate users by using prepaid, pre-addressed mailing envelopes; "Program operator" means a covered entity, or stewardship organization on behalf of a group of covered entities, that is responsible for operating a stewardship program;

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CALIFORNIA	
Program components (continued)	• "Stewardship organization" means an organization exempt from taxation that is established by a group of covered entities in accordance with this chapter to develop, implement, and administer a stewardship program; • "Stewardship plan" means the plan for collecting and properly managing covered products that is developed by a covered entity or stewardship organization; • "Stewardship program" means a stewardship program for the collection, transportation, and disposal of covered products; and • "Ultimate user" means a state resident or other nonbusiness entity and includes a person who has lawfully obtained, and who possesses, a covered product for the person's own use or for the use of a member of the person's household. It does not include a needle exchange program or a medical waste generator. PUB. RES. § 42031 (list of covered products; notification to state board; verification; letters of inquiry; proprietary information; notification of violation) – requires covered entities, no later than 90 days after the effective date of this section, to provide a list of covered products, and a list and description of any drugs or sharps that are not covered products, that it sells or offers for sale in the state to the state board, and shall update the lists and provide such updated lists to the state board on or before January 15 of each year or upon request of the department. Additionally, no later than 90 days after the effective date of this section, a retail pharmacy that sells a covered product under its own label shall provide written notification to the state board identifying the covered entity from which the retail pharmacy obtains a covered product that it sells under its own label. The state board may issue a letter of inquiry to any entity listed in this section requesting a list of all drugs and sharps it distributes in California, regardless of whether such drugs or sharps are covered under this chapter, the name of the manufacturer of such products, and any additional information necessary to carry out this chapter. An entity that receives a letter of inquiry shall respond in writing no later than 60 days after receipt of the letter. Responses may be shared with the department, but are otherwise considered proprietary and exempt from disclosure. If the entity does not believe it is a covered entity for purposes of this chapter, it shall submit all of

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Program components (continued)	the following information to the state board in response to the letter of inquiry: • The basis for the claim that it is not a covered entity; • A list of any drugs and sharps it sells, distributes, repackages, or otherwise offers for sale within the state; and • If applicable, the name and contact information of the person or entity from which it obtains a drug or sharp identified above. The state board shall obtain and verify and, within 30 days of receipt or upon request of the department, submit to the department a list of drugs and sharps sold or offered for sale in the state excluded from the definitions of "covered drugs" or "home-generated sharps waste." Notwithstanding any other law to the contrary, information submitted by the state board under this chapter may include proprietary information. The state board shall notify the department if any covered entity or stewardship organization is in violation of this section for purposes of enforcement. PUB. RES. § 42031.4 (compliance with this chapter) – except as otherwise provided by law, a covered entity is not in compliance with this chapter and is subject to penalties if, commencing one year from the adoption of regulations, a covered product sold or offered for sale by the covered entity is not subject to an approved stewardship plan, which is submitted by the covered entity or by a stewardship organization that includes the covered entity and has been approved by the department. A covered entity may establish and implement a stewardship program independently, or as part of a group of covered entities through membership in a stewardship organization. PUB. RES. § 42031.6 (education and outreach program requirements) – requires program operators to conduct a comprehensive education and outreach program intended to promote participation in the stewardship program. At a minimum, the education and outreach program shall do all of the following:

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Program components (continued)	• Promote its stewardship program to ultimate users by providing signage for hospitals, pharmacies, and other locations, as necessary; • Provide educational and outreach materials for persons authorized to prescribe drugs, pharmacies, pharmacists, ultimate users, and others, as necessary; • Establish an internet website that publicizes the location of authorized collectors and provides other information intended to promote the use of the stewardship program; • Prepare and provide additional outreach materials not specified in this section as needed to promote the collection and proper management of covered drugs and home-generated sharps waste; and • Encourage ultimate users to separate products that are not covered products from covered products, when appropriate, before submitting the covered products to an authorized collection site or mail-back program. This section prohibits programs operators from promoting the disposal of covered products in a manner inconsistent with the services offered to ultimate users by the stewardship program. PUB. RES. § 42032 (stewardship plan; submittal to department; review; approval; implementation; availability to public) – requires program operators, within six months of the adoption date of regulations by the department, to submit to the department for approval a complete stewardship plan for the establishment and implementation of a stewardship program in a format determined by the department. The department shall approve a proposed stewardship program if the program operator submits a completed plan that meets the requirements of this section. Program operators shall submit proposed stewardship plans to the state board for review and to any other applicable state agencies with areas of authority relative to the stewardship plan. The six month deadline shall not include the time that the state board takes to review a stewardship plan. An agency that receives a plan shall review it for compliance with state and federal laws and regulations related to the agency's respective authority. The agency shall determine compliance or noncompliance with those laws and regulations and provide that determination to the program operator along with an

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Program components (continued)	explanation for any finding of noncompliance within 90 days of receipt of the plan. A program operator may submit an updated proposed plan to an agency that issued a determination of noncompliance to attempt to obtain a determination of compliance. The program operator shall submit any determination received from an agency when it submits its stewardship plan to the department. If, 90 days after submitting a plan to an applicable agency, a program operator has not received a response from the applicable agency, the program operator may submit a certification to the department that the stewardship plan is consistent with all other applicable laws and regulations. The department shall determine if a stewardship plan is complete, including the determinations required above, and notify the submitting program operator within 30 days of receipt. If the department finds that the stewardship plan is complete, the department's 90-day review period for consideration of approval of the plan shall commence upon the original date of receipt. If the department finds that the plan is incomplete, the department shall identify the required additional information, and the program operator shall resubmit the plan within 30 days. If the department determines after resubmission that the stewardship plan is complete, the department's 90-day review period for consideration of approval of the plan shall commence upon the date of receipt of the resubmitted plan. The department shall review a complete submitted stewardship plan and shall approve, disapprove, or conditionally approve the plan within 90 days of receipt of the complete plan. This section permits the department to consult with, or submit a stewardship plan for review to, the state board or another agency to determine the completeness of the stewardship plan or for making a determination on the approval of the plan or an amendment to the plan. The duration of time that the department takes to review a stewardship plan pursuant to this paragraph does not count toward the 90-day time limit. Program operators are required to submit any significant changes to a stewardship plan in writing to the department and are prohibited from implementing any such changes prior to obtaining approval.

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Program components (continued)	If the department disapproves a submitted stewardship plan, the department shall explain in writing, within 30 days, how the plan is noncompliant, and the program operator shall resubmit a revised plan to the department. If the revised plan does not comply with the requirements and is disapproved, the covered entity operating its own stewardship program, or the stewardship organization and the covered entities that are members of the stewardship organization, are not in compliance until the program operator submits a plan that the department approves. A program operator shall fully implement operation of an approved stewardship program no later than 270 days after approval by the department. If a stewardship plan is revoked pursuant to PUB. RES. § 42035.4(a) or terminated by the program operator that submitted the plan, a covered entity no longer subject to that plan may, without being subject to penalties, sell or offer for sale covered products in the state for a period of up to one year after the plan was terminated or was revoked if the covered entity continues to operate under the most recent approved stewardship plan to which the covered entity was subject. All stewardship plans submitted pursuant to this section shall be made available to the public, except proprietary information protected pursuant to PUB. RES. § 42036.4. PUB. RES. § 42032.2 (stewardship plan requirements; authorized collectors; supplemental services; home-generated sharps waste; provision for expansion; educational and outreach provisions) – this section sets forth the requirements for stewardship plans. To be complete, a stewardship plan for covered drugs shall do the following: • Identify and provide contact information for the stewardship organization, if applicable, and each participating covered entity, and identify each covered drug sold or offered for sale by each participating covered entity; Identify and provide contact information for the authorized collectors for the program, as well as the reasons for excluding any potential authorized collectors from participation in the program;

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Program components (continued)	• Include any determinations provided by a state agency. Any determination of noncompliance shall be accompanied by a superseding determination of compliance; • Demonstrate adequate funding for all administrative and operational costs of the program, to be borne by the participating covered entities; • Provide for a handling, transport, and disposal system that complies with applicable state and federal laws and regulations; • Provide for a collection system that complies with the requirements of this chapter and meets all of the following requirements for authorized collection sites in each county in which the plan will be implemented: (1) provides for a minimum of five authorized collection sites or one authorized collection site per 50,000 people, whichever is greater; (2) provides for a reasonable geographic spread of authorized collection sites and an explanation for the geographic spread; and (3) provides for a mail-back program covering any counties where there is not an authorized retail pharmacy operating as an authorized collection site; • Require a program operator to do all of the following: (1) permit an ultimate user who is a homeless, homebound, or disabled individual to request prepaid, pre-addressed mailing envelopes, or an alternative form of a collection and disposal system, that would render the covered drug inert and shall accept such requests through a website or toll-free telephone number; (2) provide alternative methods of collection from ultimate users for any covered drugs, other than controlled substances, that cannot be accepted or commingled with other covered drugs in secure collection receptacles or through a mail-back program, to the extent technically feasible and permissible by law or regulation; and (3) provide a service schedule that meets the needs of each authorized collection site to ensure that each secure collection receptacle is serviced as often as necessary to avoid reaching capacity and that collected covered drugs are transported to final disposal in a timely manner. A receipt or collection manifest shall be left with the authorized collection site to support verification of the service which the site shall maintain and make available to the department; and • Provide the policies and procedures for the safe and secure collection, transporting, and disposing of the covered drug,

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Program components (continued)	describe how and where records will be maintained and how, at a minimum, instances of security problems that occur will be addressed, and explain the processes that will be taken to change the policies, procedures, and tracking mechanisms to alleviate the problems and to improve safety and security. This section provides that at least 120 days before submitting a stewardship plan to the department, the operator of a program shall notify potential authorized collectors in the county or counties in which it operates of the opportunity to serve as an authorized collector for the proposed program. If a potential authorized collector expresses interest in participating in the program, the program operator shall commence good faith negotiations with the potential authorized collector within 30 days. It also requires retail pharmacies to make a reasonable effort to serve as an authorized collector as part of a program in the county in which it is located and provides that, if the minimum threshold of sites is not met in each county in which a retail pharmacy chain has store locations, the retail pharmacy chain shall have at least one location or 15 percent of its store locations, whichever is greater, in that county serve as authorized collectors in a stewardship program. A program operator shall include as an authorized collector under its stewardship program any entity listed in PUB. RES. § 42030(b) that offers to participate in the program, in writing and without compensation, even if the minimum convenience standards have been achieved. The program operator shall include the offering entity as an authorized collector within 90 days of receiving the written offer to participate, but the program operator is not required to respond to such offers until the stewardship plan has been approved by the department. This section provides that, after a plan for covered drugs has been approved, the program operator may supplement service, if approved by the department, for a county in which it operates that does not have the minimum number of authorized collection sites due to circumstances beyond the operator's control, by establishing a mail-back program or an alternative form of collection and disposal that complies with state and federal laws and regulations. A mail-back program may include

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Program components (continued)	providing information on where and how to receive mail-back materials or providing the locations at which it distributes prepaid, pre-addressed mailing envelopes. The program operator shall propose the locations of those envelope distribution locations as part of the stewardship plan. Prepaid mailing envelopes may also be mailed to an ultimate user upon request. PUB. RES. § 42033 (initial stewardship program budget; requirements) – requires program operators to submit an initial stewardship program budget for the first five calendar years of operation with the submission of a stewardship plan. PUB. RES. § 42033.2 (written report and program budget; submittal to department; annual report and program budget; review and approval) – on or before March 31, 2022, and each year thereafter, a program operator shall prepare and submit to the department both of the following: (1) a written report describing the program activities during the previous reporting period of one year; and (2) a written program budget for program implementation for the upcoming calendar year. The annual report shall include, at a minimum, all of the following for the prior year: • A list of covered entities participating in the stewardship entities; • The updated and reverified list of covered products that each covered entity subject to the stewardship plan sells or offers for sale; • The amount, by weight, of covered products collected from ultimate users at each authorized collection site that is part of the stewardship program; • For a stewardship plan for covered drugs, the name and location of authorized collection sites at which covered drugs were collected; • Whether policies and procedures for collecting, transporting, and disposing of covered products, as established in the plan, were followed during the reporting period and a description of each instance of noncompliance, if any; • Whether any safety or security problems occurred during collection, transportation, or disposal of collected covered

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Program components (continued)	products during the reporting period and, if so, what changes have been or will be made to policies, procedures, or tracking mechanisms to alleviate the problem and to improve safety and security; • How the program operator complied with all elements in its stewardship plan; and • Any other information the department reasonably requires. This section requires that an annual program budget include an independent financial audit of the stewardship program and anticipated costs and recommended funding level necessary to implement the program. It also sets forth the requirements for approval, conditional approval, and disapproval of the annual report or program budget by the department. PUB. RES. § 42034 (administrative and operational costs associated with establishing and implementing stewardship program; payment by covered entity) – each covered entity, either individually or through a stewardship organization, shall pay all administrative and operational costs associated with establishing and implementing the stewardship program in which it participates, including the cost of collecting, transporting, and disposing of covered products. PUB. RES. § 42034.2 (administrative fees; establishment of Pharmaceutical and Sharps Stewardship Fund) – provides that, on or before the end of the 2022-2023 fiscal year and on March 1 and September 1 of each year thereafter, program operators shall pay an administrative fee to the department. The department shall set the fee at an amount that, when paid by each covered entity, is adequate to cover the projected full costs to the state of administering and enforcing this chapter, including any incurred costs that have not been reimbursed. For a stewardship organization, the administrative fee shall be funded by the covered entities that make up the stewardship organization. The administrative fees paid by a program operator shall be deposited into the Pharmaceutical and Sharps Stewardship Fund established in this section. PUB. RES. § 42034.4 (audit of covered entities or authorized collectors; requirements) – a stewardship organization may

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Program components (continued)	conduct an audit of covered entities that are required to remit a charge or administrative fee to the stewardship organization to verify that the administrative fees and charges paid are proper and accurate. PUB. RES. § 42035 (list of stewardship organizations; posting to department web site; certification letter; compliance with chapter) – on or before June 30, 2022, and at least annually thereafter, the department shall post on its website a list of stewardship organizations, including entities with an approved stewardship plan, and covered entities, authorized collection sites, retail pharmacies, and retail pharmacy chains provided in the stewardship plans that are in compliance with this chapter. PUB. RES. § 42035.2 (administrative penalty for violation of chapter; exemptions; deposit of funds) – this section provides that the department may impose an administrative penalty on any covered entity, program operator, stewardship organization, or authorized collector that sells, offers for sale, or provides a covered product in violation of this chapter. The amount of the administrative penalty shall not exceed $10,000 per day unless the violation is intentional, knowing, or reckless, in which case the fine shall not exceed $50,000 per day. All fines shall be deposited into the Pharmaceutical and Sharps Stewardship Penalty Account in the Pharmaceutical and Sharps Stewardship Penalty Fund. PUB. RES. § 42035.4 (actions to ensure compliance with requirements of chapter) – upon a written finding that a covered entity, program operator, stewardship organization, or authorized collector has not met a material requirement of this chapter, in addition to any other penalties authorized under this chapter, the department may take one or both of the following actions to ensure compliance after affording the entity a reasonable opportunity to respond to, or rebut the finding: (1) revoke the program operator's stewardship plan approval or require the program operator to resubmit the plan; and (2) require additional reporting relating to compliance with the material requirement of this chapter that was not met. PUB. RES. § 42035.6 (reasonable and timely access to facilities and operations; records retention; disciplinary action) – a covered entity, stewardship organization, program operator, retail pharmacy, or retail pharmacy chain shall do both of the

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Program components (continued)	following: (1) upon request, provide the department with reasonable and timely access to its facilities and operations, as necessary to determine compliance; and (2) upon request, provide the department with relevant records necessary to determine compliance. All records and reports required to be kept or submitted shall be maintained and kept accessible for a minimum of three years and shall be provided under penalty of perjury. The department may impose an administrative penalty or post a notice on the department's website that the covered entity, stewardship organization, program operator, pharmacy, retail pharmacy, or retail pharmacy chain is no longer in compliance with this chapter. This section provides that the department shall not prohibit a covered entity, stewardship organization, program operator, pharmacy, retail pharmacy, or retail pharmacy chain from selling a covered product. PUB. RES. § 42036 (application of Cartwright Act, Unfair Practices Act, or Unfair Competition Law to actions taken by a stewardship organization or covered entity) – except as otherwise provided by law, an action specified in this section that is taken by a stewardship organization or a covered entity pursuant to this chapter is not a violation of the Cartwright Act, the Unfair Practices Act, or the Unfair Competition Law. This provision shall apply to all of the following actions taken by a stewardship organization or covered entity: • The creation, implementation, or management of a stewardship plan approved by the department and the determination of the types or quantities of covered products collected or otherwise managed pursuant to a stewardship plan; • The determination of the cost and structure of an approved stewardship plan; and • The establishment, administration, collection, or disbursement of the charge or administrative fee imposed pursuant to this chapter. This provision does not apply to an agreement that does any of the following: • Fixes a price of or for covered products, except for an agreement related to costs, charges, or administrative fees

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Program components (continued)	associated with participation in a stewardship plan approved by the department and otherwise in accordance with this chapter; • Fixes the output of production of covered products; and • Restricts the geographic area in which, or customers to whom, covered products are sold. PUB. RES. § 42036.2 (application of chapter to local stewardship programs in effect prior to April 18, 2018; preemption of local stewardship programs enacted on or after April 18, 2018) – provides that this chapter does not apply to a drug or sharp within a jurisdiction that is subject to a local stewardship program pursuant to an ordinance that took effect before April 18, 2018. If such ordinance is repealed in the jurisdiction or, if more than one ordinance is applicable, those ordinances are repealed in the jurisdiction, the drug or sharp shall be subject to this chapter in that jurisdiction within 270 days after the date on which the ordinance is, or ordinances are, repealed. This chapter shall preempt a local stewardship program for drugs enacted by an ordinance or ordinances with an effective date on or after April 18, 2018. PUB. RES. § 42036.4 (protection of proprietary information as confidential) – proprietary information submitted to the department under this chapter shall be protected by all parties as confidential and shall be exempt from public disclosure. Proprietary information may only be disclosed in an aggregate form that does not directly or indirectly identify financial, production, or sales data of an individual covered entity or stewardship organization. Proprietary information may be disclosed to the party that submitted the information. 14, §§ 18972.1 to 18975.2 set forth the regulations related to the Pharmaceutical and Sharps Waste Stewardship Program. 14, § 18973 (document submittals: stewardship plan, initial program budget, annual report, and annual budget) – sets forth the requirements for stewardship plans, initial program budgets, annual reports, annual budgets, and any document associated with the foregoing submitted to the department, including that all such documents be submitted electronically and be provided to the department under penalty of perjury. It also provides that any submittals to the department that the program operator believes are confidential in nature shall include a cover letter

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Program components (continued)	explaining the justification of confidentiality. Records supplied pursuant to this article that are, at the time of submission, claimed to be proprietary, confidential, or a trade secret shall be subject to California regulations. 14, § 18973.1 (document approvals: stewardship plan, initial program budget, annual report, and annual budget) – a program operator that submits a stewardship plan, initial program budget, annual report, or annual budget shall meet the requirements set forth in this rule. A program operator shall provide to the department, upon request and by the requested deadline, clarifying information that is necessary to assist the department in its consideration of completeness and/or approval. It sets forth certain deadlines for determining if a document is complete or incomplete, submission of required additional information, and for determining if the resubmitted document is complete. 14, § 18973.2 (stewardship plan for covered drugs) – within six months of the adoption date of the regulations in this article by the department, a program operator shall submit a stewardship plan to the department. This rule sets forth the information required to be included in a stewardship plan including the following: • Contact information for certain individuals and entities, including the corporate officer, or designee, responsible for submitting and overseeing the stewardship plan; the contact name and title for each covered entity participating in the stewardship plan; and the contact information for each participating authorized collector operating a collection site; • A list of each covered drug sold or offered for sale by each participating covered entity covered by the stewardship plan; • A list of potential authorized collectors in the counties in which the program will operate that were notified of the opportunity to serve as an authorized collector for the proposed stewardship program and the method(s) by which each potential authorized collector was notified;

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Program components (continued)	• A description of the process by which good faith negotiations with potential authorized collectors were and, if applicable, continue to be conducted; • A description of efforts to work with retail pharmacies and retail pharmacy chains to fulfill the requirement in PUB. RES. § 42032.2; • A description of the process to incorporate potential authorized collectors that submit a written offer to join the stewardship program. A program operator shall include under its stewardship program any entity that offers to participate in the program, in writing and without compensation, even if the minimum convenience standards have been achieved and shall include the offering entity as an authorized collector in the program within 90 days of receiving the written offer to participate. A program operator is not required to respond to offers until the program operator's stewardship plan has been approved by the department; • A description of the reasons for excluding any potential authorized collectors, including those who request to join the program; • State agency determinations and compliance certifications; • A demonstration of adequate funding for all administrative and operational costs for the first five calendar years of operation; • Descriptions of the processes and policies that will be used to safely and securely collect, track, and properly manage covered drugs from collection through final disposal; • A description of how convenience standards will be met for each county; • A description of tracking mechanisms for collection, transportation, and disposal; • The metrics that will be used to measure the amount, including, but not limited to, weight, of covered drugs collected from ultimate users at each authorized collection site; • A description of each service provider to be used to transport, process, or dispose of covered drugs; • A list of locations and/or description of mechanisms to provide ultimate users with preaddressed, prepaid mail-back materials or an alternative form of collection and disposal system that would render the covered drug inert, if applicable;

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Program components (continued)	• What corrective actions will be taken if a program operator discovers critical instances of noncompliance with stewardship plans and policies; • Standard operating procedures that will address incidents related to safety and security, including processes to ensure that the department and applicable local, state, and federal agencies are notified of the incident; and • A description of a comprehensive education and outreach program. 14, § 18973.4 (annual report for covered drugs) – on or before March 31, 2022, and each year thereafter, a program operator shall prepare and submit an annual report to the department. This rule sets forth the information required to be included in the report. 14, § 18973.6 (program budgets) – provides that a program operator must submit an initial stewardship program budget for the first five calendar years of operation and an annual budget. It sets forth the information required to be included in the budgets. 14, § 18974 (record keeping requirements) – sets forth the record keeping requirements for each party required to comply with PUB. RES. § 42030, *et seq*. 14, § 18974.1 (administrative and operational costs) – each covered entity, either individually or through a stewardship organization, shall pay all administrative and operational costs associated with establishing and implementing the stewardship program in which it participates, including the cost of collecting, transporting, and disposing of covered products. 14, § 18974.2 (stewardship organization audits of covered entities or authorized collectors) – if a stewardship organization conducts an audit of covered entities or authorized collectors, it shall provide a copy of the audit to the department within 30 days of its completion. 14, § 18975 (criteria to impose an administrative civil penalty) – the department shall impose an administrative civil penalty if it determines that any covered entity, program operator, stewardship organization, or authorized collector that sells,

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Program components (continued)	offers for sale, or provides a covered product in California has violated this article or the laws related to stewardship programs. In addition to the ability to impose administrative civil penalties, the department shall take disciplinary action against a covered entity, stewardship organization, program operator, pharmacy, retail pharmacy, or a retail pharmacy chain if the department determines that any of those entities has failed to provide the department with access to required information. This disciplinary action shall include imposition of an administrative civil penalty and/or posting of a notice in accordance with law. Sets forth the circumstances to be considered when determining the amount of penalty to be imposed. 14, § 18975.2 (procedure for stewardship plan revocation, resubmittal, or additional compliance reporting) – sets forth the requirements for covered entities, program operators, stewardship organizations, or authorized collectors who have failed to meet a material requirement of this article or a statute related to the stewardship program. 16, § 1776 (prescription drug take-back services: authorization) – pharmacies, hospitals/clinics with onsite pharmacies, distributors, and reverse distributors licensed by the board may offer, under the requirements in this article, specified prescription drug take-back services through collection receptacles and/or mail back envelopes or packages to provide options for the public to discard unwanted, unused, or outdated prescription drugs. Each entity must comply with regulations of the DEA and this article. Only California-licensed pharmacies, hospitals/clinics with onsite pharmacies, and drug distributors who are registered with the DEA as collectors and licensed in good standing with the board may host a pharmaceutical take-back receptacle as authorized under this article. 16, § 1776.1 (pharmacies) – provides that pharmacies may provide take-back services to the public. Retail pharmacies and hospitals/clinics with onsite pharmacies may maintain collection receptacles in their facilities. Pharmacies may offer drug take-back services in skilled nursing facilities. Pharmacies are excepted to know and adhere to local, state, and federal requirements governing the collection and destruction of dangerous drugs.

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Program components (continued)	For purposes of this article, "prescription drugs" means dangerous drugs including controlled substances. Controlled substances may be commingled in collection receptacles or mail back envelopes or packages with other dangerous drugs. Once drugs are deposited into a collection receptacle or mail back envelopes or packages by a consumer, they are not to be removed, counted, sorted, or otherwise individually handled. The collection receptacle shall contain signage that includes: (1) the name and phone number of the responsible pharmacy; (2) that medical sharps and needles shall not be deposited; and (3) that consumers may deposit prescription drugs including controlled substances. It provides that prescription drugs that are eligible for collection as part of a drug take-back services maintained by pharmacies are only those prescription drugs that have been dispensed by any pharmacy or practitioner to a consumer. Dangerous drugs that have not been dispensed to consumers, such as outdated drug stock, may not be collected as part of a pharmacy's drug take-back service. A pharmacy shall not, as part of its drug take-back services: • Review, accept, count, sort, or otherwise individually handle any prescription drugs from consumers; • Accept or possess prescription drugs from skilled nursing facilities, residential care homes, healthcare practitioners, or any other entity; or • Dispose of quarantined, recalled, or outdated prescription drugs from pharmacy stock. A pharmacy must be registered with the DEA as a collector for purposes of maintaining a prescription drug take-back collection receptacle. Such pharmacies shall not employ anyone convicted of a felony related to controlled substances, or anyone who has had a DEA permit denied, surrendered, or revoked. Any pharmacy that maintains a drug take-back collection receptacle as authorized in this article shall notify the board in writing within 30 days of establishing the collection program. Any pharmacy that ceases to maintain a drug take-back collection receptacle shall notify the board and the DEA within

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Program components (continued)	30 days. Any pharmacy maintaining a collection receptacle shall disclose to the board that it provides such services annually at the time of renewal of the pharmacy license, and shall identify all locations where its collection receptacles are located. Any tampering with a collection receptacle or theft of deposited drugs shall be reported to the board in writing within 14 days. Any tampering, damage, or theft of a removed liner shall be reported to the board within 14 days. 16, § 1776.2 (pharmacies offering mail back envelope or package services) – pharmacies that provide drug take-back services may do so by providing preaddressed mailing envelopes or packages to allow a consumer to return prescription drugs to an authorized DEA destruction location. All envelopes and packages must be preaddressed to a location registered with the DEA as a collector, and the pharmacy is responsible for ensuring that all envelopes and packages it makes available to the public are preaddressed for delivery to facilities that comply with this section. The preaddressed envelopes and packages must be water and spill proof, tamper evident, tear resistant, and sealable. The exterior shall be nondescript and not include markings that indicate the envelope or package contains prescription drugs. Postage shall be prepaid on each envelope or package. A pharmacy shall not accept any mail back packages or envelopes that contain drugs unless they are registered as a collector and have an onsite method of destruction that complies with the DEA requirements; instead, consumers shall be directed to mail the envelopes or packages. 16, § 1776.3 (collection receptacles in pharmacies) – provides that a pharmacy may maintain a collection receptacle for the public to deposit their unwanted prescription drugs for destruction. The pharmacy is responsible for the management and maintenance of the receptacle. The receptacle shall be substantially constructed, with a permanent outer container and a removable inner liner. The collection receptacle shall be locked at all times to prevent access to the inner liner. The receptacle must be securely fastened to a permanent structure so it cannot be removed and installed in an inside location. Except as otherwise provided, the receptacle shall be visible to pharmacy or DEA registrant employees, but not located in or near emergency areas, nor behind the pharmacy's counter. Additionally, collection receptacles shall contain signage that

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Program components (continued)	includes: (1) the name and phone number of the responsible pharmacy; (2) that medical sharps and needles shall not be deposited; and (3) that consumers may deposit prescription drugs including controlled substances. In hospitals/clinics with a pharmacy on the premises, the collection receptacle must be located in an area that is regularly monitored by pharmacy or DEA registrant employees and not in the proximity of any emergency or urgent care areas. When no pharmacy or DEA registrant employees are present, the collection receptacle shall be locked so that drugs may not be deposited. The receptacle shall include a small opening that allows deposit of drugs directly into the inner liner but does not allow for an individual to reach into the receptacle's contents. During hours when the pharmacy is closed, the deposit opening shall be locked, and the collection receptacle shall not be accessible to the public for deposit of drugs. A pharmacy shall direct consumers to directly deposit drugs into the collection receptacle and shall not accept, count, sort, or otherwise handle prescription drugs from consumers. The liner shall be waterproof, tamper evident, and tear resistant. It shall also be opaque to prevent viewing or removal of any contents once the liner has been removed from a collection receptacle. The liner shall be clearly marked to display the maximum contents and shall bear a permanent, unique identification number established by the pharmacy or pre-entered onto the liner by the liner's manufacturer or distributor. The liner shall be removable. The receptacle shall allow the public to deposit prescription drugs into the receptacle for containment into the inner liner without permitting access to or removal of prescription drugs already deposited into the receptacle and liner. Once a prescription drug or any other item is placed in the collection receptacle, the prescription drug or item cannot be removed, counted, sorted, or otherwise individually handled. If the liner is not already itself rigid or already inside of a rigid container when removed from the collection receptacle, the liner must be immediately, without interruption, placed in a

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Program components (continued)	rigid container for storage, handling, and transport. A rigid container may be disposable, reusable, or recyclable. Rigid containers shall be leak resistant, have sealable tight-fitting covers, and be kept clean and in good repair. The liner may be removed from a locked collection receptacle only by or under the supervision of two employees of the pharmacy. Upon removal, the liner shall be immediately, without interruption, sealed and the pharmacy employees shall record, in a log, their participation in the removal of each liner from a receptacle. Liners and their rigid containers shall not be opened, x-rayed, analyzed, or penetrated at any time by the pharmacy or pharmacy personnel. Liners and their rigid containers that have been filled and removed from a collection receptacle must be stored in a secured, locked location in the pharmacy no longer than 14 days. The pharmacy shall ensure the sealed inner liners and their contents are shipped to a reverse distributor's registered location by common or contract carrier or by a licensed reverse distributor pick-up at the pharmacy's premises. 16, § 1776.4 (drug take-back services in skilled nursing facilities) – provides that a pharmacy may offer drug take-back services in skilled nursing facilities licensed pursuant to law. It permits skilled nursing facility employees or persons lawfully entitled to dispose of the resident decedent's property may dispose of unwanted or unused prescription drugs by using mail back envelopes or packages. The pharmacy shall require skilled nursing facility employees to keep records noting the specific quantity of each prescription drug mailed back, the unique identification number of the package, and the preaddressed location to which the mail back envelope is sent. It provides that only pharmacies and hospitals/clinics with onsite pharmacies may establish collection receptacles in skilled nursing facilities for the collection and ultimate disposal of unwanted prescription drugs. It requires pharmacies and hospitals/clinics with an onsite pharmacy maintaining a collection receptacle in a skilled nursing facility to: • Be registered and maintain registration with the DEA as a collector;

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Program components (continued)	• Notify the board in writing within 30 days of establishing or ceasing to maintain a collection receptacle; • Notify the board in writing within 14 days of any tampering of the collection receptacle or theft of deposited drugs, or of any tampering, damage, or theft of a removed liner; and • List all collection receptacles it maintains annually at the time of renewal of the pharmacy license. Within three business days after the permanent discontinuation of use of a medication by a prescriber, as a result of the resident's transfer to another facility or as a result of death, the skilled nursing facility may place the patient's unneeded prescription drugs into a collection receptacle. Records of such deposit shall be made in the patient's records with the name and signature of the employee discarding the drugs. Collection receptacles under this provision must meet the same requirements as those in 16, § 1776.3. 16, § 1776.5 (reverse distributors) – a licensed reverse distributor registered with the DEA may accept the sealed inner liners of collection receptacles at the reverse distributor's registered location by common or contract carrier pick-up, or by reverse distributor pick-up at the collector's authorized collection location. Once received, the reverse distributor shall establish records required by this section. A licensed reverse distributor may not open, survey, or otherwise analyze the contents of inner liners. All liners shall be destroyed by an appropriately licensed and registered DEA reverse distributor in a manner that makes the drugs irretrievable. For each sealed liner or mail back envelopes or packages received, the reverse distributor shall maintain records of the number of sealed inner liners or mail back envelopes or packages, including the: (1) date of acquisition; (2) number and size; (3) unique identification number of each liner or envelope/package; (4) the method of delivery to the reverse distributor, the signature of the individuals delivering the liners to the reverse distributor, and the reverse distributor's employees who received the sealed liner; (5) the date, place, and method of destruction; (6) number of packages and inner liners received; (7) number of packages and inner liners

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Program components (continued)	destroyed; and (8) the name and signature of the two employees of the registrant that witnessed the destruction. This information shall be created at the time of receipt and the time of destruction. 16, § 1776.6 (record keeping requirements for board licensees providing drug take-back services) – each entity authorized by this article to collect unwanted prescription drugs from consumers shall maintain the records required by this article for three years. Includes a list of the records required to be maintained.
Miscellaneous provisions	HEALTH & SAFETY §§ 150400 to 150404 create the Cancer Medication Recycling Act. The Act permits individuals to donate unused prescription drugs to a participating practitioner for the purpose of redistribution to established patients of that practitioner. Controlled substances are not eligible for donation. HEALTH & SAFETY § 150402 (donation, acceptance, and redistribution of unused cancer medications) – permits a participating practitioner to accept and redistribute an unused cancer drug that is not an ineligible drug. HEALTH & SAFETY § 150403 (duties of participating practitioner; immunities) – provides that, among other things, a participating practitioner may only accept donated medications originally prescribe for use by established patients of that participating practitioner or practice. It also requires that the practitioner require all donors to read and sign the donor form and keep such forms in the records for at least three years.
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	California Drug Take-back Program

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Statute(s) and regulation(s)	• COLO. REV. STAT. ANN. § 12-280-135.5 (West 2025) (Colorado drug donation program—created—rules—records—definitions) • COLO. REV. STAT. ANN. § 25-15-328 (West 2025) (household medication take-back program—creation—collection and disposal of medication injection devices—liability—definitions—cash fund—rules) • 6 COLO. CODE REGS. 1010-23:1 to 23:18 (2025) (collectively "Rules and Regulations Governing the Colorado Household Medication Take-back Program")
Effective date(s)	• August 6, 2014 (§ 25-15-328) • July 1, 2016 (6 CCR 1010-23:1 to 23:18) • August 6, 2025 (§ 12-280-135.5)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 25-15-328 – subject to available funds, this section establishes a household medication take-back program to facilitate the safe and effective collection and proper disposal of unused medications. Includes definitions, including: • "Approved collection site," which means a site approved by the department for the collection of unused household medications; • "Disposal location," which means a site approved by the department where unused household medications are destroyed in compliance with applicable laws so that the household medications are in a nonretrievable state and cannot be diverted for illicit purposes; and • "Household medications," which means controlled substances approved for collection by federal law, prescription drugs, and over-the-counter medications in the possession of an individual. A collection site, carrier, or disposal location is not subject to liability for incidents arising from the collection, transport, or disposal of household medications if the collection site, carrier, or disposal location complies with the household medication take-back program in good faith and does not violate any applicable laws.

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Program components (continued)	It creates the household medication take-back cash fund in the state treasury for the direct and indirect costs associated with the implementation of this section. The fund consists of money appropriated or transferred to the fund by the general assembly and any gifts, grants, and donations from any public or private entity. The department shall transmit gifts, grants, and donations collected by the department to the state treasurer, who shall credit the money to the fund. Nothing in this section affects the authority to collect and reuse medications pursuant to § 12-280-135 or prohibits the operation of existing medication take-back and disposal programs regulated by the department. 6 CCR 1010-23:2 (scope and purpose) – these regulations govern the Colorado Household Medication and Household Sharps Take-back Program. They do not apply to: • The authority to collect and reuse medications; • Wastes generated by non-household waste generators; • The operation of other household medication and household sharps take-back and disposal programs regulated by the department; • Generators of household medications and household sharps; or • Schedule I controlled substances. Provides that persons who comply with these regulations may participate in the program. Department-contracted participants who incur costs associated with the collection, transportation, treatment, disposal, or destruction of household medications and household sharps pursuant to the program may apply to the department for reimbursement. 6 CCR 1010-23:3 (applicability) – provides that participation in the program is voluntary. Participants include department-approved collectors, transporters, treatment facilities, and disposal locations. Finally, these regulations shall not limit the powers and duties of local governments to issue such orders and adopt regulations as stringent or more stringent than the provisions contained herein.

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Program components (continued)	6 CCR 1010-23:4 (definitions) – definitions include: • "Collection," which means to receive household medications from individuals for the purpose of destruction. If a household medication is a controlled substance, collection means to receive a controlled substance for the purpose of destruction from an ultimate user or an individual lawfully entitled to dispose of an ultimate user decedent's property; • "Collector," which means a DEA-registrant or law enforcement agency approved by the department for the collection of household medications; • "Disposal location" means a site approved by the department where household medications are destroyed in compliance with applicable laws and rendered non-retrievable and cannot be diverted for illicit purposes; • "Household medications" means controlled substances approved for collection by federal law, prescription drugs, and over-the-counter medications in the possession of an individual, not generated by a commercial or industrial entity; • "Non-retrievable" means, for the purpose of destruction, the condition or state to which household medications shall be rendered following a process that permanently alters the household medications' physical or chemical condition or state through irreversible means and thereby renders the household medications unavailable and unusable for all practical purposes, thus preventing their diversion to illicit purposes; and • "Reverse distribute," which means to acquire controlled substances from another registrant or law enforcement for the purpose of return to the registered manufacturer or another registrant authorized by the manufacturer to accept returns on its behalf or for destruction. 6 CCR 1010-23:6 (specific standards for household medication department-approved collectors, transporters, and disposal locations) – this rule sets forth the requirements to be approved as a program participant. In order to collect household medications as a department-approved participant in the program, a collector shall: • Be a law enforcement agency; or a DEA-registered location of a retail pharmacy or a hospital/clinic with an on-site

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Program components (continued)	pharmacy, whose registrations have been modified consistent with DEA requirements to authorize collection of controlled substances; • Have an application form approved by the department; • Designate an individual responsible for oversight of household medication collection activities; and • Develop, implement, and maintain on site in an easily retrievable format a Medical Waste Management Plan containing, at a minimum, the following elements: (1) procedures for household medication identification, collection, packaging, storage, transport, and disposal; (2) a contingency plan for spills and releases; (3) employee and volunteer training procedures; (4) designation of an individual or individuals responsible for implementing the plan; and (5) recordkeeping methods. In order to acquire household medications from collectors as a department-approved participant in the program and transport them to disposal locations for destruction, or transfer them to another registrant for subsequent destruction, a transporter shall be: • A reverse distributor or distributor under contract or other written, signed service agreement with the department if acquiring household medications from a DEA-registered collector by on-site pick-up or by common carrier or contract carrier delivery; or • A reverse distributor under contract or other written, signed service agreement with the department if acquiring household medications from a law enforcement agency collector by on-site pick-up or by common carrier or contract carrier delivery. In order to destroy collected household medications as a department-approved participant in the program, a disposal location shall utilize a method of destruction that renders household medications non-retrievable and comply with all applicable laws and regulations. 6 CCR 1010-23:7 (allowable household medication collection methods) – DEA-registered collectors participating in the program may collect household medications, including controlled substances collected from ultimate users, utilizing

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Program components (continued)	collection receptacles and inner liners in accordance with Sections 23.8 and 23.9. Law enforcement agency collectors participating in the program may collect household medications in the course of official duties, including controlled substances collected from ultimate users, utilizing collection receptacles and inner liners in accordance with Sections 23.8 and 23.9 and/or take-back events in accordance with Section 23.10. 6 CCR 1010-23:8 (household medication collection receptacle requirements) – requires collection receptacles to be securely placed and maintained either inside a DEA-registered collector's location or inside a law enforcement agency collector's physical location. For collection receptacles located inside a DEA-registered collector's location: • At a retail pharmacy, receptacles shall be located in an area accessible to the public and in the immediate proximity of a designated area where controlled substances are stored, and at which an employee is present (*e.g.*, can be seen from the pharmacy counter). • At a hospital/clinic, receptacles shall be located in an area accessible to the public and regularly monitored by employees, but shall not be located in the proximity of any area where emergency or urgent care is provided. For collection receptacles located inside a law enforcement agency collector's location, receptacles shall be located in an area monitored by employees or law enforcement officers. Collection receptacles shall meet the following design specifications: • At a DEA-registered collector's location, be securely fastened to a permanent structure so that it cannot be removed; • Be a securely locked, substantially constructed container with a permanent outer container and a removable inner liner;

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Program components (continued)	• Include a small opening in the outer container that allows contents to be added to the inner liner but does not allow removal of the inner liner's contents; • Prominently display a sign on the outer container indicating that only Schedule II-V controlled and non-controlled substances are acceptable; Schedule I controlled substances, controlled substances not lawfully possessed by the ultimate user, and other illicit or dangerous substances are not permitted; and • Except at a law enforcement agency location, the opening in the outer container shall be locked or made otherwise inaccessible to the public when an employee is not present (*e.g.*, when the pharmacy is closed). Except at a law enforcement location, once household medications have been deposited into a collection receptable, the household medications shall not be counted, sorted, inventoried, or otherwise individually handled. Only those controlled substances listed in Schedules II – V that are lawfully possess by an ultimate user or other authorized non-registrant individual may be collected along with other household medications that are non-controlled substances. Controlled and non-controlled substances may be collected together and commingled. Law enforcement agency collectors may allow ultimate users and other authorized non-registrant individuals in lawful possession of a Schedule II-V controlled substance to transfer such substances and other household medications to a law enforcement officer or law enforcement agency employee for immediate deposit in a collection receptable, if the receptacle is located in an area not accessible to the public. 6 CCR 1010-23:9 (household medication collection receptacle inner liner requirements) – sets forth the requirements for inner liners in collection receptacles. Provides that access to the inner liner is restricted to employees of a DEA-registered collector or employees of a law enforcement agency collector. This rule also sets forth the requirements for installation and removal of the inner liner and requirements for sealing the inner liner immediately upon removal.

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Program components (continued)	6 CCR 1010-23:10 (household medication take-back events) – permits a law enforcement agency to conduct a take-back event and collect household medications, including controlled substances, and provides that the law enforcement agency can partner with other persons or entities to hold a collection take-back event in accordance with this section. A law enforcement agency shall appoint at a minimum one law enforcement officer employed by the agency to oversee the collection. Officers shall maintain control and custody of the household medications from the time they are collected until secure transfer, storage, or destruction has occurred. A law enforcement agency may conduct a take-back event at its physical location or at another location, provided the officer(s) overseeing the collection are able to maintain custody and control of the household medications in accordance with this section. It permits the use of a collection receptacle at take-back events and provides that, if a collection receptacle is not used, the collected household medications shall be placed in an opaque, waterproof, tamper-evident, and tear-resistant bag bearing the markings required for inner liners. 6 CCR 1010-23:11 (disposal of collected household medications) – DEA-registered collectors shall dispose of collected household medications in the following manner: • Upon inner liner removal from the permanent outer container of a collection receptacle, the sealed inner liner and its contents shall be: (1) sent by two employees to a transporter's registered location by common carrier or contract carrier delivery; or (2) transferred by two employees to a transporter by on-site pick-up at the DEA-registered collector's location for transport to the transporter's registered location or transport to a disposal location; or • A sealed inner liner and its contents shall be placed into secure storage by two employees at the DEA-registered collector's location until prompt delivery or transfer can occur. In no case shall a sealed inner liner be stored at the DEA-registered collector's location for more than 90 days.

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Program components (continued)	Law enforcement agency collectors shall dispose of household medications collected at their physical locations in the following manner: • Sealed inner liners and their contents removed from collection receptacles and opaque, waterproof, tamper-evident, and tear-resistant bags containing household medications collected at take-back events through means other than collection receptacles shall be: (1) sent by two, unless otherwise approved by the department, law enforcement agency employees to a transporter's registered location by common carrier or contract carrier delivery; or (2) transferred by two, unless otherwise approved by the department, law enforcement agency employees to a transporter by on-site pick-up at the law enforcement agency collector's location for transport to the transporter's registered location or transport to a disposal location; or • Sealed inner liners and their contents and opaque, waterproof, tamper-evident, and tear-resistant bags and their contents shall be placed into secure storage at the law enforcement agency by two, unless otherwise approved by the department, law enforcement agency employees until prompt delivery or transfer to a transporter can occur. In no case shall sealed inner liners or opaque, waterproof, tamper-evidence, and tear-resistant bags be stored at the law enforcement agency collector's location for more than 90 days. Law enforcement agency collectors shall dispose of household medications collected at take-back events held at sites other than the agencies' physical locations in the following manner: • Sealed inner liners and their contents removed from collection receptacles and opaque, waterproof, tamper-evidence, and tear-resistant bags containing household medications collected at take-back events through means other than a collection receptacle shall be: (1) transferred by the law enforcement officer to a transporter by pick-up at the take-back event site for transport to the transporter's registered location or transport to a disposal location; or (2) transported by the law enforcement officer to the law enforcement agency's physical location for disposal.

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Program components (continued)	6 CCR 1010-23:12 (transporter acquisition of household medications from collectors) – reverse distributors participating in the program as transporters are authorized to acquire household medications, including controlled substances collected from ultimate users, from DEA-registered collectors, law enforcement collectors, and law enforcement take-back event locations. Distributors participating in the program as transporters are authorized to acquire household medications, including controlled substances collected from ultimate users, from DEA-registered collectors. Transporters that acquire household medications are authorized to utilize only the following methods: (1) on-site pick-up; or (2) delivery by common or contract carrier. A transporter shall destroy or cause the destruction of acquired household medications no later than 30 calendar days after acquisition. 6 CCR 1010-23:13 (transporter procedures for destruction of acquired household medications) – sets forth the destruction requirements for transporters including destruction at the transporter's registered location, household medications transported to a registered disposal location for destruction, household medications transported to a non-registered disposal location for destruction, and household medications transported to another registered location for subsequent destruction. 6 CCR 1010-23:14 (methods of household medication destruction) – household medications shall be destroyed in compliance with all applicable federal, state, tribal, and local laws and regulations. The method of destruction shall be sufficient to render household medications, including all controlled substances that may be present, non-retrievable in order to prevent diversion to illicit purposes and to protect the public health and safety. 6 CCR 1010-23:15 (security requirements) – sets forth the requirements for employees and the physical security controls for DEA-registered household medication collectors, for law enforcement agency household medication collectors, and for transporters.

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Program components (continued)	6 CCR 1010-23:16 (registrant household medication records and inventories) – sets forth the record and inventory requirements for registrants. It provides that every registrant required to keep records pursuant to 21 C.F.R § 1304 shall maintain, on a current basis, a complete and accurate record of each inner liner and sealed inner liner, except that no registrant shall be required to maintain a perpetual inventory. Registrants shall maintain separate records for each independent activity and collection activity for which they are registered or authorized. In addition to any other recordkeeping requirements, any DEA-registrant that destroys a sealed inner liner or sealed bag containing household medications or causes the destruction of sealed inner liner or sealed bag containing household medications, shall maintain a record of the destruction. Such records shall be complete and accurate and shall include the name and signature of the two employees who witnessed the destruction. Transporters are required to maintain records regarding the number of sealed inner liners or bags acquired to inventory and the number destroyed. Sets forth the record requirements for DEA-registered household medication collectors related to collection receptacle inner liners. Transporters and DEA-registered collectors required by federal law to keep inventories must include in those inventories certain information related to household medications collected pursuant to program participation. 6 CCR 1010-23:17 (law enforcement agency collector household medication records) – sets forth the record requirements for law enforcement agency collectors regarding collection receptacle inner liners and household medications collected at take-back events through means other than a collection receptacle. Such records shall be maintained in an easily retrievable format, on-site, for three years from the date the waste was acquired by the transporter. 6 CCR 1010-23:18 (household medication collectors ceasing collection activities) – DEA-registered collectors ceasing

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Program components (continued)	participation in the program and ceasing collection of household medications shall: • Notify the department; • Dispose of household medications on hand in accordance with Section 23.11; and • Notify the DEA of the intent to cease collection. Law enforcement agency collectors ceasing participation in the program shall notify the department and dispose of household medications on hand in accordance with Section 23.11.
Miscellaneous provisions	§ 12-280-135 – definitions include: • "Donation recipient," which means an entity that is legally authorized to possess medicine, has a license or registration in good standing in the state in which the entity is located, and receives a donation of medicine. It includes a hospital, pharmacy, clinic, healthcare provider, or prescriber office, and also includes a wholesaler, distributor, third-party logistics provider, reverse distributor, or a repackager if the entity is a nonprofit entity or is directly or indirectly owned, controlled, or could be controlled by a nonprofit entity; • "Donor," which means any entity legally authorized to possess medicine, including a wholesaler, distributor, third-party logistics provider, pharmacy, dispenser, clinic, surgical or health center, rehabilitation center, detention center, jail, prison, laboratory, prescriber or other healthcare professional, long-term care facility or healthcare facility, and any other entity regulated by the board that donates medicine. It also includes government agencies and entities that are federally authorized to possess medicine; • "Eligible patient," which means an individual with a need for donated medicine who is indigent, uninsured, or underinsured; • "Individual donor," which means a non-licensed individual member of the public; and • "Medicine" includes prescription drugs but does not include controlled substances. This section creates the voluntary Colorado drug donation program whose purpose is to facilitate the safe donation and redispensing of unused medicine to individuals in need of the medicine. It provides that, notwithstanding any other law to the

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Miscellaneous provisions (continued)	contrary, a donor or an individual donor may donate medicine to a donation recipient. Prior to the first donation from a person, the donation recipient must record the person's name, address, phone number, and license number, if applicable, and shall verify that the person meets the definition of "donor" in this section, confirm that the person agrees to make donations of medicine only in accordance with this section and rules adopted by the board, and, if applicable, confirm that the person agrees to remove or redact any patient names and prescription numbers on donated medicine or to otherwise maintain patient confidentiality by executing a confidentiality agreement with the authorized donation recipient. Donation recipients must maintain a written or electronic record of donated medicine that consists of the name, strength, quantity, and lot number, if known, of each accepted or transferred drug, and the name, address, and phone number of the donor, individual donor, or transferring entity. Donation recipients shall ensure that donated medicine is identified physically or electronically as separate from regular stock. It also provides that, notwithstanding any other law to the contrary, a donation recipient may: (1) transfer donated medicine to another donation recipient or to an entity participating in a drug donation program operated by another state; (2) repackage donated medicine as necessary for storage, dispensing, administration, or transfer; or (3) if the donation recipient is a prescription drug outlet or other outlet, replace medicine of the same drug name and strength previously dispensed or administered to eligible patients in accordance with federal law. Donated medicine that does not meet the requirements of this section and rules adopted by the board must be disposed of by: (1) returning the donated medicine to the donor; (2) destroying the donated medicine through an incinerator, a medical waste hauler, a reverse distributor, or other lawful method; or (3) transferring the donated medicine to a returns processor. Donation recipients shall maintain a written or electronic record of disposed medicine consisting of the disposal method; the date of disposal; and the name, strength, and quantity of each disposed drug.

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Miscellaneous provisions (continued)	Donation recipients shall only administer or redispense medicine that: • Is in unopened, tamper-evidence packaging or has been repackaged under this program; • Meets the requirements set forth in this section based on an inspection by a licensed pharmacist; • If dispensed to an eligible patient, is repackaged by a licensed pharmacist into a new container or, if kept in the donated container, is in a container that has all previous patient information redacted or removed; • Is properly labeled in accordance with the rules adopted by the board; • Has an expiration or beyond-use date that will not expire before the medicine is used by the eligible patient based on the prescriber's directions for use; and • If the medicine requires refrigeration, freezing, or special storage, has been continually maintained by the donor pursuant to the manufacturer's storage requirements, so long as the cold chain can be verified. A donation recipient may dispense or administer prescription drugs to an eligible patient pursuant to this section only if otherwise permitted by law pursuant to a valid prescription or prescription drug order and shall maintain eligible patient-specific written or electronic records in accordance with rules adopted by the board. Medicine donated to the program must not be resold and is considered non-saleable; except that handling, dispensing, or usual and customary charges to certain listed entities and individuals is not considered reselling. All records must be retained in physical or electronic format, on or off the donation recipient's premises, for a period of two years. Donors or donor recipients may contract with one another or with a third party to create or maintain records. An entity participating in a drug donation or repository program operated by another state may participate in the program and, if the registered entity is a prescription drug outlet, may dispense donated drugs to eligible patients of this state. This section also provides that, when acting in good faith,

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Miscellaneous provisions (continued)	without negligence or willful or wanton misconduct, the following individuals or entities are not subject to civil or criminal liability or professional disciplinary action: • An individual or entity involved in the supply chain of donated medicine, including the donor, the individual donor, the donation recipient, the manufacturer, the repackager, the prescription drug outlet or other entity regulated by the board, and the eligible patient; • An individual or entity, including an employee, officer, volunteer, owner, partner, member, director, contractor, or other individual or entity associated with the individuals or entity that, in compliance with this section, prescribes, donates, receives donations of, dispenses, administers, transfers, replaces, or repackages medicine or facilitates any of the actions described in this section; and • The board. Additionally, a manufacturer of a prescription drug that is subject to risk evaluation and mitigation strategies is not subject to criminal prosecution or liability in tort or other civil action for injury, death, or loss to person or property for matters related to the donation, acceptance, or dispensing of a drug manufactured by the drug manufacturer that is donated by any person pursuant to the program, including liability for failure to transfer or communicate product or consumer information or the expiration date of the donated prescription drug.
Recently proposed legislation	None
Program website	Colorado Household Medication and Sharps Takeback program | Department of Public Health & Environment

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Statute(s) and regulation(s)	• CONN. GEN. STAT. ANN. § 17a-673d (West 2025) (posting of information regarding personal opioid drug deactivation and disposal systems on the department's Internet website) • CONN. GEN. STAT. ANN. § 20-576a (West 2025) (acceptance and disposal of unused prescription drugs at pharmacies; regulations) • CONN. GEN. STAT. ANN. § 20-633m (West 2025) (provision of information concerning personal opioid drug deactivation and disposal system at time of dispensing of an opioid drug) • CONN. GEN. STAT. ANN. § 20-636 (West 2025) (sign re storage and disposal of prescription drugs) • CONN. GEN. STAT. ANN. § 21a-262 (West 2025) (commissioner's authority and duties re controlled substances; when seizing authority may destroy; disposal by long-term care facilities, outpatient surgical facilities, and home health care agencies) • CONN. AGENCIES REGS. §§ 20-576a-1 to -7 (2025) (collectively "Return of Prescription Drugs to Pharmacies")
Effective date(s)	• June 30, 2017 (§ 21a-262) • July 6, 2017 (§ 20-576a) • July 8, 2019 (§§ 20-576a-1 to -7) • July 1, 2022 (§ 20-636) • May 21, 2024 (§ 17a-673d) • October 1, 2024 (§ 20-633m)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 20-576a – not later than July 1, 2018, the Commissioner of Consumer Protection, with the advice and assistance of the commission of pharmacy, shall adopt regulations to allow not more than 50 retail locations during the first year and not more than an additional 50 retail locations in each year thereafter, at pharmacies licensed pursuant to law, to accept and dispose of unused prescription drugs. Such regulations shall: • Comply with federal law regarding the acceptance and disposal of unused prescription drugs at pharmacies; • Establish a tracking and monitoring system and security requirements for such drugs; and • Specify locations within pharmacies where such drugs may be accepted and stored.

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Program components (continued)	The commissioner, after consulting with the Commissioner of Energy and Environmental Protection, shall establish a process in such regulations to ensure the secure removal and destruction of such unused prescription drugs including, but not limited to, allowing for optional prescription drug disposal agreements with law enforcement authorities. § 20-576a-1 (definitions) – definitions include: • "Authorized collector," which means a retail pharmacy authorized to handle controlled substances, currently licensed pursuant to Connecticut law, with an active registration to be a collector of drugs for disposal issued by the DEA and the department; • "Collection receptacle," which means a secured receptacle into which unused or expired drugs, including controlled substances and legend and non-legend drugs, can be deposited by ultimate users; and • "Reverse distributor," which means a wholesaler or distributor, whether within or without the state, who receives and destroys prescription medications, including controlled substances and legend and non-legend drugs, from an authorized collector. § 20-576a-2 (authorized collector) – a pharmacy may operate a collection receptacle if the pharmacy: (1) meets state and federal requirements; and (2) registers with the department as an authorized collector. Requires an authorized collector to submit an application and all other required documentation on forms prescribed by the commissioner. Provides that no certificate of registration shall be issued until the applicant has furnished satisfactory proof that it has adequate facilities to properly carry on the business described in the application. Registrations shall be renewed annually on or before January 31. Prior to the issuance of a certificate of registration, the commissioner shall perform an initial inspection of the applicant's premises, collection receptacle, and written operating procedures prior to the commencement of collection activities from ultimate users. The commissioner has the right to deny a certificate of registration if the commissioner determines that the issuance of such registration is inconsistent with the public interest or may have a negative impact on public health and safety.

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Program components (continued)	An authorized collector shall not: • Participate in a take back event within the interior of the same building in which the authorized collector's receptacle is located; • Participate in a mail back program, whereby the authorized collector receives drugs returned to it via mail; or • Dispose of its inventory or stock of drugs in the collection receptacle. No employees, including authorized employees, of an authorized collector shall handle, count, sort, or inventory any drugs brought by ultimate users for deposit in the collection receptacle. Authorized collectors shall permit the commissioner to enter and inspect their premises and collection receptacles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner. Any authorized collector that intends to discontinue its use of a collection receptacle shall notify the director of the Drug Control Division in writing 30 days prior to discontinuing collection activities. Upon termination of operation, the authorized collector shall dispose of the inner liner and rigid container by following the procedure for disposal of inner liners and containers outlined in these regulations and shall remove the collection receptacle from the prescription department area. § 20-576a-3 (collection receptacles) – collection receptacles shall be lockable, sturdy, and securely fixed within the authorized collector's registered location, and shall have a one-way access point to allow ultimate users to deposit drugs. Sets forth the requirements for locking the receptacle and inner liner and procedures for viewing the contents to determine fill level. Provides that the collection receptacle shall: • Be located in the immediate proximity of a designated area where controlled substances are stored and at which an authorized employee is present and the collection receptacle is visible to such authorized employee;

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Program components (continued)	• Accept drugs only when the authorized collector is open for business and an authorized employee is present; • Be secured pursuant to these regulations when the pharmacy is closed; and • Prominently display a sign indicating: (1) the types of drugs permitted for deposit; (2) the prohibited items; and (3) that no drugs intended for return are to be left in the vicinity of the collection receptacle at any time. Sets forth the minimum security and safeguard standards for collection receptacles, including continuous video monitoring. Provides that any loss, theft, serious damage, or destruction of a collection receptacle or its contents must be reported by an authorized collector within 72 hours of any such occurrence to the director of the Drug Control Division. § 20-576a-4 (inner liners and rigid containers) – sets forth the physical requirements for inner liners and rigid containers. § 20-576a-5 (disposal) – sets forth the requirements for disposing of inner liners and rigid containers including that: • The reverse distributor shall be present and ready to receive the inner liner; • Two authorized employees shall be present and perform the removal and replacement of the rigid container and inner liner, and one such employee shall be a Connecticut licensed pharmacist; • The rigid container, including the inner liner, shall be removed from the collection receptacle together and the inner liner shall be immediately sealed and replaced with a new rigid container and inner liner; • The rigid container shall then be sealed at all openings with tamper evident tape and display the unique identification number of the inner liner contained therein; • The rigid container shall not have any outer markings that would indicate the nature of its contents; • The authorized employees present during the disposal shall record all required information and perform all actions necessary to record log entries; • The authorized employees shall provide the sealed rigid container that contains the sealed inner liner to a registered reverse distributor for destruction, who shall sign the log book; and

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Program components (continued)	• The entire process shall be monitored and recorded by video camera. Sets forth the information required to be recorded for each transaction in record logs. Provides that no materials deposited into the collection receptacle and captured in the inner liner shall be removed, counted, sorted, or otherwise handled. Upon placing a new inner liner and rigid container into a collection receptacle, the inner liner is presumed to contain prescription medications, including controlled substances and legend and non-legend drugs, and shall be disposed of in accordance with law. Inner liners and rigid containers shall not be reused in a collection receptacle. Additionally, no on-site destruction of any rigid container, inner liner, or its contents shall be permitted by the authorized collector or at such collector's premises. Law enforcement authorities may, pursuant to an agreement with an authorized collector, accept delivery of the sealed rigid container that contains the sealed inner liner in the same manner as a reverse distributor, provided law enforcement authorities shall not be required to register with the department as a reverse distributor. Law enforcement authorities may destroy the sealed inner liner and rigid container pursuant to their department procedures and policies. Law enforcement authorities shall not be required by this section to participant in the collection and disposal of returned drugs to pharmacies. § 20-576a-6 (reverse distributors) – reverse distributors must register with the department, which registration shall be renewed annually on or before January 31. Upon annual review, the reverse distributor shall provide information related to the amount of drugs destroyed and any additional information required by the department. The commissioner has the right to deny a reverse distributor registration if the commissioner determines that the issuance of such registration is inconsistent with the public interest. Sets forth the recordkeeping requirements for reverse distributors for each transaction related to collection of rigid containers. Prohibits a reverse distributor from opening or unsealing or otherwise tampering with a rigid container prior to destruction unless ordered to do so by the commissioner.

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Program components (continued)	Reverse distributors shall permit the commissioner to enter and inspect their premises and delivery vehicles and to audit their records and written operating procedures upon request of the Drug Control Division. Upon reasonable suspicion by the department of tampering or adulteration of a rigid container in the possession of a reverse distributor, the department may seize such rigid container. Any loss, theft, serious damage, or destruction of an inner liner or rigid container shall be reported by a reverse distributor, within 72 hours of any such occurrence, to the director of the Drug Control Division. § 20-576a-7 (grounds for discipline) – sets forth the grounds upon which the commissioner may suspend, revoke, or refuse to renew a registration of an authorized collector or reverse distributor, place conditions on such registration, issue a letter of reprimand, or take other actions permitted by law.
Miscellaneous provisions	§ 17a-673d – requires the commissioner of mental health and addiction services to post on the department's website, not later than October 1, 2024, information regarding personal opioid drug deactivation and disposal systems. § 20-633m – defines "personal opioid drug deactivation and disposal system" to mean a product that is designed for personal use and enables a patient to permanently deactivate and destroy an opioid drug. Provides that each pharmacist who dispenses a drug to a patient in this state may provide to such patient, at the time such pharmacist dispenses such drug to the patient, information concerning a personal opioid deactivation and disposal system, including, but not limited to, the website address containing such information. This section does not apply to a pharmacist who dispenses an opioid drug for a patient while the patient is in a facility or healthcare setting. § 20-636 – each pharmacy shall post a sign in a conspicuous place on the premises of such pharmacy notifying consumers that they may visit the website of the Department of Consumer Protection for information concerning the safe storage and disposal of unused and expired prescription drugs.

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Miscellaneous provisions (continued)	§ 21a-262 – a registered nurse licensed by the Department of Public Health and employed by a home healthcare agency may, with the permission of a designated representative of the patient, oversee the destruction and disposal of the patient's controlled substances, using the recommendations for the proper disposal of prescription drugs on the website of the Department of Consumer Protection. Such registered nurse shall maintain written or electronic documentation for a period of three years of any such destruction and disposal and such documentation shall be maintained with the patient's medical record. Nothing in this subsection shall prevent the registered nurse and patient's designated representative from depositing the patient's controlled substances in a statutorily authorized prescription drug drop box.
Recently proposed legislation	None
Program website	Prescription Drug Drop Box Program

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DELAWARE	
Statute(s) and regulation(s)	24 DEL. ADMIN. CODE § 5.0 (2025)
Effective date(s)	March 1, 2015
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	§ 2500-5.0 – dispensed medications returned to a pharmacy by the public shall be properly disposed of in accordance with Delaware controlled substance laws and regulations and the federal Controlled Substance Act, 21 C.F.R. 1300, *et seq*. Proposed disposal methods must be authorized by the Delaware Office of Controlled Substances and federal authority.
Recently proposed legislation	None
Program website	Delaware Prescription Drug Take Back Events - Delaware Health and Social Services - State of Delaware

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DISTRICT OF COLUMBIA	
Statute(s) and regulation(s)	D.C. CODE ANN. § 48-851.02 (West 2025) (safe disposal of unused pharmaceuticals)
Effective date(s)	March 5, 2010
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility. D.C. previously had the Safe Disposal of Controlled Substances Act of 2018, but such Act was repealed effective April 11, 2019.
Program components	N/A
Miscellaneous provisions	§ 48-851.02 – requires the board of pharmacy to design a public education campaign to educate individuals on: • The importance of promptly disposing of unused pharmaceuticals to avoid accidental overdoses, medication errors, and household drug theft; • How disposing of pharmaceuticals by flushing them into the public sewer system or throwing them in the trash can be harmful to the environment and can contaminate the drinking water supply; and • How to dispose of unused pharmaceuticals in a safe and environmentally sound manner. Each retail pharmacy licensed in D.C. shall implement the public education campaign as required by the board of pharmacy. Required the board of pharmacy, by July 1, 2010, to make recommendations to the mayor regarding the establishment of a program to enable consumers to dispose of unused pharmaceuticals, including controlled substances, in a safe and environmentally sound manner.
Recently proposed legislation	None
Program website	Safe Disposal of Medications | doh

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FLORIDA	
Statute(s) and regulation(s)	• FLA. STAT. ANN. § 499.029 (West 2025) (cancer drug donation program) • FLA. ADMIN. CODE ANN. r. 61N-1.026 (2025) (cancer drug donation program)
Effective date(s)	• July 1, 2006 (§ 499.029) • August 6, 2007 (61N-1.026)
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	§ 499.029 – definitions include: • "Donor," which means a patient or patient representative who donates cancer drugs or supplies needed to administer cancer drugs that have been maintained within a closed drug delivery system; healthcare facilities, nursing homes, hospices, or hospitals with closed drug delivery systems; or pharmacies, drug manufacturers, medical device manufacturers or suppliers, or wholesalers of drugs or supplies. It also includes a physician who receives cancer drugs or supplies directly from a drug manufacturer, wholesale distributor, or pharmacy; • "Eligible patient," which means a person who the department determines is eligible to receive cancer drugs from the program; and • "Participant facility," which means a class II hospital pharmacy that has elected to participate in the program and that accepts donated cancer drugs and supplies. This section provides that any donor may donate cancer drugs or supplies to a participant facility that elects to participate in the program and meets the criteria established by the department for such participation. Prohibits cancer drugs and supplies from being donated to a specific cancer patient or resold by the program. Sets forth the requirements for accepted and dispensing donated cancer drugs. Provides that a cancer drug cannot be accepted if it bears an expiration date that is less than six months after the date the drug was donated or if the drug appears to have been tampered with or mislabeled. It further provides that a dispenser of donated cancer drugs or supplies may not submit a claim or

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FLORIDA	
Miscellaneous provisions (continued)	otherwise seek reimbursement from any public or private third-party payor for donated cancer drugs or supplies dispensed to any patient under the program. A donation of cancer drugs or supplies may only be made at a participant facility and such facility can decline to accept the donation. Provides that the department, upon the recommendation of the board of pharmacy, shall adopt rules to carry out the provisions of this section which shall include: • Eligibility criteria, including a method to determine priority eligibility of eligible patients under the program; • Standards and procedures for participant facilities that accept, store, distribute, or dispense donated cancer drugs or supplies; • Necessary forms for administration of the program including, but not limited to, forms for use by entities that donate, accept, distribute, or dispense cancer drugs or supplies under the program; • The maximum handling fee that can be charged by a participant facility; • Categories of cancer drugs and supplies that the program will accept for dispensing; however, the department may exclude any drug based on its therapeutic effectiveness or high potential for abuse or diversion; and • Maintenance and distribution of the participant facility registry established in this section. Provides that a person who is eligible to receive cancer drugs or supplies under the state Medicaid program or under any other prescription drug program funded in whole or in part by the state, by any other prescription drug program funded in whole or in part by the federal government, or by any other prescription drug program offered by a third-party insurer, unless benefits have been exhausted, or a certain cancer drug or supply is not covered by the prescription drug program, is ineligible to participate in the program created under this section. Requires the department to establish and maintain a participant facility registry for the program which shall include the facility's name, address, and telephone number. The department

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FLORIDA	
Miscellaneous provisions (continued)	must make the registry available on its website to any donor wishing to donate cancer drugs or supplies to the program. The department's website shall also contain links to cancer drug manufacturers that offer drug assistance programs or free medication. Finally, this section includes immunity provisions for certain individuals and entities that participate in the program. 61N-1.026 – sets forth the regulatory provisions related to the cancer drug donation program. It provides that a Florida resident who is diagnosed with cancer is eligible to receive drugs or supplies unless the person is eligible to receive cancer drugs or supplies through the Medicaid program, a third-party insurer, or any other prescription drug program funded in whole or in part by the federal government, unless these benefits have been exhausted or a certain cancer drug or supply need by the patient is not covered by the prescription drug program. It also provides that only class II institutional pharmacies that accept, store, and dispense donated cancer drugs and supplies may participate in the cancer drug donation program. Participation in the program is voluntary. A pharmacy may withdraw from participation upon at least 10 days written notification to the department. The rule also provides dispensing and recordkeeping requirements and required forms for program participants. Finally, the rule requires that the department establish a website to maintain the registry of participant facilities that also contains links to cancer drug manufacturers that offer drug assistance programs or free medication.
Recently proposed legislation	None
Program website	N/A

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GEORGIA	
Statute(s) and regulation(s)	• GA. CODE ANN. §§ 31-8-300 to -307 (West 2025) (collectively "Drug Repository Program") • GA. COMP. R. & REGS. 480-50-.01 to -.07 (2025) (collectively titled "Drug Disposal and Authorized Collectors") • GA. COMP. R. & REGS. 511-5-12-.01 to 511-5-12-.07 (2025) (collectively "Donated Drug Repository Program")
Effective date(s)	• February 9, 2016 (480-50-.01 to -.07) • July 1, 2016 (§§ 31-8-303 and 31-8-304) • March 6, 2017 (511-5-12-.01 to -.07) • April 23, 2024 (§§ 31-8-300 to -302, 31-8-305 to -306) • July 1, 2025 (§ 31-8-307)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	480-50-.01 (definitions) – definitions include: • "Authorized collectors" or "collectors," which means retail pharmacies, hospitals/clinics with an on-site pharmacy, narcotic treatment programs, manufacturers, distributors, and reverse distributors which have registered with the DEA to become authorized collectors of drugs for disposal, are authorized to handle controlled substances, and are currently licensed by the board of pharmacy; • "Collection receptacle," which means a lockable and sturdy container with a permanent outer container and a removable numbered inner liner with a small opening that allows contents to be added but not removed and which container is securely fastened to a permanent structure in a secure area; • "Drugs" which means controlled substances and dangerous drugs (non-controlled substances) as defined by law; • "Mail-back packages," which means pre-paid postage packages provided by authorized collectors at a price or at no cost to the patient or patient's family; • "Mail-back programs," which means programs that utilize mail-back packages provided by authorized collectors in which the packages are mailed directly to a reverse distributor and can never be mailed back to the authorized collector; and • "Numbered inner liner," which means a removable, tamper-evidence, and tear-resistant liner that bears a unique identification number that is used inside a collection receptacle and which can be securely sealed for transfer to a

GEORGIA	
Program components (continued)	reverse distributor for transportation to a drug destruction site. 480-50-.02 (collection receptacles located at authorized collectors) – authorized collectors may place, utilize, and maintain collection receptacles at their DEA-registered location. Receptacles can only be available to receive drugs when the collector is open for business and only when an authorized employee is present. An authorized collector may only begin receiving drugs for disposal at the facility after providing 30 days of advance notification to the board and the Georgia Drugs and Narcotics Agency of its qualification for and intention to serve as an authorized collector. Collection receptacles must be lockable, sturdy, and securely fixed within the collector's location. If the authorized collector is in a pharmacy, the collection receptacle must be in the immediate vicinity of and can be observed from the prescription department areas where controlled substances are stored by registrants and where an authorized employee is present. Receptacles must display a sign stating that non-controlled and Schedule II – V controlled drugs can be accepted and placed in the receptacle. If the receptacle is in a hospital/clinic, it must be in an area monitored by employees but shall not be in an area where emergency or urgent care is provided. If the receptacle is in an opioid treatment facility, it must be located in a room that does not contain other controlled substances and is securely locked with controlled access. Each receptacle must also be capable of holding a removable, tamper-evidence, and tear-resistant inner liner bearing a unique identification number to receive the drugs. To dispose of the contents of a receptacle, the sealed liners may be promptly delivered or transferred to a representative for a licensed reverse distributor for destruction. No on-site disposal of any drug is permitted. Authorized collectors may store inner liners that have been sealed upon removal from a collection receptacle in a securely locked, substantially constructed cabinet or securely locked room with controlled access for up to three business days until the liners can be transferred for destruction, and then

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GEORGIA	
Program components (continued)	transferred to a representative for a licensed reverse distributor for destruction. 480-50-.03 (collection receptacles located at long term care facilities (LTCF)) – collection receptacles in long-term care facilities must be located in a secured area monitored by LTCF employees and can only be used in facilities where a consultant pharmacist's services are required. An LTCF may only begin receiving drugs for disposal at the facility after providing 30 days of advance notification to the board and the Georgia Drugs and Narcotics Agency of its qualification for and intention to set up a collection receptacle. An LTCF may dispose of drugs on behalf of an ultimate user who resides, or has resided, at such LTCF by transferring those drugs into an authorized collection receptacle located at such LTCF. The drugs must be transferred into the receptacle within three business days after discontinuation of use by the ultimate user. This provision applies to drugs that are expired, discontinued from use, or when the patient for whom they were ordered is no longer a patient. Sets forth the inventory requirements for drugs that are expired, discontinued from use, or the patient for whom they were ordered is no longer a patient. Once inventoried, these drugs must be placed in a collection receptacle at the facility containing a numbered secure inner liner which has been provided by an authorized collector (retail pharmacy). If the numbered inner liner becomes full prior to collection by a reverse distributor, the inner liner may be removed, and sealed inner liners may be stored at the LTCF for up to three business days in a securely locked, substantially constructed cabinet or a securely locked room with controlled access. Authorized collectors may not transfer sealed inner liners from LTCFs to their primary registered location (i.e., the hospital/ clinic or retail pharmacy location). Instead, collectors should deliver sealed inner liners to a reverse distributor or distributor's registered location by common or contract carrier pick-up or by reverse distributor or distributor pick-up at the LTCF.

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GEORGIA	
Program components (continued)	480-50-.04 (numbered inner liner requirements) – sets forth the requirements for numbered inner liners including recordkeeping requirements. 480-50-.05 (mail-back programs) – pre-paid mail-back packages may be provided by authorized collectors to patients and their families for a price or at no cost to the patient. Mail-back packages cannot be returned or mailed back to the authorized collector, unless the collector is a licensed reverse distributor. Collectors that are pharmacies cannot receive or dispose of mail-back packages. All such packages must be shipped directly to a licensed reverse distributor for disposal. 480-50-.06 (reverse distributors) – a reverse distributor shall acquire controlled substances and non-controlled drugs from a collector in the following manner: (1) pick-up of sealed inner liner from a collector at the collector's licensed location or authorized receptacle collection site such as an LTCF; or (2) receive a sealed inner liner delivered by common or contract carrier or delivered directly by a registrant or an LTCF to the reverse distributor. Upon acquisition of a drug by delivery or pick-up, a reverse distributor shall immediately store the substance at the reverse distributor's registered location or immediately transfer the drugs to the reverse distributor's registered location for secure storage until timely destruction. A reverse distributor shall destroy or cause the destruction of any drug received for the purpose of destruction no later than 30 calendar days after receipt. 480-50-.07 (inspections) – provides that the Georgia Drugs and Narcotics Agency shall have the authority to conduct inspections of any place, premises, or receptacle utilized by any authorized collector in relation to collection, retention, and disposal of drugs. It shall also have the authority to examine, copy, or remove all records required by this rule, and to examine, remove, or inventory all numbered inner liners.
Miscellaneous provisions	§ 31-8-300 (definitions) – definitions include: • "Eligible patient," which means an individual who is indigent, uninsured, underinsured, or enrolled in a public assistance health benefits program. Other individuals may be considered eligible patients if the need for donated drugs

GEORGIA	
Miscellaneous provisions (continued)	for indigent, uninsured, underinsured, and public assistance health benefits program patients is less than the supply of donated drugs; and • "Eligible recipient," which means a pharmacy, hospital, federally qualified health center, nonprofit clinic, or other entity meeting the criteria established by § 31-8-304. § 31-8-301 (establishment) – requires the department of public health to establish a drug repository program to accept and dispense over-the-counter and prescription drugs donated for the purpose of being dispensed to eligible patients. Provides that drugs shall only be dispensed pursuant to the program if they meet certain requirements including that prescriptions drugs only be dispensed with an expiration date that does not expire before the completion of the medication by the eligible patient based on the prescribing healthcare professional's directions for use and for over-the-counter drugs, with an expiration date that does not expire before used by the eligible patient based on the directions for use on the manufacturer's label. Controlled substances may not be donated to the program. § 31-8-302 (donation to program; recipients) – provides that any person, including a drug manufacturer, wholesaler, reverse distributor pharmacy, third-party logistics provider, government entity, hospital, or healthcare facility, may donate over-the-counter and prescription drugs to the program. The drugs shall be donated to an eligible recipient that voluntarily elects to participate in the program. Eligible recipients are permitted to charge a handling fee provided that such fee does not exceed the reasonable costs of participating in the program. Drugs donated to the program shall not be resold. § 31-8-303 (criminal or civil prosecution) – sets forth immunity provisions for certain individuals and entities that donate to, receive, or dispense donated drugs. § 31-8-307 (provision of referral information to patients for this program) – requires that hospitals and pharmacies licensed in Georgia and state programs that provide healthcare coverage or healthcare services to patients, recipients, or other individuals in this state including, but not limited to, Medicaid, PeachCare

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GEORGIA	
Miscellaneous provisions (continued)	for Kids Program, alcohol and drug awareness programs, and the department of corrections, shall provide such patients, recipients, or other individuals with referral information to the program for eligible drugs available through the program for: • Drugs not currently covered under a state program; • Patients who do not meet the eligibility coverage for a state program or become unenrolled or leave a state program; • Drugs that are covered under a state program but are otherwise inaccessible to a patient due to, but not limited to, a gap in coverage or out-of-pocket costs that are too high for a specific patient, recipient, or other individual; a prior authorization requirement; step therapy requirements; or high co-payments; or • A patient, recipient, or other individual for a drug that is covered under a state program but that the claim for coverage is denied with respect to the specific patient, recipient, or other individual. 511-5-12-.01 (definitions) – definitions include: • "Donor," which means any person, including an individual member of the public, or any entity legally authorized to possess drugs with a license or permit in good standing in the state in which it is located including, but not limited to, a wholesaler or distributor, third party logistic providers, pharmacy, dispenser, clinic, surgical or health center, detention and rehabilitation centers, laboratory, medical or pharmacy school, prescriber or other healthcare professional, or healthcare facility. It also means government agencies and entities that are federally authorized to possess drugs including, but not limited to, drug manufacturers, repackagers, relabelers, outsourcing facilities, Veteran Affairs hospitals, and prisons; • "Eligible patient," which means an indigent person; provided, however, that if the recipient's supply of donated drugs exceed the need for donated drugs by indigent patients, then any other person in need of a particular drug can be an eligible patient; • "Eligible recipient," which means a pharmacy, wholesaler, reverse distributor, hospital, federally qualified health center, nonprofit clinic, healthcare facility, an entity participating in a drug donation or repository program

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GEORGIA	
Miscellaneous provisions (continued)	pursuant to another state's law, or private office of a healthcare professional; and • "Indigent patient," which means a patient whose income is at or below the income eligibility requirements of the Georgia Medicaid program, or who is uninsured, underinsured, or enrolled in a public assistance health benefits program. 511-5-12-.02 (authority and waivers) – provides that a person or entity may dispose of an eligible drug by donating it to an eligible recipient in accordance with the rules of this program. An eligible recipient, including a pharmacy, may receive drugs from a donor in accordance with the rules of this program. An eligible recipient may accept donated drugs that are in tamper-evidence packaging and may receive, accept, replenish, repackage, and store donated drug samples. 511-5-2-.03 (eligible drugs) – drugs shall only be dispensed pursuant to the program if, for prescription drugs, they do not expire before the completion of the medication by the eligible patient based on the prescribing healthcare professional's directions for use and, for over-the-counter drugs, they do not expire before use by the eligible patient based on the directions for use on the manufacturer's label. Prohibits controlled substances from being donated to the program. 511-5-12-.04 (eligible recipients) – a pharmacy, hospital, wholesaler, reverse distributor, federally qualified health center, nonprofit clinic, healthcare facility, an entity participating in a drug donation or repository program pursuant to another state's law, or healthcare professional that is otherwise legally authorized to possess prescription drugs may become an eligible recipient for a period of one year by giving written notice to the office of pharmacy of the department of public health. An eligible recipient may renew its authority by sending written notice in subsequent years. The department of public health shall publish the list of authorized recipients on its website. 511-5-12-.05 (receipt, storage, and handling of donated drugs by an eligible recipient) – provides that a donor may donate drugs to an eligible recipient. An eligible recipient may receive, accept, donate, dispose, replenish, and store drugs that were either donated or repackaged as provided in this rule. Sets forth

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GEORGIA	
Miscellaneous provisions (continued)	the requirements for receipt, storage, and handling of donated drugs. 511-5-12-.06 (dispensing and distribution of donated drugs) – provides that an eligible recipient may only dispense or administer prescription drugs if otherwise permitted by law. Donated prescription drugs may only be dispensed to eligible patients pursuant to a valid prescription drug. An eligible recipient may further donate unused prescription drugs to or receive unused prescription drugs from another eligible recipient in the program when one has the need for a drug and another has it available. An inventory of such donations shall be created in accordance with law unless both eligible recipients are under common ownership or common control. Donated drugs shall not be resold and shall be considered nonsaleable; provided, however, that reimbursement for any handling fee authorized pursuant to this chapter shall not constitute reselling. An expiration date is required on all donated drugs dispensed. Dispensed drugs shall not expire before the use by the patient based on the prescribing practitioner's directions for use or, for over-the-counter medicine, the directions for use on the package's label.
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	Disposal of Prescription Drugs | Georgia Attorney General's Consumer Protection Division

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HAWAII	
Statute(s) and regulation(s)	• HAW. REV. STAT. ANN. § 327L-15 (West 2025) (disposal of unused medication) • HAW. REV. STAT. ANN. § 461-10.2 (West 2025) (return for disposal of unused, remaining, or expired drugs; pharmacy options)
Effective date(s)	• January 1, 2019 (§ 327L-15) • July 1, 2019 (§ 461-10.2)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 461-10.2 - no pharmacy shall accept the return of any prescription drug unless the pharmacy is collecting the prescription drug for disposal only and the pharmacy is registered with the DEA as an authorized collector. No prescription drug returned to the pharmacy for disposal shall be redispensed or returned for cash or credit. Any pharmacy accepting prescription drugs for disposal shall use the following methods: • Secured collection receptacles in compliance with federal law; or • Mail-back programs. In any pharmacy accepting prescription drugs for disposal under this section, the pharmacist-in-charge shall ensure that only DEA-approved reverse distributors acquire prescription drugs collected through collection receptacles and mail-back programs.
Miscellaneous provisions	§ 327L-15 – a person who has custody or control of any unused medication dispensed pursuant to the Our Care, Our Choice Act after the death of a qualified patient shall personally deliver the unused medication for disposal to the nearest qualified facility that properly disposes of controlled substances or, if none is available, shall dispose of it by lawful means.
Recently proposed legislation	None
Program website	Hawaii Medication Take Back Program

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IDAHO	
Statute(s) and regulation(s)	• IDAHO CODE ANN. § 54-1736A (West 2025) (prescription drug delivery and return) • IDAHO CODE ANN. §§ 54-1760 to -1764 (West 2025) (included within "Pharmacists")
Effective date(s)	• July 1, 2009 (§§ 54-1762 and 54-1764) • July 1, 2025 (§ 54-1736A)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 54-1736A – a drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. Otherwise, a dispensed drug or prescription device may only be accepted for return when: • The pharmacist determines that harm could result if the drug is not returned; • If it is a legend drug for donation pursuant to §§ 54-1760 to 54-1764; and • The drug did not reach the patient and has been maintained in the custody and control of the drug outlet and the drug outlet is able to assure that product integrity has been maintained.
Miscellaneous provisions	§ 54-1762 (legend drug donation) – provides that legend drugs may be transferred from a qualified donor to a donation repository for donation to medically indigent patients. Drugs donated by an individual member of the public must be in the manufacturer's original sealed packaging, including those packaged in single unit doses when the outside packaging is open and the single unit dose is intact. Drugs accepted by a donation repository must bear a clear and verifiable lot number and expiration date no fewer than three months from the date the drug is donated. Controlled substances may not be accepted and shall not be dispensed. Donated drugs may not be resold. Nothing in this section shall require any person or entity to donate legend drugs, dispense donated legend drugs, transfer legend drugs for donation, or accept donated legend drugs. § 54-1764 (immunity from liability) – any entity that lawfully and voluntarily participates by donating, accepting, distributing, or dispensing legend drugs under the legend drug donation act

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IDAHO	
Miscellaneous provisions (continued)	shall be immune from liability for any civil action arising out of the provision of such action. This does not extend immunity for acts constituting intentional, willful, or grossly negligent conduct or to acts by a participating entity that are outside the scope of practice authorized by the entity's certificate.
Recently proposed legislation	None
Program website	Year-Round Prescription Drug Disposal Locations | Office of Drug Policy

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ILLINOIS	
Statute(s) and regulation(s)	• 210 ILL. COMP. STAT. ANN. 150/17 (West 2025) (pharmaceutical disposal) • 410 ILL. COMP. STAT. ANN. 715/1 to 715/65 (West 2025) (collectively "Illinois Drug Reuse Opportunity Program Act") • 410 ILL. COMP. STAT. ANN. 720/1 to 720/999 (West 2025) (collectively "Drug Take-back Act") • ILL. ADMIN. CODE tit. 35, §§ 889.100 to 889.220 (2025) (collectively "Medication Takeback Program")
Effective date(s)	• January 1, 2012 (3930/9.3 and 150/17) • May 1, 2018 (§§ 889.100 to 889.220) • January 1, 2022 (715/1 to 715/65) • June 10, 2022 (720/1 to 720/999)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	720/10 (definitions) – definitions include: • "Authorized collector," which means any of the following who collect covered drugs through participation in a drug take-back program: (1) a person who is registered with the DEA to collect controlled substances for the purpose of destruction; (2) a law enforcement agency; (3) a unit of local government working in conjunction with a law enforcement agency; or (4) a household waste drop-off point or one-day household waste collection event; • "Collection site," which means the location where an authorized collector collects covered drugs as part of a drug take-back program; • "Covered manufacturer," which means a manufacturer of a covered drug that is sold or offered for sale in Illinois; • "Manufacturer program operator," which means a covered manufacturer, a group of covered manufacturers, or an entity acting on behalf of a covered manufacturer or group of covered manufacturers, that implements a drug take-back program; and • "Potential authorized collector," which means a person who is eligible to be an authorized collector by participating in a drug take-back program. 720/15 (participation in a drug take-back program) – each covered manufacturer must, beginning January 1, 2024, or six months after becoming a covered manufacturer, whichever is later, individually or collectively implement an approved drug

ILLINOIS	
Program components (continued)	take-back program that complies with the requirements of this act. A covered manufacturer must establish, fund, and implement a drug take-back program independently or as part of a group of covered manufacturers. 720/20 (identification of covered manufacturers) – no later than April 1, 2023, each pharmacy, private label distributor, and repackager that sells or offers for sale in Illinois, under its own label, a covered drug must provide writing notification to the agency identifying the covered manufacturer from which the covered drug is obtained. All covered manufacturers of covered drugs sold or offered for sale in Illinois must register with the agency and pay to the agency the annual registration fee as set forth under Section 60. 720/25 (drug take-back program requirements) – 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. 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 program. A pharmacy shall not be required to participate in a drug take-back program. A drug take-back program must include as a collector any person who: (1) is a potential authorized collector; and (2) 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. A drug take-back program must pay for all administrative and operational costs of the program. An authorized collector operating a program collection site must accept all covered drugs from consumers during the hours

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ILLINOIS	
Program components (continued)	that the location used as a collection site is normally open for business to the public. A drug take-back program collection site must collect covered drugs and store them in compliance with state and federal law. 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 law, including a process for additional prompt collection service upon notification from the collection site. 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. A 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 program. A 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 program. The requirement to hold periodic collection events shall be deemed 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, pre-addressed 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.

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ILLINOIS	
Program components (continued)	720/30 (manufacturer program operator requirements) – a manufacturer program operator shall: • Adopt policies and procedures to be followed by persons handling covered drugs collected under the program; • Ensure the security of patient information on drug packaging during collection, transportation, recycling, and disposal; • Promote the program by providing consumers, pharmacies, and other entities with educational and informational materials as required; and • Consider: (1) the use of existing providers of pharmaceutical waste transportation and disposal services; (2) separation of covered drugs from packaging to reduce transportation and disposal costs; and (3) recycling of drug packaging. 720/35 (drug take-back program approval) – 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 program will fulfill the requirements of Section 25. If the agency receives more than one proposal for a 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 Section 25. Sets forth the requirements for approval, rejection, or approval with modification of proposals, and the time periods within which the agency must take action to approve, reject, or approve with modification. Provides that, after approval, covered manufacturers must, individually or collectively, initiate operation of a drug take-back program no later than December 1, 2023. 720/40 (changes or modifications to the approved manufacturer drug take-back program) – a manufacturer program operator shall maintain records for five years of any changes to an approved drug take-back program. These include, but are not limited to, changes in: • Participating covered manufacturers; • Collection methods;

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Program components (continued)	• Collection site locations; or • Contact information for the program operator or authorized collectors. 720/45 (drug take-back program promotion) – each 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 by all programs collectively using a single toll-free number and website, and similar education, outreach, and promotional materials. This may include, but 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: • Promoting the proper management of drugs by residents and the collection of covered drugs through a drug take-back program; • Discouraging residents from disposing of drugs in household waste, sewers, or septic systems; • Promoting the use of the program so that where and how to return covered drugs is readily understandable to residents; • 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; • Preparing and distributing to program collection sites, for dissemination to consumers, the educational and outreach materials, which 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; and • 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 program.

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ILLINOIS	
Program components (continued)	720/50 (annual program report) – by April 1, 2025, and each April 1 thereafter, a manufacturer program operator must submit to the agency a report describing implementation of the drug take-back program during the previous calendar year. The report must include: • A list of the covered manufacturers participating in the drug take-back program during the program year; • The total amount, by weight, of covered drugs collected and the amount, by weight, from each collection method used during the program year, reported by county; • The total amount, by weight, of covered drugs collected from each collection site during the prior year; • The following details regarding the program's collection system: (1) a list of collection sites, with addresses; (2) collection sites where mailers to program collection sites, for dissemination to consumers, and education and outreach materials were made available to the public; (3) dates and locations of collection events held; and (4) the transporters and disposal facility or facilities used to dispose of the covered drugs collected; • A description of the promotion, education, and public outreach activities implemented; • A description of how collected packaging was recycled to the extent feasible; and • An evaluation of the program's effectiveness in collecting covered drugs during the program year and of any program changes that have been implemented. 720/55 (manufacturer drug take-back program funding) – a covered manufacturer or group of covered manufacturers must pay all administrative and operational costs associated with establishing and implementing the drug take-back program in which it participates. Such costs include, but are not limited to: • Collection and transportation supplies for each collection site; • Purchase of collection receptacles for each collection site; • Ongoing maintenance or replacement of collection receptacles when requested by authorized collectors; • Costs related to prepaid, pre-addressed mail; • Compensation of authorized collectors, if applicable;

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Program components (continued)	• Operation of periodic collection events including, but not limited to, the cost of law enforcement staff time; • Transportation of all collected covered drugs to final disposal; • Proper disposal of all collected covered drugs in compliance with state and federal law; and • Program promotion and outreach. A manufacturer program operator, covered manufacturer, authorized collector, or other person may not charge: • A specific point-of-sale fee to consumers to recoup the costs of a drug take-back program; • A specific point-of-collection fee at the time covered drugs are collected from a person; or • An increase in the cost of covered drugs to recoup the costs of a drug take-back program. Additionally, a manufacturer program operator or covered manufacturer may not charge any fee to an authorized collector or authorized collection site. The funding requirements of this section do not apply to a pharmacy location that is part of an existing contractual agreement entered into prior to the effective date of this act between a pharmacy and a covered manufacturer to fund in part or in whole the collection, transportation, or disposal of a covered drug so long as that contractual arrangement continues. 720/60 (registration fee) – by January 1, 2023, and by January 1 of each year thereafter, each covered manufacturer and manufacturer program operator shall register with the agency and submit a $2,500 registration fee. All fees collected under this section must be deposited into the solid waste management fund to be used solely for the administration of this act. 720/65 (rules; enforcement; penalties) – gives the agency the authority to adopt any rules it deems necessary to implement and administer this act and sets forth certain penalties for failure to register, pay a fee, or for violating any provision of this act. 720/70 (antitrust immunity) – the activities authorized by this act require collaboration among covered manufacturers and among authorized collectors. These activities will enable safe

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ILLINOIS	
Program components (continued)	and secure collection and disposal of covered drugs and are, therefore, in the best interest of the public. The benefits of collaboration, together with active state supervision, outweigh potential adverse impacts. Therefore, the General Assembly intends to exempt from state antitrust laws, and provide immunity through the state action doctrine from federal antitrust laws, activities that are undertaken pursuant to this act that might otherwise be constrained by such laws. The General Assembly does not intend and does not authorize any person or entity to engage in activities not provided for by this act, and the General Assembly neither exempts nor provides immunity for such activities. 720/90 (home rule) – on and after the date of this act, no local government shall mandate that a new drug take-back or disposal program be created and no expansion or change of an existing program or program requirement by a unit of local government shall occur that is inconsistent with this act. A home rule municipality may not regulate drug take-back programs in a manner inconsistent with the regulation by the state of programs under this act. § 889.105 (definitions) – definitions include: • "Medication takeback location," which means a household waste drop-off point that accepts pharmaceutical products for which the agency has agreed to make disposal arrangements; and • "Operator," which means a person responsible for the operation and maintenance of a household waste drop-off point at which pharmaceutical products are accepted. § 889.200 (application) – any person seeking to have the agency arrange for the disposal of pharmaceutical products accepted at a medication takeback location must submit to the agency an application requesting that the agency arrange for the disposal. Sets forth the requirements for applications, including required information. § 889.205 (agency action) – subject to appropriation, the agency may provide for the disposal of pharmaceutical products accepted at one or more medication takeback locations selected pursuant to this section.

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ILLINOIS	
Program components (continued)	Subject to appropriation, the agency will review applications submitted in accordance with this section and select applicants for whom the agency will provide for the disposal of accepted pharmaceutical products. In making its selection, the agency will consider site-specific factors including, but not limited to: • The geographic location of the medication takeback location; • The geographic area served by the medication takeback location; • The population of the area served by the medication takeback location; • The names and locations of other known entities that collect pharmaceutical products within a 25 mile radius of the location; and • The estimated cost to the agency of accepting and disposing of the products collected at the medication takeback location. The agency will inform selected applicants, in writing, of the agency's decision. The agency will post on its website a list of all selected medication takeback locations. The agency will also post on its website the location of other known sites that accept pharmaceutical products for disposal. § 889.210 (operating requirements) – medication takeback locations must be located at a site or facility where pharmaceutical products are lawfully sold, distributed, or dispensed. This does not apply to household waste drop-off points operated by a government or by an association or other organization of government. The location of acceptance of pharmaceutical products at the medication takeback location must be clearly identified. Pharmaceutical products that are accepted at medication takeback locations may only be accepted in accordance with this act, this part, and other applicable law. Products must be accepted only from private individuals. Pharmaceutical products accepted at the medication takeback location must be managed separately from all other household waste accepted at the medication takeback location prior to its packaging for off-site transfer.

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Program components (continued)	A copy of the sign developed by the agency in accordance with the act must be clearly posted at the medication takeback location. The agency will make a copy of the sign available for downloading from its website. § 889.215 (records) – the operator of any medication takeback location must maintain records that identify the volume of pharmaceutical products accepted for agency arranged disposal. § 889.220 (termination) – any operator of a medication takeback location that ceases to accept pharmaceutical products for agency arranged disposal must submit a written notification to the agency within 30 days after the date the collection terminates. The agency may terminate disposal arrangements made pursuant to this part for any reason, including but not limited to the operation of a medication takeback location in violation of the act. The agency will provide written notice of the termination to the operator of the medication takeback location.
Miscellaneous provisions	150/17 – notwithstanding any other law, any county or municipality may authorize the use of its city hall, police department, or any other facility under the county's or municipality's control to display a container suitable for use as a receptacle for used, expired, or unwanted pharmaceuticals. These may include unused medication and prescription drugs, as well as controlled substances if collected in accordance with federal law. This receptacle shall only permit the deposit of items, and the contents shall be locked and secured. The container shall be accessible to the public and shall have posted clearly legible signage indicating that expired or unwanted prescription drugs may be disposed of in the receptacle. The county or municipality shall provide continuous or regular notice to the public regarding the availability of the receptacle. To the extent allowed under federal law, pharmaceuticals collected under this section may be disposed of in a drug destruction device. 715/5 (definitions) – definitions include: • "Donor," which means any person, including an individual member of the public, or any entity legally authorized to possess medicine including, but not limited to, a wholesaler or distributor, third party logistic provider, pharmacy, dispenser, clinic, surgical or health center, detention and

ILLINOIS	
Miscellaneous provisions (continued)	rehabilitation center, jail, prison laboratory, medical or pharmacy school, prescriber or other healthcare professional, long-term care facility, or healthcare facility. It also includes government agencies and entities that are federally authorized to possess medicine including, but not limited to, drug manufacturers, repackagers, relabelers, outsourcing facilities, healthcare facilities operated by the U.S. Department of Veterans Affairs, and prisons; • "Eligible patient," which means an individual: (1) with a prescription for a drug, if a prescription is required to dispense the drug, or who reports symptoms treated by the drug if the drug is over-the-counter; and (2) who is registered with the drug's manufacturer in accordance with federal Food and Drug Administration requirements, if registration is required to dispense the drug; and • "Priority patient," which means an eligible patient who is an Illinois resident and who is indigent, uninsured, underinsured, or enrolled in a public health benefits program. 715/10 (donating and receiving drugs) – notwithstanding any other law or rule, donors may donate drugs to recipients and recipients may receive donated drugs from donors. Recipients shall only dispense or administer drugs to eligible patients, further donate drugs to another recipient, or dispose of drugs. 715/15 (cost-free provision of drugs) – drugs donated for use under this act are considered nonsaleable. When dispensing a drug to an eligible patient, the recipient must do so at no cost to the eligible patient, except that a uniform reasonable handling fee may be charged. The handling fee may not exceed the direct or indirect cost to the recipient of providing the drug. Charging the fee does not constitute reselling. 715/20 (requirements for dispensing drugs; priority) – sets forth the requirements for a recipient to dispense or administer a prescription drug or provide an over-the-counter drug including, among other things, that the drug have an expiration or beyond-use date that will not expire before the use by the eligible patient based on the prescribing practitioner's directions for use or, for over-the-counter medicine, on the package's label. Recipients shall, to the greatest extent practicable, dispense drugs received under this act to priority patients.

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Miscellaneous provisions (continued)	715/25 (requirements for accepting drugs) – sets forth the requirements for a recipient to accept a donated drug including that the donor have removed or redacted any patient name and other patient identifying information. 715/30 (donating and repackaging) – provides that, notwithstanding any other law or rule, a recipient may: • Further donate drugs to another recipient; • Repackage donated drugs as necessary for storage, dispensing, administration, or transfers; and • Replenish a drug of the same drug name and strength previously dispensed or administered to an eligible patient in accordance with federal law. 715/35 (disposition of drugs) – a donated drug that does not meet the requirements of this act must be disposed of by returning it to the donor; destroying it by an incinerator, medical waste hauler, or other lawful method; or by transferring it to a returns processor. 715/40 (participation not required) – nothing in this act requires that a pharmacy or pharmacist be a recipient of donated drugs. 715/65 (immunity) – except as otherwise provided, no manufacturer, donor, or recipient shall be liable in any criminal or civil action, or be subject to professional discipline, for activities solely and directly attributable to donating, receiving, or dispensing drugs under this act. This immunity does not apply: • If it is shown that the act or omission was an unreasonable, willful, wanton, or reckless act; • If it is shown that the person or entity knew or should have known that the donated drug was adulterated or misbranded; or • To acts or omissions outside the scope of a program under this act.
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	Medication Disposal

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INDIANA	
Statute(s) and regulation(s)	• IND. CODE ANN. § 25-1-8-2.5 (West 2025) (fees for prescription drug donation repository program) • IND. CODE. ANN. §§ 25-26-26-1 to 25-26-26-24 (West 2025) (collectively "Prescription Drug Donation Repository Program") • 856 IND. ADMIN. CODE 7-1-1 to 7-9-1 (West 2025) (collectively "Prescription Drug Take Back Programs")
Effective date(s)	• September 18, 2012 (7-1-1 to 7-9-1) • May 5, 2019 (§ 25-26-23-9) • July 1, 2023 (§§ 25-1-8-2.5 and 25-26-26-1 to 25-26-26-24)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	7-1-1 (purpose and scope) – this article establishes standards applicable to any prescription drug take back program, entities that may participate in prescription drug take back programs, and guidelines and standards for prescription drug take back programs. This article and these regulations are not intended to prohibit or otherwise curtail activities taking place through existing take back programs or events being run by law enforcement agencies or municipal, state, or federal solid waste programs. 7-2-4 ("return of unused medication" defined) – "return of unused medication" refers to medications that are collected under the auspices of an eligible take back program. This does not include medication that is returned for credit, resale, and redistribution. This also does not include drugs listed in Schedule I. 7-2-5 ("entities" defined) – "entities" means those licensed facilities that are eligible to run a legal take back program under Indiana law. Licensed facilities included in this definition are all pharmacies licensed under Indiana Code 25-26 listed as active and in good standing and healthcare facilities licensed under Indiana Code 16-28 listed as active and in good standing. 7-2-7 ("unused or unwanted medication" defined) – "unused or unwanted medication" could mean all drugs that fall under the definition of drug as defined in IND. CODE ANN. § 16-42-19. Entities that run take back programs may further define or limit what drugs they are capable or willing to accept for destruction purposes. They are not required or mandated to take all drugs in order to maintain eligibility as a take back program.

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INDIANA	
Program components (continued)	7-2-8 ("drug storage device" defined) – "drug storage device" means the device in which the returned prescription drugs are stored after return by the consumer and before disposal. 7-2-9 ("drug return receptacle" defined) – "drug return receptacle" means the receptacle into which the consumer places the returned prescription drugs, whether or not it is the drug storage device. 7-3-2 (documented policies and procedures) – entities that run a take back program must have documented policies and procedures that address all the requirements of this act. 7-3-3 (management of vendor relationships) – entities that run a take back program must maintain a documented contract that provides for the roles and responsibilities of each party performing services related to transportation, destruction, and security, and that is available for review by the board. This section does not require board approval and does not require a contract where the entity is eligible to perform this service independent of a third party vendor. 7-3-4 (prohibition on reuse and resale) – unused or unwanted medications collected by an entity running a take back program shall not be returned to saleable inventory nor made available for subsequent relabeling and redispensing unless otherwise permitted by law. 7-4-1 to 7-4-4 set forth the recordkeeping requirements for entities that engage in a take back program. 7-5-1 (requirement for destruction) – drugs collected by a take back program are required to be destroyed and may not be resold, reused, redistributed, or otherwise interfered with in any way that might present an opportunity for harm, misuse, or diversion. 7-5-2 (required time period for destruction) – the frequency of drug destruction can be determined by the entity that runs the take back programs as determined by need and volume, but destruction must occur at least on a quarterly basis to ensure drugs are not stored indefinitely and do not pose a threat to public health and safety.

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INDIANA	
Program components (continued)	7-5-3 (acceptable methods of destruction) – entities that run take back programs must use a means of destruction that results in incineration of the drugs ensuring that those destroyed drugs do not pose a risk to public health and safety and ensure that the drugs or drug remains do not pose an unacceptable level of risk or harm to water systems or landfills. Entities that run programs that utilize their own means to destroy collected drugs must be able to evidence that their incinerator or destruction method is capable of safely destroying drugs and rendering them harmless to the public. Entities that do not destroy the collected drugs on site or within their own company must have a contract in place with a vendor that will manage the destruction. Such contract must include documented policies and procedures that address destruction. A system of receipt and/or logs that evidence each destruction, the total weight of the drugs destroyed, and the date it occurred must be included as part of this contract. Entities that wish to utilize a different method of destruction not otherwise listed or discussed above may petition the board to approve another documented and proven destruction process. Such process must include documented policies and procedures that at least address public health and safety, diversion, and environmental hazards. 7-6-1 (privacy generally) – entities and vendors must ensure that patient privacy rights are protected. 7-6-3 (notice to patients or customers) – an entity that runs a take back program is required to provide a notice to consumers and/or patients a copy of their privacy policy and how they protect consumers' private health information from being disclosed. The notice and policy should include a statement to how the drugs are collected, the security safeguards, and the method of destruction. This notice may be posted or provided in any one of the following ways: • Pamphlets or leaflets that describe the policy available to the public upon request; • A notice posted on the box or device where the drugs are collected; or

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INDIANA	
Program components (continued)	• A notice posted in the area where take back occurs and is reasonably accessible to view by patients and other consumers. 7-7-1 (storage device or drug return receptacle) – an acceptable storage device or drug return receptacle will meet the following criteria: • Does not allow for the removal of contents except by authorized personnel; • Is secured in a manner that will only allow authorized personnel to remove the contents of the container; and • Utilizes a design that is tamper resistant and will not represent a risk to patient or customer safety. 7-7-2 (location of storage device or drug return receptacle) – if the storage device is movable, the device and/or receptacle must be located in the pharmacy department and must be capable of being monitored by whatever security features or personnel that pharmacy department utilizes. If the storage device is stationary and secure, then the device and/or receptacle may be located anywhere in the interior of the building housing the pharmacy, but only personnel included within this article and as provided for in the policies and procedures of the entity running the take back program may have access to that storage device or receptacle. 7-7-3 (access to contents and secure method of drug drop off) – it is not required that licensed personnel physically facilitate the placement of the drugs by the patient or customer into the storage device or receptacle. If done by the patient into a secure device, then no other involvement or documentation need occur. If pharmacy staff is involved in assisting with the drop off and collection of drugs, the personnel involved will witness and document that the drop off and placement of the drugs into the storage device or receptacle occurred. Only personnel designated in the policies and procedures governing the take back program for each individual entity and program shall have access to remove the storage device(s) from the receptacle where the drugs are collected or to transfer the device to the party performing the destruction services.

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INDIANA	
Program components (continued)	7-7-5 (maintenance, monitoring, and emptying) – the drug receptacle into which drugs are placed or returned must be maintained in such a way as to prevent unintended access, diversion, or harm to the personnel or patients/customers that might use or be in the vicinity of the receptacle. The storage device and drug receptacle should be monitored in accordance with the security provisions discussed in this article. The level of monitoring should correspond to the location and permanence of the device and should be focused on reasonably preventing diversion, inappropriate access, and harm to patients and/or customers. In no instance should the receptacle be located outside the facility or be left in an area incapable of being monitored via security cameras or live personnel. In the event the device being used to accept returned medications is full or exceeds capacity, personnel involved in managing the program may remove the contents to the extent necessary to secure the returned medications until such time as personnel can arrange for destruction. Whatever contents are removed must be secured in an area separate from merchandise or prescriptions available for sale to customers or patients. 7-7-6 (requirement for notice or signage of acceptable returns) – if an entity engaged in a drug take back program chooses to limit those drugs which are acceptable for return under that program, such limitations shall be clearly and conspicuously placed on or near the drug receptacle in plain view of the patient/customer returning prescription drugs. 7-8-1 to 7-8-3 set forth the transportation standards for take back programs. 7-9-1 (liability and immunity defined) – any person or entity which exercises reasonable care in collecting dispensed drugs or devices for disposal pursuant to this section shall be immune from civil or criminal liability or professional disciplinary action of any kind for any injury, death, or loss to person or property relating to such activities.
Miscellaneous provisions	§ 25-1-8-2.5 – in addition to other fees assessed under this chapter, at the time of license, registration, or certification renewal, each person who is issued a license, registration, or certificate by a board as set forth in § 25-0.5-1 must pay a fee in an amount per license needed to administer the prescription

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INDIANA	
Miscellaneous provisions (continued)	drug donation repository program, as determined by the professional licensing agency after review by the budget committee. The amount of the fee may not subsequently be increased unless the increase is reviewed by the budget committee. § 25-26-26-1 (provisions and limitations) – provides that nothing in this chapter restricts the use of samples by a physician or other legally authorized to prescribe drugs under state and federal during the course of the physician's or other person's duties at an eligible entity. Further, nothing in this chapter authorizes the resale of prescription drugs by any person. §§ 25-26-26-2 to 25-26-26-9 set forth various definitions relevant to this chapter, including: • § 25-26-26-3 – "eligible entity," which means any of the following: a physician's office; hospital; health clinic, including a federally qualified health center and a rural health clinic; a nonprofit health clinic that provides medical care to patients who are indigent, uninsured, underinsured, or unable to pay for the services; a 501(c)(3) charitable organization; a health facility; and a pharmacy. • § 25-26-26-4 – "eligible recipient," which means an individual who is a resident of this state, has an income that is below 200 percent of the federal poverty level, and is either uninsured and has no third party prescription drug reimbursement coverage or underinsured and has no active third party prescription drug reimbursement coverage for the drug prescribed. § 25-26-26-10 (establishment and administration of program) – establishes the prescription drug donation repository program which allows a person to donate prescription drugs and supplies to a central or local repository for use by eligible recipients. The board of pharmacy shall administer and maintain the program and may contract with a third party to implement and administer the program. Provides that the board of pharmacy may establish a central repository that accepts donated prescription drugs and supplies, conducts a safety inspection of the prescription drugs, and ships donated prescription drugs and supplies to a local repository.

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INDIANA	
Miscellaneous provisions (continued)	§ 25-26-26-11 (requirements and eligibility) – provides that an eligible entity may apply to the board or third party contractor to participate as a local repository in the program. The board or third party shall approve or deny the application. Donations of prescription drugs and supplies under the program may be made on the premises of the central repository or a local repository. Sets forth the requirements for local repositories. § 25-26-26-12 (withdrawal and rescission of participation) – provides that a local repository may withdraw from participation in the program at any time by providing written notice to the board. The board or third party contractor may rescind a local repository's participation in the program for cause. § 25-26-26-13 (eligibility and requirements for donors and prescription drugs) – any individual who is at least 18 years of age may donate legally obtained prescription drugs or supplies to the central repository or a local repository. A practitioner employed by or under contract with the repository shall determine whether the donations meet the requirements of this chapter. § 25-26-26-14 (requirements and regulations for donation and dispensing) – except for prescription drugs donated directly from a drug manufacturer, a prescription drug that requires storage temperatures other than normal room temperature may not be donated or accepted as part of the program. Sets forth the other requirements for prescription drugs and supplies to be accepted or dispensed by a repository. It also sets forth the record keeping requirements for repositories. Donated drugs that do not meet the requirements of this section must be disposed of by returning it to the donor; destroying it by an incinerator, medical waste hauler, or other lawful method; or transferring it to a reverse distributor. § 25-26-26-15 (fee regulations) – provides that a repository may charge an individual who receives a prescription drug or

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INDIANA	
Miscellaneous provisions (continued)	supplies a handling fee that may not exceed the lesser of $25 or the repository's cost of providing the drug or supplies including the current and anticipated costs of educating eligible donors; providing technical support to participating donors; and shipping and handling, labor, storage, licensing, utilities, advertising, technology, supplies, and equipment. § 25-26-26-16 (interstate transfer and distribution) – the central repository or a local repository may transfer donated prescription drugs or supplies to the central repository or a local repository for use in the program or to a central repository or local repository located in another state. Repositories in this state may also receive prescription drugs and supplies from a repository located in another state. Permits the department of health to receive prescription drugs or supplies directly from a prescription drug donation repository contractor and distribute such drugs and supplies through practitioners licensed to dispense such items to an eligible recipient. § 25-26-26-18 (eligibility and consent requirements) – an individual may receive prescription drugs or supplies under the program if the following conditions are met: • The drugs or supplies are prescribed for the individual by a practitioner; • The individual attests that he or she is an eligible recipient; and • The individual acknowledges that the drugs may have been donated and consents to a waiver releasing the repository from any liability for injury, death, or loss to a person or property related to the donation, acceptance, distribution, or dispensing of the donated prescription drug, unless the person's acts or omissions were not performed reasonably and in good faith. § 25-26-26-19 (restrictions on resale and reimbursement) – a prescription drug or supplies donated under this chapter may not be resold. A prescription drug dispensed through the program is not eligible for reimbursement under a medical assistance program.

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INDIANA	
Miscellaneous provisions (continued)	§ 25-26-26-21 (out-of-state participation and compliance regulations) – an entity that participates in a drug donation or repository program in another state may participate in the program. If the entity is a pharmacy licensed in another state, it may dispense donated prescription drugs and supplies to residents of Indiana. The central repository or a local repository may donate or transfer prescription drugs and supplies to an out-of-state entity that participates in a program in another state if the program in that state allows for donation or transfer of prescription drugs or supplies to a repository located in Indiana. Out-of-state entities that participate in the program are required to comply with the laws and rules of this state unless such law conflicts with a law or rule in the state where the entity is located. § 25-26-26-22 (liability and immunity regulations) – sets forth immunity provisions for certain individuals and entities participating in the program. § 25-26-26-23 (no requirement for central repository or local repository) – nothing in this chapter requires a central repository or local repository to accept any donated drug.
Recently proposed legislation	None
Program website	https://www.in.gov/health/overdose-prevention/general-information/medication-storage-and-disposal/ https://www.in.gov/idem/health/unwanted-medicines/

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IOWA	
Statute(s) and regulation(s)	• IOWA CODE ANN. §§ 135M.1 to 135M.7 (West 2025) (collectively "Prescription Drug Donation Repository") • IOWA CODE ANN. § 155A.43 (West 2025) (pharmaceutical collection and disposal program—annual allocation) • IOWA ADMIN. CODE r. 641-109.1 to 641-109.14 (2025) (collectively "Prescription Drug Donation Repository Program")
Effective date(s)	• July 1, 2009 (§§ 135M.1 to 135M.7) • July 1, 2011 (§ 155A.43) • March 15, 2023 (641-109.1 to 641-109.14)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 155A.43 – of the fees collected by the board pursuant to §§ 124.301 (related to the registration and control of the manufacture, distribution, and dispensing of controlled substances) and 147.80 (board administrative costs) and this chapter, and retained by the board, the board may annually allocate a sum deemed by the board to be adequate for administering the pharmaceutical collection and disposal program. The program shall provide for the management and disposal of unused, excess, and expired pharmaceuticals, including the management and disposal of controlled substances pursuant to state and federal regulations. The board may contract with one or more vendors for the provision of supplies and services to manage and maintain the program and to safely and appropriately dispose of pharmaceuticals collected through the program.
Miscellaneous provisions	§ 135M.3 (prescription drug donation repository program authorized) – the department of public health, in cooperation with the board of pharmacy, may establish and maintain a prescription drug donation repository program under which any person may donate prescription drugs and supplies for use by an individual who meets eligibility criteria specified by the department by rule. The department may contract with a third party to implement and administer the program. Donations of prescription drugs and supplies may be made on the premises of a medical facility or pharmacy that elects to participate in the program and meets the requirements established by the department. The medical facility or pharmacy may charge an individual who receives a prescription drug or supplies a handling fee that shall not exceed an amount established by rule by the department.

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IOWA	
Miscellaneous provisions (continued)	A medical facility or pharmacy that receives prescription drugs or supplies may distribute the drugs or supplies to another medical facility or pharmacy for use pursuant to the program. Permits the department to receive prescription drugs or supplies directly from the prescription drug donation repository contractor and distribute such prescription drugs and supplies through persons licensed to dispense prescription drugs and supplies to an eligible individual for use by the individual pursuant to the program. Participation in the program shall be voluntary. § 135M.4 (prescription drug donation repository program requirements) – sets forth the requirements for accepting and dispensing prescription drugs and supplies donated under the prescription drug donation repository program, including that the prescription drug bear an expiration date that is more than six months after the date the prescription drug was donated unless the drug is in high demand and can be dispensed for use prior to the drug's expiration date. Prescription drugs and supplies donated under this chapter shall not be resold. A prescription drug dispensed through the program shall not be eligible for reimbursement under the medical assistance program. Requires the department to adopt rules establishing all of the following: • Requirements for medical facilities and pharmacies to accept and dispense donated prescription drugs and supplies including: (1) eligibility criteria for participation by medical facilities and pharmacies; (2) standards and procedures for accepting, safely storing, and dispensing donated drugs and supplies; (3) standards and procedures for inspecting donated drugs; and (4) standards and procedures for inspecting donated drugs and supplies; • Eligibility criteria for individuals to receive donated prescription drugs and supplies; • Necessary forms for administration of the program, including forms for use by individuals who donate, accept, distribute, or dispense prescription drugs or supplies under the program;

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IOWA	
Miscellaneous provisions (continued)	• The means by which an individual who is eligible to receive donated prescription drugs and supplies may indicate such eligibility; • The maximum handling fee that a medical facility or pharmacy may charge for accepting, distributing, or dispensing donated prescription drugs and supplies under the program; and • A list of prescription drugs that the prescription drug donation repository program will accept. § 135M.5 (exemption from disciplinary action, civil liability, and criminal prosecution) – sets for certain immunity provisions for individuals and entities participating in the program. § 135M.6 (sample prescription drugs) – this chapter shall not be construed to restrict the use of samples by a physician or other person legally authorized to prescribe drugs under state and federal law during the court of the physician's or other person's duties at a medical facility or pharmacy. § 135M.7 (resale prohibited) – this chapter shall not be construed to authorize the resale of prescription drugs by any person. 641-109.3 (eligibility criteria for program participation by medical facilities and pharmacies) – to be eligible for participation in the prescription drug donation repository program, a medical facility or pharmacy shall be in compliance with all applicable federal and state laws, including laws applicable to the storage and distribution of drugs and the appropriate licensure standards and shall hold active, nonrestricted, state-issued licenses or registrations in good standing. Participation in the program is voluntary. A pharmacy or medical facility may elect to participate in the program by providing, on a form prescribed by the department and available on the program's web page, written notification to the centralized repository. A pharmacy or medical facility may withdraw from participation at any time by providing written notice to the repository on a form prescribed by the department and available on the program's web page.

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IOWA	
Miscellaneous provisions (continued)	641-109.4 (standards and procedures for accepting donated prescription drugs and supplies) – in addition to provisions that duplicate those set forth in § 135M.3, this rule provides that controlled substances may not be donated or accepted. 641-109.7 (eligibility criteria for individuals to receive donated prescription drugs and supplies) – an individual who requests drugs from the prescription drug donation repository program shall certify to the repository that the individual is a resident of Iowa and meets one or both of the following criteria: (1) is indigent; and (2) has no active third-party prescription drug reimbursement coverage for the drug prescribed. Requires the local repository to collect a signed intake collection form from each individual recipient that includes certain required information as well as an identification card to be given to the recipient for continued use for one year. The identification card is valid for one year or until the new federal poverty guidelines have been published for all prescriptions and supplies. A summary of data taken from the intake collection form is to be sent via regular mail, e-mail, or facsimile to the centralized repository for data collection. 641-109.9 (handling fee) – a repository may charge a recipient of a donated drug a handling fee not to exceed a maximum of 200 percent of the Medicaid professional dispensing fee to cover stocking and dispensing costs. A prescription drug dispensed through the program shall not be eligible for reimbursement under the medical assistance program. 641-109.11 (exemption from disciplinary action, civil liability, and criminal prosecution) – sets forth immunity provisions for certain individuals and entities participating in the program.
Recently proposed legislation	None
Program website	Iowa Pharmacy Association - Medication Disposal

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KANSAS	
Statute(s) and regulation(s)	N/A
Effective date(s)	N/A
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	N/A

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KENTUCKY	
Statute(s) and regulation(s)	• KY. REV. STAT. ANN. § 15.291 (West 2025) (Kentucky Opioid Abatement Advisory Commission; membership; meetings; criteria for award of moneys from opioid abatement trust fund) • KY. REV. STAT. ANN. § 218A.170 (West 2025) (sale, distribution, administration, or prescription of controlled substances by licensed manufacturers, distributors, wholesalers, pharmacists, or practitioners; nontoxic compositions for safe disposal of controlled substances; duties of pharmacists and practitioners; penalties)
Effective date(s)	• July 14, 2018 (§ 218A.170) • March 24, 2021 (§ 15.291)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 218A.170 – a pharmacist or pharmacist's designee shall inform persons who receive a prescription for a controlled substance that contains any salt, compound, derivative, or preparation of an opioid, benzodiazepine, barbiturate, codeine, or amphetamine about the importance of proper and safe disposal of unused, unwanted, or expired prescription drugs either verbally, in writing, or through posted signage. Upon dispensing any prescription that contains any salt, compound, derivative, or preparation of an opioid, benzodiazepine, barbiturate, codeine, or amphetamine, a pharmacist or pharmacist's designee may: • Make available for purchase, or at no charge distribute, a non-toxic composition for the sequestration, deactivation, destruction, and disposal of any unused, unwanted, or expired prescription; or • Provide an on-site, safe, and secure medicine disposal receptacle or kiosk for the safe disposal of any unused, unwanted, or expired prescription. The provisions above also apply to practitioners; however, while pharmacists may take the above actions, practitioners are required to do so.
Miscellaneous provisions	§ 15.291 - creates the Opioid Abatement Advisory Commission, which will award moneys from the opioid abatement trust fund to reimburse prior expenses or fund projects related to opioid use disorder or any co-occurring substance use disorder or mental health issues that includes,

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KENTUCKY	
Miscellaneous provisions (continued)	among other things, providing funding for any project which provides drug take-back disposal or destruction programs.
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	Prescription Drug Disposal Locations - Office of Drug Control Policy

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LOUISIANA	
Statute(s) and regulation(s)	• LA. STAT. ANN. § 37:1226.2 (2025) (prescription drug returns, exchanges, and redispensing; donation requirements; authority to promulgate rules; limitation of liability) • LA. ADMIN. CODE tit. 46, § 1519 (2025) (drug returns; drug disposal) • LA. ADMIN. CODE tit. 46, § 2503 (2025) (drug returns; drug disposal) • LA. ADMIN. CODE tit. 46, § 2517 (2025) (prescription dispensing; equivalent drug product interchange; drug returns; drug disposal) • LA. ADMIN CODE. tit. 46, § 2749 (2025) (disposal of controlled substances)
Effective date(s)	• August 1, 2018 (§ 37:1226.2) • June 20, 2020 (46, §§ 1519, 2503, and 2517)
Does the state allow drug take-back programs by statute/regulation?	No; however, it does permit patients or their designees to return previously dispensed prescription drugs to a pharmacy for disposal.
Program components	N/A
Miscellaneous provisions	§ 37:1226.2 – all drugs dispensed on a prescription to a patient shall be accepted for return, exchange, or redispensing by a charitable pharmacy after such drugs have been removed from the pharmacy premises where they were dispensed. Any person, including a drug manufacturer, hospital, healthcare facility, or governmental entity may donate prescription drugs to a charitable pharmacy for relabeling and dispensing to the indigent, free of charge, pursuant to a valid prescription order. Sets forth the requirements for donations of prescription drugs including: • The donor shall execute a form stating the donation of the drugs which shall retain that form along with other acquisition records; • The patient's name, prescription number, and any other identifying marks shall be obliterated from the packaging prior to redispensing the medication; • Expired drugs accepted by the charitable pharmacy shall not be redispensed; • No drug dispensed through a charitable pharmacy shall be eligible for reimbursement from the Medicaid Pharmacy Program. Sets forth immunity provisions for certain individuals and entities related to donating and redispensing prescription drugs.

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LOUISIANA	
	§§ 1519, 2503, 2517, and 2749 – when a patient or his designee wishes to return previously dispensed prescription drugs to a pharmacy for disposal, the pharmacy shall inform the patient or his designee of the disposal mechanisms available. In the event the pharmacy elects to accept such previously dispensed products for disposal, the pharmacy shall comply with the following requirements: • From the time of receipt of such products until the time of disposal, the pharmacy shall quarantine such products to keep them separate from its active dispensing stock and shall take appropriate security measures to prevent the theft or diversion of such products; • The pharmacy shall comply with 21 C.F.R. § 1317 or its successor for the pharmacy's disposal of controlled substances and other non-hazardous waste pharmaceuticals; and • The pharmacy shall comply with the provisions of 40 C.F.R. § 261 or its successor for the pharmacy's disposal of hazardous waste pharmaceuticals.
Recently proposed legislation	
Program website	https://deq.louisiana.gov/faq/category/10

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MAINE	
Statute(s) and regulation(s)	• ME. REV. STAT. ANN. tit. 22, § 2700 (West 2025) (unused pharmaceutical disposal program) • ME. REV. STAT. ANN. tit. 38, § 1612 (West 2025) (drug take-back stewardship program)
Effective date(s)	• July 1, 2005 (22, § 2700) • October 18, 2021 (38, § 1612)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	22, § 2700 – establishes the unused pharmaceutical disposal program, the purpose of which is to ensure the safe, effective, and proper disposal of unused pharmaceuticals. For purposes of compliance with federal law, the return of pharmaceuticals under this section is deemed to be for law enforcement purposes. The program is administered by the Maine Drug Enforcement Agency. Provides that the agency may create systems for the safe, effective, and proper disposal of unused pharmaceuticals which may include the use of prepaid mailing envelopes into which the unused pharmaceuticals are placed and returned to a single collection location. The prepaid mailing envelopes must be made available to the public at various locations including, but not limited to, pharmacies, physicians' offices, and post offices. All unused pharmaceuticals received under the program must be disposed of in a manner that is designed to be effective, secure, and in compliance with local, state, and federal environmental requirements. Establishes the unused pharmaceutical disposal program fund within the agency to be used by the director to fund or assist in funding the safe, effective, and proper disposal of unused pharmaceuticals. The program must operate with funding solely from the fund. Nothing in this section prohibits a law enforcement agency from participating as an authorized collector in a drug take-back stewardship program implemented 38, § 1612. 38, § 1612 – definitions include: • "Authorized collector," which means: (1) a person, company, corporation, or other entity registered with the

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MAINE	
Program components (continued)	DEA to collect controlled substances and noncontrolled substances for the purposes of safe disposal and destruction; (2) a law enforcement agency; or (3) a person, company, corporation, or other entity authorized by the department to provide alternative collection methods for covered drugs that are household pharmaceutical waste and that are noncontrolled substances. "Authorized collector" includes a mandatory pharmacy collector; • "Collection receptacle," which means a secure box, kiosk, or other container: (1) into which a person may deposit for disposal covered drugs that are household pharmaceutical waste and that is prominently labeled in a manner indicating that only such types of covered drugs may be deposited for disposal; (2) that meets applicable federal standards for the use described in paragraph (1); and (3) that is located on the premises of an authorized collector participating in a stewardship program under this section; • "Drug take-back stewardship organization" or "stewardship organization," which means a corporation, nonprofit organization, or other legal entity created by one or more manufacturers to implement a stewardship program under this section; • "Drug take-back stewardship program" or "stewardship program," which means a system implemented under this section for the collection, transportation, and disposal of covered drugs that are household pharmaceutical waste; • "Household pharmaceutical waste," which means useless, unwanted, expired, or discarded drugs generated by a household; • "Mail-back envelope," which means a prepaid, preaddressed mailing envelope that is provided by or through a company or organization licensed or otherwise authorized to dispose of covered drugs that are household pharmaceutical waste received in such mailing envelopes and that is made available through a stewardship program to persons seeking to dispose of covered drugs that are household pharmaceutical waste; • "Mandatory pharmacy collector," which means a pharmacy licensed by the Maine Board of Pharmacy but does not include a pharmacy that purchases drugs for and dispenses drugs to a limited, institutional patient population; and • "Operator," which means a manufacturer or a stewardship organization that implements and operates a stewardship program.

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MAINE	
Program components (continued)	Requires manufacturers to, individually or jointly with one or more manufacturers, implement, administer, and operate a stewardship program pursuant to a plan that has been approved by the department or enter into an agreement with a stewardship organization to implement, administer, and operate a stewardship program pursuant to a plan that has been approved by the department. A manufacturer, individually or jointly with one or more manufacturers, or a stewardship organization contracted by one or more manufacturers, shall submit to the department for approval a proposed plan. It sets forth the information that must be included in a proposed plan including, among other things: • A certification that the stewardship program will accept all covered drugs that are household pharmaceutical waste regardless of who manufactured the covered drugs; • A description of how the stewardship program will make available free, convenient, and ongoing collection opportunities to all persons seeking to dispose of covered drugs and how the collection opportunities will be geographically distributed in a way to ensure access in rural and underserved areas, as determined based on geographic information systems modeling. The plan must include a list of authorized collectors and collection locations; • A description of the collection methods to be used to ensure that only covered drugs that are household pharmaceutical waste will be collected by authorized collectors under the stewardship program. The plan must ensure that collection methods used under the program include mail-back envelopes and collection receptacles and do not include home disposal methods involving packets, bottles, or other containers that a person may use to render nonretrievable or destroy a covered drug that is household pharmaceutical waste by means of a chemical process; • A certification that, upon implementation of the plan, the operator, jointly with the operators of other approved plans, if any, will develop and administer a publicly accessible website that includes: (1) a list of authorized collectors, collection locations, and the collection methods available at each location, updated as necessary; (2) general information regarding the purpose and scope of the stewardship program or programs and the opportunities available to consumers

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MAINE	
Program components (continued)	under the program or programs for the safe disposal of covered drugs; and (3) a statement that the stewardship program or programs are designed for the collection of covered drugs that are household pharmaceutical waste only; • Information on how covered drugs will be safely and securely tracked, handled, and transported from collection through final disposition; • A description of how the collection system will be designed and monitored to prevent tampering; • A description of how the stewardship program will measure the amount of collected and disposed of covered drugs; • A description of the education and outreach materials that will be used by the program to encourage consumer awareness and participation and to meet the performance goals established in this section including, but not limited to, a publicly accessible website and printed materials including brochures and signage; • A description of the performance goals to be established under the program to measure the success of the program and a description of how the program will be designed to achieve or exceed those goals. Performance goals must include the implementation of education and outreach efforts designed to: (1) ensure awareness of the program by 60 percent of state residents after one year of program implementation, by 70 percent after two years of implementation, and by 75 percent after four years of implementation; and (2) discourage the use of improper disposal methods; • A description of how the manufacturer or stewardship organization will fund a representative survey of state residents by an independent third party prior to implementation of the program to assess baseline public awareness regarding proper disposal methods for unwanted drugs; and • Information on how the program will be financed. Sets forth the time periods within which the department must review a plan and approve, approve with conditions, or reject the plan. Permits the department to hold a public hearing prior to making a decision. An approved plan shall be implemented no later than 180 days after the date of approval.

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MAINE	
Program components (continued)	A manufacturer, individually or jointly with one or more manufacturers, shall pay all costs associated with the implementation, administration, and operation of the manufacturer's stewardship program including, but not limited to: • Costs of installing, managing, and servicing collection receptacles at and collecting covered drugs from participating authorized collectors, transporting such covered drugs for disposal, disposing of such covered drugs, and providing mail-back envelopes; • Costs related to the development of, with input from authorized collectors and the department, a readily recognizable, consistent design for collection receptacles, as well as clear, standardized instructions for consumers regarding the use of collection receptacles; • Costs incurred by the department in accordance with the review of submitted plans and plan amendments, the review of annual reports, and the administration and enforcement of this section; and • Costs associated with the stewardship program assessments required under this section. When two or more manufacturers participate in a stewardship program, or if multiple stewardship programs exist, the costs of implementing, administering, and operating the program or programs must be fairly and reasonably allocated between each participating manufacturer so that the share of the costs is reasonably related to the revenue-based market share of covered drugs that the manufacturer sells in the state. A mandatory pharmacy collector shall participate in a stewardship program and shall provide for the safe collection of covered drugs that are household pharmaceutical waste under that program through the use of: • Mail-back envelopes provided to consumers upon request; • Collection receptacles; or • Any other method of collection that complies with DEA regulations and that has been approved by the department as a method of collection. The department may not approve for use in any program a method of home disposal involving packets, bottles, or other containers that a person may use to

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MAINE	
Program components (continued)	render non-retrievable or destroy a covered drug by means of a chemical process. A mandatory pharmacy collector that is a pharmacy not located in Maine that provides covered drugs to residents in the state by mail shall provide for the safe collection of covered drugs through the use of mail-back envelopes and shall ensure that consumers in the state purchasing covered drugs from the pharmacy are provided with information regarding the availability of such envelopes upon request and instructions regarding how the customer can request an envelope. An operator shall notify all authorized collectors that are not mandatory pharmacy collectors of the opportunity to serve on a voluntary basis as a collection location under the stewardship program and shall ensure that any such authorized collector that requests to participate in the program is added to the program within 90 days of the operator's receipt of the request. Such participating authorized collectors may use any of the collection methods described in this section. The operator shall ensure that all collection receptacles located at a collection location under the stewardship program are emptied and serviced as often as necessary to avoid the receptacles reaching storage capacity and to ensure proper operation. As part of a stewardship program, all collection mechanisms, program information, and other program services must be provided by the operator free of charge to authorized collectors, including, but not limited to, the installation, maintenance, and emptying of collection receptacles; the provision of mail-back envelopes, educational materials, brochures, and signage; and drug-disposal-specific surveillance. Collection of covered drugs that are household pharmaceutical waste at collection locations under a stewardship program must be made available to consumers free of charge. An operator and an authorized collector may not charge a point-of-sale fee to consumers, a fee that could be passed on to consumers, or any other fee relating to the collection and disposal of covered drugs.

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MAINE	
Program components (continued)	During the second and third years of implementation of a stewardship program, and every two years after that third year, the operator of the program shall fund an independent third party assessment of the effectiveness of the program's education and outreach efforts including, but not limited to, progress achieving the consumer awareness goal described in this section and efforts under the program to discourage the use of improper disposal methods. Within 90 days after the first full year of implementation of a stewardship program, and annually thereafter, the operator of the program shall submit to the department a report describing the activities of the program during the prior calendar year, which must include, among other things: • A list of manufacturers participating in the stewardship program, including contact information; • The amount by weight of material collected under the stewardship program in the prior calendar year, including the amount by weight from each collection method used, both in total and by county; • Details regarding the stewardship program's collection system, including a list of authorized collectors and associated collection locations with addresses; a list of locations where mail-back envelopes were provided under the program; a list of collection locations where collection receptacles were made available under the program; dates and locations of collection events held under the program; and a list of the transporters and disposal facilities used under the program for the transportation and disposal of collected covered drugs; • Information regarding any safety or security issues encountered in the collection, transportation, or disposal of covered drugs under the program during the prior calendar year and, if such issues occurred, a description of completed or anticipated changes to program policies, procedures, or tracking mechanisms to address those issues: • A description of the public education, outreach, and evaluation activities implemented in accordance with the approved plan and the results of the third-party assessment; • A summary of the program's achievement of its performance goals as set forth in the approved plan; • An analysis of the convenience of the collection system for people living in various regions of the state;

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MAINE	
Program components (continued)	• The total cost of implementing, administering, and operating the stewardship program in the prior calendar year; and • Any recommendations for changes to the stewardship program to improve the convenience of the collection system, to increase customer awareness and education, or to better evaluate program performance. The department shall administer and enforce this section and may adopt rules as necessary to implement this section. The department shall charge a reasonable fee to be paid by a manufacturer or stewardship organization for review of plan or amendments to an approved plan. Additionally, the department may establish a reasonable annual fee to cover the department's actual costs for annual report review, oversight, administration, and enforcement of a program, except that the fee may not exceed the greater of $100,000 per year and 1 percent of total program costs. Provides a private right of action for a manufacturer or stewardship organization implementing an approved plan under this section that is in compliance with all applicable requirements of this section and further provides that such entity may bring a civil action against a manufacturer for damages when the plaintiff manufacturer has incurred $3,000 in actual, direct costs in collecting, handling, and disposing of covered drugs and the defendant manufacturer or manufacturers are not in compliance with this section, and the plaintiff manufacturer or stewardship organization has not received reimbursement for the costs within the provided time limits. To ensure maximum effectiveness through uniform statewide application, the state intends to occupy the whole field of regulation of government-mandated, manufacturer-funded drug take-back, collection or disposal programs. A local government may not adopt an ordinance mandating a manufacturer-funded drug take-back, collection or disposal program, and any ordinance or regulation that violates this subsection is void and has no force or effect.
Miscellaneous provisions	None
Recently proposed legislation	None

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MAINE	
Program website	Maine Drug Take Back Program | Prescription Disposal | Eyes Open for ME

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MARYLAND	
Statute(s) and regulation(s)	• MD. CODE ANN. HEALTH-GEN. §§ 15-601 to 15-609 (West 2025) (collectively "Prescription Drug Repository Program") • MD. CODE REGS. 10.34.33.01 to 10.34.33.07 (2025) (collectively "Prescription Drug Repository Program")
Effective date(s)	• July 1, 2006 (§§ 15-601 to 15-609) • May 9, 2016 (10.34.33.01 to 10.34.33.07)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	10.34.33.01 (definitions) – includes a definition for "disposal program," which means pharmacies that voluntarily participate as repositories to collect returned drugs and medical supplies for purposes of safe disposal. 10.34.33.07 (disposal program – requirements) – pharmacies that collect returned prescription drugs or medical supplies for proper disposal shall be approved by the board as repositories. Repositories that collect only non-controlled dangerous substances for proper disposal shall: • Dispose of prescription drugs or medical supplies collected for disposal in compliance with applicable state and federal laws and regulations; • Have policies and procedures regarding the safe and secure handling and disposal of prescription drugs and medical supplies, to include specific guidelines for prescription drugs requiring special disposal or care; • Dispose of collected prescription drugs and medical supplies through a third party processor or a reverse distributor, as appropriate; and • Maintain a separate secure container behind the prescription counter that is clearly marked for the disposal program. Prohibits a pharmacist from delegating to a pharmacy technician the collection of prescription drugs or medical supplies under this regulation. Repositories that collection controlled dangerous substances for disposal: • Shall comply with the requirements of the Secure and Responsible Drug Disposal Act of 2010;

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MARYLAND	
Program components (continued)	• May collect non-controlled dangerous substances and medical supplies in the same manner; and • May commingle the collection of controlled and non-controlled dangerous substances and medical supplies in accordance with law.
Miscellaneous provisions	§ 15-601 (definitions) (*some language not effective until Oct., 1 2025*) – definitions include: • "Drop-off site," which means a pharmacy, other healthcare facility, or other entity participating in a drug donation or repository program and designated by the board that: (1) has voluntarily agreed to accept donated prescription drugs, over-the-counter drugs, or medical supplies; (2) is located within Maryland or in another state; and (3) does not have a final disciplinary order issued against it by a health occupations board; • "Eligible patient," which means an individual who, through self-attestation, is indigent, uninsured, underinsured, or enrolled in a public health benefits program; and • "Repository," which means a licensed pharmacy that: (1) if the licensed pharmacy is located in Maryland, does not have a final disciplinary order issued against it by the board of pharmacy; (2) has voluntarily agreed to participate in the program; (3) is located in this state or another state; and (4) has been approved by the board to: (a) accepted donated prescription drugs, over-the-counter drugs, or medical supplies from a designated drop-off stie; (b) dispense the donated items to eligible patients; or (c) dispose of prescription drugs, over-the-counter drugs, or medical supplies not accepted for dispensing to eligible patients. § 15-602 (prescription drug repository program) (*some language not effective until Oct. 1, 2025*) – there is a prescription drug repository program regulated by the board. The purpose of the program is to accept prescription drugs, over-the-counter drugs, and medical supplies donated for the purpose of dispensing to eligible patients and accept prescription drugs, over-the-counter drugs, and medical supplies returned to a pharmacy for the purpose of proper disposal. § 15-603 (acceptable drugs and medical supplies of program) (*some language not effective until Oct. 1, 2025*) – sets forth the requirements for donated prescription drugs, over-the-counter

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MARYLAND	
Miscellaneous provisions (continued)	drugs, and medical supplies to be accepted by the program. Provides that the program may not accept prescription drugs, over-the-counter drugs, or medical supplies for dispensing that bear an expiration date that is less than 90 days from the date the drug is donated unless the drug is in high demand. § 15-604 (donations to program) (*some language not effective until Oct. 1, 2025*) – provides that any person may donate prescription drugs, over-the-counter drugs, or medical supplies to the program, and the program may receive donated prescription drugs, over-the-counter drugs, or medical supplies from any person. Such items may only be donated to a drop-off site designated for that purpose by the board. A drop-off located in the state shall require a donor to complete and sign a donor form releasing the prescription drugs, over-the-counter drugs, or medical supplies to the program. Drop-off sites located in the state may not: • Dispense donated prescription drugs, over-the-counter drugs, or medical supplies; • Resell prescription drugs, over-the-counter drugs, or medical supplies; or • Charge a fee for accepting a donation. Consistent with approval by the board, an entity located in another state may participate in the program as a drop-off site and may accept donated prescription drugs, over-the-counter drugs, and medical supplies from a person unless otherwise prohibited by federal or state law. § 15-605 (board approval of repository) (*some language not effective until Oct. 1, 2025*) – provides that the board may approve a licensed pharmacy to be a repository. Sets forth the requirements for repositories located in the state, including that it obliterate from the labels of donated prescription drugs and medical supplies any information specific to the patient for whom the donated items were originally dispensed or otherwise provided to the patient. Repositories located in Maryland may dispense donated items only to an individual who meets the requirements of § 15-606(a) and in accordance with state and federal laws. Additionally, repositories in this state may charge a fee, not to

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MARYLAND	
Miscellaneous provisions (continued)	exceed $10, for each prescription drug, over-the-counter drug, or medical supply dispensed. Repositories may not establish or maintain a waiting list for any prescription drug, over-the-counter drug, or medical supply dispensed by the program. Consistent with its approval by the board, a repository located in another state may participate in the program as a repository and shall dispense donated prescription drugs, over-the-counter drugs, and medical supplies to residents of Maryland in accordance with state and federal laws. A repository located in another state operating primarily for the purpose of participating in a drug donation or repository program may not be required to possess a comprehensive or minimum supply of prescription drugs, over-the-counter drugs, or medical supplies. A repository located in Maryland may transfer donated items to another repository located in Maryland or a drop-off site located in another state, a repository located in another state, or another entity located in another state that participates in a drug donation or repository program in accordance with the laws of the state in which the entity is located only if there is no need for the donated prescription drugs, over-the-counter drugs, or medical supplies for use by eligible patients in the state, as determined by the transferring repository. Unless otherwise prohibited by federal law or the laws of the state in which it is located, a drop-off site or repository located in another state may perform and receive intracompany transfers of donated prescription drugs, over-the-counter drugs, and medical supplies; and transfers of donated items from drop-off sites located in another state, repositories located in another state, or other entities participating in a drug donation or repository program in accordance with the laws of the state in which the entity is located. § 15-606 (eligibility for donated drugs or supplies) (*some language not effective until Oct. 1, 2025*) – to be eligible to receive donated prescription drugs, over-the-counter drugs, or medical supplies from a repository located in Maryland, an individual must be a resident of Maryland and be an eligible patient.

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MARYLAND	
Miscellaneous provisions (continued)	§ 15-607 (immunity from liability) (*some language not effective until Oct. 1, 2025*) – this section sets forth certain immunity provisions related to donating, accepting, transferring, disposing of, or dispensing, or facilitating the donation, acceptance, transfer, disposition of, or dispensing of prescription drugs, over-the-counter drugs, or medical supplies under the program. § 15-608 (regulations) (*some language not effective until Oct. 1, 2025*) – requires the board to adopt regulations governing the program on or before January 1, 2007, and sets forth the provisions required to be included in such regulations including, among other things: • Categories of drugs that a repository will not accept, including a statement as to why the drug is ineligible for donation; • A standard form each donor donating to a drop-off site located in the state must sign stating that the donor is the owner of the drugs and intends to voluntarily donate them to the program; • Requirements for designation of drop-off sites and repositories; • Standards and procedures for drop-off sites and repositories located in the state related to accepting, safely storing, dispensing, shipping, and disposing of donated prescription drugs, over-the-counter drugs, and medical supplies; • Record keeping and reporting requirements for repositories located in the state; and • Any other standards and procedures the board considers appropriate for drop-off sites and repositories located in the state. § 15-609 (maintenance of records, reporting requirements) (*some language not effective until Oct. 1, 2025*) – sets forth the recordkeeping requirements for repositories located in Maryland. Repositories are also required to submit periodic reports to the board on their activities. Beginning January 1, 2007, and each January 1 thereafter, the board shall report to the governor and the General Assembly on the operation of the program. 10.34.33.01 (definitions) – definitions include:

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MARYLAND	
Miscellaneous provisions (continued)	• "Donation program," which means pharmacies that voluntarily participate as a drop-off site or repository, or both, to accept donated drugs or medical supplies for purposes of redispensing those donated drugs or medical supplies to needy individuals; • "Drop-off site," which means a pharmacy or other healthcare facility designated by the board for the purpose of receiving donated prescription drugs or medical supplies as part of the donation program and forwarding the drugs or medical supplies to a repository; and • "Repository," which means a pharmacy that applies to and is designated by the board for the purpose of (1) accepting, inspecting, and dispensing donated prescription drugs or medical supplies received from a drop-off site as part of the donation program; and (2) collecting prescription drugs or medical supplies for disposal as part of the disposal program. 10.34.33.02 (donation program – eligible drugs) – prescription drugs or medical supplies may be donated at a drop-off site if they are in their original unopened and sealed packaging or packaged in single unit doses when the outside packaging is opened if the single unit dose packaging is undisturbed. 10.34.33.03 (donation program – ineligible drugs) – prescription drugs or medical supplies may not be accepted for dispensing if, among other things, the prescription drugs or medical supplies: • Bear an expiration date that is less than 90 days from the date the drug is donated; • Are designated controlled substances; or • Require refrigeration. The repository shall dispose of all donated prescription drugs or medical supplies if they are not accepted into the program for the purpose of dispensing. 10.34.33.05 (donation program – drop-off sites requirements) – sets forth the requirements for a pharmacy or other healthcare facility to become a drop-off site including that the entity submit an application to the board. It also sets forth provisions related to records and procedures for handling donated drugs and supplies.

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MARYLAND	
Miscellaneous provisions (continued)	10.34.33.06 (repositories – general requirements) – sets forth the requirements for a pharmacy to become a repository, including that the pharmacy submit an application to the board. 10.34.33.06-1 (repositories participating in the donation program) – a repository in the donation program shall designate a pharmacist who shall accept and inspect donated drugs and supplies. Sets forth the recordkeeping requirements and procedures for handling donated drugs and supplies. Provides that a repository is under no obligation to obtain a prescription drug or medical supply that is not in inventory at the time of the request. Requires repositories to dispose of donated prescription drugs or medical supplies that do not meet the eligibility requirements of this chapter and maintain records of such disposal. A recipient of the donation program shall be a resident of this state. A healthcare practitioner with prescribing authority shall determine, at the practitioner's discretion, the financial need of a patient to participate in the donation program and indicate on the patient's prescription eligibility for the program. Recipients of a donated prescription drug or medical supply under the program shall sign a board-approved form before receiving the prescription drug or medical supply to confirm that the recipient understands that the recipient is receiving prescription drugs or medical supplies that have been donated as part of the program and entities involved in the program have immunity from liability.
Recently proposed legislation	None
Program website	Maryland Prescription Medication Disposal | 211 Maryland

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MASSACHUSETTS	
Statute(s) and regulation(s)	MASS. GEN. LAWS ANN. ch. 94H, §§ 1 to 6 (West 2023) (collectively "Drug Stewardship Program")
Effective date(s)	January 1, 2017 (all)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 1 (definitions) – definitions include: • "Drug stewardship program," which means a program financed by a pharmaceutical product manufacturer or a group of manufacturers to collect, secure, transport, and safely dispose of unwanted drugs; and • "Stewardship organization," which means an organization designated by a manufacturer or a group of manufacturers to act as an agent on behalf of the manufacturer or the group of manufacturers to implement and operate a drug stewardship program. § 2 (operation or participation in drug stewardship program required; powers and duties of department) – any pharmaceutical product manufacturer selling or distributing a covered drug to consumers in the commonwealth, whether directly or through a wholesaler, retailer, or other agent, shall: • Operate a drug stewardship program approved by the department individually or jointly with other manufacturers; • Enter into an agreement with a stewardship organization that shall operate a drug stewardship program approved by the department; or • Enter into an agreement with the department to operate an alternative plan under § 6. Requires the department to establish a process to review applications for approval and renewal of a manufacturer's drug stewardship plan. Requires each operator of a stewardship program to file an annual written report with the department describing the program's activities for the prior year and the volume and type of unwanted drugs collected not later than March 1. The department shall publish and make publicly available a list and description of each approved drug stewardship program

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MASSACHUSETTS	
Program components (continued)	and shall update this list at a frequency determined by the department. § 3 (drug stewardship program plan; requirements) – a manufacturer or stewardship organization seeking approval for a drug stewardship program shall submit, in a manner and form determined by the department, a plan that meets, but is not limited to, the following requirements: • A collection system to provide convenient, ongoing collection services to all persons seeking to dispose of unwanted drugs; provided, however, that the system may accept any covered drug and any other prescription drug in a pill formulation regardless of its schedule, brand, or source of manufacture; provided further, that the collection system shall include two methods as recommended by the department, which may include, but not be limited to: (1) a mail-back program that provides prepaid and pre-addressed packaging for a pharmacy to distribute when filling a prescription for a covered drug or upon request by a consumer; (2) collection kiosks; (3) drop-off day events at regional locations; (4) in-home disposal methods that render a product safe from misuse and that comply with applicable controlled substance regulations and environmental safety regulations; or (5) any other method recommended pursuant to DEA guidelines; • Adequate provisions for the security of unwanted drugs throughout the collection process and the safety of any person involved in monitoring, staffing, or servicing the stewardship program; • A plan for public outreach and education about the program; • A plan for the manufacturer or stewardship organization that provides the operational and administrative costs associated with the program; provided, however, that no point-of-sale, point-of-collection, processing fees, or other drug cost increases may be charged to individual consumers to recoup program costs; • An attestation that the program shall comply with all applicable state and federal requirements for the collection, security, transport, and disposal of drug products, including any requirements established by rule or regulation of either the DEA or U.S. Environmental Protection Agency; and

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MASSACHUSETTS	
Program components (continued)	• Any other requirements established by the department for the safe and effective administration of a stewardship program. § 4 (notice of requirements or of noncompliance; penalty; appeal) – the department shall send a notice to a pharmaceutical product manufacturer that sells or distributes a covered drug in the commonwealth that has not submitted an application for approval under § 2, informing the manufacturer of the requirements to comply with this chapter. Any manufacturer in receipt of a notice shall submit an application for approval within 180 calendar days of receipt of such initial notice. Includes requirements for department sending notices of noncompliance, penalties for noncompliance, and the appeal rights of manufacturers. § 5 (scope of requirements; application to retail or outpatient pharmacies) – nothing in this chapter shall require a retail pharmacy or a pharmacist practicing in a retail setting to participate in the collection, securing, transport, or disposal of unwanted drugs. No stewardship program shall require an outpatient pharmacy to participate in the collection, securing, transport, or disposal of unwanted drugs or to provide a space for or to maintain a collection kiosk within an outpatient pharmacy unless the pharmacy certifies, in writing, that this participation is voluntary. § 6 (alternative plan to drug stewardship program) – the department shall, in consultation with the Massachusetts Biotechnology Council, the Interagency Council on Substance Abuse, and other interested parties, develop an alternative plan to the drug stewardship program. A manufacturer that opts into a plan established under this section is exempt from §§ 2 to 5, inclusive. A plan established under this section may permit contributions by manufacturers to the Substance Abuse Services Fund in a manner determined by the department. A manufacturer participating in a plan established under this section shall not pass the cost of any contribution on to the consumer or a health insurance carrier.
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Pending Federal and State Legislation.

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MASSACHUSETTS	
Program website	Safely Dispose of Prescription Drugs

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MICHIGAN	
Statute(s) and regulation(s)	• MICH. COMP. LAWS ANN. § 333.17776 (West 2025) (program for utilization of unused prescription drugs; accepting medication ineligible for dispensing; destruction and disposal) • MICH. COMP. LAWS ANN. § 333.17780 (West 2025) (cancer drug repository program; establishment; participation; donation and acceptance requirements; eligibility to receive drugs and supplies; handling fee; records; liability) • MICH. ADMIN. CODE r. 338.3633 to 338.3641 (2025) (included within "Program for Utilization of Unused Prescription Drugs")
Effective date(s)	• September 29, 2006 (§ 333.17780) • March 28, 2013 (§ 333.17776) • September 24, 2014 (r. 338.3633 to 338.3641)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	r. 338.3633 (collection of prescription drugs and other medication for destruction and disposal; requirements; limitations) – pursuant to § 333.17776, a pharmacy or charitable clinic participating in the program for utilization of unused prescription drugs shall accept from any person a prescription drug or any other medication that is ineligible for distribution under the program for destruction and disposal. The collection shall occur on-site at the participating pharmacy or charitable clinic and according to these rules and all applicable state and federal laws and regulations. Unless permitted by federal law, controlled substances shall not be collected by a participating pharmacy or charitable clinic for destruction and disposal. r. 338.3635 (collection device; requirements) – a pharmacy or charitable clinic participating in the program for utilization of unused prescription drugs shall utilize a collection device to collect prescription drugs and other medications that are ineligible for distribution under the program for destruction and disposal that meets all of the following criteria: • Is designed to allow contents to be added to the device but not removed, except by authorized personnel for the purpose of destruction and disposal; • Is labeled pursuant to all applicable state and federal laws and regulations;

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MICHIGAN	
Program components (continued)	• Is lined with a removable liner that is waterproof, tamper-evident, tear resistant, and capable of being sealed. The contents of the liner shall not be viewable from the outside and the size or capacity of the liner shall be clearly marked on the outside of the liner; • Is secured in a manner that will only allow authorized personnel to remove the contents for the purpose of destruction and disposal; • Is securely fastened to a permanent structure within the designated pharmacy area so that it cannot be removed; • Is consistently monitored by security features and pharmacy personnel; and • The following statements shall be prominently placed on the collection device and shall be posted as signage near the location of the collection device, "controlled substances cannot be accepted for destruction and disposal, unless permitted under federal law," and "chemotherapeutic agents shall not be placed in this collection device." Provides that the collection device for the yellow jug old drugs program operated by the Great Lakes clean water organization is deemed to satisfy the requirements of this rule, provided the participating pharmacy or charitable clinic is a compliant participant in the yellow jugs old drugs program. r. 338.3637 (access; destruction of collected drugs) – a collection device utilizing a removable liner shall only be accessed to remove the contents to process for safe, effective, and immediate transportation; to immediately transfer the contents to a waste disposal facility; or to immediately transfer the contents to a responsible third party for transportation to a waste disposal facility. Provides that a collection device for the yellow jug old drugs program operated by the Great Lakes clean water organization shall be weighed at the time the collection device leaves the pharmacy and the weight shall be recorded in the destruction and disposal log. Within one year of collection, the contents of the collection device shall be transferred to a waste disposal facility for destruction. The contents shall be destroyed pursuant to all applicable state and federal laws and regulations. r. 338.3639 (record keeping; policy and procedures; destruction and disposal log) – sets forth the destruction and disposal

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MICHIGAN	
Program components (continued)	recordkeeping requirements for participating pharmacies and charitable clinics. r. 338.3641 (transportation) – requires that the contents of collection devices be transferred to a waste disposal facility pursuant to all applicable state and federal laws and regulations.
Miscellaneous provisions	§ 333.17776 – subject to all applicable federal and state laws and rules, a pharmacy, health professional, or charitable clinic that participates in a program for utilization of unused prescription drugs shall accept from any person a prescription drug or any other medication that is ineligible for distribution under the program for destruction and disposal. A pharmacy, health professional, or charitable clinic that accepts prescription drugs and other medications that are ineligible for distribution under the program shall destroy and dispose of those drugs and medications subject to rules promulgated under section 17775. The drug donation program authorized under § 333.17775 does not permit donations from individuals. § 333.17780 – the board shall establish and maintain a cancer drug repository program that allows a person to donate a cancer drug or supply for use by an individual who meets the eligibility criteria specified in this section. The board shall establish program guidelines, policies, and procedures addressing the cancer drug repository program. Under the program, donations may be made on the premises of a health facility or pharmacy that elects to participate in the program and meets the requirements of this section. Any health facility or pharmacy that is licensed and in compliance with all federal and state laws, rules, and regulations is eligible to participate in the program. Participation in the program is voluntary and a pharmacy or health facility may withdraw from participation at any time upon notification to the board by telephone or regular mail. A pharmacy or health facility may choose to fully participate in the program by accepting, storing, and dispensing or administering donated drugs and supplies or may limit its participation to only accepting and storing donated drugs and supplies. If the pharmacy or health facility chooses to limit its participation, the pharmacy or health facility shall distribute any donated drugs to a fully participating cancer drug repository.

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MICHIGAN	
Miscellaneous provisions (continued)	An individual who is at least 18 years of age may donate legally obtained cancer drugs or supplies to a cancer drug repository. If the donated drugs have not been previously dispensed, a pharmacy, health facility, manufacturer, or wholesale distributor may also donate cancer drugs or supplies to a repository. Sets forth the requirements for donated drugs including that the drug's expiration date be at least six months later than the date the drug was donated. Donated drugs must also be accompanied by a donor form that states that to the best of the donor's knowledge, the donated supply has been properly stored and has never been opened, used, tampered with, adulterated, or misbranded. The form shall be made available on the board's website and shall be signed by the person making the donation or that person's authorized representative. Controlled substances are not eligible for donation or acceptance under the program. Cancer drugs and supplies may be donated on the premises of a cancer drug repository to a pharmacist designated by the repository. A drop box shall not be used to deliver or accept donations. Sets forth the requirements for recipients including that the individual have a current cancer diagnosis and sign a form made available on the board's website that provides that the drug or supply being dispensed or administered has been donated. Provides that any resident of the state who is diagnosed with cancer is eligible to receive drugs or supplies under the program. Cancer drugs and supplies donated under the program shall not be resold and a pharmacist who dispenses those drugs and supplies shall not submit a claim or otherwise seek reimbursement from any public or private third party payor. Provides that cancer drugs and supplies dispensed under the program shall be dispensed in the following order of priority: • Individuals who are uninsured or do not have insurance coverage for those cancer drugs or supplies; • Individuals who are enrolled in Medicaid, Medicare, or any other public assistance healthcare program; and • All other individuals who are residents of Michigan and diagnosed with cancer.

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MICHIGAN	
Miscellaneous provisions (continued)	A cancer drug repository may charge the recipient a handling fee of not more than 250 percent of the Medicaid dispensing fee or $5.00, whichever is less, for each drug or supply dispensed or administered. Repositories may distribute drugs and supplies donated under the program to other repositories if requested by a participating repository. Sets forth immunity provisions for certain individuals and entities.
Recently proposed legislation	None
Program website	Drug Disposal

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MINNESOTA	
Statute(s) and regulation(s)	• MINN. STAT. ANN. § 151.555 (West 2025) (medication repository program) • MINN. STAT. ANN. § 152.105 (West 2025) (disposal)
Effective date(s)	• May 20, 2016 (§ 152.105) • July 1, 2019 (§ 151.555)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 152.105 – controlled substances listed in subdivisions (3) – (6) of § 152.02 may be collected and disposed of only pursuant to those federal regulations that are applicable to the disposal of controlled substances. Disposal of controlled substances and legend and non-legend drugs must also comply with the requirements of § 116.07 governing the disposal of hazardous waste, and the rules promulgated thereunder. The sheriff of each county shall maintain or contract for the maintenance of at least one collection receptacle for the disposal of noncontrolled substances, pharmaceutical controlled substances, and other legend drugs, as permitted by federal law. The collection receptacle must comply with federal law. In maintaining and operating the collection receptacle, the sheriff shall follow all applicable provisions of federal regulations. A sheriff may meet the requirements of this section by providing public educational information and making an alternative method available to the public, at no charge, for safely destroying unwanted legend drugs, including an at-home prescription drug deactivation and disposal product, so long as the alternative method meets the requirements of the Minnesota pollution control agency, the DEA, and the board of pharmacy.
Miscellaneous provisions	§ 151.555 – definitions include: • "Central repository," which means a wholesale distributor that meets the requirements of this section and enters into a contract with the board of pharmacy in accordance with this section; • "Donor," which means an individual at least 18 years of age, provided that the drug or medical supply that is donated was obtained legally and meets the requirements of this section for donation or any entity legally authorized to possess medicine with a license or permit in good standing; and

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MINNESOTA	
Miscellaneous provisions (continued)	• "Local repository," which means a healthcare facility that elects to accept donated drugs and medical supplies and meets the requirements of this section. Requires the board of pharmacy to establish a medication repository program through which donors may donate a drug or medical supply for use by an individual who meets the eligibility requirements in this section. The board shall contract with a central repository to implement and administer the medication repository program. Sets forth the requirements for such contract including that the contract must require payment by the board to the central repository any amount appropriated by the legislature for the operation and administration of the program. Provides that a local repository may elect to participate in the program by submitting the required information to the central repository on a form developed by the board and made available on the board's website. Participation in the program is voluntary. A local repository may withdraw from participation in the program at any time by providing written notice to the central repository on a form developed by the board and made available on the board's website. At the time of or before receiving donated drugs or supplies as a new eligible patient, an individual must submit to a local repository an electronic or physical intake form that is signed by the individual and attests that the individual is a resident of Minnesota; is uninsured, has no prescription coverage, or is underinsured; and acknowledges that the drugs or medical supplies to be received through the program may have been donated. Notwithstanding any other law or rule, a donor may donate drugs or medical supplies to the central repository or a local repository if the drug or supply meets the requirements of this section as determined by a pharmacist or practitioner who is employed by or under contract with the repository. The drug's expiration date must be at least six months after the date the drug was donated unless the drug is in high demand and can be dispensed for use by a patient before the drug's expiration date. Repositories may not accept controlled substances.

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MINNESOTA	
Miscellaneous provisions (continued)	The board shall develop the medication repository donor form and make it available on the board's website. Prior to the first donation from a new donor, the repository shall verify certain required information. Sets forth the recordkeeping requirements for drugs and supplies donated to a repository, including inventory requirements. Permits the central or local repository to charge an individual receiving a drug or supply a handling fee of no more than 250 percent of the medical assistance program dispensing fee for each drug or supply dispensed or administered by that repository. The repository shall not receive reimbursement under the medical assistance program or the MinnesotaCare program for that drug or supply. A supply or handling fee must not be charged to an individual enrolled in the medical assistance or MinnesotaCare program. Also permits repositories to distribute drugs and supplies donated under this program to other participating repositories for use pursuant to the program. A local repository that elects not to dispense donated drugs or supplies that are suitable for donation must transfer those donated drugs or supplies to the central repository. Sets forth immunity provisions for certain individuals and entities. Provides that the central repository may enter into an agreement with another state that has an established drug repository or drug donation program if the other state's program includes regulations to ensure the purity, integrity, and safety of the drugs and supplies donated, to permit the central repository to offer to another state program inventory that is not needed by a Minnesota resident and to accept inventory from another state program to be distributed to local repositories and dispensed to Minnesota residents in accordance with this program. Permits the central repository to seek grants and other money from nonprofit charitable organizations, the federal government, and other sources to fund the ongoing operations of the medication repository program.

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MINNESOTA	
Recently proposed legislation	None
Program website	Drug Take Back | Dose of Reality MN

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MISSISSIPPI	
Statute(s) and regulation(s)	• MISS. CODE ANN. § 41-29-191 (West 2023) (collection of prescription pills and drugs brought from residential sources) • MISS. CODE ANN. §§ 43-13-501 to 43-13-509 (West 2025) (collectively "Drug Repository Program")
Effective date(s)	• April 21, 2003 (§§ 43-13-501 to 43-13-509) • July 1, 2012 (§ 41-29-191)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 41-29-191 – on the first Monday of each month, each drug task force may collect prescription pills and drugs that are brought to the main office of the task force from residential sources and shall transport the collected pills and drugs to the incinerator maintained by the Mississippi Bureau of Narcotics for disposal. For the purposes of this section, the term "drug task force" means a drug or narcotics task force or enforcement team created through an interlocal cooperation agreement under § 17-13-1, *et seq*.
Miscellaneous provisions	§ 43-13-503 (establishment of drug repository program plan) – requires the board of pharmacy and department of health to jointly establish a plan for a drug repository program to accept and dispense prescription drugs donated for the purpose of being dispensed to individuals who meet the eligibility standards established in the rules adopted by the board. The plan shall be submitted to the chairman of the public health and welfare committees of the legislature for their review. Sets forth the requirements for drugs to be accepted or dispensed under the program. Nothing in this section shall be construed as prohibiting a pharmacy from accepting drugs that are not eligible to be dispensed under the drug repository program for the proper disposal of those drugs. § 43-13-505 (donations; dispensing) – permits any person, including a drug manufacturer, healthcare facility, or government entity may donate prescription drugs to the drug repository program. The drugs must be donated at a pharmacy, hospital, or nonprofit clinic that participates in the program under the criteria for participation established in the rules. A pharmacy, hospital, or nonprofit clinic that participates in the drug repository program shall dispense drugs donated under

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MISSISSIPPI	
Miscellaneous provisions (continued)	this section to individuals who meet the eligibility standards or to other government entities or nonprofit entities to be dispensed to individuals who meet the eligibility standards. The pharmacy, hospital, or nonprofit clinic may charge individuals receiving donated drugs a handling fee established in accordance with the rules adopted by the board. Donated drugs may not be resold. § 43-13-507 (healthcare professional defined; criminal and civil immunity) – sets forth immunity provisions for certain individuals and entities related to participation in the program. § 43-13-509 (rules and regulations) – requires the board of pharmacy, in consultation with the department of health, to adopt rules governing the drug repository program that establish the following, among other items: • Eligibility criteria for pharmacies, hospitals, and nonprofit clinics to receive and dispense donated drugs under the program; • Eligibility standards based on economic need for individuals to receive drugs; • A means, such as an identification card, by which an individual who is eligible to receive donated drugs may demonstrate eligibility to the pharmacy, hospital, or nonprofit clinic dispensing the drugs; • A form that an individual receiving a drug from a the repository must sign before receiving the drug to confirm that the individual understands the immunity provisions of the program, and waiving all right to sue any individual or entity involved in the program; • A formula to determine the amount of a handling fee that pharmacies, hospitals, and nonprofit clinics may charge to drug recipients to cover restocking and dispensing costs; • For drugs donated by individuals: (1) a list of drugs, arranged either by category or by individual drug, that the repository will accept from individuals; (2) a list of drugs the repository will not accept and a statement as to why the drug is ineligible for donation; and (3) a form each donor must sign stating that the donor is the owner of the drugs and intends to voluntarily donate them to the repository;

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MISSISSIPPI	
Miscellaneous provisions (continued)	• For drugs donated by healthcare facilities or government entities, the same information as set forth above with the exception of the donor form; and • Any other standards and procedures the board considers appropriate. This section should not be construed as prohibiting a pharmacy from accepted drugs that are not eligible to be dispensed under the drug repository program for the proper disposal of those drugs.
Recently proposed legislation	None
Program website	Drug Disposal - Mississippi State Department of Health

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MISSOURI	
Statute(s) and regulation(s)	• MO. ANN. STAT. § 195.265 (West 2025) (disposal of unused controlled substances, permitted methods—awareness program) • MO. ANN. STAT. §§ 196.976 to 196.984 (West 2025) (collectively "Prescription Drug Repository Program") • MO. ANN. STAT. § 338.142 (West 2025) (drug take-back program, board authorized to expend, allocate, or award funds) • MO. CODE REGS. ANN. tit. 19, §§ 20-50.005 to 20-50.040 (2025) (collectively "Prescription Drug Repository Program") • MO. CODE REGS. ANN. tit. 19, § 30-1.078 (2025) (disposing of unwanted controlled substances) • MO. CODE REGS. ANN. tit. 20, § 2220-2.095 (2025) (collection of medication for destruction) • MO. CODE REGS. ANN. tit. 20, § 2220-2.990 (2025) (Rx Cares for Missouri Program)
Effective date(s)	• October 2, 2004 (§§ 196.976 to 196.984) • January 1, 2005 (19, §§ 20-50.005 to 20-50.040) • March 30, 2017 (20, § 2220-2.095) • August 28, 2017 (§ 338.142) • September 27, 2018 (19, § 30-1.078) • July 6, 2018 (§ 195.265) • July 28, 2019 (20, § 2220-2.990)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 195.265 - unused controlled substances may be accepted from ultimate users, from hospice or home healthcare providers on behalf of ultimate users to the extent federal law allows, or from any person lawfully entitled to dispose of a decedent's property if the decedent was an ultimate user who died while in lawful possession of a controlled substance, through: • Collection receptacles, drug disposal boxes, mail-back packages, and other means by a DEA-authorized collector in accordance with federal regulations, even if the authorized collector did not originally dispense the drug; or • Drug take-back programs conducted by federal, state, tribal, or local law enforcement agencies in partnership with any person or entity. This subsection shall supersede and preempt any local ordinances or regulations, including any ordinances or

MISSOURI	
Program components (continued)	regulations enacted by any political subdivision of the state, regarding the disposal of unused controlled substances. Requires the department of health and senior services to develop an education and awareness program regarding drug disposal, including controlled substances. The education and awareness program may include, but not be limited to: • A web-based resource that: (1) describes available drug disposal options, including take-back, take-back events, mail-back packages, in-home disposal options that render a product safe from misuse, or any other methods that comply with state and federal laws and regulations, may reduce the availability of unused controlled substances, and may minimize the potential environmental impact of drug disposal; (2) provides a list of drug disposal take-back sites, which may be sorted and searched by name or location and is updated every six months by the department; (3) provides a list of take-back events in the state, including the date, time, and location information for each event and is updated every six months by the department; and (4) provides information for authorized collectors regarding state and federal requirements to comply with the provisions of this section; and • Promotional activities designed to ensure consumer awareness of proper storage and disposal of prescription drugs, including controlled substances. 19, § 30-1.078 – this rule establishes procedures for disposing of unwanted controlled substances. Only manufacturers, distributors, reverse distributors, narcotic treatment programs, hospitals/clinics with an on-site pharmacy, and retail pharmacies that have modified their state and federal controlled substances registrations may possess a collection receptacle for medication disposal or participate in the DEA approved mail-back system. Such entities are authorized to install collection receptacle boxes or participate in a DEA approved mail-back method to collect unwanted controlled substance prescription medications from patients. Registrants must comply with federal regulations regarding security and recordkeeping. Collection receptacles shall only be used for patients' unwanted medications and not for the expired or unwanted stock of a practitioner or facility.

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MISSOURI	
Program components (continued)	All facilities and locations with collection receptacle boxes and mail-back systems shall comply with federal regulations. Patients' medications from long-term care facilities and narcotic treatment programs shall be placed in a receptacle within three days of the expiration date on the medication, upon a discontinuation of use authorized by a prescriber, or upon the death of a patient. Sets forth the recordkeeping requirements for collection receptacle boxes. 20, § 2220-2.095 – Missouri licensed pharmacies may collect medication from the public for destruction in compliance with this rule. Pharmacies collecting controlled substances shall comply with all applicable state and federal controlled substance laws. Pharmacies collecting non-controlled substances shall comply with the relevant sections of this rule. Participation in a medication return or destruction program is voluntary. This rule shall not be construed to require that a licensee or permit holder participate in or establish a return/destruction program. Pharmacies may maintain a collection receptacle or establish an authorized mail-back program to collect non-controlled medication from the general public for destruction. Collection receptacles may not be used to dispose of unused/unwanted medication in the pharmacy's inventory. Collected medication shall not be resold or reused. Pharmacies collecting medication under this rule shall develop and implement written policies and procedures governing medication collection which must include, but not be limited to, authorized destruction procedures and methods. This rule does not preempt or modify return/reuse of medication as authorized by the rule governing the prescription drug repository program, or any provision of state or federal law governing controlled substances or the destruction, handling, or transporting of medical or pharmaceutical waste. Pharmacies that maintain a collection receptacle to collect non-controlled medication for destruction must comply with the following:

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MISSOURI	
Program components (continued)	• Collection receptacles must be securely placed and maintained inside the physical building of the pharmacy in a manner that prevents theft, diversion, or unauthorized removal; must be securely fastened to a permanent structure; and must be visible to pharmacy staff at all times and shall not be located in or near exit doors; • The receptacle must be a securely locked, substantially constructed container with a permanent outer container, and must contain an inner liner that complies with this rule. The receptacle must have an opening that allows medication to be added to the inner liner but does not allow the contents of the inner liner to be removed. The opening must be locked or otherwise made inaccessible to the public so that drugs cannot be deposited into the collection receptacle when the pharmacy is closed for business; • A sign must be prominently displayed on the outer container of the receptacle indicating that only non-controlled substances may be deposited into the receptacle. If the receptacle is also used to collect controlled substances, the required sign must comply with state and federal controlled substance laws; • Inner liners must be removable, waterproof, tamper-evident, and tear-resistant and must bear a prominent, unique identification number and identifier that enables the inner liner to be tracked. The contents of the inner liner shall not be viewable from the outside; • Inner liners must be installed or removed from a collection receptacle by or under the supervision of at least two board licensees or registrants. Inner liners must be immediately sealed once removed from the receptacle; the sealed inner liner shall not be opened, x-rayed, analyzed, or otherwise penetrated by the pharmacy or pharmacy staff. After removal, sealed inner liners pending destruction may be stored at the pharmacy in a securely locked, substantially constructed cabinet or in a securely locked room or area with controlled access for no more than 30 business days; and • Pharmacies must report any theft or diversion of or from a collection receptacle to the board in writing within 14 days in a manner designated by the board. Pharmacies may provide mail-back packages to the public for the purpose of mailing medication to a collector that is authorized by the DEA or federal law to receive prescription

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MISSOURI	
Program components (continued)	medication for destruction (an "authorized collector"). Packages may be provided directly by the pharmacy or the pharmacy's authorized designee, provided the pharmacy is responsible for ensuring compliance with this section. Mail-back packages must be pre-addressed with the address of the authorized collector. The cost of shipping shall be postage or otherwise prepaid. Packages must be mailed directly to the authorized collector by the consumer or his/her agent. Mail-back packages must include a unique identification number or other unique identifier that enables the package to be tracked. Pharmacies may provide and maintain a collection receptacle at a long-term care facility to collect medication from the public or facility residents for destruction. This section does not apply to medication collected for return and reuse as authorized by rule. Sets forth the requirements for collection receptacles in such facilities, including that the receptacles must be securely placed and maintained in the building in a manner that prevents theft, diversion, or unauthorized removal. Medication collected for destruction shall be rendered non-retrievable and destroyed in compliance with all applicable federal and state laws. Medication shall be destroyed in one of the following ways: • Medication may be destroyed on the physical premises of the pharmacy, provided two board licensees or registrants must personally witness the destruction of the medication and handle or observe the handling of the medication until the substance is rendered non-retrievable; or • Collected medication may be mailed, shipped, or transferred to an entity authorized to destroy the medication off-site, provided two board licensees or registrants must witness or observe the mailing, shipping, or transfer. If medication is transported by the pharmacy to the off-site location, the medication must be constantly moving towards its final location. Sets forth the recordkeeping requirements for pharmacies related to inner liners and destruction of medications. Licensees/permit-holders shall be exempt from compliance with this rule when participating in medication collection

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MISSOURI	
Program components (continued)	programs conducted by local, state, or federal law enforcement agencies provided: • Collected medication is placed into a collection container or area that is under the supervision of law enforcement personnel at all times; • Law enforcement personnel are present whenever drugs are collected or on-site; and • The licensee/permit-holder does not take possession of the collection medications. Medications must remain under the control of, and must be removed by, law enforcement. 20, § 2220-2.990 – establishes the Rx Cares for Missouri Program within the board of pharmacy to promote medication safety and to prevent prescription drug abuse, misuse, and diversion in Missouri. As part of the program, the board hereby establishes a medication destruction and disposal program for the purposes of collecting unused or unwanted medication from the public for disposal in accordance with state and federal law. Operation of the program may be delegated to a board approved vendor or third party. To be eligible for participation, applicants must be physically located in Missouri and currently registered to collect unwanted controlled substances with the DEA and the Missouri bureau of narcotics and dangerous drugs unless exempt from registration by state or federal law. Additionally, the applicant must be: • A licensed pharmacy or drug distributor; • A licensed healthcare provider authorized to prescribe controlled substances; • A hospital, office, clinic, or other medical institution that provides healthcare services; • A federal, state, local, or municipal public health, law enforcement, or other government agency; or • A higher education institution located in Missouri that is accredited by a national or regional accrediting body recognized by the U.S. Secretary of Education. Approved participants must establish and operate a public medication collection program in compliance with program requirements, including, but not limited to, all applicable board or vendor requirements for collecting, submitting, or forwarding medication for destruction and disposal.

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MISSOURI	
Program components (continued)	Participants must promptly enroll in the program after notification of approval is received from the board. Subject to appropriation, approved program participants will be provided a collection receptacle and inner liners to be used for collecting medication pursuant to the program. Participants may alternatively use an existing collection receptacle if approved by the board or program vendor. Participants are responsible for installation of the receptacle in accordance with vendor requirements. Collection receptacles must be physically located in Missouri at an address approved by the board. A board approved sign must be located on or near the receptacle indicating that the collection program has been funded by the board of pharmacy as part of the program. Collection receptacles may not be used to dispose of medication from the pharmacy's inventory. Medication must be collected and handled in compliance with all state and federal controlled substance laws. Participants may submit collected medication to the vendor or the vendor's authorized designee for disposal at no cost to the participant up to 12 times per participation year. Program participants may arrange for additional medication disposal at the participant's cost. Participants shall notify the board in writing within 10 days after ceasing or terminating program participation. Unless otherwise agreed by the board for good cause, participants shall reimburse the board for the cost of the collection receptacle if the participant fails to actively maintain and operate a collection program during the participation year. Sets forth the requirements for applications to participate in the program. At the discretion of the board, applicants will be approved for program participation subject to funding availability. Participation approval shall be valid for one calendar year. Sets forth the criteria to be considered when reviewing applications, including, but not limited to: • The need for a medication collection program in the proposed collection site area including any alternative collection programs/opportunities available;

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MISSOURI	
Program components (continued)	• Relevant evidence or data regarding drug use, abuse, fatalities, or trends; • The nature and structure of the proposed collection program including operational times and any public restrictions; • Available staff, resources, or expertise; • The applicant's financial need and available resources; an • Any other factor that may be relevant to the applicant's ability to participate in or comply with the program. As a condition of participation, applicants must agree that program information collected or maintained by the vendor or the vendor's designee may be disclosed to the board or the board's authorized designee on request and the governor and general assembly.
Miscellaneous provisions	§ 196.976 (prescription drug repository program established, criteria) – requires the department of health and senior services to establish the prescription drug repository program to accept and dispense prescription drugs for the purpose of being dispensed to persons who are residents of Missouri and who meet eligibility requirements established by rules promulgated pursuant to § 196.984. Sets out the criteria that must be used in accepting drugs for use in the program, including that prescription drugs donated by individuals shall bear the manufacturer's lot number and an expiration date that is less than six months from the date the prescription drug is donated. Prescription drugs with an expiration date less than six months from the date the prescription drug is donated shall not be accepted or dispensed. § 196.979 (donation of prescription drugs to the program, procedure—distribution to out-of-state charitable repositories, when) – any person, including but not limited to a prescription drug manufacturer or healthcare facility, may donate prescription drugs to the prescription drug repository program. The drugs shall be donated at a pharmacy, hospital, or nonprofit clinic that elects to participate in the program and meets the criteria for participation. Participation shall be voluntary and nothing in this chapter shall require any pharmacy, hospital, or nonprofit clinic to participate in the program. A pharmacy, hospital, or nonprofit clinic which meets the eligibility requirements of § 196.984 may dispense prescription drugs donated under the program to persons who are residents

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MISSOURI	
Miscellaneous provisions (continued)	of Missouri and who meet the eligibility requirements of the program, or to other governmental entities and nonprofit private entities to be dispensed to persons who meet the eligibility requirements of the program. Permits the pharmacy, hospital, or nonprofit clinic to charge persons receiving donated prescription drugs a handling fee not to exceed a maximum of 200 percent of the Medicaid dispensing fee. Prescription drugs donated to the program shall not be resold. Any individual who resells any donated prescription drugs shall be guilty of a class E felony. Drugs donated under this section that are not used or accepted by any pharmacy, hospital, or nonprofit clinic in this state may be distributed to out-of-state charitable repositories for use outside of this state. § 196.981 (immunity from civil or criminal liability, when) – sets forth immunity provisions for certain individuals and entities. § 196.984 (administrative rules, authority to promulgate) – provides that the director of the department of health, in consultation with the board of pharmacy, shall adopt and promulgate rules to implement the prescription drug repository program. Such rules shall include, among other things: • Eligibility criteria for pharmacies, hospitals, and nonprofit clinics to receive and dispense donated prescription drugs under the program; • Eligibility requirements for recipients in the program shall be based on economic need for persons to receive prescription drugs under the program; • An identification card by which a person who is eligible to receive donated prescription drugs under the program may demonstrate eligibility to the pharmacy, hospital, or nonprofit clinic; • A form that a person receiving a prescription drug from the program must sign before receiving the drug to confirm that such person understands the criminal and civil immunity provisions; • Establishing a maximum handling fee that pharmacies, hospitals, and nonprofit clinics may charge to drug recipients to cover restocking and dispensing costs;

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MISSOURI	
Miscellaneous provisions (continued)	• For prescription drugs donated by individuals: (1) a list of prescription drugs, arranged by category or by individual drug, that the program will and will not accept from individuals and a statement as to the reason a drug is ineligible; and (2) a form each donor must sign stating that the donor is the owner of the drugs and intends to voluntarily donate such drugs to the program; • For prescription drugs donated to the program by healthcare facilities, a list of prescription drugs, arranged by category or individual drug, that the program will and will not accept and a statement as to the reason a drug is ineligible; and • Any other standards and procedures the department deems appropriate or necessary to implement the provisions of this chapter. § 338.142 – the board of pharmacy, in consultation with the department of health and senior services, shall be authorized to expend, allocate, or award funds appropriated to the board to private or public entities to develop a drug take-back program. Such program shall collect and dispose of Schedule II and III controlled substances. 19, § 20-50.010 (eligibility requirements for pharmacies, hospitals, and nonprofit clinics to receive donated prescription drugs) – pharmacies, hospitals, or nonprofit clinics may elect to participate in the prescription drug repository program. Any participating pharmacy shall be licensed by the Missouri board of pharmacy. Any participating hospital shall be licensed by the Missouri department of health and senior services when required by law to be so licensed. Any participating nonprofit clinic shall be under the supervision of a physician licensed by the Missouri state board of registration for the healing arts. 19, § 20-50.015 (eligibility requirements for recipients in the program) – a pharmacy, hospital, or nonprofit clinic that elects to participate in the program shall determine if a person is eligible to receive drugs. A person shall be a resident of Missouri, a net family income below 300 percent of the federal poverty level, and have no active third party prescription drug reimbursement coverage for the drug prescribed. The pharmacy, hospital, or nonprofit clinic shall provide each individual recipient with an identification card after determining that the recipient is eligible to receive drugs from

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MISSOURI	
Miscellaneous provisions (continued)	the program. Sets forth the information required to be included on the card and requires that the card expire no more than 12 months from the date the card was issued. 19, § 20-50.020 (standards and procedures for donating prescription drugs) – provides that the following may donate prescription drugs to a pharmacy, hospital, or nonprofit clinic: • A licensed dispenser of prescription drugs; • A licensed wholesale distributor of prescription drugs; or • A person who was legally dispensed a prescription drug pursuant to a patient-specific prescription or drug order. An individual electing to donate a prescription drug shall not have taken custody of the drug prior to the donation but may direct the donation through a dispenser of prescription drugs. Each donor must sign an ownership record stating that the donor is the owner of the drug and intends to voluntarily donate the drug to the program. Sets forth the recordkeeping requirements. 19, § 20-50.025 (standards and procedures for accepting donated prescription drugs) – no controlled substances or drugs that require storage temperatures other than normal room temperature shall be donated or accepted as part of the program. Sets forth the requirements for prescription drugs to be accepted including that the drug have an expiration date of six months or greater. 19, § 20-50.030 (standards and procedures for inspecting and storing donated prescription drugs) – this rule contains the criteria by which pharmacies, hospitals, and nonprofit clinics will determine drugs to be acceptable for dispensing under the prescription drug repository program and also establishes documentation of receipt of donated drugs. Prohibits controlled substances from being donated. Controlled substances shall be returned to the donor or, if it is not possible to return the controlled substances to the donor, shall be destroyed as required by this rule. 19, § 20-50.035 (standards and procedures for dispensing donated prescription drugs) – requires the pharmacy, hospital, or nonprofit clinic to dispense donated prescription drugs in

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MISSOURI	
Miscellaneous provisions (continued)	compliance with all applicable federal and state laws and regulations. Recipients of a donated drug from the program shall sign an immunity acceptance record form stating they understand the civil and criminal immunity provisions of the program. Recipients shall also sign a waiver of the requirement for child-resistant packaging of the poison prevention packaging act. A pharmacy, hospital, or nonprofit clinic may charge the recipient of a donated drug a handling fee not to exceed a maximum of 200 percent of the standard Medicaid professional dispensing fee to cover stocking and dispensing costs. A pharmacy, hospital, or nonprofit clinic may transfer donated drugs to another governmental entity or nonprofit private entity to be dispensed to persons who meet the eligibility requirements of the program when the other governmental entity or nonprofit private entity is a pharmacy, hospital, or nonprofit clinic.
Recently proposed legislation	None
Program website	https://health.mo.gov/safety/bndd/collection-disposal-info.php

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MONTANA	
Statute(s) and regulation(s)	• MONT. CODE ANN. § 1-1-232 (West 2025) (Montana prescription drug take-back day) • MONT. CODE ANN. §§ 37-7-1402 and 37-7-1408 (West 2025) (included within "Donated Drugs and Devices Program") • MONT. ADMIN R. 24.174.1501 to 24.174.1506 (2025) (collectively "Cancer Drug Repository")
Effective date(s)	• October 1, 2009 (§§ 37-7-1403 to 37-7-1408) • October 1, 2019 (§ 1-1-232) • September 21, 2024 (24.174.1501 to 24.174.1506)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 1-1-232 – the day in October designated as national prescription drug take-back day is designated as Montana prescription drug take-back day in order to provide an annual day for citizens to properly dispose of unused and unneeded prescription drugs, to raise awareness about the consequences of failure to properly dispose of prescription drugs, and to educate citizens on proper methods of prescription drug disposal.
Miscellaneous provisions	§ 37-7-1403 (cancer drug repository program—donations—registry) – establishes the cancer drug repository program in the board of pharmacy to accept donated cancer drugs and devices and dispense the drugs and devices to qualified patients. Provides that participation in the program is voluntary. Permits any person, including a healthcare facility or manufacturer of a cancer drug or device, to donate cancer drugs or devices to a participant pursuant to state law. Requires the board to establish and maintain a registry of participants in the cancer drug repository program and shall make the registry available to a person or entity wishing to donate a cancer drug or device to the program. § 37-7-1404 (cancer drugs or devices accepted or dispensed—conditions) – provides that, unless otherwise prohibited by law, a cancer drug or device may be accepted or dispensed under the program if the drug or device is in its original, unopened, sealed, and tamper-evident unit dose packaging. A cancer drug packaged in single unit doses may be accepted and dispensed if the outside packaging is opened but the single unit dose packaging is unopened.

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MONTANA	
Miscellaneous provisions (continued)	A cancer drug may not be accepted or dispensed if the drug bears an expiration date that is earlier than six months after the date the drug was donated. In dispensing a donated cancer drug or device, a participant shall give first priority to a qualified patient in the participant's service area. Other cancer patients may receive donated cancer drugs or devices if a qualified patient is not available. Participants shall notify patients if the patient is receiving a donated drug or device. § 37-7-1405 (participants—duties—fee authorized) – requires participants to comply with all applicable provisions of state and federal law relating to the storage, distribution, and dispensing of a donated cancer drug or device. Donated cancer drugs and devices may not be resold. Participants may charge a handling fee for distributing or dispensing a cancer drug or device. Sets forth recordkeeping requirements. § 37-7-1408 (donated drugs and devices—immunity) – sets forth immunity provisions for certain individuals and entities. 24.174.1501 (participation and registration) – a pharmacy or facility may fully participate in the cancer drug repository program by accepting, storing, and dispensing or administering donated drugs and supplies, or may limit its participation to only accepting and storing donated drugs and supplies. If a pharmacy or facility chooses to limit its participation, the pharmacy or facility shall distribute any donated drugs to a fully participating repository. Any patient who is diagnosed with cancer is eligible to receive drugs or supplies under the program. The program is voluntary, and a pharmacy or facility must notify the board of their interest in participating in the program. Any person or entity may donate cancer drugs to the program. The donor must contact a pharmacy or facility to obtain a form on which the donor must specify the drugs to be donated. The board shall establish and maintain a list of any pharmacy or facility participating in the program by issuing an endorsement on the license at no cost. The pharmacy or facility must notify the board if it stops participating in the program. The board will

MONTANA	
Miscellaneous provisions (continued)	make the registry information available to any person or entity wishing to donate cancer drugs to the program and will make that information available on the board website or by contacting the board office. 24.174.1503 (acceptable and nonacceptable cancer drugs) – sets forth the categories of cancer drugs that are acceptable and unacceptable for dispensing or distribution under the program. 24.174.1505 (dispensing and distribution of cancer drugs) – a pharmacy or facility must comply with all applicable provisions of state and federal law relating to the storage, distribution, and dispensing of donated cancer drugs. Cancer drugs donated to the program may not be resold. Patients for whom cancer drugs are dispensed under the program must be notified that the drugs they received were donated and redispensed. 24.174.1506 (storage and recordkeeping requirements) – sets forth the storage and recordkeeping requirements for participants in the program.
Recently proposed legislation	None
Program website	Prescription Drugs/Medication: Proper Use, Storage and Disposal

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NEBRASKA	
Statute(s) and regulation(s)	• NEB. REV. STAT. ANN. § 38-28,107 (West 2025) (collection or return of dispensed drugs and devices; conditions; fee; liability; professional disciplinary action) • NEB. REV. STAT. ANN. §§ 71-2422 to 71-2430 (West 2025) (collectively "Cancer Drug Repository Program Act") • NEB. REV. STAT. ANN. §§ 71-2436 to 71-2443 (West 2025) (collectively "Immunosuppressant Drug Repository Program Act") • NEB. REV. STAT. ANN. §§ 71-2496 to 71-24,102 (West 2025) (collectively "Prescription Drug Donation Program Act") • 181 NEB. ADMIN. CODE Ch. 6, §§ 001 to 005 (2025) (collectively "Cancer Drug Repository Program") • 181 NEB. ADMIN. CODE Ch. 7, §§ 001 to 005 (2025) (collectively "Immunosuppressant Drug Repository Program")
Effective date(s)	• March 17, 1999 (§ 38-28,107) • September 15, 2003 (§§ 71-2422 to 71-2430) • April 12, 2006 (§§ 71-2436 to 71-2443) • July 19, 2024 (§§ 71-2496 to 71-24,102)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 38-28,107 – to protect the public safety, dispensed drugs or devices may be collected in a pharmacy for disposal. Pharmacies may charge a fee for collecting dispensed drugs or devices for disposal. Provides immunity provisions for certain individuals and entities related to collecting dispensed drugs or devices for disposal.
Miscellaneous provisions	§ 71-2424 (cancer drug repository program; established) – the department shall establish a cancer drug repository program for accepting donated cancer drugs and dispensing such drugs to Nebraska residents. Participation in the program is voluntary. § 71-2425 (cancer drug donation) – any person or entity including, but not limited to, a cancer drug manufacturer or healthcare facility, may donate cancer drugs to the program. Cancer drugs may be donated to a participant. § 71-2426 (cancer drug; accepted or dispensed; conditions) – sets forth the requirements for cancer drugs accepted or dispensed under the program. Cancer drugs may not be accepted or dispensed if it bears an expiration date prior to the date of donation.

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NEBRASKA	
Miscellaneous provisions (continued)	§ 71-2427 (participant; duties; fee authorized) – participants shall comply with all applicable provisions of state and federal law relating to the storage, distribution, and dispensing of donated cancer drugs. Such drugs may be distributed to another participant for dispensing. A participant may charge a handling fee for distributing or dispensing cancer drugs under the program. Such fee shall be established in rules and regulations adopted and promulgated by the department. Donated drugs shall not be resold. § 71-2428 (immunity) – sets forth immunity provisions for certain individuals and entities related to the donation program. § 71-2429 (rules and regulations) – requires the department, upon the recommendation of the board of pharmacy, to adopt and promulgate rules and regulations to carry out the program. Such rules and regulations shall include, but not be limited to: • Eligibility criteria and other standards and procedures for participants that accept and distribute or dispense donated cancer drugs; • Necessary forms for the administration of the program; • The maximum handling fee that may be charged by participants that accept and distribute or dispense donated cancer drugs; • Categories of cancer drugs that the program will accept for dispensing and those the program will not accept and the reason that such drugs will not be accepted; and • Maintenance and distribution of the participant registry. § 71-2430 (participant registry) – the department shall establish and maintain a participant registry for the program which shall be made available to any person or entity wishing to donate cancer drugs to the program. § 71-2437 (terms, defined) – definitions include "participant," which means a transplant center that has elected to voluntarily participating in the program, that has submitted written notification to the department of its intent to participate in the program, and that accepts donated immunosuppressant drugs under the rules and regulations adopted and promulgated by the department for the program.

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NEBRASKA	
Miscellaneous provisions (continued)	§ 71-2438 (immunosuppressant drug repository program; established) – requires the department of health and human services to establish an immunosuppressant drug repository program for accepting donated immunosuppressant drugs and dispensing such drugs. Participating in the program shall be voluntary. § 71-2439 (immunosuppressant drug donation) – any person or entity including, but not limited to, an immunosuppressant drug manufacturer or transplant center, may donate immuno-suppressant drugs to a participant or return previously prescribed drugs to the transplant center where they were originally prescribed. § 71-2440 (immunosuppressant drug; accepted or dispensed; conditions) – sets forth the requirements for accepting or dispensing donated drugs. Drugs may not be accepted if the drug bears an expiration date prior to the date of donation. § 71-2441 (participant; duties; resale prohibited) – requires participants to comply with all applicable provisions of state and federal law relating to the storage, distribution, and dispensing of donated drugs. Immunosuppressant drugs donated under the program shall not be resold. § 71-2442 (rules and regulations) – the department, upon recommendation of the board of pharmacy, shall adopt and promulgate rules and regulations to carry out the program, which shall include, but not be limited to: • Eligibility criteria and other standards and procedures for participants that accept and distribute or dispense donated immunosuppressant drugs; • Necessary forms for administration of the program; and • Categories of immunosuppressant drugs that can be donated or returned under the program and those that cannot along with the reason such drugs cannot be donated or returned. § 71-2443 (immunity) – sets forth the immunity provisions for certain individuals and entities under the program. § 71-2498 (prescription drug donation program; approval; administration; participation; voluntary) – the department shall approve a prescription drug donation program that meets the

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NEBRASKA	
Miscellaneous provisions (continued)	criteria set forth in § 71-24,100 and designate a nonprofit organization to administer the program. Participation in the program is voluntary. § 71-2499 (donations; handling fee) – permits any individual or entity, including a prescription drug manufacturer or healthcare facility, to donate prescription drugs, over-the-counter medicines and products, and supplies to the program. A healthcare facility or pharmacy may charge a handling fee for distributing or dispensing prescription drugs or supplies under the program. § 71-24,100 (donated prescription drugs; requirements) – sets forth the requirements for prescription drugs donated to the program including that the prescription drug bear an expiration date that is more than six months after the date the prescription drug was donated, except that such drug may be accepted and distributed if the drug is in high demand. § 71-24,101 (program; requirements) – requires the program to comply with all applicable provisions of state and federal law relating to the storage, distribution, and dispensing of donated prescription drugs and shall not resell donated prescription drugs and supplies. Nothing in the program act shall be construed to restrict the use of samples by a prescribing practitioner during the course of the practitioner's duties at a healthcare facility or pharmacy. § 71-24,102 (liability; professional disciplinary action; criminal prosecution) – sets forth immunity provisions for certain individuals and entities related to the program. 181, Ch. 6, § 003 (donating cancer drugs) – provides that any person or entity who wishes to donate cancer drugs to the program must contact a participant to obtain a form on which they must specify the cancer drug to be donated. Sets forth the information required to be included in the form. Also sets forth the drugs that are acceptable and unacceptable for dispensing or distribution. 181, Ch. 6, § 004 (dispensing and distribution requirements) – provides that the following persons are authorized to dispense drugs:

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NEBRASKA	
Miscellaneous provisions (continued)	• Licensed physicians who do not charge a handling fee for the cancer drugs; • Licensed physicians who charge a handling fee for the cancer drugs and who hold a valid dispensing practitioner pharmacy license; and • Licensed pharmacists. Provides that cancer drugs accepted by a participant from the donor may be dispensed to an ultimate user of the drug or distributed to another participant for dispensing. The prescribing practitioner must notify the patient for whom a donated cancer drug is dispensed that such drug was donated and redispensed. Sets forth the storage and recordkeeping requirements for donated cancer drugs. Provides that a handling fee may be charged for dispensing donated drugs, but such fee must not exceed the Medicaid provider dispensing fee that is applicable at the time the dispensing or distribution occurs. 181, Ch. 7, § 003 (donating immunosuppressant drugs) – provides that any person or entity who wishes to donate immunosuppressant drugs to the program must contact a participant to obtain a form on which they must specify the drug to be donated. Sets forth the information required to be included in the form. Also sets forth the drugs that are acceptable and unacceptable for dispensing or distribution. 181, Ch. 7, § 004 (dispensing and distribution of immunosuppressant drugs) – provides that the following persons are authorized to dispense drugs: • Licensed physicians who do not charge for the drugs; • Licensed physicians who hold a valid dispensing practitioner pharmacy license; and • Licensed pharmacists. Immunosuppressant drugs accepted by a participant from a donor may be dispensed to an ultimate user of the drug or distributed to another participant for dispensing. Patients for whom immunosuppressant drugs are dispensed under the

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NEBRASKA	
Miscellaneous provisions (continued)	program must be notified that the drugs they receive were donated under the program. Sets forth the storage and recordkeeping requirements, including the requirement for a perpetual inventory log book.
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	Every Day Is Take Back Day | Nebraska MEDS Coalition

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NEVADA	
Statute(s) and regulation(s)	• NEV. REV. STAT. ANN. §§ 453B.010 to 453B.130 (West 2025) (collectively "HIV/AIDS Drug Donation Program") • NEV. REV. STAT. ANN. § 639.___ (West 2025) (new section in chapter 639) • NEV. REV. STAT. ANN. § 639.2665 (West 2025) (required posting or provision of written instructions relating to safe disposal of unused drugs by retail community pharmacy; penalties) • NEV. ADMIN. CODE §§ 453B.010 to 453B.120 (2025) (collectively "Cancer Drug Donation Program") • NEV. ADMIN. CODE § 639.050 (2023) (storage and destruction of certain controlled substances)
Effective date(s)	• October 1, 2014 (§§ 453B.010 to 453B.130) • December 21, 2015 (r. § 639.050) • October 1, 2017 (§ 639.2665) • December 29, 2022 (r. §§ 453B.010 to 453B.120) • July 1, 2025 (new section in chapter 639)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 639.___ - a collector that maintains a secure drug take-back bin for the collection and destruction of home-generated pharmaceutical waste shall: • Comply with all applicable state and federal laws and regulations relating to the collection of home-generated pharmaceutical waste for destruction in secure drug take-back bins; • Ensure that the secure drug take-back bin is placed in a location that is regularly monitored by employees of the collector; • Ensure that conspicuous signage is posted on the bin that clearly notifies customers as to the substances that are and are not acceptable for deposit into the bin; • Ensure that public access to the bin is limited to hours during which employees of the collector are present and able to monitor the operation of the secure drug take-back bin; • Regularly inspect the bin and the area surrounding the bin for potential tampering or diversion; • Maintain a record of inspections conducted pursuant to this section and retain each record for at least two years; • Notify at least one local law enforcement agency of any suspected or known tampering or theft or significant loss of

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NEVADA	
Program components (continued)	• controlled substances that occurs while the secure drug take-back bin is under the control of the collector not later than one business day after the date the tampering, theft, or significant loss is suspected or discovered. Provides that a collector shall not receive compensation from a customer of the collector to maintain a secure drug take-back bin or to perform any at required by this section. Sets forth immunity provisions for any collector that maintains a secure drug take-back bin and complies with the provisions of this section. Nothing in this section shall be construed to require any entity that may qualify as a collector to acquire, maintain, or make available to the public a secure drug take-back bin on its premises or that has entered into an agreement to collect and dispose of solid waste as part of a solid waste management system to collect and dispose of the contents of secure drug take-back bins unless the agreement or plan expressly provides for such collection and disposal. As used in this section, "collector" means an entity that is authorized by and registered with the DEA to receive a controlled substance for the purpose of destruction and is in good standing with the board. r. § 639.050 – any entity that is authorized pursuant to federal law to collect controlled substances and conducts a mail-back program to collect controlled substances or maintains collection receptacles for controlled substances shall provide to the board: • Written notification that the entity has registered with the DEA to obtain authorization to be a collector; and • A copy of each Form DEA-41 submitted to the DEA.
Miscellaneous provisions	§ 453B.080 (establishment of program; handling fee; conditions for acceptance, distribution, and dispensing of donated drugs; certain restrictions; prescription drug without lot number deemed recalled) – requires the board of pharmacy to establish and maintain the prescription drug donation program to accept, distribute, and dispense prescription drugs donated to the program.

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NEVADA	
Miscellaneous provisions (continued)	Provides that, except as otherwise provided in this section, a person or governmental entity may donate any prescription drug to the program. Such prescription drugs may be donated to the program at a pharmacy, medical facility, health clinic, or provider of health care that participates in the program. A program participant may charge a patient who receives a donated prescription drug a handling fee in accordance with regulations adopted by the board. Participants must establish written procedures for receiving and inspecting donated prescription drugs. Sets forth the requirements for drugs to be accepted, distributed, or dispensed pursuant to the program including that the drug bear an expiration date that is 60 days or more after the date on which the drug is donated. Donated prescription drugs may not be resold or designated by the donor for a specific person. The provisions of this section do not require a pharmacy, medical facility, health clinic, or provider of health care to participate in the program. § 453B.090 (maintenance and content of records; storage of drugs) – sets forth the storage and recordkeeping requirements for program participants. § 453B.110 (compliance with applicable laws; authority to distribute donated drug to another participant in program) – a participant shall comply with all applicable state and federal laws concerning the storage, distribution, and dispensing of any prescription drugs donated to the program and may distribute a donated drug to another participant for use in the program. § 453B.120 (regulations) – requires the board to adopt regulations to carry out the provisions of this chapter, which regulations must prescribe, without limitation: The requirements for participation in the program. For medical facilities or providers of health care who participate in the program by accepting, distributing, or dispensing a prescription drug used to treat cancer, the requirements prescribed pursuant to this subsection must include a requirement that any such facility or provider provide, as a

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NEVADA	
Miscellaneous provisions (continued)	• regular course of practice, medical services and goods to persons with cancer; • The criteria for determining the eligibility of persons to receive prescription drugs dispensed pursuant to the program; • The maximum fee that a participant may charge to distribute or dispense prescription drugs pursuant to the program; and • The requirements for the written procedures established by a participant for receiving and inspecting prescription drugs donated to the program and the manner in which the participant must submit such procedures for approval, including that the participant verify and record the eligibility of persons to receive such prescription drugs in the manner set forth in regulations adopted pursuant to this section. § 453B.130 (limitation on civil and criminal liability; limitation on disciplinary action by professional licensing board; wavier of liability) – sets forth immunity provisions for certain individuals and entities related to the program. § 639.2665 – requires each retail community pharmacy in Nevada to post in a conspicuous place on the premises of the pharmacy or provide, upon request of any person, written instructions concerning the safe disposal of unused drugs. Only the holder of a license of a retail community pharmacy may be disciplined by the board for a violation of this provision, and such discipline may only be a public reprimand and/or imposition of a fine not to exceed $200 against the licensee. As used in this section, "retail community pharmacy" means a pharmacy that is licensed by the board and dispenses drugs directly to the general public at retail prices. r. 453B.070 (eligibility for participation in program to receive cancer drug) – a person who wishes to receive a donated prescription drug dispensed pursuant to the program must be a resident of Nevada. r. 453B.080 (eligibility for participation in program) – sets forth the requirements for pharmacies, medical facilities, health clinics, and providers of health care to be eligible to participate in the program. Also sets forth the procedures a pharmacy,

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NEVADA	
Miscellaneous provisions (continued)	medical facility, health clinic, or provider of health care must have in place in order to be eligible to participate in the program. r. 453B.085 (submission of application to participate; written notice of approval or denial by board) – a pharmacy, medical facility, health clinic, or provider of health care that wishes to participate in the program must submit an application to the board on a form prescribed by the board. The executive secretary of the board shall review the application and approve or deny the application. r. 453B.090 (compliance with federal and state laws and regulations required) – a program participant shall comply with all applicable federal and state laws and regulations when accepting, distributing, and dispensing a donated prescription drug pursuant to the program. r. 453B.100 (board to establish and maintain a registry of participants; notification to board of certain changes in information or status) – the board will establish and maintain a registry of pharmacies, medical facilities, health clinics, and providers of health care that participate in the program, which shall be posted on the website maintained by the board. A participant must notify the board, on a form prescribed by the board, if the participant no longer wishes to participate in the program. r. 453B.105 (donating, dispensing, and storage of cancer drugs) – a participant is not required to accept a prescription drug for donation. Sets forth storage and dispensing requirements. Provides that a donated drug that expires before being dispensed shall be destroyed. r. 453B.110 (restrictions on donated cancer drugs) – sets out the restrictions on donated cancer drugs, including that the drug not be a controlled substance. r. 453B.120 (handling fee) – a pharmacy, medical facility, health clinic, or provider of health care may charge a handling fee of not more than $10 for distributing or dispensing a donated prescription.

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NEVADA	
Recently proposed legislation	None
Program website	Storage and Disposal of Medication - Nevada State Opioid Response

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NEW HAMPSHIRE	
Statute(s) and regulation(s)	• N.H. REV. STAT. ANN. § 318-B:2 (2025) (acts prohibited) • N.H. REV. STAT. ANN. § 318-E:1 (2025) (pharmaceutical drug take-back programs authorized) • N.H. CODE ADMIN. R. ANN. Jus. 1601.01 to 1608.01 (2024) (collectively "Procedures for Pharmaceutical Drug Collection and Disposal Programs")
Effective date(s)	• July l, 2011 (§§ 318-B:2 and 318-E:1) • August 23, 2012 (1601.1 to 1608.01)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 318-B:2 – persons who have lawfully obtained a controlled substance or a person acting as an authorized agent for a person holding a lawful prescription for a controlled substance may deliver any unwanted or unused controlled substances to law enforcement officers acting within the scope of their employment and official duties for the purpose of collection, storage, and disposal of such controlled drugs in conjunction with a pharmaceutical drug take-back program. § 318-E:1 – a local, county, regional, state, or other governmental entity or private entity in conjunction with the chief law enforcement officer of a law enforcement agency may establish a controlled and non-controlled pharmaceutical drug take-back program. For the purposes of this chapter, "pharmaceutical drug" means a prescription or over-the-counter drug, including, but not limited to, controlled drugs. A registered pharmacy may establish a controlled and non-controlled pharmaceutical drug take-back program provided it complies with the DEA regulations, 21 C.F.R. part 1300, *et seq*. A pharmaceutical drug take-back program shall enable individuals with dispensed drugs to voluntarily return the unused drugs for collection, storage, and disposal in accordance with applicable state and federal statutes and regulations. The department of justice, in consultation with the pharmacy board, department of safety, and the department of environmental services shall establish rules for the collection, storage, and disposal of collected drugs. Provides that the disposal requirements for controlled drugs stipulated in RSA § 318-B:17 shall not apply to controlled and non-controlled drugs collected in accordance with this section.

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NEW HAMPSHIRE	
Program components (continued)	Nothing in the implementation of a pharmaceutical drug take-back program shall require, at the place of collection, any individual who is returning drugs to disclose his or her personal identification in order to return unused drugs. Pharmaceutical drug take-back programs established under this chapter may accept public and private grants and donations of money for the purpose of covering the costs of such programs, including, but not limited to public funds appropriated for this purpose and a fee from participating individuals returning unused pharmaceuticals. An authorized collector may establish and maintain a pharmaceutical drug take-back program at the site of a long-term care facility, nursing home, or assisted living facility, provided that all parties comply with DEA regulations and any applicable state and federal laws and regulations. A long-term care facility, nursing home, or assisted living facility may utilize a collection receptacle under such a drug take-back program on behalf of the ultimate user residing at, or who has resided at, the long-term care facility, nursing home, or assisted living facility. 1602.01 ("collection box") – definition of "collection box," which means a secured, lined receptacle into which pharmaceutical drugs can be deposited and which remains in possession of designated law enforcement officers for the purposes of a collection event. 1602.02 ("collection event") – definition of "collection event," which means a one-day program through which the public may safely dispose of unused or expired home-generated pharmaceutical drugs that are no longer wanted or needed by the consumer, at a secure collection site. 1602.05 ("drop box") – definition of "drop box," which means a double-locked, lined receptacle into which pharmaceutical drugs are deposited, situated in a police station and constructed in a manner that prevents tampering or access by non-authorized persons. 1603.01 (police station permanent drop boxes) – the chief law enforcement officer of an agency seeking to place a permanent

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NEW HAMPSHIRE	
Program components (continued)	drop box in a police station shall first request and obtain written authorization from the DEA Office of Diversion Control. A permanent drop box shall only be located in a police station and shall remain in the custody of law enforcement at all times. The drop box shall be placed in a location that is accessible to the public and under constant video recording surveillance. The drop box shall be securely mounted to a wall or floor to prohibit removal of the box or retrieval of the contents from within the box without a key. The drop box shall be clearly marked with the following information: "Pharmaceutical drugs, to include controlled, non-controlled, and over-the-counter drugs from households and residences only. Pharmaceutical drugs may be disposed of in the original containers or in a sealed plastic bag. Liquid pharmaceuticals shall remain in the original container. No needles, syringes, or lancets shall be placed in the drop box." Individuals shall place unused pharmaceutical drugs directly into the collection box. Individuals utilizing the drop box shall not be questioned or required to disclose personal identification. The contents of the drop box shall remain in a secured area of the law enforcement agency until they are disposed of in accordance with the procedures outlined in these rules. The chief law enforcement officer of an agency maintaining a permanent drop box shall provide written notification to the attorney general that the agency has established a program in accordance with these rules. 1603.02 (pharmaceutical drugs collected in permanent drop box) – collected pharmaceutical drugs shall remain secured until ready for disposal. An inventory of collected pharmaceutical drugs shall not be required by these rules. Collected pharmaceutical drugs shall not be resold or reused. 1604.01 (participation) – a pharmaceutical drug take-back event established by any government or private entity shall be voluntary. If an event is established, it shall be done in accordance with these rules and in conjunction with a participating chief law enforcement officer of a law enforcement agency.

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NEW HAMPSHIRE	
Program components (continued)	The chief law enforcement officer of the law enforcement agency seeking to establish a collection event in conjunction with a government entity or private entity, shall first request and obtain written authorization from the DEA Office of Diversion Control. The chief law enforcement officer shall provide written notification to the attorney general that the agency has established an event in accordance with these rules. 1604.02 (standards and procedures for the collection event) – at least two law enforcement officers designated by the chief law enforcement officer of an agency participating in a collection event shall be present and responsible for supervising the collection event at all times. The law enforcement officers shall have sole control over, and sole possession of, all pharmaceuticals collected, and the collection box(es) in which the collected pharmaceuticals are stored. Individuals disposing of unused pharmaceutical drugs shall place them directly into the collection box. Law enforcement officers shall not directly handle the surrendered pharmaceuticals at any time. Individuals utilizing the collection event shall not be questioned or required to disclose personal identification. Only controlled and non-controlled pharmaceutical drugs and over-the-counter drugs from the individual's household or residence shall be collected. No needles, syringes, or lancets shall be placed in the collection box. 1604.03 (removal of collection boxes) – at the conclusion of the collection event, law enforcement officers shall be responsible for removing the collection box(es) the same day from the event location for disposal. Collected pharmaceutical drugs shall remain secured until ready for disposal. An inventory of collected drugs is not required. Collected pharmaceutical drugs shall not be resold or reused. 1605.01 (procedure for disposal of pharmaceutical drugs) – pharmaceutical drugs collected pursuant to these rules shall be destroyed via incineration at a solid waste disposal facility that is authorized to accept the waste under the destination state's laws and rules. Pharmaceutical drugs collected shall remain in a secured area of the designated law enforcement area until the

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NEW HAMPSHIRE	
Program components (continued)	destruction of the material is witnessed by a designated law enforcement officer. 1605.02 (documentation of disposal of pharmaceutical drugs) – sets froth the documentation requirements for law enforcement officers related to collection events and permanent drop boxes. 1606.01 (records) – sets forth the recordkeeping requirements for law enforcement agencies participating in a drug take-back programs. 1607.01 (waiver request) – permits the chief law enforcement officer of a law enforcement agency seeking to establish a pharmaceutical drug take-back program in conjunction with a government or private entity to request a waiver of specific rules outlined in this chapter. Sets forth the information required to be included in the waiver request, including a detailed explanation of why a waiver is necessary, a full explanation of the alternatives proposed to be implemented or used in lieu of the rule requirements, and a full explanation of how the waiver and proposed alternatives would be consistent with the intent of state law and would adequately protect human health and the environment and prevent the illegal diversion of collected pharmaceutical drugs. 1608.01 (periodic or one-time pharmaceutical take-back collection events) – if a government or private entity establishes a pharmaceutical drug take-back collection event, it shall be done in conjunction with a participating chief law enforcement officer of a law enforcement agency. Provides that a periodic or one-time collection event shall be exempt from these rules if, within 30 days before the scheduled event: • The chief law enforcement officer requests a written waiver from the DEA Office of Diversion Control; and • After receipt of the waiver, the chief law enforcement officer certifies in writing to the attorney general that the periodic or one-time collection event shall be compliant with the Northeast Recycling Council's requirements.
Miscellaneous provisions	None
Recently proposed legislation	None

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NEW HAMPSHIRE	
Program website	https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/bdas-drop-box-locations.pdf

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NEW JERSEY	
Statute(s) and regulation(s)	• N.J. STAT. ANN. § 24:21-55 (West 2025) (Project Medicine Drop program) • N.J. STAT. ANN. § 45:9-22.11a (West 2025) (pharmacy practice sites; distribution of notice regarding disposal of controlled dangerous substances) • N.J. STAT. ANN. § 45:14-67.6 (West 2025) (advising patients on the proper disposal of unused prescription drugs and controlled dangerous substances; dispensing prescription drugs)
Effective date(s)	• April 29, 2015 (§ 24:21-55) • January 1, 2016 (§ 45:9-22.11a) • April 20, 2020 (§ 45:14-67.6)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 24:21-55 – establishes the Project Medicine Drop program in the department of law and safety to be administered by the director of the division of consumer affairs, the purpose of which shall be to provide for the secure collection and safe disposal of unused and expired prescription drugs and other common household medications that are surrendered by members of the public in accordance with the program. The director shall continue to maintain at each participating law enforcement agency that meets program participation requirements a secure prescription medicine drop-off receptacle wherein unused or expired prescription drugs and other common household medications may be anonymously surrendered by members of the public seven days a week, 365 days a year. Within the limits of funds made available for purposes of the program, the director shall supply and install at each participating law enforcement agency that agrees to participate in the program and meets program requirements a secure prescription medication drop-off receptacle wherein unused or expired prescription drugs and other common household medications may be anonymously surrendered by members of the public seven days a week, 365 days a year. Within the limits of funds made available for purposes of the program, the director shall deploy or cause to be deployed mobile secure prescription medication drop-off receptacles

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NEW JERSEY	
Program components (continued)	wherein unused or expired prescription drugs and other common household medications may be anonymously surrendered by members of the public. The director shall arrange for the periodic deployment of the mobile receptacles by participating law enforcement agencies that are selected by the director at the times and in the places as shall be determined to be necessary and appropriate to provide maximum access to members of the public in all geographic regions of the state. A law enforcement agency that does not maintain or otherwise have a secure prescription medicine drop-off receptacle on its premises shall display, in a conspicuous location, notice informing members of the public where the closest secure prescription medicine drop-off receptacles are located. The division shall post a list of all secure prescription medicine drop-off locations in the state on its website, which shall include receptacles maintained by the division, as well as any receptacle located in the state that is approved by the DEA, and the hours of operation. The website shall also contain information about mobile receptacles and collection events. Sets forth immunity provisions for certain individuals and entities related to the program. § 45:14-67.6 – a pharmacy practice site that dispenses prescription drugs, other than a long-term care pharmacy, shall, when dispensing to an individual located in this state a prescription drug or medication which is a controlled dangerous substance, and when dispensing any other prescription drug or medication as may be designated by the commissioner of health by regulation: • Provide the patient with written informational material advising that when unused, unwanted, or expired drugs and medications are not properly, safely, and promptly disposed of: (1) there is a risk that the drug or medication can be stolen, diverted, abused, misused, or accidentally ingested, which can pose a risk to the health and safety of the patient and other members of the patient's household; (2) children are particularly at risk of accidentally ingesting unused, unwanted, and expired medications that have not been properly, safely, and promptly disposed of; (3) when drugs or medications are disposed of in the household trash or

NEW JERSEY	
Program components (continued)	flushed down the drain, the drugs and medications can leak into the ecosystem, which can have a potentially adverse or harmful effect on the environment; and (4) when drugs or medications are disposed of in the household trash without having been rendered deactivated, inaccessible, or otherwise unusable, the drug or medication may be stolen by individuals seeking to divert, abuse, or misuse the drug or medication; • Make available on-site, for purchase or at no cost to the patient, at least one consumer method for individuals to dispose of unwanted or expired prescription drugs including, but not limited to, over-the-counter at-home or site-of-use solutions or secured medication collection kiosks or boxes subject to the following requirements: (1) all such products shall alter the characteristics of the prescription drug through chemical, biological, or physical means so as to have a beneficial effect on the environment; (2) secured medication collection kiosks or boxes shall be marked and identified by prominent signage; (3) any manufacturer of such products shall provide a method that renders the active ingredients in the prescription medication unusable so that they cannot be transformed; and (4) the manufacturer of an at-home or site-of-use composition or a secured medicine collection kiosk or box made available by a pharmacy pursuant to this paragraph shall represent to the pharmacy that none of the components or methods of disposal individually or as a blend or as a solution or as a treatment and destruction facility are toxic, and that the composition or medicine collection kiosk or box follows waste regulations for municipal household waste; and • Provide the patient with written informational materials concerning how to properly, safely, and promptly dispose of unused, unwanted, or expired drugs and medications, which may include, but not be limited to, information concerning drug disposal options. The dispenser shall answer any question the patient may have upon receiving the written materials pursuant to this paragraph. The requirements of this section apply regardless of whether the prescription is an initial prescription or a renewal or refill of an existing prescription, and regardless of whether the patient is a new or returning customer at the pharmacy practice site.

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NEW JERSEY	
Miscellaneous provisions	§ 45:9-22.11a – a pharmacy practice site that dispenses prescription drugs, other than a long-term care pharmacy, shall distribute, with each prescription drug which is a controlled dangerous substance that it dispenses to an individual located in this state, a copy of the notice prepared pursuant to this section. For purposes of this section, "pharmacy practice site" includes only those pharmacies located in New Jersey. The division of consumer affairs shall prepare and post on its website a notice, for use by a prescriber to advise customers and patients about the availability of drug take-back programs sponsored by a local, state, or federal government agency; and how to obtain information from the website for those programs concerning where unused prescription drugs may be dropped off for the purpose of ensuring their safe, secure, efficient, and environmentally sound disposal.
Recently proposed legislation	None
Program website	Project Medicine Drop - NJ Division of Consumer Affairs

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NEW MEXICO	
Statute(s) and regulation(s)	• N.M. STAT. ANN. § 26-1-3.2 (West 2025) (prescription drug donation) • N.M. Code R. 16.19.34.1 to 16.19.34.13 (2025) (collectively "Prescription Drug Donations") • N.M. CODE R. 20.9.2.7 (2025) (definitions) • N.M. CODE R. 20.9.2.10 (2025) (prohibited acts) • N.M. CODE R. 20.9.3.30 (2025) (permit by rule requirements for law enforcement household pharmaceutical take-back programs)
Effective date(s)	• August 2, 2007 (20.9.2.7, 20.9.2.10, 20.9.3.30) • June 17, 2011 (§ 26-1-3.2) • November 27, 2011 (16.19.34.1 to 16.19.34.13)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	20.9.2.7 – definitions include: • "Household pharmaceutical waste," which means solid waste consisting of unused or expired drugs or dangerous drugs; • "Law enforcement household pharmaceutical take-back program," which means a service or limited-duration event sponsored by a law enforcement agency, state, municipality, county, or cooperative association that collects and properly disposes of household pharmaceutical waste for which the presence of law enforcement is required; • "Law enforcement pharmaceutical incinerator," which means a stationary or mobile incinerator that meets the requirements of the solid waste rules, is owned or operated by a law enforcement agency, and is used to destroy household pharmaceutical waste collected during a law enforcement household pharmaceutical take-back program; 20.9.2.10 – nothing in this section prohibits a person for whom a drug or dangerous drugs has been dispensed in accordance with a valid prescription from transferring the drug or dangerous drug to a law enforcement agency that collects, stores, transports, or disposes of drugs or dangerous drugs pursuant to a program in compliance with applicable state or federal law or a law enforcement household pharmaceutical take-back program that complies with the solid waste rules. Household pharmaceutical waste collected through a law enforcement household pharmaceutical take-back program may

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NEW MEXICO	
Program components (continued)	only be disposed of or incinerated in accordance with the solid waste rules. 20.9.3.30 – any law enforcement household pharmaceutical take-back program that collects, stores, processes, transports, or disposes of household pharmaceutical waste must comply with the following requirements: • The program must maintain a registration with the board of pharmacy; • Collected household pharmaceutical waste shall not be disposed of by placing in drains, toilets, storm water drains, surface waters, on the ground, or in an unpermitted solid waste landfill; • Household pharmaceutical waste may not be incinerated within the state with other waste materials, construction and demolition debris, or special wastes; • Law enforcement household pharmaceutical waste collection events must retain an operating plan on file that contains: (1) information regarding how the waste will be disposed of; (2) what criteria will be used to ensure that only authorized household waste will be accepted and disposed of; (3) the hours of operation and dates of collection events and details of any drop box programs using secure bins outside the normal hours of operation; and (4) a hazard communication, health, and safety plan for law enforcement household pharmaceutical take-back program personnel that includes safety procedures and the proper use of personal protective equipment; and • Collected household pharmaceutical waste may only be disposed of in the approved methods, including at a registered high-temperature incinerator, a permitted infectious or medical waste processing facility, at a permitted landfill after the household pharmaceutical waste has been encapsulated in a plastic drum filled with a hardening medium, at a permitted transformation facility, or an alternate disposal method at least as protective as any of the methods described above. The department must be notified both orally and in writing within 24 hours of an occurrence of a spill, fire, flood, explosion, or similar incident at a law enforcement household pharmaceutical take-back program collection event.

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NEW MEXICO	
Miscellaneous provisions	§ 26-1-3.2 – definitions include: • "Donor," which means a person who donates unused prescription drugs to an eligible recipient for the purpose of redistribution to patients; • "Eligible recipient," which means a person who registers with the board to participate in the collection of donated drugs and is licensed pursuant to law to receive and distribute prescription drugs, a healthcare facility licensed by the healthcare authority, or a practitioner licensed to prescribe prescription drugs; and • "Patient," which means an individual who voluntarily receives donated prescription drugs. Requires the board to adopt and promulgate rules for the donation of unused prescription drugs. Provides that any person, including persons from other states, may donate unexpired and unused prescription drugs to an eligible recipient, and an eligible recipient may accept and redistribute donated prescription drugs. Donated prescription drugs shall only be redistributed to a patient if the drugs will not expire before the patient is able to completely used the drugs based on the directions for use given by the patient's prescribing healthcare professional. The board shall promulgate rules to establish: • Procedures to allow the donation and redistribution of certain prescription drugs, including refrigerated drugs, that ensure that the redistribution process is consistent with public health and safety standards, exclude controlled substances, and allow in-state and out-of-state pharmacies that are experienced in managing donated prescription drugs to distribute donated prescription drugs to patients, either at a physical pharmacy location or through a mail-order pharmacy; • Standards and procedures for accepting, storing, labeling, and redistributing donated prescription drugs; • A form to be signed by the patient specifying: (1) knowledge that the donor took reasonable care of the donated prescription drug; (2) knowledge that the donated prescription drugs have been inspected prior to being dispensed and there is no reason to believe that the donated drug was improperly handled or stored; (3) that any person

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Miscellaneous provisions (continued)	who exercises reasonable care in donating, accepting, or redistributing pursuant to this section shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death, or loss; and (4) that the immunity provided by this section shall not decrease or increase the civil or criminal liability of a drug manufacturer, distributor, or dispenser that would have existed but for the donation; • Information required to be provided by the donor verifying that the donation is voluntarily and the donated prescription drug has been properly stored and the container has not been opened or tampered with and has not been adulterated or misbranded; • A handling fee not to exceed the reasonable costs of participating in the collection of donated prescription drugs that may be charged to the patient to the patient by the eligible recipient to cover the costs of inspecting, storing, labeling, and redistributing the donated prescription drug; and • Any other standards deemed necessary by the board. Requires the board to maintain and publish a current listing of eligible recipients. Sets forth requirements for eligible recipients prior to redistribution donated prescription drugs. Also sets forth immunity provisions for certain individuals and entities. 16.19.34.7 (definitions) – definitions include: • "Donor," which means an individual who donates an unused prescription drug to a clinic or participating practitioner, who originally prescribed that prescription drug for their patient, for the purpose of redistribution of established patients of that clinic or practitioner; • "Eligible drug," which means an unused prescription drug stored in a tamper-evident container, or by a tamper-evident process preventing unauthorized access, and has an expiration date of six months or greater listed on the packaging. No drug shall be redispensed more than one time; • "Ineligible drug" includes controlled substances; • "Participating practitioner," which means a licensed practitioner who is authorized to prescribe drugs, who

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NEW MEXICO	
Miscellaneous provisions (continued)	registers with the board and is subject to rules promulgated by the board to participate in the collection of donated drugs prescribed for use by established patients of that practitioner, and donated for the purpose of redistribution to established patients of that practitioner; and • "Recipient," which means an individual who voluntarily receives donated prescription drugs. 16.19.34.8 (procedures) – all clinics and participating practitioners shall follow the procedures for accepting and redistributing certain donated prescription drugs, including refrigerated drugs, consistent with public health and safety standards. Before accepting donated prescription drugs, the clinic or participating practitioner shall: • Register with the board of pharmacy as a practitioner who will facilitate prescription drug donation; • Provide donor with appropriate form for documentation and verification upon acceptance of an eligible drug; • Identify drug as eligible or ineligible prior to accepting the donating drug. Sets forth standards and procedures for storing, labeling, and inspecting donated prescription drugs. Also sets forth requirements for clinics and participating practitioners prior to redistributing donated prescription drugs, including that the donor must read and sign the board approved donor form and have all recipients of donated prescription drugs read and sign a board approved recipient form. Provides that the clinic or participating practitioner may charge a handling fee not to exceed $20 to cover the costs of inspecting, storing, labeling, and redistributing the donated prescription drug. 16.19.34.9 (recordkeeping) – sets forth the recordkeeping requirements for clinics and participating practitioners regarding the receipt and redistribution of donated drugs. Provides that a form to be signed by the donor serving as receipt of the drug verifying the donor voluntarily donating the drug, the donated prescription drug has been properly stored,

NEW MEXICO	
Miscellaneous provisions (continued)	the container has not been tampered with, and the drug has not been adulterated or misbranded. Sets forth the requirements for forms to be signed by the recipient and immunity provisions for certain individuals. 16.19.34.10 (liability) – sets forth immunity provisions for certain individuals or entities related to donating drugs. 16.19.34.11 (participating practitioners and licensed clinics) – provides that practitioners and licensed clinics must submit the required application form provided by the board to obtain eligibility for participation. Permits the board to remove at any time practitioners or clinics from participating in the reuse of prescription drug donation should they fail to comply with regulations stated therein. The board shall maintain and publish a current listing of participating practitioners and licensed clinics. 16.19.34.12 (disposal) – participating practitioners and clinics may dispose of unused donated prescription drugs that were collected but not redistributed in accordance with state and federal requirements for disposal of prescription drugs.
Recently proposed legislation	None
Program website	https://nmpoisoncenter.unm.edu/disposal_info.html#:~:text=The%20New%20Mexico%20Department%20of,5%20pm%2C%20Monday%20through%20Friday

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NEW YORK	
Statute(s) and regulation(s)	• N.Y. ENV'T CONSERV. LAW § 27-2703 (McKinney 2025) (public information on the disposal of drugs) • N.Y. MENTAL HYG. LAW § 19.09 (McKinney 2025) (powers of the office and commissioner; how exercised) • N.Y. PUB. HEALTH LAW §§ 290 to 294 (McKinney 2025) (collectively "Drug Take Back") • N.Y. PUB. HEALTH LAW § 3343-b (McKinney 2025) (safe disposal of unused controlled substances) • N.Y. COMP. CODES R. & REGS. tit. 10, §§ 60-4.1 to 60-4.7 (2023) (collectively "Drug Take Back")
Effective date(s)	• March 24, 2009 (§ 27-2703) • August 27, 2012 (§ 3343-b) • January 6, 2019 (§§ 290 to 294) • March 10, 2021 (10, §§ 60-4.1 to 60-4.7) • April 5, 2022 (§ 19.09)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 27-2703 – the department, in consultation with the department of health, shall develop and implement a public information program on the proper disposal of drugs pursuant to this title. Such public information program shall including information on the proper storage and disposal of drugs, and on drug disposal sites. Additionally, the department, in consultation with the education department, shall establish a notice containing information on the proper storage and disposal of drugs, which shall be conspicuously displayed in every pharmacy registered pursuant to law and in every other retail business authorized to sell drugs. § 19.09 – the office, in cooperation with the department of environmental conservation, shall post on the office website information which includes, but is not limited to, the required steps and guidelines for any municipality, pharmacy, local law enforcement agency, or community group to conduct a household pharmaceutical collection event. The office, in consultation with the department, may assist in the development of a public information program on the proper disposal of drugs and drug disposal sites. The office shall disseminate such information by any means deemed appropriate by the commissioner.

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NEW YORK	
Program components (continued)	§ 290 (definitions) and 10, § 60-4.1 – definitions include: • "Authorized collector," which means: (1) a person, company, corporation, or other entity that is registered with the DEA to collect controlled substances for the purposes of safe disposal and destruction; (2) a law enforcement agency; or (3) a person, company, corporation, or other entity authorized by the department to provide alternative collection methods for covered drugs that are not controlled substances; and • "Drug take back organization," which means an organization designated by a manufacturer or a group of manufacturers to act as an agent on behalf of the manufacturer or group of manufacturers to operate and implement a drug take back program as authorized by this article. § 291 (drug take back) – any manufacturer of a covered drug shall: • Operate a drug take back program approved by the department individually or jointly with other manufacturers; • Enter into an agreement with a drug take back organization which shall operate a drug take back program approved by the department; or • Enter into an agreement with the department to operate a drug take back program on its behalf. Any manufacturer of a covered drug, individually or jointly, or a drug take back organization contracted by a manufacturer of a covered drug, shall, within 180 days from the effective date of this section, submit to the department, in a manner and form determined by the department, a proposed drug take back program that meets, at a minimum, the following requirements: • Certifies the drug take back program will accept all covered drugs regardless of who produced them; • Details a collection system to provide convenient, ongoing collection services to all persons seeking to dispose of covered drugs that is geographically distributed in a way to ensure access in rural and underserved areas; • Describes other collection methods by which covered drugs will be collected by authorized collectors;

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NEW YORK	
Program components (continued)	• Explains how covered drugs will be safely and securely tracked and handled from collection through final disposal and destruction, policies to ensure security and compliance with all applicable laws and regulations including disposal and destruction at a permitted waste disposal facility meeting federal requirements; • Eescribes the public education and outreach activities that will be undertaken which shall include advertising of collection locations on a website and through use of signage and other written materials, and how effectiveness will be evaluated; • Details how the costs of pharmacy collection and other authorized collectors will be reimbursed which shall include costs retroactive to the effective date of this article, and where more than one manufacturer will be involved in the planned drug take back program, a plan for the fair and reasonable manner of allocated costs among the participants in such program such that the costs paid by each manufacturer is reasonably related to the volume or value of covered drugs sold in the state; and • Provides any further information deemed appropriate by the department. Within 30 days of the effective date of this section, each wholesaler that sells covered drugs in or into the state shall provide the department with a list of manufacturers that produce covered drugs. The department may request updated lists at its discretion. A manufacturer, individually or jointly, must pay all administrative and operational fees associated with the drug take back program, including the cost of collecting, transporting, and disposing of covered drugs from pharmacies and other authorized collectors. Manufacturers shall also pay costs incurred by the state in the administration and enforcement of the drug take back program. Exclusive of fines and penalties, the state shall only recover its actual cost of administration and enforcement. In instances where manufacturers jointly conduct a drug take back program, the costs of administration and enforcement shall be fairly and reasonably allocated such that the portion of costs is reasonably related to the volume or value of covered drugs the manufacturers sell in the state. No manufacturer may charge a point-of-sale or other fee to consumers, or a fee that could be

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Program components (continued)	passed on to consumers, to recoup the cost of the drug take back program. Sets forth the deadlines for review and approval of proposed drug take back programs and for resubmission of a rejected proposal. Provides that the department shall provide, and update annually, a list of all manufacturers participating in a drug take back program on its website. At least every three years, a manufacturer, jointly or individually, or a drug take back organization shall update its drug take back program and submit an updated proposal to the department. A manufacturer who begins to offer a covered drug in the state after the effective date of this article shall provide evidence of joining an existing approved drug take back program or submit a proposal for a program within 90 days following the initial offer for sale of a covered drug. Any proposed change to a program shall be submitted in writing and approved by the department prior to any change. Each approved program shall report to the department at a date and manner set by the department. The department shall submit an annual report to the governor, speaker of the assembly, and president of the senate by January 1 detailing all program activities including: • The weight collected by each program; • A description of collective activities; • The name and location of all collection sites; • Public education and outreach activities; • An evaluation of the efficacy of the program and each collection method; and • Any manufacturer out of compliance or subject to penalties pursuant to this article. § 292 (collection) – all pharmacies shall provide for the safe collection of drugs, which shall include: Offering drug collection by one or more of the following methods: (1) on-site collection, dropbox, or receptacle meeting federal standards; (2) mail-back collection by prepaid envelopes as authorized by federal law and regulation; or (3) other federal DEA approved methods of collection; and

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Program components (continued)	• Signage prominently displayed advertising such drug collection to consumers. All drug take back program operators shall notify other potential authorized collectors of the opportunity to serve as an authorized collector for the program. Participation of authorized collectors besides pharmacies shall be voluntary. All costs of pharmacies and other authorized collectors shall be paid or reimbursed by the manufacturer, jointly or individually, as part of the drug take back programs required by this article. For any city with a population of 125,000 or more as of the last decennial census, the commissioner shall establish by regulation a distribution plan that ensures that onsite collection receptacle or dropbox placement shall be reasonably accessible to all residents and that provides for program cost efficiency. Pharmacies providing for mail-back collection shall provide a voucher for a prepaid envelope upon dispensing a covered drug. Such voucher shall include information on drug take back and safe disposal methods. § 293 (violations) – violation of this article shall be subject to fines pursuant to section 12 of this chapter. Each day in which the violation continues shall constitute a separate violation. § 294 (jurisdiction) – jurisdiction of all matters pertaining to drug disposal by this article is vested exclusively in the state. Any provision of local law or ordinance, or any rule or regulation promulgated prior to, or upon the effective date of this section, shall be preempted. § 3343-b – the department shall oversee a program for the safe disposal of unused controlled substances by consumers in accordance with state and federal law. Individual members of the public shall be authorized to voluntarily surrender controlled substances listed in Schedules II – V in a secure manner, without identifying themselves. Safe disposal methods shall be publicized consistent with the prescription pain medication awareness program established by state law. Provides that the surrender of a controlled substance pursuant to this section and article two-B of this chapter shall not constitute

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Program components (continued)	the possession, transfer, or sale of such controlled substance for purposes of this article or the penal law. Except as otherwise provided by law, disposal sites shall be operated by law enforcement agencies, pharmacies, and other DEA authorized collectors on a voluntary basis; provided, however, that such disposal sites shall not be precluded from operating as part of a drug take-back program established pursuant to article two-B of this chapter. Nothing in this section shall require any political subdivision of the state to participate in the program established in this section. 10, § 60-4.2 (convenience standards for certain cities and counties) – authorized drug take back programs must offer a minimum number of collection receptacles in cities and certain counties with a population of 125,000 or more. Sets forth the requirements for certain specific counties. On-site collection receptacles shall be evenly distributed throughout the specified cities and counties with regard to geography and population density. Collection receptacles maintained by law enforcement agencies in each of the listed jurisdictions shall be eligible for inclusion to meet the applicable convenience standard. If a pharmacy with an on-site collection receptacle permanently closes or relocates, or if a law enforcement agency relocates or discontinues its maintenance of a collection receptacle, such that a convenience standard is no longer met, the operator of the drug take back program responsible for the receptacle shall be required to add an on-site receptacle to another pharmacy or law enforcement agency in a manner consistent with this rule and appropriate to ensure the applicable convenience standard continues to be met. The operator shall have 90 days to add the new collection receptacle and 15 days from the addition to provide written notice to the department of the change. 10, § 60-4.3 (drug take back programs) – provides that, before implementing or modifying a drug take back program, an operator must submit a proposal to, and obtain approval of such program from, the department, in consultation with the department of environmental conservation. Sets forth the specific requirements for proposals, including the information required to be submitted including the following:

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NEW YORK	
Program components (continued)	• The name and address of each location in which a collection receptacle is installed and the date of its installation, as well as the dates of its discontinuance, removal, or relocation; • The name and address of each location providing mail back packages and the date initiated; and • Any other details as the department may direct. A report shall be made within 30 days to the department upon the discontinuance of participation in the program by any manufacturer of covered drugs or authorized collector. If the discontinuance involves an authorized collector in a city or county described in 10, § 60-4.2, the report must state the resulting impact on the convenience standard. An annual report shall be made to the department, on or before August 1, detailing for the preceding calendar year all program activities including, but not limited to, the following: • A list of manufacturers that participated during the reporting period; • The name, address, phone, email address, DEA number, and Bureau of Narcotic Enforcement license number, for any entity that reverse distributes covered drugs for the program; • A list of all pharmacies and other authorized collectors that maintained collection receptacles across the state during the reporting period that includes DEA number, education department registration number, if applicable, name, address, total weight collected by collection method, and the number of times each collection receptacle liner was replaced; • A list of pharmacies and other authorized collectors that provided mail back envelopes and/or packages during the reporting period that includes DEA number, education department registration number, if applicable, name, address, process for patient accessing mail back envelopes or packages, number of vouchers and/or mail back envelopes and/or packages utilized, and total weight collected by mail back envelopes and/or packages; • A list of drug take back events held during the reporting period that includes date of event, name of authorized collector, address, and total weight collected per event;

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NEW YORK	
Program components (continued)	• Total weight of covered drugs collected by method of collection, and by location address, as well as aggregate weights for each of the 62 counties of New York State and the cities of Buffalo, Rochester, Syracuse, and Yonkers; • Description of collection activities, including policies and procedures for methods of collection; • Description of program's statewide outreach and public education activities, including marketing materials, public service messages, and website information; • Evaluation of the program and of each collection method, including an evaluation of education and outreach, an evaluation of program costs and of costs involved for each method and suggestions for overall program improvement; • A list of manufacturers and authorized collections that have discontinued participation; and • Additional information as determined by the department. 10, § 60-4.4 (pharmacies engaged in drug take back) – for purposes of this section, a pharmacy shall also include any pharmacy located in the state and that, though not required to by law, voluntarily participates in an authorized drug take back program. Pharmacies participating in drug take back shall be properly registered with the state and, if maintaining an onsite collection receptacle, modify existing registration to obtain authorization from the DEA to be a collector. Pharmacies shall comply with all federal laws and regulations concerning the disposal of controlled substances. Additionally, pharmacies shall notify the department and any contracted drug take back program operator within 30 days of program discontinuance or change of address of collection activity. If maintaining a collection receptacle, a pharmacy shall: • Utilize a receptacle that meets the requirements of all state and federal laws and regulations; • Ensure that collection receptacles are accessible to the public, located in the immediate proximity of the registered pharmacy area where prescription drugs are stored and be easily and regularly monitored by the pharmacist or pharmacy staff. If receptacles are located in a residential healthcare facility, they shall be located in a secured area regularly monitored by facility employees;

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NEW YORK	
Program components (continued)	• Ensure proper operation of the receptacle, which includes, but is not limited to, periodic monitoring to determine when it is full; removing and replacing the inner liner when full; and arranging for delivery of sealed inner liners and their contents to a reverse distributor's registered location by common or contract carrier pickup or by reverse distributor pickup; • Ensure that receptacle box liners that are removed are safely and securely stored until retrieved by the reverse distributor or by common or contract carrier; • Ensure that pharmacy employees do not handle drugs for disposal, review the contents of the collection receptacle, remove, count, weigh, consume, repurpose, restock, redispense, resell, or touch items placed in the receptacle; and • Ensure the sealed inner liners and their contents are shipped to a reverse distributor's registered location by common or contract carrier or by licensed reverse distributor pickup at the licensed pharmacy's or residential healthcare facility's premises; and • Report to the department immediately, and in any event within 24 hours of discovery of tampering with, or damage to, a collection receptacle, or diversion or theft of deposited contents, or any tampering with, damage to, or theft of a removed liner. 10, § 60-4.5 (collection receptacles) – sets forth the specific requirements for collection receptacles, including that receptacles comply with all applicable state and federal laws and regulations and: • Be securely fastened to a permanent structure so that it cannot be removed; • Be a securely locked, substantially-constructed container with a permanent outer container and are movable inner liner; • Feature an outer container which shall include a small opening that allows contents to be deposited into the inner liner, but which does not allow removal of the liner's contents; and • Display signage describing the items eligible and not eligible for deposit in the collection receptacle. Also sets forth the specific requirements for inner liners.

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NEW YORK	
Program components (continued)	Provides that pharmacy employees may not handle drugs for disposal, review contents of the collection receptacle, remove, count, weigh, consume, repurpose, restock, redispense, resell, or touch items placed in the collection receptacle. Installation, removal, transfer, and storage of inner liners must be performed in compliance with all applicable state and federal laws and regulations. 10, § 60-4.6 (mail back envelopes and packages) – pharmacies that provide a mail back option as part of a drug take back program and all non-resident pharmacies that distribute covered drugs to residents by mail shall provide a prepaid package or envelope or provide a voucher for a prepaid package or envelope, which includes patient education regarding the program and safe disposal methods, upon dispensing a covered drug. Patients shall be directed to mail their unused drugs using the packages or envelopes. Mail back packages and envelopes shall be preaddressed with the address of a collector registered with the DEA, and the cost of shipping must be prepaid. A pharmacy shall not accept any mail back packages or envelopes that contain covered drugs unless it is registered as a collector with the DEA and uses an on-site method of destruction that complies with all federal laws and regulations. 10, § 60-4.7 (general requirements) – sets forth the recordkeeping requirements for manufacturers, drug take back organizations, pharmacies, and other authorized collectors. Upon request by the department, a wholesaler shall provide the department with a list of manufacturers that produce covered drugs it sells or distributes for resale in the state. A manufacturer must notify the department upon: • Contracting with an organization to operate a drug take back program on its behalf, in a manner and in such form as determined by the department; • The manufacturer's discontinuance of participation in a program; • The manufacturer's changing of participation from one program to another; and

NEW YORK	
Program components (continued)	• Discontinuance of the sale of the manufacturer's covered drugs in the state. Such notices to the department shall be in writing and may be electronic and shall occur within 15 days of the date of the applicable action. A manufacturer who begins to offer a covered drug must notify the department of its joining an existing approved program or submit a proposal for a program within 90 days following the initial offer for sale of a covered drug.
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	Drug Take Back

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NORTH CAROLINA	
Statute(s) and regulation(s)	• N.C. GEN. STAT. ANN. § 90-85.44 (West 2025) (drug, supplies, and medical device repository program established) • 21 N.C. ADMIN. CODE 46.2513 (2025) (drug, supplies, and medical device repository program)
Effective date(s)	October 1, 2009 (§ 90-85.44)
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	§ 90-85.44 – definitions include: • "Eligible donor," which includes a patient or the patient's family; a manufacturer, wholesaler, or supplier of drugs, supplies, or medical devices; and a pharmacy, free clinic, hospital, or a hospice care program; and • "Eligible patient," which means an uninsured or underinsured patient who meets the eligibility criteria established by the board, free clinic, or pharmacy. Requires the board of pharmacy to establish and administer the Drug, Supplies, and Medical Device Repository Program, the purpose of which is to allow an eligible donor to donate unused drugs, supplies, and medical devices to uninsured or underinsured patients in this state. The unused drugs, supplies, and medical devices shall be donated to a free clinic or pharmacy that elects to participate in the program. A free clinic that receives a donated unused drugs, supplies, or medical devices under the program may distribute such items to another free clinic or pharmacy for use under the program. Provides that a pharmacist may accept and dispense donated items to eligible patients if the drugs, supplies, and medical devices meet the requirements listed in this section including, among other things, that the drug has not reached its expiration date. A participating pharmacist or free clinic shall not resell a drug, supply, or medical device donated to the program, but may charge an eligible patient a handling fee to receive donated items which shall not exceed the amount specified in rules by

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NORTH CAROLINA	
Miscellaneous provisions (continued)	the board. Nothing in this section requires a free clinic or pharmacy to participate in the program. The board shall establish eligibility criteria for individuals to receive donated drugs, supplies, or medical devices. Eligibility criteria shall provide that individuals meeting free clinic or pharmacy eligibility criteria are eligible patients. Dispensing shall be prioritized to patients who are uninsured or underinsured. Dispensing to other patients shall be permitted if an uninsured or underinsured patient is not available. Requires the board to adopt rules necessary for the implementation of the program which shall provide for the following: • Requirements for free clinics and pharmacies to accept and dispense donated drugs, supplies, and medical devices pursuant to the program, including eligibility criteria, confidentiality of donors, and standards and procedures for a free clinic or pharmacy to accept and safely store and dispense donated drugs, supplies, and medical devices; • The amount of the maximum handling fee that a free clinic or pharmacy may charge for distributing or dispensing donated drugs, supplies, or medical devices; and • A list of drugs, supplies, and medical devices, arranged either by category or by individual drug, supply, or medical device, that the program will accept for dispensing. Sets forth immunity provisions for certain individuals and entities. 21 r. 46.2513 – sets forth the requirements for a pharmacy to participating in accepting and dispensing donated drugs, supplies, and medical devices as follows: • Any pharmacy or free clinic holding a valid, current North Carolina pharmacy permit may accept and dispense donated drugs, supplies, and medical devices; • A dispensing physician registered with the board and providing services to patients of a free clinic that does not hold a pharmacy permit may accept and dispense donated items; • A participating pharmacy or dispensing physician shall notify the board in writing of such participation at the time

NORTH CAROLINA	
Miscellaneous provisions (continued)	participation begins and annually on its permit or registration renewal application; and • A participating pharmacy or dispensing physician that ceases participation in the program shall notify the board in writing within 30 days of doing so and shall submit a written report detailing the final disposition of all donated drugs, supplies, and medical devices held by the participating pharmacy or dispensing physician. Sets forth the drugs, supplies, and medical devices eligible for donation and provides that certain drugs, including controlled substances, are not eligible for donation. Sets forth the recordkeeping requirements for participating pharmacies and dispensing physicians. Provides that a participating pharmacy or dispensing physician shall establish and maintain a written patient eligibility policy that shall conform to the priorities specified in law. Donated drugs, supplies, and medical devices shall be dispensed to patients who are residents of North Carolina and who meet the participating pharmacy's or dispensing physician's eligibility criteria. Permits participating pharmacies and dispensing physicians to charge a prescription drug handling fee to an eligible patient so long as it does not exceed the co-payment established by North Carolina Medicaid and required of a Medicaid beneficiary who receives the same prescription in the same quantity. A participating pharmacy or dispensing physician may charge a medical device or supply handling fee that does not exceed the co-payment established by North Carolina Medicaid and required of a Medicaid beneficiary to whom a brand-name prescription drug is dispensed. Nothing in this rule requires a participating pharmacy or dispensing physician to charge an eligible patient a handling fee, nor shall a participating pharmacy or dispensing physician charge a handling fee where doing so is otherwise prohibited by law.
Recently proposed legislation	None
Program website	Operation Medicine Drop | OSFM

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NORTH DAKOTA	
Statute(s) and regulation(s)	N.D. CENT. CODE ANN. §§ 43-15.2-01 to 43-15.2-07 (West 2025) (collectively "Legend Drug Donation and Repository Program")
Effective date(s)	July 1, 2007
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	§ 43-15.2-01 (definitions) – definitions include: • "Donor," which means a person that donates legend drugs, devices, or supplies need to administer such drugs to the program; and • "Participant," which means a practitioner or pharmacy that has elected to participate in the program and accepts legend drugs, devices, and supplies from donors for the program. § 43-15.2-02 (administration) – requires the board of pharmacy to establish and contract with a third party to administer a legend drug donation and repository program. Provides that the board may develop and maintain a participant registry for the program which, if developed, must be available through the board or on the board's website. The board may cooperate with non-governmental organizations to maintain a web-based list of legend drugs, devices, or supplies that have been donated and are available through the program and the participants from which the donated items may be available. § 43-15.2-03 (conditions for participation) – a donor may donate legend drugs, devices, or supplies to the program through a practitioner or pharmacy that meets the criteria established for such participation. Legend drugs, devices, or supplies may not be donated directly to a specific patient and donated items may not be resold. The items donated to the program may be prescribed for use by an individual by a practitioner who is authorized by law to prescribe and only a participant may dispense donated items.

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NORTH DAKOTA	
Miscellaneous provisions (continued)	§ 43-15.2-04 (conditions for acceptance of a donation) – sets forth the requirements for drugs donated to the program, including that a drug may not be accepted or dispensed under the program if it has reached its expiration date. § 43-15.2-05 (storage, distribution, and dispensing) – a participant that accepts donated legend drugs, devices, or supplies under the program shall comply with all applicable provisions of state and federal law relating to the storage, distribution, and dispensing of donated legend drugs, devices, or supplies. Provides that a participant may charge an individual a handling fee that does not exceed 250 percent of the Medicaid prescription dispensing fee for dispensing donated legend drugs, devices, or supplies under the program. A dispenser may not submit a claim or otherwise seek reimbursement from any public or private third-party payer for the cost of donated items dispensed to any eligible individual under the program. § 43-15.2-06 (liability) – sets forth immunity provisions for certain individuals and entities related to donating and dispensing donated items. § 43-15.2-07 (recordkeeping) – sets forth the recordkeeping requirements for program participants.
Recently proposed legislation	None
Program website	North Dakota Attorney General | Take Back Program

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OHIO	
Statute(s) and regulation(s)	• OHIO REV. CODE ANN. § 109.90 (West 2025) (drug take-back program) • OHIO REV. CODE ANN. §§ 3715.87 to 3715.873 (West 2025) (collectively "Drug Repository Program") • OHIO REV. CODE ANN. § 4729.69 (West 2025) (drug take-back program; establishment and administration) • OHIO REV. CODE ANN. § 4729.691 (West 2025) (drug take-back program; promotion of awareness) • OHIO REV. CODE ANN. § 5119.49 (West 2025) (drug take-back program) • OHIO ADMIN. CODE 4719:10-1-01 to 10-1-04 (2025) (collectively "Prescription Drug Collection") • OHIO ADMIN. CODE 4729:5-10-01 to 5-10-07 (2025) (collectively "Drug Repository Programs")
Effective date(s)	• July 1, 2004 (§§ 3715.87 to 3715.873) • May 20, 2011 (§§ 109.90 and 4729.69) • September 29, 2013 (§ 5119.49) • March 22, 2019 (§ 4729.691) • July 17, 2019 (4729:5-10-01 to 5-10-07) • August 1, 2019 (4719:10-1-01 to 10-1-04)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 109.90 – the attorney general shall collaborate with the state board of pharmacy and director of mental health and addiction services in the establishment and administration of a drug take-back program. The office of the attorney general is solely responsible for the costs incurred in the establishment and administration of the program. The attorney general may accept grants, gifts, or donations for purposes of the program. All moneys shall be deposited into the drug take-back program fund. § 4729.69 – requires the board of pharmacy, in collaboration with the director of mental health and addiction services and attorney general, to establish and administer a drug take-back program under which drugs are collected from the community by participating entities for the purpose of destruction or disposal of the drugs. Provides that each of the following may participate in the program: a law enforcement agency, any registrant authorized by the DEA to be a collector, and any other entity specified by the board by rule.

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OHIO	
Program components (continued)	In consultation with the director of mental health and addiction services and attorney general, the board shall adopt rules governing the program. In adopting the rules, the board shall specify all of the following: • The entities that may participate; • Guidelines and responsibilities for accepting drugs by participating entities; • The drugs that may be collected; • Recordkeeping requirements; • Proper methods to destroy unused drugs, privacy protocols, and security standards; • Drug transportation procedures; • The schedule, duration, and frequency of the collections of drugs; and • Any other standards and procedures the board considers necessary for purposes of governing the program. In accordance with state and federal law, the board may adopt rules to allow an entity participating in the program to return any unused drugs to the pharmacy that originally dispensed the drug. The rules shall include procedures to be followed to maintain the confidentiality of the person for whom the drug was dispensed. Rules adopted under this section may not: • Require any entity to establish, fund, or operate a drug take-back program; • Establish any new licensing requirement or fee to participate in the program; • Require any entity to compile data on drugs collected; or • Limit the authority of an entity to collect controlled substances in accordance with federal law. The board may compile data on the amount and type of drugs collected under the program or may cooperate with a public or private entity in obtaining assistance in the compilation of data. An entity providing such assistance shall not be reimbursed under the program for any costs incurred in providing the assistance. If the board compiles data, the board shall submit a report to the governor and the general assembly. To the extent possible, the report shall include the total weight of drugs collected.

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OHIO	
Program components (continued)	No entity is required to participate in a drug take-back program, and no entity shall be subject to civil liability or professional disciplinary action for declining to participate. The board may accept grants, gifts, or donations for purposes of the program. Money received under this division shall be deposited into the program fund established pursuant to law. An ordinance, resolution, or other law that is adopted by a municipal corporation or other political subdivision on or after the effective date of this amendment and regulates the collection of drugs for destruction or disposal shall comply with this section. § 4729.691 – the state board of pharmacy shall make available on its website information regarding the drug take-back program which shall include all of the following: • A description of the drugs eligible for collection by participating entities; • A description of available options for collection, including take-back events and collection by receptacle or mail; • A directory of participating entities, including the address, telephone number, and hours of operation for each entity; and • A list of take-back events, including the date, time, and location for each event. The board may engage in other activities designed to promote public awareness of the program. § 5119.49 – the director of mental health and addiction services shall collaborate with the state board of pharmacy and attorney general in the establishment and administration of a drug take-back program. The department may accept grants, gifts, or donations for purposes of the program. Money received under this section shall be deposited into the drug take-back program fund. 4729:10-1-01 (definitions–prescription drug collection) – definitions include: • "Authorized collector," which means a registered

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OHIO	
Program components (continued)	manufacturer, distributor, reverse distributor, narcotic treatment program, hospital/clinic with an on-site pharmacy, or retail pharmacy that is authorized by the DEA to receive controlled substances for the purpose of destruction; • "Drug collection receptacle," which means a secured, lined receptacle into which prescription medications, including controlled substances, dangerous drugs, and over-the-counter medications can be deposited by ultimate users for the purposes of collecting unused or expired drugs. Except for a law enforcement agency, a drug collection receptacle shall meet federal requirements; and • "Mail-back program," which means a program operated by an authorized collector or law enforcement agency that accepts prescription medications, including controlled substances, dangerous drugs, and over-the-counter medications from ultimate users through the mail for purposes of collecting unused or expired drugs. Except for a law enforcement agency, a mail-back program shall meet federal requirements. 4729:10-1-02 (authorized collectors) – an authorized collector may operate a drug collection receptacle if they meet federal requirements, including if an authorized collector operates such receptacle for the collection of non-controlled substances only. A long-term care facility may dispose of prescription medications, including controlled substances, dangerous drugs, and over-the- counter medications on behalf of an ultimate user who resides, or has resided, at that facility pursuant to federal regulations. An authorized collector may operate a mail-back program if they meet the requirements of federal regulations. An authorized collector shall indicate on a drug collection receptacle or with written materials accompanying a mail-back package that the collection of medical sharps and needles, iodine-containing medications, mercury-containing thermometers, radiopharmaceuticals, antineoplastic agents, compressed cylinders or aerosols, or Schedule I controlled substances is prohibited.

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OHIO	
Program components (continued)	An authorized collector shall not dispose of the collector's inventory or stock of controlled substances, dangerous drugs, or over-the-counter medications in a drug collection receptacle or through a mail-back program. An authorized collector shall maintain the confidentiality of the ultimate user pursuant to all applicable state and federal laws, rules, and regulations. An authorized collector shall not operate a take-back event. 4729:10-1-03 (law enforcement agencies) – law enforcement agencies may operate a drug collection receptacle if all of the following apply: • The receptacle is located inside the premises of the law enforcement agency, placed in a location that is accessible to the public during posted hours, placed within reasonable view of law enforcement personnel or under continuous video surveillance, is securely fastened to a permanent structure, and clearly marked with the items that are prohibited from disposal; • If a law enforcement agency chooses to limit the types of drugs that are acceptable for return, such limitations shall be clearly stated on or near the drug collection receptacle; • The agency shall check the receptacle regularly and remove deposits to prevent the receptacle from reaching capacity; • The law enforcement agency shall maintain the confidentiality of the ultimate user disposing of the drugs pursuant to all applicable state and federal laws and regulations; • The drugs collected shall be stored in a manner that prevents the diversion of controlled substances and is consistent with the agency's standard procedures for storing illicit controlled substances collected as evidence; • The law enforcement agency shall maintain custody and control of the contents deposited in the receptacle until the drugs are destroyed; and • The law enforcement agency shall maintain records of removal, storage, and destruction of the drugs collected in a manner that is consistent with the agency's record keeping requirements for illicit controlled substances collected as evidence.

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OHIO	
Program components (continued)	Law enforcement agencies may conduct a mail-back program if they meet the requirements set forth in this section, including that packages be made available for sale or for free for the collection of pharmaceutical drugs by common or contract carrier. Law enforcement agencies may operate a take-back event if they meet the requirements set forth in this section, including that: • Officers conducting a take-back event shall maintain control and custody of the collected drugs from the time the drugs are collected from the ultimate user until secure transfer, storage, or destruction of the drugs has occurred; • Each take-back event shall have at least one receptacle for the collection of drugs which shall be a securely locked, substantially constructed container with an outer container and removable inner liner; • Ultimate users disposing of unused or expired drugs shall place them directly into the drug collection receptacle or hand them directly to a law enforcement officer; • At the conclusion of the collection event, the drugs shall be removed from the event location and either stored in a manner that prevents the diversion of the collected drugs or destroyed; and • The agency shall maintain any records of removal, storage, and destruction of the drugs collected in a manner that is consistent with the agency's record keeping requirements for illicit controlled substances collected as evidence. 4729:10-1-04 (procedure for destruction of collected drugs) – all drugs collected pursuant to this rule shall be destroyed in compliance with applicable state and federal laws and regulations and shall be rendered non-retrievable. The method of destruction shall ensure that the confidentiality of the ultimate user is maintained.
Miscellaneous provisions	§ 3715.87 (drug repository program) – requires the board of pharmacy to establish a drug repository program to accept prescription drugs donated or given for the purpose of being distributed to individuals who are residents of this state and meet eligibility standards established in rules. Sets forth the requirements for drugs to be accepted by the program, including that unused drugs for which the cost was

OHIO	
Miscellaneous provisions (continued)	covered by the Medicaid program may be accepted and distributed under the program. § 3715.871 (donation and distribution of prescription drugs) – provides that any pharmacy, drug manufacturer, healthcare facility, or other person or government entity may donate or give prescription drugs to the drug repository program. Any person or government entity may facilitate the donation or gift of drugs to the program. Drugs may be donated or given only at a pharmacy, hospital, or nonprofit clinic participating in the program. Any pharmacy, hospital, or nonprofit clinic may elect to participate in the program if it meets the eligibility criteria for participation. Participation is voluntary. Nothing in this or any other section requires a pharmacy, hospital, or nonprofit clinic to participate in the program. A participant shall distribute the drugs it accepts under the program to individuals who are residents of this state and meet the eligibility standards established by rule by using either of the following methods of distribution: • Distributing the drugs to eligible individuals at the pharmacy, hospital, or nonprofit clinic; or • Distributing the drugs to other government entities and nonprofit private entities, which then shall distribute the drugs to eligible individuals. Participants shall comply with all applicable state and federal laws dealing with storage and distribution of dangerous drugs. Participants may also charge individuals receiving donated or given drugs a nominal handling fee. Except for occasional sales at wholesale by charitable pharmacies, hospitals, and nonprofit clinics, drugs that were donated or given to the program may not be resold. § 3715.872 (limited immunity of participants in drug repository program) – sets forth immunity provisions for certain individuals and entities. § 3715.873 (state board of pharmacy to adopt rules) – the board of pharmacy shall adopt rules governing the drug repository program that establish all of the following:

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Miscellaneous provisions (continued)	• Eligibility criteria for participants including, in the case of nonprofit clinics, a definition of "underinsured person"; • Standards and procedures for accepting, safely storing, distributing, and inspecting drugs donated or given; • Eligibility standards based on economic need for individuals to receive drugs under the program; • A means, such as an identification card, by which an individual who is eligible to receive drugs under the program may demonstrate eligibility to a program participant; • A form that an individual receiving a drug under the program must sign before receiving the drug to confirm that the individual understands the immunity provisions of the program; • A form that donors must sign stating that the individual or person or government entity being represented is the owner of the drugs and intends to voluntarily donate or give them to the program; • A formula to determine the amount of a nominal handling fee that program participants may charge to drug recipients to cover restocking and distribution costs; • A list of drugs or drug types that are ineligible for donation and a statement as to why the listed drugs or drug types are ineligible; • The standards by which a program participant may make occasional sales at wholesale of drugs that have been donated or given to the program; and • Any other standards and procedure the board considers appropriate. 4729:5-10-02 (eligibility requirements for a pharmacy, hospital, or nonprofit) – a pharmacy, hospital, or nonprofit clinic may elect to participate in the program if it is licensed as a terminal drug distributor of dangerous drugs under state law; complies with all applicable federal and state laws, rules, and regulations; and notifies the board within 30 days of establishing a program. If a participant discontinues participation in the program, the pharmacy, hospital, or nonprofit clinic shall notify the board, in a manner determined by the board, within 30 days of discontinuation. 4729:5-10-03 (donating drugs) – provides that a pharmacy, drug manufacturer, or healthcare facility, or any other person or

OHIO	
Miscellaneous provisions (continued)	government entity may donate or give drugs to a drug repository program. Any person or government entity may also facilitate the donation of a drug to the program. Except as otherwise provided by this rule, a person electing to donate an eligible dangerous drug shall not have taken custody of the drug prior to the donation. The person may direct the donation through any entity or person authorized above. This restriction does not apply to orally administered cancer drugs or drugs that are not in the original sealed and tamper-evident unit dose packaging if certain requirements under 4729:5-10-04 are met. A person who resides in an institutional facility and was legally dispensed a dangerous drug pursuant to a patient-specific order may elect to sign and date a donor form prior to donating a drug, which shall state "from this day forward I wish to donate all my remaining unused drugs that are eligible to a drug repository program." The following may make the decision to donate an eligible drug on behalf of a patient: (1) a person designated by durable power of attorney, a guardian, or other individual responsible for the care and well-being of a patient; or (2) an executor, administrator, or trustee of the estate of a deceased patient. 4729:5-10-04 (eligible drugs and storage requirements) – sets forth the requirements for drugs donated to the repository program, including that the drugs not have been in the possession of the patient and are under the control of the pharmacy, drug manufacturer, government entity, or healthcare facility and that the drugs have an expiration date. A repository program shall not dispense or personally furnish a donated drug that is beyond the expiration date. Sets forth the drugs and drug types are eligible and ineligible for donation, including controlled substances, and provides that no drugs may be dispensed or personally furnished by a drug repository that contain any confidential patient information from the original donor. 4729:5-10-05 (eligibility requirements to receive drugs) – a pharmacy, hospital, or nonprofit clinic that elects to participate in a drug repository program must determine if a person is

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OHIO	
Miscellaneous provisions (continued)	eligible to receive drugs. To be eligible to receive donated drugs, a person must be a resident of Ohio or currently reside in Ohio and either be uninsured or underinsured or meet any other eligibility requirements, as determined by the repository program's eligibility policy. 4729:5-10-06 (required forms and recordkeeping) – each donor must sign an electronic or physical form stating that the donor is the owner of the drug and intends to voluntarily donate the drug to the drug repository program. The donor form must be completed prior to any donation and sets forth the information required to be included on the form. Prior to receiving donated drugs, each recipient must sign an electronic or physical form stating the understand the immunity provisions in state law. 4729:5-10-07 (occasional sales and handling fee) – a pharmacy, hospital, or nonprofit clinic may charge the recipient of a donated drug a handling fee up to $20 to cover restocking and dispensing costs. Fees collected in any given year may not exceed the program's total restocking and dispensing costs for that given year. A charitable pharmacy, hospital, or nonprofit clinic that operates a program may conduct occasional sales at wholesale of drugs that have been donated or given to the program if the receiving location is a charitable pharmacy, hospital, or nonprofit clinic that operates a program in this state or an entity participating in a program operated by another state subject to the laws of that state. The seller must also maintain certain records as set forth in the rule.
Recently proposed legislation	None
Program website	State of Ohio Board of Pharmacy - Drug Disposal Resources

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OKLAHOMA	
Statute(s) and regulation(s)	None
Effective date(s)	N/A
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	https://www.obndd.ok.gov/programs-services/rx-take-back-program

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OREGON	
Statute(s) and regulation(s)	• OR. REV. STAT. ANN. §§ 459A.200 to 459A.266 (West 2025) (collectively "Drug Take-back Program") • OR. REV. STAT. ANN. §§ 689.770 to 689.780 (West 2025) (collectively "Charitable Prescription Drug Program") • OR. ADMIN. R. 349-098-0000, 349-098-0010, and 349-098-0300 to 349-098-0390 (2025) (included within "Solid Waste: Electronics Recycling and Drug Take Back Program") • OR. ADMIN. R. 855-041-1046 (2025) (secure and responsible drug disposal) • OR. ADMIN. R. 855-044-0001 to 855-044-0090 (2025) (collectively "Charitable Pharmacies") • OR. ADMIN. R. 855-139-0460 (2025) (drugs and devices: take-back program)
Effective date(s)	• January 1, 2010 (§§ 689.770 to 689.780) • June 29, 2010 (855-044-0001 to 855-044-0090) • June 26, 2012 (349-098-0000 to 349-098-0390) • February 23, 2017 (855-041-1046) • September 29, 2019 (§§ 459A.200 to 459A.266) • January 1, 2022 (855-139-0460)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 459A.200 (definitions) – definitions include: • "Authorized collector," which means a person that enters into an agreement with a program operator for the purpose of collecting covered drugs under a drug take-back program; • "Covered entity," which means a resident of this state, a nonbusiness entity located in this state, or an ultimate user. "Covered entity" does not include a law enforcement agency or an entity that generates pharmaceutical waste, such as a hospital, healthcare clinic, office of a healthcare provider, veterinary clinic, or pharmacy; • "Covered manufacturer," which means a person that manufactures covered drugs that are sold within this state, including a person that manufactures covered drugs for another manufacturer pursuant to an agreement; • "Drug take-back organization," which means an organization designated by a covered manufacturer or a group of covered manufacturers to act as an agent of the covered manufacturer or group of covered manufacturers

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OREGON	
Program components (continued)	for the purpose of participating in a drug take-back program; • "Mail-back service," which means a method of collecting covered drugs from a covered entity by using prepaid, pre-addressed mailing envelopes; • "Potential authorized collector," which means: (1) a person that is registered with the DEA and qualifies under federal law to collect and dispose of controlled substances, or qualifies under federal law to have the registration modified to authorize the person to collect and dispose of controlled substances; or (2) a law enforcement agency; and • "Program operator," which means a covered manufacturer, group of covered manufacturers, or drug take-back organization that develops and implements, or plans to develop and implement, a drug take-back program. § 459A.203 (requirement to participate in drug take-back program; rules; fines) – except as otherwise provided, each covered manufacturer shall participate in a drug take-back program that complies with the requirements of this act. A covered manufacturer may participate in a program independently, as part of a group of covered manufacturers, or by delegating the covered manufacturer's duties to a drug take-back organization. A covered manufacturer is not required to participate in a program if the covered manufacturer provides sufficient proof to the department of environmental quality that the covered manufacturer manufactures covered drugs for fewer than 50 patients in this state. If a covered manufacturer does not participate in a drug take-back program and does not qualify for exemption, the board of pharmacy may assess a fine against the covered manufacturer in an amount not to exceed $10,000 for each day that covered drugs manufactured by the covered manufacturer are sold in this state. § 459A.209 (plan for drug take-back program; requirements; approval; updated plans) – in a form and manner prescribed by the department of environmental quality, a program operator must submit a plan for participating in a drug take-back program to the department. The department shall approve a proposed program plan if the program operator submits a completed application, the proposed program meets the

OREGON	
Program components (continued)	requirements of this section, and the program operator pays the fee established by the department. To be approved by the department, a proposed program plan must: • Provide for a collection system and a disposal system that complies with state law; • Includes policies and procedures to ensure the safe and secure handling and disposal of covered drugs and to ensure the security of patient information that may be printed on the packaging of a covered drug and compliance with any applicable federal laws and regulations; • Set forth a plan to cover all costs associated with the proposed program, with the costs apportioned among each covered manufacturer participating in the program; • Set forth goals with respect to the amount of drugs collected under the proposed program and with respect to fostering full public awareness of the proposed program; • Provide public outreach and education; • Describe how the program will provide convenient service in every county in this state, including how under the drug take-back program the program operator will establish at least one drop-off site (1) in each county in this state and (2) per population center, plus an additional drop-off site for every 50,000 residents of the city or town located within a population center; • Identify the transporters and waste disposal facilities that the program will use; • Provide upon request of a covered entity a mail-back service option that is prepaid by the program; and • Provide mail-back service supplies to be used by a hospice services patient upon request of a person who provides in-home hospice services. The department may waive the convenient service requirements if the proposed drug take-back program plan describes how the program will provide mail-back service in the county. Drop-off sites must be located throughout a population center to provide reasonably convenient and equitable access to all residents of the population center. Modifications to the manner in which a proposed drug take-back program will provide the public outreach and education or

OREGON	
Program components (continued)	to the transporters and waste disposal facilities are not subject to the requirements of ORS § 459A.212 if the modification is in response to federal, state, or local regulatory changes, or to changes in industry best practices that are made in good faith to improve the quality and outcomes of the outreach and education. Provides time limits for department review and approval of proposed plans. Not later than four years after approval of a plan, a program operator must submit an updated plan to the department for the continued operation of a program. The department shall make each plan submitted under this section and each revised or updated plan available to the public. § 459A.212 (changes to program; preapproval; notification; rules) – except as otherwise provided in this section, a program operator must request preapproval from the department for any change to a drug take-back program that substantively alters the program. A program operator must make a request under this section not later than 30 days before the change is to occur. For purposes of this section, the following types of changes substantively alter a drug take-back program: • Changes involving methods used to collect or dispose of covered drugs; • Changes to the policies and procedures for handling and disposing of covered drugs or for securing patient information that may be printed on the packaging of a covered drug; • Changes involving methods used to foster public awareness of the proposed program; • Changes to drop-off sites that do not meet the requirements of § 459A.209 or in the location of a drop-off site; and • Changes to the location or schedule of a collection event. Provides time limits for approving or rejecting changes to drug take-back program plans. Also provides time limits for proposed changes when the program operator is not able to make the request 30 days prior to the proposed change. § 459A.215 (authorized collectors; rules) – before submitting a plan to the department, a program operator must solicit potential authorized collectors for the purpose of collecting covered drugs under the program and enter into agreements

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OREGON	
Program components (continued)	with all willing authorized collectors. In approving plans and updated plans, and in preapproving changes, the department shall, insofar as is practicable, ensure that each resident of this state has adequate access to a drop-off site. § 459A.218 (drop-off sites; rules) – the system by which a program operator collects covered drugs under a drug take-back program must be safe and secure to use on an ongoing basis. For purposes of a drug take-back program: • A drop-off site must be available for use during normal business hours of the authorized collector and must use a secure repository in compliance with all state and federal laws and rules; • The program operator must ensure that each secure repository is serviced as often as necessary to avoid reaching capacity, ensure that collected covered drugs are transported in a timely manner, and provide a method for the authorized collector to notify the program operator of the need for additional collections at the site; • A sign must be affixed to the secure repository used at a drop-off site that prominently displays a toll-free telephone number and a website address that a covered entity may use to provide feedback to the program operator about the program; • Except as otherwise provided, a drop-off site must accept all covered drugs from covered entities; and • If a drop-off site is located at a long-term care facility and allowed under applicable federal regulations, only individuals who reside, or have resided, at the facility may use the drop-off site. A program that is unable to establish and maintain a sufficient number of drop-off sites in order to meet the requirements of the plan shall provide additional services, such as mail-back services, and hold collection events to ensure the convenience service described in the plan. § 459A.221 (covered drug collection events) – if a drug take-back program provides for the periodic collection of covered drugs through collection events, the collection events must be conducted in accordance with applicable federal regulations and protocols and in coordination with the local solid waste

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OREGON	
Program components (continued)	management officials who have jurisdiction over the impacted area. § 459A.224 (disposal of covered drugs) – covered drugs must be disposed of: • At a hazardous waste disposal facility; • At a municipal solid waste incinerator that is permitted to accept pharmaceutical waste; or • At a hospital, medical, and infectious waste incinerator. § 459A.227 (public awareness) – a program operator must promote and provide public outreach and education about the safe and secure collection of covered drugs under the drug take-back program through the use of a website and written materials provided at a the time a covered drug is delivered to a covered entity, and through the use of any signage, advertising, or other means of fostering public awareness. At a minimum, a program operator must: • Promote the safe and secure storage of covered drugs by covered entities; • Disseminate information on the inherent risks of improperly storing or disposing of opioids or opiates and other covered drugs; • Discourage the disposal of covered drugs in the garbage or sewer system; • Promote the disposal of covered drugs through the use of the drug take-back program; • Establish a toll-free telephone number and website that a covered entity may use to contact the program operator about the program; • Publicize information on the location of drop-off sites, collection processes, and any collection events; • Work with authorized collectors to develop a readily recognizable and consistent design for repositories to be used at drop-off sites and to develop clear, standardized instructions to covered entities on how to use those repositories; and • Conduct a biennial survey of covered entities and of pharmacists and healthcare providers who interact with covered entities.

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Program components (continued)	For purposes of the survey required by this section, a program operator must submit proposed survey questions to the department for pre-approval. Surveys must measure public awareness of the program; assess the extent to which drop-off sites, mail-back service, and collection events are convenient and easy to use; and assess knowledge of and attitudes toward the risks posed by improperly storing and discarding or abandoning covered drugs. A program operator shall coordinate with other program operators under this section to ensure that covered entities can easily identify, understand, and access the services provided by all drug take-back programs that are operational in this state. At a minimum, all of the programs that are operational in this state must provide a single toll-free telephone number and a single website address that a covered entity may use to contact program operators about the programs and to acquire information about the location of drop-off sites and the collection processes of the programs. Upon request by a covered entity, a retail drug outlet, hospital with an on-site pharmacy, or healthcare clinic with an on-site pharmacy must provide a covered entity with written materials provided by a program operator for the purpose of promoting the safe and secure collection of covered drugs at the time that a covered drug is delivered to a covered entity. § 459A.230 (annual report) – a program operator must submit to the department an annual report on the development, implementation, and operation of the drug take-back program that includes: • A list of covered manufacturers participating in the program; • The total amount, by weight, of drugs collected under the program; • The total amount, by weight, of drugs collected under each method of collecting drugs under the program; • The address of each drop-off site used under the program; • The total amount, by weight, of drugs collected at each drop-off site, presented in a manner that assists the department in determining the rate of use of each site; • The date and location of each collection event held;

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Program components (continued)	• The method or methods used to transport drugs collected under the program; • The disposal technologies or processes used and which facilities or incinerators were used; • The total amount, by weight, of drugs disposed of by each method, presented in a manner that allows the department to conduct an audit to verify the information; • Whether any safety or security problems occurred during the collection, transportation, or disposal of drugs and, if a problem occurred, a summary of the occurrence and possible resolutions; • A summary of the program's compliance; • A summary of the annual expenditures of the program, aggregated by category; • Whether service was provided in compliance with the program operator's description and whether the public awareness goals have been met, including a summary of strategies and surveys used, and copies of an promotional materials developed by, the drug take-back program; and • An attestation that all covered drugs collected under the program were disposed of in compliance with applicable laws and rules. The department shall publish approved reports on its website. § 459A.233 (costs of participation in a drug take-back program) – each covered manufacturer or group of covered manufacturers must pay all costs associated with participating in a program. A program operator or authorized collector may not impose a charge, including any charge imposed at the time a covered drug is sold or collected from a covered entity, against covered entities for the purpose of recouping the costs of the program. § 459A.236 (inspection and audit) – the department shall ensure compliance with this act by: • Entering into an agreement with the board of pharmacy whereby the board, during routine inspections of retail drug outlets inspects drop-off sites located at retail drug outlets and informs the department of drop-off sites that are not in compliance with this act; • Inspecting drop-off sites not located at retail drug outlets; and

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OREGON	
Program components (continued)	• Auditing the records of program operators. § 459A.239 (enforcement; civil penalties) – sets forth the requirements for enforcement of this act and the penalties to be imposed against covered manufacturers for non-compliance. § 459A.242 (fees) – sets department fees for reviewing proposed drug take-back program plans, expenses for administering the act, and an hourly fee for any other work the department must do on behalf of a program. If a program has more than one program operator, each program operator is subject to the fees established in this section. Such fees must be reasonably calculated to cover the costs of administering this act. § 459A.248 (liability) – sets forth immunity provisions for certain individuals and entities. § 459A.251 (application of antitrust laws) – the legislative assembly declares that program operators providing covered entities with drug take-back program services, including the safe and secure collection, transportation, and disposal of covered rugs, is in the best interest of the public. Therefore, the assembly declares its intent that participating in a program shall be exempt from state antitrust laws. The assembly further declares its intent to provide immunity for participating in programs from federal antitrust laws. This section does not authorize any person to engage in activities or to conspire to engage in activities that constitute per se violations of state or federal antitrust laws that are not authorized under this act. § 459A.260 (state preemption of local laws) – except as expressly authorized by state law, this act supersedes and preempts any ordinance or other regulation enacted before, on, or after September 29, 2019, by the governing body of a city, county, or other political subdivision of this state that establishes or requires a program for the collection, by, or on behalf of covered manufacturers. 349-098-0300 (requirements for a drug take-back program plan and updated plan) – the department of environmental quality may require a proposed drug take-back program plan and updated program plan to include the board of pharmacy registration number issued for each covered manufacturer

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OREGON	
Program components (continued)	participating in the proposed drug take-back program, or a statement that the manufacturer is not required to register with the board of pharmacy. For purposes of § 459A.209, reasonably convenient and equitable access to all residents includes access for minority, lower-income, rural, and other historically underserved communities. A proposed drug take-back program plan and updated program plan must include a goal for fostering public awareness in minority, lower-income, rural, and other historically underserved communities. 340-098-0350 (services and collection events in place of a required drop-off site) – in determining whether to grant a waiver under ORS § 459A.209(3) or to approve additional services and collection events in place of a drop-off site, the department will consider whether the program operator has demonstrated: • Good faith efforts to solicit and enter into agreements with potential authorized collectors in the affected county or population center for which a waiver or approval is sought, such as through outreach to identify, contact, and engage with potential authorized collectors; • Why a drop-off site cannot be established or maintained in the affected county or population center, including an explanation of any conditions for participation on which the program operator or any potential authorized collector could not agree; • How the proposed services and, as applicable, collection events will provide reasonably convenient and equitable access to all residents in the affected county or population center, and engagement with minority, lower-income, rural, and other historically underserved communities to help ensure this; • Concurrence by the appropriate local governments in the affected population center or county with the proposed services and, as applicable, collection events, or an explanation of why the program could not obtain such concurrence despite good faith efforts; and • Commitment to solicit potential authorized collectors for the affected county or population center on at least an annual basis.

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OREGON	
Program components (continued)	340-098-0390 (fees) – each program operator must pay fees set forth in this rule, including plan review fee, the annual fee, and the hourly fee. Provides that each fiscal year, the department will report its current and projected program expenditures and revenue. 855-041-1046 and 855-139-0460 – a pharmacy or remote dispensing site pharmacy that operates a drug take-back program or that participates in a program as an authorized collector must be registered with the DEA as an authorized collector to collect controlled and non-controlled drugs for destruction. A pharmacy that operates as a DEA authorized collector must notify the board within 30 days of initiating or terminating the program and must establish and enforce policies and procedures including, but not limited to: • Provision of a secure location of the collection receptacle inside the retail drug outlet, which is accessible to the public, within view of the pharmacy counter and not located behind the pharmacy counter; • Provision of adequate security measures, including proper installation and maintenance of the collection receptacle, tracking of liners, documentation, and key accountability; and • Personnel training and accountability. A pharmacy must inform consumers to directly deposit drugs into the receptacle. Pharmacy personnel must not count, sort, inventory, or otherwise handle drugs collected. A pharmacy must not dispose of drugs from pharmacy stock in a collection receptacle. The liner must be inserted and removed from a locked collection receptacle only by or under the supervision of two employees of the pharmacy. Upon removal, the liner must be immediately sealed, and the pharmacy employees must document their participation in the insertion and removal of each liner from a receptacle on a log. Sealed liners must not be opened, analyzed, or penetrated at any time by the pharmacy or pharmacy personnel. Liners that have been removed and immediately sealed must be directly transferred, or otherwise stored in a secured, locked location in the pharmacy for no longer than 14 days prior to

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OREGON	
Program components (continued)	being transferred, by two pharmacy personnel to a registered drug distribution agent or a reverse wholesaler registered with the DEA and the board. A pharmacy must maintain all drug disposal records for a minimum of three years. Any tampering with a collection receptacle, liner, or theft of deposited drugs must be reported to the board in writing within one day of discovery.
Miscellaneous provisions	§ 689.770 (definition) – provides that "the Charitable Prescription Drug Program" means a drug outlet that has a valid certificate of registration issued by the board of pharmacy, volunteered to participate in the program, and been approved by the board to accept and distribute to needy individuals donated prescription drugs through the program. § 689.772 (creation; purpose; powers and duties) – creates the program in the board of pharmacy, the purpose of which is to distribute donated prescription drugs to needy or uninsured individuals. Participation in the program is voluntary. Provides that the program may accept and distribute prescription drugs received as donations that meet the listed requirements. Further provides that the program may not distribute donated prescription drugs that bear an expiration date that is less than nine months from the date the drugs are donated. The program shall require a donor of a prescription drug to complete and sign a donor form, adopted by rule by the board, releasing the prescription drug to the program for distribution under the program and certifying that the donated prescription drug has been properly stored and has never been opened, used, adulterated, or misbranded. The program shall also require a recipient of a donated prescription drug to sign a form, as adopted by the board by rule, attesting that the recipient has been notified by the program that the prescription drug distributed to the recipient was donated to the program and that participants in the program are immune from liability. The program may not charge a fee for accepting a donation but may charge a fee established by the board by rule for distributing a donated prescription drug. The program may not sell any prescription drugs received as a donation through the program.

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OREGON	
Miscellaneous provisions (continued)	The program may distribute donated prescription drugs to another charitable prescription drug program or an individual with a new prescription who meets the requirements of ORS § 689.778. § 689.774 (rules) – requires the board of pharmacy to adopt rules to carry out this act including, but not limited to: • Specifying categories of prescription drugs that the program may not distribute; • Prescribing the required forms; • Establishing the criteria for licensure and regulation under the program; • Establishing standards and procedures for accepting, storing, repackaging, distributing, shipping, disposing of, and inspecting drug donated under the program; and • Establishing recordkeeping and reporting requirements for the program. § 689.778 (eligibility for participation) – an individual is eligible to obtain donated prescription drugs through the program if the individual is a resident of Oregon and: • Does not have health insurance coverage for the drug requested; or • Is enrolled in a program of public assistance or medical assistance; or • Meets other requirements adopted by rule that identify needy individuals with barriers to accessing prescription drugs. § 689.780 (immunity) – sets forth immunity provisions for certain individuals and entities participating in the program. 855-044-0020 (personnel) – requires a charitable pharmacy to have a licensed pharmacist. The pharmacist must develop policies and procedures for receiving donated drugs, security, storage, distribution, recordkeeping, disposal of unusable drugs, and staff training. 855-044-0030 (drug donation) – sets forth the drugs which a charitable pharmacy may not accept, including a drug donated from another state. A charitable pharmacy may accept donated

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OREGON	
Miscellaneous provisions (continued)	drugs from an individual, a long-term care facility, a pharmacy, a practitioner with dispensing privileges, another registered charitable pharmacy, a medical clinic, a drug manufacturer or wholesaler, and a medication assistance program, such as those supported by drug manufacturers. 855-044-0050 (drug distribution) – sets forth the drugs that may not be distributed by a charitable pharmacy, including drugs that bear an expiration date that is less than nine months from the date the drug is donated. Provides that a charitable pharmacy may only dispense a drug to a person who has a valid prescription and is a resident of Oregon and is underinsured or does not have adequate health insurance coverage for the prescription drug requested or is enrolled in a program of public assistance. A recipient of a drug under this program must sign a recipient form provided by the board that attests that the recipient has been notified that the prescription drug was donated to the program, a pharmacist has determined that the drug is safe to distribute, participants are immune from liability, and that they are qualified to receive the drug. 855-044-0070 (records) – sets forth the recordkeeping requirements. 855-044-0080 (fees) – a charitable pharmacy may not charge a fee for accepting a donation or sell a donated drug. A charitable pharmacy may charge a dispensing fee that does not exceed two and a half times Oregon's current dispensing fee. 855-044-0090 (liability) – sets forth immunity provisions for certain individuals and entities.
Recently proposed legislation	None
Program website	https://www.oregon.gov/deq/mm/pages/drugtakeback.aspx

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PENNSYLVANIA	
Statute(s) and regulation(s)	• 35 PA. STAT. AND CONS. STAT. § 6029.203 (West 2025) (definitions) • 35 PA. STAT. AND CONS. STAT. § 6029.206 (West 2025) (household hazardous waste collection program)
Effective date(s)	• 1996 (§ 6029.203) • January 3, 2017 (§ 6029.206)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	35, § 6029.203 – definitions include: • "Household hazardous waste," which means a waste which would be chemically or physically classified as hazardous waste but is excluded from regulation as a hazardous waste pursuant to the regulations of the department of environmental protection because it is generated by a household; and • "Sponsor," which means a municipality, corporation, public utility, trade association, not-for-profit corporation, not-for-profit association, or other person sponsoring a collection event for eligible entities under this chapter. 35, § 6029.206 – allows a sponsor to establish a collection event for the purpose of collecting and managing solid waste generated by households that pose a risk to the public health, safety, or the environment as part of the municipal waste stream. Collection events designed for household hazardous waste must meet the standards and requirements of 35, § 6029.205. However, programs and events conducted by the following facilities or entities are exempt from registering with the department prior to commencing operations as required by § 6029.205(a): • Federal, state, or local law enforcement; • Hospitals, assisted living facilities, home healthcare agencies, long-term care nursing facilities, hospice, domiciliary care homes, and other similar healthcare facilities; • Pharmacies licensed by the commonwealth; • Resource recovery facilities that collect expired or unwanted prescription drugs or over-the-counter pharmaceutical products; and

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PENNSYLVANIA	
Program components (continued)	• Facilities or entities similar to those listed above that the department, at its sole discretion, excludes. The exclusion in 40 C.F.R. § 261.4(b)(1) (relating to exclusions) shall apply to unused, expired, or unwanted prescription drugs and over-the-counter pharmaceutical products generated by households if the wastes are collected as part of a registered collection event or a program or event listed above, separately managed and destroyed in a manner that renders the drugs and pharmaceutical products non-retrievable through incineration. Expired or unwanted prescription drugs and over-the-counter pharmaceutical products generated by households and collected as part of a registered collection event or a program or event listed above may be destroyed through industrial furnaces, resource recovery facilities, or any other facility that renders the drugs and pharmaceutical products non-retrievable to prevent diversion of the wastes for illicit purposes and protect the commonwealth's water, public health, and safety.
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	Prescription Drug Take-Back Program

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RHODE ISLAND	
Statute(s) and regulation(s)	• R.I. GEN. LAWS ANN. § 21-31-24 (West 2025) (drug disposal) • R.I. GEN. LAWS ANN. §§ 23-25.6-1 to 23-25.6-7 (West 2025) (collectively "Pharmaceutical Redistribution Program Act")
Effective date(s)	• May 22, 2012 (§ 21-31-24) • June 30, 2022 (§§ 23-25.6-1 to 23-25.6-7)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 21-31-24 – notwithstanding any provision of law to the contrary, any city or town may authorize the use of its police department to display a container suitable for use as a receptacle for used, expired, or unwanted drugs or drug products. The receptacle shall only permit the deposit of items, and the contents shall be locked and secured. The container shall be accessible to the public and shall have posted legible signage indicating that expired or unwanted drugs or drug products may be disposed of in the receptacle. The used, expired, or unwanted drugs or drug products disposed of under this section shall not include any controlled substance except as permitted under federal law.
Miscellaneous provisions	§ 23-25.6-2 (definitions) – definitions include: • "Donor," which means any person or institution who or that is authorized to possess prescription drugs and who is willing to provide them to a redistributor once they are recommended to be discontinued by a physician. "Donor" includes, but is not limited to, any patient in legal possession of a prescribed drug, a healthcare proxy, and any licensed healthcare facility or healthcare provider such as a hospital, pharmacy, or long-term care facility, or a state or federal prison; and • "Redistributor," which means any person or institution partaking in the redistribution of non-controlled substance prescription drugs pursuant to the provisions of this chapter. The entities a redistributor may donate drugs to include, but are not limited to, patients, institutions, hospitals, and healthcare providers. Redistributors shall also include out-of-state redistributors engaged in redistribution. Redistributors must be licensed by the department as distributors. § 23-25.6-3 (eligibility criteria) – eligibility criteria for the reception of donated drugs shall prioritize individuals who are most in need, do not have insurance, are underinsured, or are

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RHODE ISLAND	
Miscellaneous provisions (continued)	reliant on public health programs. Redistributors should ensure adequate allocation of donated medications for those in prioritized populations. Once the need for these drugs amongst these prioritized people is fulfilled, the redistributor can dispense medication to other populations reporting financial burden. Redistributed drugs shall not be sold for an amount in excess of the price authorized pursuant to § 23-25.6-5(c). Donated drugs may be transferred from in-state redistributors to other in-state redistributors or out-of-state redistributors, assuming this transaction is legal in the state of origin and the state of transfer. § 23-25.6-4 (voluntary participation and donation conditions) – all participation in the donation program shall be voluntary. No health professional, insurer, agency, or entity shall force any person to participate in the pharmaceutical distribution program. Sets forth the requirements for donated drugs, including that donated drugs shall have a clearly displayed expiration date with no less than three months until the expiration date. § 23-25.6-5 (redistribution of donated medications) – a redistributor may dispense prescription drugs to eligible persons as long as they abide by the provisions of this chapter. A redistributor's compensation from an institution will not constitute the resale of drugs. This sale price shall reflect an incentive to offer the drugs at a price that is affordable and reasonable for people who do not have the means to pay for the drugs at market price. The price incurred by the patient shall not exceed the usual and customary dispensing fee determined by the state's Medicaid program. Donated drugs that cannot be utilized by the redistributor shall be destroyed through lawful methods, or transferred to a returns processor. § 23-25.6-6 (civil and criminal immunity) – sets forth immunity provisions for certain individuals and entities.
Recently proposed legislation	None.
Program website	Prescription Drug Disposal Sites | Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals

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SOUTH CAROLINA	
Statute(s) and regulation(s)	S.C. CODE ANN. § 44-53-362 (2025) (controlled substance take-back events and mail-back programs; collectors)
Effective date(s)	May 19, 2017 (§ 44-53-362)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 44-53-362 – a controlled substance manufacturer, distributor, or reverse distributor; a narcotic treatment program; a hospital or clinic with an onsite pharmacy; or a retail pharmacy operating in the state may apply to be registered as a collector by the DEA to receive Schedule II – V controlled substances from an ultimate user, or a person entitled to dispose of an ultimate user decedent's property, as part of law enforcement take-back events or collector mail-back programs. A collector must comply with any state and federal requirements to ensure the safe disposal of controlled substances and to prevent diversion of collected controlled substances. The department of health and environmental control shall develop guidance for pharmacies and other entities qualified to register as a collector to encourage participation. The department shall coordinate with law enforcement, healthcare providers, and the DEA to encourage registration as a collector and to promote public awareness of controlled substance take-back events and mail-back programs.
Miscellaneous provisions	None
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	https://des.sc.gov/community/recycling-waste-reduction/recycling-hard-manage-items/unwanted-medications

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SOUTH DAKOTA	
Statute(s) and regulation(s)	• S.D. CODIFIED LAWS §§ 34-20H-1 to 34-20H-9 (West 2025) (collectively "Redistribution of Donated Prescription Drugs and Medical Supplies") • S.D. ADMIN. R. 20:51:35:01 to 20:51:35:11 (2025) (collectively "Donated Prescription Drug and Medical Supply Redispensing Program")
Effective date(s)	• July 1, 2022 (§§ 34-20H-1 to 34-20H-9) • November 27, 2022 (20:51:35:01 to 20:51:35:11)
Does the state allow drug take-back programs by statute/regulation?	No; however, year-round drop off locations for unused prescription drugs are available through certain entities in the state. See the DEA's year-round drop off locations search function here for more information: Year-Round Drop-Off Locations - Search Utility.
Program components	N/A
Miscellaneous provisions	§ 34-20H-1 (definitions) – includes definition for "participating pharmacy," which means a pharmacy that is licensed and has provided written notice to the board of pharmacy regarding its intent to accept donated prescription drugs and medical supplies. § 34-20H-2 (acceptance of donated drugs and supplies—conditions—prohibitions) – sets forth the requirements for donated prescription drugs and medical supplies including that the expiration date be at least six months after the date of donation unless the board has determined that the drug or medical supply is in high demand and dispensable before the expiration date. § 34-20H-4 (participating pharmacy—requirements) – a participating pharmacy shall comply with all applicable federal and state laws regarding the storage and dispensing of any donated drugs and medical supplies, accept a prescription transferred pursuant to rules, and agree to transfer any donated prescription drug or medical supply in the pharmacy's inventory to another licensed pharmacy for use by a person who meets the eligibility criteria in accordance with § 34-20H-7. § 34-20H-5 (reimbursement) – a drug or medical supply that has been donated may not be resold or considered eligible for reimbursement under the medical assistance program. Nothing in this section requires a health plan or pharmacy benefit manager to be reimbursed for donated drugs or medical supplies.

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SOUTH DAKOTA	
Miscellaneous provisions (continued)	§ 34-20H-6 (fees authorized) – a participating pharmacy may charge a fee, in an amount established by the state board of pharmacy, for accepting, distributing, or dispensing donated prescription drugs and medical supplies. § 34-20H-7 (promulgation of rules) – requires the state board of pharmacy to promulgate rules to: • Establish eligibility criteria for persons to receive donated drugs and medical supplies, provided the criteria prioritize persons who are indigent or without insurance coverage and permit dispensing to other persons if the supply of a donated drug or supply exceeds demand; • Establish standards and procedures for the acceptance, storage, dispensing, and inspection of donated drugs and medical supplies; • Establish a fee that a participating pharmacy may charge for accepting, distributing, and dispensing donated prescription drugs and medical supplies, provided that the fee does not exceed the reasonable cost incurred by the pharmacy; and • Develop and make available any forms necessary for the donation, acceptance, and dispensing of donated drugs and medical supplies. § 34-20H-8 (criminal prosecution—civil liability—exemptions—immunity) – sets forth immunity provisions for certain individuals and entities. § 34-20H-9 (electronic database of drugs and supplies) – the board of pharmacy shall develop and maintain, for use by prescribers and pharmacists, an electronic database that provides a searchable inventory of prescription drugs and medical supplies donated under this chapter. The board shall post a current list of participating pharmacies on the board's website. 20:51:35:01 (definitions) – definitions include: • "Donor," which means any natural person or entity legally authorized to possess drugs with a license or permit in good standing in the state in which it is located, and government agencies and entities that are federally authorized to possess drugs; and

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SOUTH DAKOTA	
Miscellaneous provisions (continued)	• "Eligible patient," which means an indigent, uninsured, or underinsured person. 20:51:35:02 (eligibility criteria for participating pharmacies) – participation in the program is voluntary. In order to participate, a pharmacy must comply with all applicable federal and state laws and hold an active, nonrestricted, board-issued license in good standing and submit a form provided by the board that contains certain required information. A pharmacy may withdraw from participation in the program at any time by providing written notice to the board on a form prescribed by the board. 20:51:35:03 (criteria for donating and accepting donated prescription drugs and supplies) – sets forth the requirements for donated drugs including that the drug have an expiration date that is more than six months after the drug was donated. Provides that a prescription drug bearing an expiration date that is six months or less after the date of donation may be accepted and distributed if the drug is in high demand and can be dispensed for use prior to the drug's expiration date. 20:51:35:05 (inspecting and documenting donated prescription drugs and supplies) – provides that, after inspecting donated prescription drugs and medical supplies, the participating pharmacy must inventory and document the donation in the board's program database. 20:51:35:06 (acceptance, storage, and destruction of donated prescription drugs and supplies) – provides that prescription drugs and medical supplies may be donated on the premises of a participating pharmacy to a person designated by the pharmacy. A drop box may not be used to deliver or accept donations. 20:51:35:09 (criteria for dispensing donated prescription drugs and supplies) – sets forth requirements for when a donated drug or medical supply may be dispensed, including the requirement that the participating pharmacy dispense a drug or supply through the program in descending order of priority as follows: (1) an indigent individual; (2) an individual who has no active third-party prescription drug reimbursement coverage for the drug or medical supply prescribed; and (3) any other individual.

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SOUTH DAKOTA	
Miscellaneous provisions (continued)	The participating pharmacy must document the dispensing in the board's program database. 20:51:35:10 (acceptance form for individuals to receive donated prescription drugs and supplies) – an individual who requests and receives a prescription drug or medical supply from the program shall, prior to receipt of the drug or supply, sign an acceptance form attesting that the individual is an eligible patient, acknowledges that the drug or supply has been donated, and waives the requirement for child-resistant packaging, if applicable. 20:51:35:11 (handling fee) – a participating pharmacy may charge the recipient of a donated drug or medical supply a handling fee not to exceed $25 to cover mailing, handling, or dispensing costs. A prescription drug or medical supply dispensed through the program is not eligible for reimbursement under any insurance or medical assistance program.
Recently proposed legislation	None
Program website	https://letsbeclearsd.com/prevention/safe-disposal

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TENNESSEE	
Statute(s) and regulation(s)	• TENN. CODE ANN. §§ 63-10-501 to 63-10-510 (West 2025) (collectively "Kevin Clauson Drug Donation Act") • TENN. CODE ANN. §§ 63-10-701 to 63-10-706 (West 2025) (collectively titled "Ensuring Patient Access to Pharmacy Drug Disposal Programs Act of 2015")
Effective date(s)	• July 1, 2015 (§§ 63-10-701 to 63-10-706) • January 1, 2024 (§§ 63-10-501 to 63-10-510)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 63-10-702 (definitions) – definitions include: • "Authorized pharmacy disposal site," which means any pharmacy practice site that qualifies as a collection site under federal regulation; and • "Pharmacy drug disposal program," which means any voluntary drug disposal program located at, or implemented by, a Tennessee-licensed pharmacy located in this state, in accordance with all state and federal rules and regulations. § 63-10-703 (pharmacy drug disposal program; participation) – any Tennessee-licensed pharmacy located within this state is authorized to participate in a pharmacy drug disposal program that meets or exceeds the minimum requirements set forth in federal rules and regulations regarding collection and destruction of prescription drugs, including controlled and non-controlled substances. Participation in a drug disposal program is voluntary. The pharmacist-in-charge for the pharmacy practice site shall be responsible for deciding whether the pharmacy participates in a pharmacy drug disposal program. No person shall mandate pharmacist participation in a pharmacy drug disposal program at a pharmacy practice site. § 63-10-704 (participant liability) – provides immunity provisions for participating pharmacies. § 63-10-705 (list of participating pharmacies) – the board of pharmacy shall maintain a list of licensed pharmacies within this state that participate in pharmacy drug disposal programs as authorized by state and federal rules and regulations.
Miscellaneous provisions	§ 63-10-502 (part definitions) – definitions include:

TENNESSEE	
Miscellaneous provisions (continued)	• "Donor," which means any of the following that donates prescription drugs to a repository program approved pursuant to this part: (1) a person; (2) a pharmacy; (3) a medical facility; (4) a drug manufacturer or wholesaler licensed by the board; or (5) a prison or government entity federally authorized to possess prescription drugs with a license or permit in good standing in the state in which the entity is located; and • "Eligible individual," which means an indigent, an uninsured person, or an underinsured person who meets the criteria for eligibility pursuant to this part. § 63-10-503 (prescription drug donation repository program) – a pharmacy may elect to participate in the prescription drug donation repository program by providing written notification to the department of certain required information. Provides that donations of prescription drugs and supplies may be made on the premises of, or mailed to, a repository that participates in the program. A repository may receive, accept, replenish, repackage, and store donated prescription drugs and supplies in accordance with this part. Repositories shall prioritize dispensing of donated prescription drugs and supplies as follows: • To an indigent person; • To a person who has no prescription insurance or cannot afford the out-of-pocket expenses for the prescription drug or supplies prescribed; and • To another individual if an indigent, uninsured, or underinsured person is unavailable. A repository shall not charge or collect fees from an eligible individual for prescription drugs or supplies dispensed pursuant to the program. However, a repository may charge a handling fee for each donated item that is dispensed. A repository may charge fees, including, but not limited to, a usual and customary charge to donors, eligible individuals, health plans, pharmacy benefit managers, drug manufacturers, veterans' affairs hospitals, and government agencies. A repository that receives donated prescription drugs or supplies may distribute the donated prescription drugs or

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TENNESSEE	
Miscellaneous provisions (continued)	supplies to another repository for use pursuant to the program or to similar programs in other states. Participation in the program is voluntary. § 63-10-504 (acceptance and dispensing of donated prescription drugs and supplies) – prescription drugs or supplies may be accepted and dispensed under the prescription drug donation repository program if they meet the requirements of this section. It provides that, prior to the first donation from a new donor, a repository shall verify and record that the person or entity qualifies as a donor. Further provides that a donated prescription drug or supply must not be dispensed after its expiration date and donated prescription drugs must not expire before the end-use date by the patient based on the prescriber's directions. § 63-10-505 (immunity and exemption) – sets forth immunity provisions for certain individuals and entities. § 63-10-506 (no restriction on use of samples) – this part does not restrict the use of samples by a physician or other person legally authorized to prescribe drugs pursuant to this title during the course of the physician's or other person's duties at a medical facility or pharmacy. § 63-10-507 (resale of prescription drugs not authorized) – this part does not authorize the resale of prescription drugs by any person.
Recently proposed legislation	None
Program website	https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/take-back-box.html

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TEXAS	
Statute(s) and regulation(s)	• TEX. HEALTH & SAFETY CODE ANN. §§ 442.001 to 442.058 (West 2025) (collectively "Donation of Prescription Drugs") • TEX. HEALTH & SAFETY CODE ANN. §§ 442A.001 to 442A.151 (West 2025) (collectively "Prescription Drug Safe Disposal Pilot Program") • TEX. HEALTH & SAFETY CODE ANN. § 481.075 (West 2025) (Schedule II prescriptions) • 22 TEX. ADMIN. CODE § 315.3 (2025) (prescriptions) • 25 TEX. ADMIN. CODE §§ 95.1 to 95.9 (2025) (collectively "Prescription Drug Donation Program")
Effective date(s)	• March 10, 2016 (22, § 315.3) • September 1, 2017 (§§ 442.001 to 442.058) • March 1, 2018 (25, §§ 95.1 to 95.9) • September 1, 2023 (§§ 442A.001 to 442A.151)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 442A.002 (prescription drug safe disposal pilot program) – the board by rule shall develop and implement a prescription drug safe disposal pilot program to increase the number of locations in this state where unused, unwanted, or expired prescription drugs are collected from the public for safe disposal. § 442A.051 (pharmacy eligibility) – a pharmacy operating in this state may apply to the board to participate in the pilot program if the pharmacy: • Is registered as an authorized drug collection site with the DEA; • Is not the subject of state or federal opioid litigation; and • Meets the eligibility requirements established by 21 C.F.R. § 1317.40 and board rules. § 442A.052 (application and selection processes) – the board shall adopt rules prescribing the form and manner for a pharmacy to apply for participation in the program and evaluation and selection criteria and processes. The board shall give priority to pharmacy applicants that do not collect unused ultimate user prescription drug at the time the applicant submits the application or is located in a rural or underserved area the board designates. A pharmacy that

TEXAS	
Program components (continued)	operates multiple locations must submit an application for each location. § 442A.053 (collection receptacle requirements) – a participating pharmacy that provides a collection receptacle for the safe disposal of prescription drugs shall ensure the receptacle: • Meets federal requirements; • Is accessible during the pharmacy's regular hours of operation; • Allows for the anonymous deposit of unused controlled substance prescription drugs listed in Schedule II – V; and • Provides disposal of unused prescription drugs at no cost to the ultimate user. Controlled substance prescription drugs and non-controlled substance prescription drugs may be collected together and comingled. § 442A.054 (mail-back program requirements) – a participating pharmacy that provides a collection receptacle for the safe disposal of prescription drugs may, under limited circumstances as the pharmacy determines necessary, provide at the time the pharmacy dispenses a controlled substance prescription drug to the ultimate user a vendor's mail-back envelope, at no cost to the ultimate user. The mail-back envelope must be pre-addressed and return postage paid and meet federal requirements. A participating pharmacy may provide not more than 250 mail-back envelopes during the duration of the pilot program to encourage the use of the pharmacy's collection receptacle. § 442A.055 (pharmacy management; records) – a participating pharmacy is responsible for the daily management and recordkeeping of the pharmacy's prescription drug safe disposal program in accordance with the pharmacy's DEA registration and board rules. § 442A.056 (Texas premier pharmacy designation) – the board shall designate each pharmacy participating in the pilot program as a Texas premier pharmacy provider committed to

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TEXAS	
Program components (continued)	safe prescription drug disposal. A participating pharmacy may use the designation for marketing purposes. § 442A.101 (pilot program incentives) – the board shall assist each pharmacy participating in the pilot program, including by paying the costs of: • Maintaining one collection receptacle at each participating pharmacy location and destroying through incineration of the receptacle's full inner liner the prescription drugs deposited in the receptacle; • Ordering and distributing pre-addressed, return postage paid mail-back envelopes from a third-party mail-back program and destroying through incineration the returned mail-back envelopes containing the collected prescription drugs; and • Other operational needs the board determines appropriate. The board: • Shall directly reimburse a participating pharmacy for costs the pharmacy incurs in maintaining a collection receptacle, mail-back envelopes, and other operational costs; and • May not reimburse a participating pharmacy for the cost of using a third-party incineration facility unless the facility is appropriately registered with the DEA. Subject to money available for purposes of this chapter, the board may provide financial incentives to a pharmacy to continue providing prescription drug collection services or expand those services to accommodate controlled substance prescriptions. The board may provide financial incentives to a chain retail pharmacy for not more than 15 locations. § 442A.102 (community outreach) – the board shall: • Develop and distribute educational outreach materials for the public about the availability of safe prescription drug disposal in this state; • Post the materials on the board's website; and • Provide the materials to other state agencies for those agencies to conduct the community outreach. The educational outreach materials must be in English, Spanish, and for specific areas of this state as the board determines

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TEXAS	
Program components (continued)	appropriate, another language spoken by a substantial portion of the area's residents. § 442A.103 (report) – not later than December 1 of each even-numbered year, the board shall submit to the governor and the legislature a report that: • Summarizes the results of the pilot program, including: (1) the number and geographic distribution of collection receptacles at participating pharmacies; (2) the estimated amount of prescription drugs collected by participating pharmacies under the program, measured by: (i) the number of inner liners fully filled with collected prescription drugs and sent for incineration by the pharmacies; (ii) the number of mail-back envelopes distributed by the pharmacies; and (iii) the weight, measured in pounds, of inner liners and returned mail-back envelopes filled with collected prescription drugs; (3) the amount of money distributed under the pilot program and the identity of each participating pharmacy to which money is distributed; and (4) a description of the board's educational efforts and outcomes; and • Recommends whether the pilot program should continue, be expanded, or terminate, or whether the board should permanently implement a prescription drug safe disposal program. § 442A.151 (funding) – money contained in the opioid abatement account established under § 403.505, Government Code, may be appropriated to the board to fund the pilot program established under this chapter. The board may collect gifts, grants, and donations to fund the program.
Miscellaneous provisions	§ 442.001 (definitions) – definitions include: • "Donor," which means an individual, a prescription drug manufacturer, or a healthcare facility, including a pharmacy, that donates unused prescription drugs under this chapter to a participating provider; and • "Participating provider," which means a healthcare facility or pharmacy, or a pharmacist who is an employee of the facility or pharmacy, that elects to participate in the collection and redistribution of donated prescription drugs under this chapter.

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TEXAS	
Miscellaneous provisions (continued)	§ 442.051 (donation and redistribution of prescription drugs) – provides that a donor may donate unused prescription drugs to a participating provider, and a participating provider may dispense donated prescription drugs, in accordance with this chapter and rules adopted under this chapter. § 442.0515 (redistribution of donated prepackaged prescription drugs) – a participating provider may dispense donated prescription drugs to a recipient. Sets forth the requirements for labeling and recordkeeping for each prescription drug dispensed. § 442.052 (standards for donation and redistribution) – the executive commissioner by rule shall adopt standards and procedures for accepting, storing, labeling, dispensing, and inspecting donated prescription drugs. § 442.053 (requirements for donated prescription drugs) – sets forth requirements for accepting and dispensing donated prescription drugs. § 442.054 (donation process) – a participating provider may charge a handling fee not to exceed $20 to a recipient to cover the costs of inspecting, storing, labeling, and dispensing the donated prescription drug. A participating provider may not resell a prescription drug donated under this chapter. A donor may not sell a prescription drug to a participating provider. A participating provider may not submit a claim or otherwise seek reimbursement from any public or private third-party payor for donated prescription drugs dispensed to a recipient under this chapter. A public or private third-party payor is not required to provide reimbursement for donated drugs dispensed to a recipient under this chapter. § 442.055 (donor form) – before donating a prescription drug under this chapter, a donor shall sign a form prescribed by the department stating that the donor is the owner of the donated drug, the drug has been properly stored, the drug has not been adulterated or misbranded, and the donor is voluntarily donating the prescription drug. § 442.056 (recipient form) – before accepting a donated prescription drug under this chapter, a recipient shall sign a

TEXAS	
Miscellaneous provisions (continued)	form prescribed by the department stating that the recipient acknowledges that: • If the donor is an individual or entity other than a pharmacy, the donor is not a pharmacist; • By accepting the prescription drug, the recipient accepts any risk that an accidental mishandling could create; and • The recipient releases the donor, participating provider, and manufacturer of the drug from liability related to the prescription drug. § 442.057 (limitation of liability) – sets forth immunity provisions for certain individuals and entities. § 442.058 (database of participating providers) – the department shall establish and maintain an electronic database that lists each participating provider and shall post the database on its website. § 481.075 and 22, § 315.3 – provides that a person dispensing a Schedule II controlled substance prescription shall provide written notice on the safe disposal of controlled substance prescription drugs that includes information on locations at which Schedule II controlled substance prescription drugs are accepted for safe disposal. In lieu of listing those locations, the notice may alternatively provide the address of a website specified by the board that provides a searchable database of locations at which such drugs are accepted for safe disposal. The written notice may be provided to the patient in an electronic format, such as by e-mail, if the patient or patient's agent requests the notice in electronic format and the request is documented. Such written notice is not required if: • The Schedule II controlled substance prescription drug is dispensed at a pharmacy or other location that is authorized to take back those drugs for safe disposal and regularly accepts those drugs for safe disposal; or • The dispenser provides to the person to whom the Schedule II prescription drug is dispensed, at the time of dispensation and at no cost to the person, a mail-in pouch for surrendering unused controlled substance prescription drugs or chemicals to render any unused drugs unusable or non-retrievable.

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TEXAS	
Miscellaneous provisions (continued)	25, § 95.2 (definitions) – definitions include: • "Donor," which means an individual who donates unused, unit-dose packaged prescription drugs to a participating provider; and • "Participating provider," which means a healthcare facility or pharmacy, or a pharmacist who is an employee of the facility or pharmacy that elects to participate in the collection and redistribution of donated prescription drugs. 25, § 95.3 (participating provider eligibility) – participation in the program by a healthcare facility or pharmacy is voluntary. To be eligible for participation, a participating provider must be in compliance with all applicable federal and state laws relating to the inspection, storage, labeling, and dispensing of prescription drugs and shall maintain appropriate active, non-restricted state-issued licenses or registrations. An entity electing to participate in the program shall complete and return a participating provider form prescribed by the department and available on the program's website. A pharmacy or healthcare facility may withdraw from participation at any time by providing written notice to the department on a form prescribed by the department and available on the program's website. The department shall establish and maintain an electronic database that lists each participating provider which it shall post on the program's website. 25, § 95.4 (standards and procedures for donating or accepting prescription drugs) – sets forth the standards and procedures for donating or accepting prescription drugs including: • Controlled substances shall not be donated or accepted; • Drugs previously purchased by Medicaid shall not be donated; • The donor must sign a donor form prescribed by the department stating that (1) the donor is the owner of the donated prescription drug; (2) the donated prescription drug has been properly stored and the tamper-evident packaging has not been opened or tampered with; (3) the donated prescription drug has not been adulterated or misbranded;

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TEXAS	
Miscellaneous provisions (continued)	and (4) the donor is voluntarily donating the prescription drug. Upon the department's confirmed receipt of the participating provider form, a participating provider may accept legally obtained prescription drugs from a donor if the drugs meet the requirements of this rule and the donor has completed a donor form as prescribed by the department. 25, § 95.6 (standards and procedures for dispensing donated prescription drugs) – sets forth the standards and procedures for dispensing donated prescription drugs, including that the recipient must sign a recipient form prescribed by the department stating that the recipient understands that the drugs are donated, accepts any risk associated with accidental mishandling of the drugs, and acknowledges that the donor and the participating provider are acting in good faith and are, therefore, released from liability. Prescription drugs donated under this program shall not be resold. 25, § 95.7 (liability) – sets forth immunity provisions for certain individuals and entities. 25, § 95.8 (handling fee) – the participating provider may charge a handling fee not to exceed $20 to a recipient to cover the costs of inspecting, storing, labeling, and dispensing the donated prescription drug.
Recently proposed legislation	Yes, see Pending Federal and State Legislation.
Program website	How and Where to Dispose of Unwanted Prescription Painkillers and Other Drugs

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UTAH	
Statute(s) and regulation(s)	• UTAH CODE ANN. § 58-17b-623 (West 2025) (disposal of unused prescription drugs) • UTAH CODE ANN. § 67-5-36 (West 2025) (drug disposal program)
Effective date(s)	• May 8, 2012 (§ 58-17b-623) • May 12, 2020 (§ 67-5-36)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 58-17b-623 – a pharmacy may accept unused prescription drugs for disposal in accordance with administrative rules adopted by the division. The division shall adopt rules regarding a pharmacy accepting unused prescription drugs for disposal as permitted by federal law and regulation relating to the disposal of unused prescription drugs. § 67-5-36 – includes definitions for: • "Environmentally friendly," which means a controlled substance that is rendered (1) non-retrievable, as determined by the attorney general in consultation with the department; (2) non-hazardous, as determined by the department; and (3) permissible to dispose in a landfill in a manner that does not violate state or federal law relating to surface water or groundwater; and • "Home controlled substance disposal receptacle," which means a receptacle provided by the program that can be used by an individual to render a small amount of controlled substances at an individual's residence non-retrievable and environmentally friendly. The attorney general may, in coordination with the department and within funds available for this purpose, administer a program, known as the drug disposal program, to provide for the safe, secure, and environmentally friendly disposal of controlled substances in the state. The attorney general and the department, in developing and implementing the program: • May work with law enforcement agencies, pharmacies, hospitals, and other entities to ensure that one or more repositories are present in each county in the state; • Shall ensure that each repository renders a controlled substance placed in the repository non-retrievable and

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UTAH	
Program components (continued)	environmentally friendly, onsite, and is secure from tampering or unauthorized removal; • May require verification that a repository complies with this section and a home controlled substance disposal receptacle renders a controlled substance non-retrievable and environmentally friendly; • Shall ensure that the program operates in accordance with federal rules; and • May publish, on the websites of the attorney general's office and the department, a list of the location of each repository in the state and if home controlled substance disposal receptacles are used as part of the program, information on how to obtain a home controlled substance disposal receptacle. The attorney general may, instead of, or in addition to, establishing a repository in a county, establish a process for residents of the county to obtain a home controlled substance disposal receptacle. A state or local government entity, other than the attorney general's office, the department, or a designee of the department, may not: • Regulate the disposal of a controlled substance rendered non-retrievable in a repository or home controlled substance disposal receptacle differently, or more strictly, than disposal of non-hazardous household waste; • Regulate or restrict the location of a repository or the distribution of a home controlled substance disposal receptacle; or • Otherwise take action to regulate or interfere with administration of the program. This section does not prohibit the disposal of a controlled substance in a receptacle that does not qualify as a repository if the receptacle is located on the premises of an entity authorized by DEA rules to accept a controlled substance for subsequent disposal and the entity ensures that the controlled substance is managed in a manner permitted by federal rule or is disposed at a facility that has received approval under law. Unless otherwise agreed by the attorney general, an entity that permits the placement of a repository on property owned or

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UTAH	
Program components (continued)	controlled by the entity will dispose of a controlled substance placed in the repository after the controlled substance is rendered environmentally friendly.
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	https://healthcare.utah.edu/pharmacy/medication-disposal

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VERMONT	
Statute(s) and regulation(s)	• VT. STAT. ANN. tit. 18, § 4224 (West 2025) (unused prescription drug, needle, and syringe disposal program) • VT. STAT. ANN. tit. 18, §§ 4671 to 4673 (West 2025) (collectively "Unused Drug Repository Program") • 12-5-106 VT. CODE R. §§ 1.0 to 9.0 (2025) (collectively "Unused Drug Repository Program Rule")
Effective date(s)	• June 8, 2016 (§ 4224) • July 1, 2023 (§ 4671) • September 1, 2024 (§§ 1.0 to 9.0)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 4224 – the department of health shall establish and maintain the statewide Unused Prescription Drug, Needle, and Syringe Disposal Program to provide for the safe disposal of Vermont residents' unused and unwanted prescription drugs, needles, and syringes. The program may include establishing secure collection and disposal sites and providing medication envelopes for sending unused prescription drugs to an authorized collection facility for destruction. Pharmacies that operate 10 or more establishments in the United States, while concurrently conducting business in Vermont, shall enroll in a drug disposal kiosk program on or before July 1, 2023. If the physical dimensions of a pharmacy make an on-site collection receptacle impossible under state and federal law, a pharmacy shall provide a mail-back option for consumers.
Miscellaneous provisions	§ 4671 (creation of program) – provides that the agency of human services may contract or enter into agreements with qualified entities as needed to create and administer an unused drug repository program for the collection and distribution of unused drugs in Vermont, to the extent that funds are appropriated or otherwise made available for this purpose. § 4672 (agency of human services; rulemaking) – requires the agency of human services to adopt rules for the administration of the program, including rules regarding: • Donations to the program, which may include donations from institutional settings in Vermont, such as pharmacies, long-term care facilities, Veterans' Administration facilities, correctional facilities, hospitals, and other facilities, as well as donations from individuals;

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Miscellaneous provisions (continued)	• What types of drugs may be donated and safety criteria for donated drugs; and • Patient eligibility to receive drugs from the program, which shall be available to any patient, with priority given to patients who meet one of more of the following criteria: (1) patients whose household income is below 400 percent of the federal poverty level; (2) patients who are uninsured; (3) patients who are underinsured; (4) patients who are Medicare beneficiaries and are experiencing a coverage gap in their Medicare prescription drug coverage; and (5) patients who are on a high-deductible health plan or on a plan with high co-payment requirements for prescription drugs, or both. § 4673 (limitations on liability) – sets forth immunity provisions for certain individuals and entities related to the program. § 3.0 (definitions) – definitions include: • "Collection site," which means a pharmacy, hospital, cancer center, or long-term care facility, including nursing homes, residential care homes, and assisted living residences, that have been approved by the program administrator to accept drugs from individual donors for transfer to the program administrator; • "Donor," which means an individual or entity that donates unused drugs to a collection site or to the program administrator. A donor may include, but is not limited to, an individual, healthcare facility, long-term care facility, pharmacy, drug manufacturer, or drug manufacturer; and • "Eligible recipient," which means a patient, collection site, dispensing site, or program administrator. § 4.0 (general program requirements) – participation in the program by any individual or entity is voluntary. An entity that meets the requirements of this rule may apply to participate in the program as a collection site and/or dispensing site by providing written notice to the program administrator. Sets forth the requirements for the notice. An entity may withdraw from participation in the program at any time by providing written notice to the program administrator, and the program administrator may remove an entity from participation in the

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Miscellaneous provisions (continued)	program at any time by providing written notification to the entity. Any entity or any individual 18 years of age or older may donate legally obtained drugs or medical devices to a collection site. A donor, collection site, dispensing site, or patient shall not be required to pay to participate in the program. Donated drugs and medical devices shall not be resold and shall be considered non-saleable. § 5.0 (collection site requirements) – provides that a collection site may participate in the program upon approval by the program administrator by submitting a completed enrollment application, found on the department's website, to the program administrator. Sets forth the requirements for entities to participate as a collection site. § 6.0 (dispensing site requirements) – provides that a dispensing site may participate in the program upon approval by the program administrator by submitting a completed enrollment application, found on the department's website, to the program administrator. Entities that do not meet dispensing site requirements may participate in the program as a dispensing site for the purposes of dispensing non-prescription drugs and/or medical devices at the discretion of the program administrator. § 7.0 (patient participation) – any individual may receive drugs through the program through a participating dispensing site, which shall prioritize patients who meet one or more of the following criteria: • Patients whose household income is below 400 percent of the federal poverty level; • Patients who are uninsured; • Patients who are underinsured; • Patients who are Medicare beneficiaries and are experiencing a coverage gap in their Medicare prescription drug coverage; or • Patients who are on a high-deductible health plan or on a plan with high co-payment requirements for prescription drugs, or both.

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Miscellaneous provisions (continued)	§ 8.0 (program administrator requirements) – provides that the program administrator shall be authorized to operate in Vermont by the department and shall have a valid license to operate from the board of pharmacy. Sets forth the requirements for donated drugs including recordkeeping requirements. Requires the program administrator to provide a report to the department at least annually that includes, at a minimum, the following data from the previous year of operation: • Aggregate program participation levels from all entities and individuals; • The total quantity and type of drugs accepted or inventoried and transferred by the program administrator; and • An estimate on the dollar value of the drugs donated and transferred. § 9.0 (limitations on liability) – sets forth immunity provisions for certain individuals and entities related to the program.
Recently proposed legislation	None
Program website	Prescription Drug Disposal | Vermont Department of Health

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VIRGINIA	
Statute(s) and regulation(s)	• VA. CODE ANN. § 54.1-3411.1 (West 2025) (prohibition on returns, exchanges, or re-dispensing of drugs; exceptions) • VA. CODE ANN. § 54.1-3411.2 (West 2025) (prescription drug disposal programs) • VA. CODE ANN. § 54.1-3411.2:1 (West 2025) (guidelines for disposal of unused drugs) • 18 VA. ADMIN. CODE § 110-20-211 (2025) (disposal of drugs by authorized collectors) • 18 VA. ADMIN. CODE §§ 110-20-740 to 110-20-800 (2025) (included within "Controlled Substances Registration for other Persons or Entities") • 18 VA. ADMIN. CODE § 110-50-51 (2023) (disposal of drugs by authorized collectors)
Effective date(s)	• April 6, 2002 (§ 54.1-3411.1) • November 10, 2010 (18, §§ 110-20-740 to 110-20-800) • March 1, 2016 (§ 54.1-3411.2) • March 24, 2016 (18, §§ 110-20-211 and 110-50-51) • February 21, 2017 (§ 54.1-3411.2:1)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 54.1-3411.2 – includes definitions for: • "Authorized pharmacy disposal site," which means a pharmacy that qualifies as a collection site pursuant to federal regulation; and • "Pharmacy drug disposal program," which means a voluntary drug disposal program located at or operated in accordance with state and federal law by a pharmacy. Provides that a pharmacy may participate in a pharmacy drug disposal program in accordance with state and federal law regarding proper collection, storage, and destruction of prescription drugs, including controlled and non-controlled substances. A pharmacy that chooses to participate in a pharmacy drug disposal program shall notify the board and the board shall maintain a list of all pharmacies in the commonwealth that have chosen to participate in a pharmacy drug disposal program on a website maintained by the board. Sets forth immunity provisions for certain individuals and entities.

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Program components (continued)	18, § 110-20-211 – any narcotic treatment program, hospital, or clinic with an on-site pharmacy, or pharmacy that accepts a previously dispensed drug for the purpose of destruction shall first be authorized by the DEA as a collector. A collector so authorized may receive drugs from an ultimate user, a person lawfully entitled to dispose of an ultimate user decedent's property, or a long-term care facility on behalf of an ultimate user who resides or has resided at the facility. The process used to collect and destroy drugs, along with any required recordkeeping, shall comply with applicable federal and state laws. Prior to collecting drugs, an authorized collector shall submit the following in writing to the board: (1) the name, address, and license number, if applicable, of the facility; (2) the intended method or methods of collection (*i.e.*, collection receptacle or mail-back program); and (3) signature of pharmacist in charge or medical director of a narcotic treatment program. If an authorized collector chooses to cease acting as a collector, the pharmacist in charge or medical director shall notify the board within 30 days. A narcotic treatment program that does not have an in-house pharmacy shall obtain a controlled substance registration. 18, § 110-50-51 – any manufacturer, wholesale distributor, or reverse distributor wishing to accept previously dispensed Schedule II – V controlled substances for return for the purpose of destruction from an ultimate user, or a person lawfully entitled to dispose of an ultimate user decedent's property, shall first be authorized by the DEA as a collector. The process used to collect and destroy drugs, along with any required recordkeeping, shall comply with federal and state law. Prior to collecting drugs, an authorized collector shall submit the following in writing to the board: (a) the name, address, and license number, if applicable, of the facility; (b) the intended method or methods of collection (*i.e.*, collection receptacle or mail-back program; and (c) signature of the responsible party. The authorized collector shall notify the board within 30 days of choosing to cease acting as a collector.

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Miscellaneous provisions	§ 54.1-3411.1 – provides that drugs dispensed to persons pursuant to a prescription shall not be accepted for return or exchange for the purpose of redispensing by any pharmacist or pharmacy after such drugs have been removed from the pharmacy premises from which they were dispensed except: • In a hospital with an on-site hospital pharmacy wherein drugs may be returned to the pharmacy in accordance with practice standards; • In such cases where official compendium storage requirements are assured and the drugs are in manufacturers' original sealed containers or in sealed individual dose or unit dose packaging that meets official compendium class A or B container requirements, or better, and such return or exchange is consistent with federal law; or • When a dispensed drug has not been out of the possession of a delivery agent of the pharmacy. Requires the board to promulgate regulations to establish a prescription drug donation program for accepting unused previously dispensed prescription drugs that meet the criteria set forth above for the purpose of redispensing such drugs to indigent patients, either through hospitals or through clinics organized in whole or in part for the delivery of healthcare services to the indigent. The program shall accept eligible prescription drugs from individuals, including those residing in nursing homes, assisted living facilities, or intermediate care facilities established for individuals with intellectual disability, licensed hospitals, or any facility operated by the department of behavioral health and developmental services. Additionally, such program shall accept eligible prescription drugs from an agent pursuant to a power of attorney, a decedent's personal representative, a legal guardian of an incapacitated person, or a guardian ad litem donated on behalf of the represented individual. Sets forth immunity provisions for certain individuals and entities. § 54.1-3411.2:1 – the board of pharmacy shall develop guidelines for the provision of counseling and information regarding proper disposal of unused dispensed drugs, including

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Miscellaneous provisions (continued)	information about pharmacy drug disposal programs in which the pharmacy participates pursuant to § 54.1-3411.2, by pharmacists to patients for whom a prescription is dispensed. The board of pharmacy shall determine methods to enhance public awareness of proper drug disposal methods, which may include requirements for pharmacies or hospitals or clinics with an on-site pharmacy to provide such information to customers and the public through the provision of informative pamphlets, the posting of signs in public areas of the pharmacy, and the posting of information on public-facing websites. 18, § 110-20-740 (drug donation sites) – any pharmacy with a current active pharmacy permit may apply on a form provided by the board for registration as a drug donation site. A registered drug donation site may receive eligible donated drugs, transfer such donated drugs to another registered drug donation site, or redispense the donated drugs in accordance with law to patients of clinics organized in whole or in part for the delivery of healthcare services to the indigent. Drugs collected under the donation program may not be dispensed to any other patient, sold, or otherwise distributed except as authorized by rule. 18, § 110-20-750 (eligible drugs) – sets forth the requirements for acceptance of donated drugs, including that the drugs bear an expiration date that is not less than 90 days from the date the drug is donated. 18, § 110-20-760 (procedures for collecting eligible donated drugs) – sets forth the procedures for collecting eligible donated drugs, including that, at the time of accepting donated drugs, the drug donation site shall ensure that a donor form is completed. The drug donation site shall give a copy of the donor form to the person donating the drug at the time of the donation and shall maintain the original donor form. A donor form is not required for drugs donated by a patient residing in a long-term care facility or other facility where drugs are administered to that patient if the drugs are donated directly to the provider pharmacy for that facility and such provider pharmacy is registered as a drug donation site. Sets forth the information required to be included in the form, including a statement that the donor intends to voluntarily donate the

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Miscellaneous provisions (continued)	prescription drug for redispensing. A drug donation site may not charge a fee for collecting donated drugs. 18, § 110-20-770 (procedure for transferring donated prescription drugs) – a drug donation site may transfer eligible donated prescription drugs to another drug donation site for the purpose of redispensing. 18, § 110-20-780 (procedure for dispensing donated prescription drugs) – provides that a drug donation site redispensing donated prescription drugs shall comply with applicable federal and state laws and regulations for dispensing prescription drugs. The pharmacy redispensing donated drugs shall not charge for the cost of donated drugs, but may charge a dispensing or administrative fee for each such drug redispensed, consistent with the provisions of law. Provides that recipients of a redispensed donated drug shall sign a form prior to receiving the drug that includes a statement that the recipient understands that the drug received had been donated for the purpose of redispensing. A drug donation site is under no obligation to obtain a prescription drug that is not in inventory at the time of a request for such drug. 18, § 110-20-790 (procedures for disposing of donated prescription drugs) – provides that a drug donation site in possession of donated prescription drugs ineligible for redispensing shall dispose of such drugs in compliance with 18, § 110-20-210. 18, § 110-20-800 (records) – sets forth the recordkeeping requirements for drug donation programs.
Recently proposed legislation	None
Program website	https://www.oag.state.va.us/programs-outreach/drug-take-back-program

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Statute(s) and regulation(s)	• WASH. REV. CODE ANN. §§ 69.48.010 to 69.48.200 (West 2025) (collectively titled "Drug Take-back Program") • WASH. ADMIN. CODE §§ 246-480-020 to 246-480-990 (2023) (collectively titled "Drug Take-back Program")
Effective date(s)	• June 7, 2018 (§§ 69.48.010 to 69.48.200) • August 1, 2019 (§§ 246-480-010 to 246-480-990)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 69.48.020 (definitions) – definitions include: • "Authorized collector," which means any of the following persons or entities that have entered into an agreement with a program operator to collect covered drugs: (1) a person or entity registered with the DEA and that qualifies under federal law to modify its registration to collect controlled substances for the purpose of destruction; (2) a law enforcement agency; or (3) an entity authorized by the department to provide an alternative collection mechanism for certain covered drugs that are not controlled substances; • "Collection site," which means the location where an authorized collector operates a secure collection receptacle for collecting covered drugs; • "Covered entity," which means a state resident or other non-business entity and includes an ultimate user. "Covered entity" does not include a business generator of pharmaceutical waste such as a hospital, clinic, healthcare provider's office, veterinary clinic, pharmacy, or law enforcement agency; • "Covered manufacturer," which means a person, corporation, or other entity engaged in the manufacturer of covered drugs sold in or into Washington state. "Covered manufacturer" does not include: (1) a private label distributor or retail pharmacy that sells a drug under the retail pharmacy's store label if the manufacturer of the drug is identified under this act; (2) a repackager if the manufacturer of the drug is identified under this act; or (3) a nonprofit 501(c)(3) healthcare corporation that repackages drugs solely for the purpose of supplying a drug to facilities or retail pharmacies operated by the corporation or an affiliate of the corporation if the manufacturer is identified under this act; • "Drug take-back organization," which means an organization designated by a manufacturer or group of

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Program components (continued)	manufacturers to act as an agent on behalf of each manufacturer to develop and implement a drug take-back program; • "Mail-back distribution location," which means a facility, such as a town hall or library, that offers prepaid, pre-addressed mailing envelopes to covered entities; and • "Program operator," which means a drug take-back organization, covered manufacturer, or group of covered manufacturers that implements or intends to implement a drug take-back program approved by the department. § 69.48.030 (requirement to participate in a drug take-back program) – a covered manufacturer must establish and implement a drug take-back program that complies with the requirements of this chapter. A manufacturer that becomes a manufacturer after the effective date of this act, must, no later than six months after the date on which the manufacturer became a covered manufacturer, participate in an approved drug take-back program or establish and implement a program that complies with the requirements of this chapter. A covered manufacturer may establish and implement a drug take-back program independently, as part of a group of covered manufacturers, or through membership in a drug take-back organization. § 69.48.040 (identification of covered manufacturers) – no later than 90 days after the effective date of this act: • A drug wholesaler that sells a drug in or into Washington must provide a list of drug manufacturers to the department in a form agreed upon with the department and provide an updated list to the department on January 15 each year; and • A retail pharmacy, private label distributor, or repackager must provide written notification to the department identifying the drug manufacturer from which the retail pharmacy, private label distributor, or repackager obtains a drug that it sells under its own label. Provides that a person or entity that receives a letter of inquiry from the department regarding whether or not it is a covered manufacturer under this chapter shall respond in writing no later than 60 days after receipt of the letter. If the person or entity does not believe it is a covered manufacturer for purposes of this act, it shall: (1) state the basis for the belief; (2) provide

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Program components (continued)	a list of any drugs it sells, distributes, repackages, or otherwise offers for sale within the state; and (3) identify the name and contact information of the manufacturer of the drugs identified under (b). § 69.48.050 (drug take-back program approval—program modifications) – sets forth the requirements for program operators to submit a proposal for approval to the department for the establishment and implementation of a drug take-back program. Provide that, to be approved, a proposed drug take-back program, independent of any other operating program, must: • Provide for a collection system that complies with state law; • Ensure that physical collection sites are the primary method of collection across the state and that methods of supplementing physical collection site service are the secondary methods for collection as required by law. A drug take-back program's use of supplemental mail-back distribution locations or periodic collection events in any areas underserved by physical collection sites may provide collection services to no more than 15 percent of the state's residents; • Provide for a handling and disposal system that complies with law; • Identify any transporters and waste disposal facilities that the program will use; • Adopt policies and procedures to be followed by persons handling covered drugs collected under the program to ensure safety, security, and compliance with federal regulations and laws; • Ensure the security of patient information on drug packaging during collection, transportation, recycling, and disposal; • Promote the program by providing consumers, pharmacies, and other entities with educational and informational materials; • Demonstrate adequate funding for all administrative and operational costs of the drug take-back program, with costs apportioned among participating covered manufacturers; • Set long-term and short-term goals with respect to collection amounts and public awareness; and • Consider: (1) the use of existing providers of pharmaceutical waste transportation and disposal services;

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Program components (continued)	(2) separation of covered drugs from packaging to reduce transportation and disposal costs; and (3) recycling of drug packaging. Sets forth the time deadlines for review and approval of proposed programs and requirements for rejected proposals. Provides that a program operator must fully implement an approved drug take-back program no later than 180 days after approval of the proposal by the department. Proposed changes to an approved drug take-back program that substantially alter program operations must have prior written approval of the department. Proposed changes must be submitted in writing at least 15 days before the change is scheduled to occur. Changes requiring approval include changes to participating covered manufacturers, collection methods, achievement of the service convenience goal, policies and procedures for handling covered drugs, education and promotion methods, and selection of disposal facilities. For changes that do not substantially alter program operations, program operators must notify the department at least seven days before implementing the change. Changes that do not substantially alter program operations include changes to collection site locations, methods for scheduling and locating periodic collection events, and methods for distributing prepaid, pre-addressed mailers. By July 1, 2024, and every four years thereafter, all program operators must submit an updated proposal to the department describing any substantive changes to program elements. The department shall approve or reject the updated proposal using the process set forth in this section. If there is a single approved program at any time and that program operator intends to leave the program for any reason, participating manufacturers must find a new entity to take over operations of the existing program without a break in program services. The new entity may not make changes to the operations of the approved program, which must be consistent with the proposal as it was approved by the department under this section or each covered manufacturer or group of manufacturers must identify a new program operator to develop a new program proposal.

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Program components (continued)	If there is a single approved drug take-back program, and that program operator leaves the program and participating manufacturers do not identify a program operator to take over the approved program, all covered manufacturers must participate in a new approved program as soon as one is approved. If there is more than one approved drug take-back program, and a program operator for a drug take-back program leaves the program for any reason and the covered manufacturers participating in that program fail to identify a new entity to take over operations of the existing program without a break in program services, those manufacturers must immediately join an existing approved program. A covered manufacturer may change the approved drug take-back program it participates in, but the covered manufacturer must maintain continuous participation in an established program and may not leave an approved program until it transfers participation to an approved program that has begun drug collection. The department shall make all proposals submitted under this section available to the public and shall provide an opportunity for written public comment on each proposal. All program operators must collaborate to present a consistent statewide drug take-back system for residents to ensure that all state residents can easily identify, understand, and access services provided by an approved program. The department may identify or clarify in rule additional requirements for coordination or performance amongst program operators, if necessary, to ensure consistent operation of the drug take-back program. Requirements may include, but are not limited to consistent drop box appearance and signage, messaging in education and outreach, and metrics included in operator annual reports to ensure the department can accurately analyze the data. Failure to comply with these requirements may result in enforcement action against a program operator. § 69.48.060 (collection system) – at least 120 days prior to

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Program components (continued)	submitting a program proposal, a program operator must notify potential authorized collectors of the opportunity to serve as an authorized collector for the proposed drug take-back program. A program operator must commence good faith negotiations with a potential authorized collector no later than 30 days after the potential authorized collector expresses interest in participating in a proposed program. A person or entity may serve as an authorized collector for a program voluntarily or in exchange for compensation, but nothing in this act requires a person or entity to serve as an authorized collector. A program must include as an authorized collector any retail pharmacy, hospital or clinic with an on-site pharmacy, or law enforcement agency that offers to participate in the program without compensation and meets the requirements of this section. Such entities must be included in the program no later than 90 days after receiving the offer to participate. A program may also locate collection sites at: (1) a long-term care facility where a pharmacy, or a hospital or clinic with an on-site pharmacy, operates a secure collection receptacle; (2) a substance use disorder treatment program; or (3) any other authorized collector willing to participate as a collection site and able to meet the requirements of this section. A collection site must accept all covered drugs from covered entities during the hours that the authorized collector is normally open for business with the public. A collection site located at a long-term care facility may only accept covered drugs that are in the possession of individuals who reside or have resided at the facility. A collection site must use secure collection receptacles in compliance with state and federal law, including any applicable on-site storage and collection standards. The program operator must provide a service schedule that meets the needs of each collection site to ensure that each secure collection receptacle is serviced as often as necessary to avoid reaching capacity and that collected covered drugs are transported to final disposal in a timely manner, including a process for additional prompt collection service upon notification from the collection site. Secure collection receptacle signage must prominently display a

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Program components (continued)	toll-free telephone number and website for the program so that members of the public may provide feedback on collection activities. A program's collection system must be safe, secure, and convenient on an ongoing, year-round basis, and must provide equitable and reasonably convenient access for residents across the state. In establishing and operating a collection system, a program operator must give preference to locating collection sites at retail pharmacies, hospitals or clinics with on-site pharmacies, and law enforcement agencies. Each population center must have a minimum of one collection site, plus one additional collection site for every 50,000 residents of the city or town located within the population center. Collection sites must be geographically distributed to provide reasonably convenient and equitable access to all residents of the population center. On islands and in areas outside of population centers, a collection site must be located at the site of each potential authorized collector that is regularly open to the public, unless the program operator demonstrates to the satisfaction of the department that a potential authorized collector is unqualified or unwilling to participate in the drug take-back program. A program operator must establish mail-back distribution locations or hold periodic collection events to supplement service to any area of the state that is underserved by collection sites, as determined by the department, in consultation with the local health jurisdiction. The program operator, in consultation with the department, local law enforcement, the local health jurisdiction, and the local community, must determine the number and locations of mail-back distribution locations or the frequency and location of these collection events, to be held at least twice a year, unless otherwise determined through consultation with the local community. The program must arrange any periodic collection events in advance with local law enforcement agencies and conduct periodic collection events in compliance with federal laws and rules. Upon request, a program must provide a mail-back program free of charge to covered entities and to retail pharmacies that offer to distribute prepaid, pre-addressed mailing envelopes for the program. Programs must permit covered entities to request mailing envelopes through the program's website, the toll-free

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Program components (continued)	telephone number, and a request to a pharmacist at a retail pharmacy distributing mailing envelopes. The program operator must provide alternative collection methods for covered drugs, other than controlled substances, that cannot be accepted or commingled with other covered drugs in secure collection receptacles, through a mail-back program or at periodic collection events to the extent permissible under state and federal laws. The department shall review and approve of any alternative collection methods prior to their implementation. § 69.48.070 (drug take-back program promotion) – a program must develop and provide a system of promotion, education, and public outreach about the safe stores and secure collection of covered drugs. This system may include 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, each program must: • Promote the safe storage of legend drugs and nonlegend drugs by residents before secure disposal through a drug take-back program; • Discourage residents from disposing of covered drugs in solid waste collection, sewer, or septic systems; • Promote the use of the drug take-back program so that where and how to return covered drugs is widely understood by residents, pharmacists, retail pharmacies, healthcare facilities and providers, veterinarians, and veterinary hospitals; • Establish a toll-free telephone number and website publicizing collection options and collection sites and discouraging improper disposal practices for covered drugs, such as flushing them or placing them in the garbage; • Prepare educational and outreach materials that promote safe storage of covered drugs; discourage the disposal of covered drugs in solid waste collection, sewer, or septic systems; and describe how to return covered drugs to the drug take-back program; • Disseminate the educational and outreach materials described above to pharmacies, healthcare facilities, and other interested parties for dissemination to covered entities;

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Program components (continued)	• Work with authorized collectors to develop a readily recognizable, consistent design of collection receptacles, as well as clear, standardized instructions for covered entities on the use of collection receptacles; and • Annually report on its promotion, outreach, and public education activities in its annual report. If more than one drug take-back program is approved by the department, the programs must coordinate promotional activities to ensure that all state residents can easily identify, understand, and access the collection services provided by any take-back program. Coordination efforts must include providing residents with a single toll-free telephone number and single website to access information about collection services for every approved program. Pharmacies and other entities that sell medication in the state are encouraged to promote secure disposal of covered drugs through the use of one or more approved drug take-back programs. Upon request, a pharmacy must provide materials explaining the use of approved drug take-back programs to its customers. The program operator must provide pharmacies with these materials upon request and at no cost to the pharmacy. The department shall conduct a survey of covered entities and a survey of pharmacists, healthcare providers, and veterinarians who interact with covered entities on the use of medicines after the first full year of operation of the drug take-back program, and again every two years thereafter. Survey questions must measure consumer awareness of the program; assess the extent to which collection sites and other collection methods are convenient and easy to use; assess knowledge and attitudes about risks of abuse, poisonings, and overdoses from drugs used in the home; and assess covered entities' practices with respect to unused, unwanted, or expired drugs, both currently and prior to implementation of the program. The department may, upon review of results of public awareness surveys, direct a program operator for an approved program to modify the program's promotion and outreach activities to better achieve widespread awareness among state residents and healthcare professionals about where and how to return covered drugs to the program.

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Program components (continued)	§ 69.48.080 (disposal and handling of covered drugs) – covered drugs collected under a drug take-back program must be disposed of at a permitted hazardous waste disposal facility that meets federal requirements. If use of such a facility is unfeasible based on cost, logistics, or other considerations, the department, in consultation with the department of ecology, may grant approval for a program operator to dispose of some or all collected covered drugs at a permitted large municipal waste combustor facility. A program operator may petition the department for approval to use final disposal technologies or processes that provide superior environmental and human health protection than that provided by the technologies described in this section or equivalent protection at less cost. In reviewing a petition under this subsection, the department shall take into consideration regulations or guidance issued by the U.S. Environmental Protection Agency on the disposal of pharmaceutical waste. If a program encounters a safety or security problem during collection, transportation, or disposal of covered drugs, the program operator must notify the department as soon as practicable after encountering the problem. § 69.48.090 (program funding) – a covered manufacturer or group of covered manufacturers must pay all administrative and operational costs associated with establishing and implementing the drug take-back program in which they participate. A program operator, covered manufacturer, authorized collector, or other person may not charge a specific point-of-sale fee to consumers to recoup the costs of a program or a specific point-of-collection fee at the time covered drugs are collected from covered entities. § 69.48.100 (annual program report) – by July 1 after the first full year of implementation, and each July 1 thereafter, a program operator must submit a report to the department describing implementation of the drug take-back program during the previous calendar year. The report must include: • A list of covered manufacturers participating in the program;

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Program components (continued)	• The amount, by weight, of covered drugs collected, including the amount by weight from each collection method used; • The following details regarding the program's collection system: (1) a list of collection sites with addresses; (2) the number of mailers provided; (3) locations where mailers were provided, if applicable; (4) dates and locations of collection events held, if applicable; and (5) the transporters and disposal facility or facilities used; • Whether any safety or security problems occurred during collection, transportation, or disposal of covered drugs and, if so, completed and anticipated changes to policies, procedures, or tracking mechanisms to address the problem and improve safety and security; • A description of the public education, outreach, and evaluation activities implemented; • A description of how collected packaging was recycled to the extent feasible; • A summary of the program's goals for collection amounts and public awareness, the degree of success in meeting those goals, and if the program's goals have not been met, an explanation on why the goals were not met • The program's collection and public awareness goals for the next year; • The program's annual expenditures, itemized by program category; and • An estimated budget for the next year, itemized by program category. Within 30 days after each annual period of operation of an approved program, the program operator shall submit an annual collection amount report to the department that provides the total amount, by weight, of covered drugs collected from each collection site during the prior year. The department shall make reports submitted under this section available to the public through the internet. § 69.48.120 (department to set program fees) – the department shall set fees including, but not limited to, an annual operating fee, a fee for proposal review, and the survey required by this act, at a level sufficient to cover the costs associated with administration, oversight, and enforcement; and adopt rules establishing requirements for program operator proposals.

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Program components (continued)	The department shall not impose any fees in excess of its actual administrative, oversight, and enforcement costs. The fees collected from each program operator in calendar year 2020 and any subsequent year may not exceed 10 percent of the highest annual expenditures from any single program operator as reported to the department in the annual report required by this act and determined by the department. The annual fee set by the department shall be evenly split amongst each approved program operator. The department shall collect annual operating fees from each program operator by October 1 annually. § 69.48.140 (antitrust immunity) – the activities authorized by this chapter require collaboration among covered manufacturers. These activities will enable safe and secure collection and disposal of covered drugs in Washington state and are, therefore, in the best interest of the public. The benefits of collaboration, together with active state supervision, outweigh potential adverse impacts. Therefore, the legislature intends to exempt from state antitrust laws, and provide immunity through the state action doctrine from federal antitrust laws, activities that are undertaken, reviewed, and approved by the department pursuant to this act that might otherwise be constrained by such laws. The legislature does not intend and does not authorize any person or entity to engage in activities not provided for by this act, and the legislature neither exempts nor provides immunity for such activities. § 69.48.160 (local ordinances—grandfathering—preemption) – for a period of 12 months after a drug take-back program begins operating, a county may enforce a grandfathered ordinance. During that 12-month period, if a county determines that a covered manufacturer is in compliance with its grandfathered ordinance, the department shall find the covered manufacturer in compliance with the requirements of this act with respect to that county. After the effective date of this act, a political subdivision may not enact or enforce a local ordinance that requires a retail pharmacy, clinic, hospital, or local law enforcement agency to provide for collection and disposal of covered drugs from covered entities.

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Program components (continued)	At the end of the 12-month period reference above, this chapter preempts all existing or future laws enacted by a county, city, town, or other political subdivision of the state regarding a drug take-back program or other program for the collection, transportation, and disposal of covered drugs, or promotion, education, and public outreach relating to such a program. § 69.48.190 (report to legislature) – no later than 30 days after the department first approves a drug take-back program, the department shall submit an update to the legislature describing rules adopted under this chapter and the approved drug take-back program. By November 15 after the first full year of operation of an approved program and biennially thereafter, the department shall submit a report to the legislature. The report must: • Describe the status of approved programs; • Evaluate the secure medicine collection and disposal system and the program promotion, education, and public outreach requirements; • Evaluate, in conjunction with an academic institution that is not an agency of the state, to the extent feasible, the impact of approved drug take-back programs on: awareness and compliance of residents with safe storage of medicines in the home and secure disposal of covered drugs; rates of misuse, abuse, overdoses, and poisonings from prescription and nonprescription drugs; and diversions of covered drugs from sewer, solid waste, and septic systems; and • Provide any recommendations for legislation. § 69.48.200 (survey – expires July 1, 2026) – the department shall contract with the statewide program of poison and drug information services to conduct a survey of residents to measure whether the secure medicine collection and disposal system and the program promotion, education, and public outreach requirements established in this act have led to statistically significant changes in: (1) resident attitudes and behavior on safe storage and secure disposal of prescription and nonprescription medications used in the home; and (2) the rates of abuse or misuse of or accidental exposure to prescription and nonprescription drugs. The survey results shall be reported to the legislature and the department of health within six months of completion of the survey.

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Program components (continued)	§ 246-480-030 (identification of covered manufacturers) – upon review of an inquiry response letter described in § 69.48.040, the department shall notify the person or entity in writing whether or not the person or entity is considered a covered manufacturer. If the department determines that the person or entity is a covered manufacturer, the written notice will include a warning regarding the penalties for violation of this chapter. Within 30 days after the first full year of a drug take-back program's implementation, and annually thereafter, the department may provide a list of covered manufacturers potentially not participating in a program to each approved program operator. Within 30 days of receiving such a list, approved program operators may provide any comments on the list to the department. Within 30 days of receiving and considering any approved program operator comments, the department may publish on its website a list of all covered manufacturers not participating in a program. The department shall remove any covered manufacturer identified in the published list if the covered manufacturer participates in an approved drug take-back program. § 246-480-040 (drug take-back program proposal components) – sets forth the requirements for drug take-back program proposals, which includes that each proposal must be on a form provided by the department and must: • Contain a table of contents clearly denoting where each component required by § 69.48.050 is located within the proposal; • Provide a description of a drug collection system that includes a list of participating authorized collectors, a list of drop-off (kiosk) locations, and a detailed description of how mail-back distribution locations or periodic collection events will be used; • Demonstrate that the policies and procedures to be followed by persons handling unwanted covered drugs collected under the program includes how all entities participating in the program will operate under all applicable federal and state laws and regulations and how any pharmacy collection sites will operate under applicable rules from the Washington state pharmacy quality assurance commission;

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Program components (continued)	• Include a detailed description of the geographical distribution of collection sites that will provide equitable and reasonably convenient access to all residents; • Include a budget estimate for providing the statewide program; • Describe how the program operator will work with Washington state counties and the department to incorporate local programs into their proposed statewide plan; and • Include an implementation plan and schedule for initiating operation of the approved program. § 246-480-050 (program application) – a program operator must submit its program proposal and substantial changes to an approved program on forms provided by the department. § 246-480-060 (collection of covered drugs—underserved areas) – to assist program operators in complying with § 69.48.060, the department will determine and locate each population center using geographical information systems mapping technology, and will publish updated population data to the department's website annually. The department, in consultation with the local health jurisdiction, will determine underserved areas using the following criteria: population density of counties; estimated number of participating collection sites; travel distances and times; accessible public facilities, such as libraries, town halls, and police and fire departments; and geographic features that may inhibit access to collection locations such as mountains and islands. § 246-480-070 (promotion) – in addition to requirements under §§ 69.48.050 and 69.48.070, approved program operators must update their list of authorized collectors, collection sites, locations to receive mailers, and locations for drug take-back events at least quarterly on their website. § 246-480-080 (program operator annual report) – each program operator shall submit an annual report to the department by July 1 on a form developed by the department. In addition to the elements identified and described in § 69.48.100, the report must include a summary of the program's annual expenditures organized using the same criteria as described in § 246-480-040.

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Program components (continued)	§ 246-480-990 (fees) – this section establishes the initial and annual fees for a program operator implementing a drug take-back program. Provides that, beginning January 1, 2024, a potential program operator applicant shall submit a nonrefundable proposal review fee of $63,000 to the department when they submit their proposal. Approved program operators submitting updated proposals to the department do not submit a proposal review fee. All program operators' annual operating fees shall be identical.
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	Safe Medication Return | Washington State Department of Health

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WEST VIRGINIA	
Statute(s) and regulation(s)	• W. VA. CODE ANN. §§ 60b-1-1 to 60b-1-8 (West 2025) (collectively "Donated Drug Repository Program") • W. VA. CODE R. § 11-5-8 (2025) (returned or surrendered drugs; authorization and procedures for destruction; prohibition on reuse) • W. VA. CODE R. §§ 15-20-1 to 15-20-10 (2025) (collectively "Donated Drug Repository Program")
Effective date(s)	• June 1, 2022 (§ 11-5-8) • June 9, 2022 (§§ 60b-1-1 to 60b-1-8) • May 2, 2023 (§§ 15-20-1 to 15-20-10)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 11-5-8 – pursuant to current federal regulations, licensees of the board of medicine are prohibited from accepting unused and/or unwanted controlled substances from or on behalf of patients. A licensee may refer individuals in lawful possession of unwanted or unused controlled substances and who are seeking disposal assistance to: • Entities which are registered with the DEA as authorized collectors to receive the transfer from the ultimate users of any unwanted and unused pharmaceutical controlled substances in their lawful possession for safe, secure, and responsible disposal; • Local law enforcement operating federally authorized take-back events, mail-back programs, or collection receptacles; and/or • The DEA website for information regarding proper methods of disposal by the lawful possessor. With the exception of controlled substances, a licensee of the board may accept unused prescription drugs from or on behalf of patients for the purpose of proper disposal. The disposal of returned or surrendered prescription drugs shall occur promptly, and no later than 30 days after receipt. Until disposed of, returned or surrendered prescription drugs shall be stored in a locked or otherwise secure area to prevent access by unauthorized individuals.
Miscellaneous provisions	§ 60b-1-1 and § 15-20-2 (definitions) – definitions include: • "Donor," which means any person, including an individual member of the public, or any entity legally authorized to possess drugs with a license or permit in good standing in

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WEST VIRGINIA	
Miscellaneous provisions (continued)	the state in which it is located and includes government agencies and entities; • "Eligible patient," which means an indigent person; however, if the recipient's supply of donated drugs exceeds the need for donated drugs by indigent patients, then any other person in need of a particular drug can be an eligible patient; • "Eligible recipient," which means a pharmacy, wholesaler, reverse distributor, hospital, federally qualified health center, nonprofit clinic, healthcare facility, an entity participating in a drug donation or repository program pursuant to another state's law, or private office of a healthcare professional that has been authorized by the board of pharmacy; and • "Indigent patient," which means a patient whose income is at or below the income eligibility requirements of the West Virginia Medicaid program, or who is uninsured, underinsured, or enrolled in a public assistance health benefits program. § 60b-1-2 (authority and waivers) – permits a donor or eligible recipients to request a waiver or variance from the board with regard to any rule related to this program upon a showing that such action would be in the interest of public health and safety. The board and its rules have sole regulatory authority over the program. Notwithstanding any rule to the contrary: • A person or entity may dispose of an eligible drug by donating it to an eligible recipient in accordance with the rules of this program; • An eligible recipient including, but not limited to, a pharmacy may receive drugs from a donor; • An eligible recipient may accept donated drugs that are in tamper-evident packaging; and • An eligible recipient may receive, accept, replenish, repackage, and store donated drug samples. § 60b-1-3 (eligible drugs) – sets forth the circumstances under which donated drugs may be dispensed including that, for prescription drugs, such drugs do not expire before the completion of the medication by the eligible patient based on the prescribing healthcare professional's directions for use and, for over-the-counter drugs, they do not expire before use by the

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WEST VIRGINIA	
Miscellaneous provisions (continued)	eligible patient based on the directions for use on the manufacturer's label. § 60b-1-4 (eligible recipients) – provides that entities that are otherwise legally authorized to possess prescription drugs may become an eligible recipient for a period of one year by giving written notice to the board. That notice serves as the authority for the recipient to participate in the program for a period of one year, unless revoked by the board. An eligible recipient may renew its authority by sending written notice in subsequent years. The board shall publish a list of authorized recipients on its website. § 60b-1-5 (receipt, storage, and handling of donated drugs by an eligible recipient) – provides that a donor may donate drugs to an eligible recipient. An eligible recipient may receive, accept, donate, dispose, replenish, and store drugs that were either donated or repackaged as provided in this section. Sets forth the information required from a donor prior to the first donation and recordkeeping requirements for eligible recipients. § 60b-1-6 and § 15-20-8 (dispensing and distribution of donated drugs) – an eligible recipient may only dispense or administer prescription drugs if otherwise permitted by law. An eligible recipient may further donate unused prescription drugs to or receive unused prescription drugs from another eligible recipient in the program when one has the need for a drug and another has it available. Donated drugs may not be resold and shall be considered nonsalable. However, reimbursement for any handling fee authorized pursuant to this chapter does not constitute reselling. Sets forth immunity provisions for certain individuals and entities related to the program. Provides that an entity participating in a drug donation or repository program operated by another state may participate in this program and, in the case of a pharmacy, may dispense donated drugs to residents of this state.

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WEST VIRGINIA	
Miscellaneous provisions (continued)	§ 60b-1-7 (handling fees) – an eligible recipient may not charge or collect any fees from an eligible patient for drugs dispensed pursuant to this program. However, an eligible recipient may charge a handling fee for each donated drug that is dispensed. A handling fee may not exceed the reasonable costs of participating in the program. § 15-20-4 (authorization process for eligible recipients) – to be eligible for participation in the program, a pharmacy, wholesaler, reverse distributor, hospital, federally qualified health center, nonprofit clinic, healthcare facility, an entity participating in a drug donation or repository program pursuant to another state's law, or private office of a healthcare professional shall be in compliance with all applicable federal and state laws, including laws applicable to the storage and distribution of drugs and all the appropriate licensure standards, and shall hold active, state-issued licenses or registrations in good standing. The eligible recipient shall provide written notification to the board of participation in the program on the form provided on the board of pharmacy website. Program notification shall be accompanied by a notification fee of $50 annually. The notification shall serve for participation in the program for one year, unless revoked by the board. The eligible recipient may renew its authority via renotification annually by June 30. A donated drug repository program may withdraw from the program at any time by providing written notice to the board on a form provided and available on the board's website. § 15-20-5 (eligible drugs) – any individual who is 18 years of age or older may donate legally obtained prescription drugs or supplies to a drug repository program if the drugs meet the requirements of this rule. The 18 year or older parent or guardian of a minor may donate the minor's legally obtained drugs or supplies if all requirements are met. Sets forth the requirements for dispensing donated drugs and provides that a drop box may not be used to deliver or accept donations. § 15-20-7 (eligible patients) – an individual must have an income at or below the income eligibility requirements of the West Virginia Medicaid Program, be uninsured or underinsured, or enrolled in a public assistance health benefits program to be eligible to receive medication from a donated

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WEST VIRGINIA	
Miscellaneous provisions (continued)	drug repository. If a donated drug repository program's supply of donated drugs exceeds the need for donated drugs by indigent patients, then any other person in need of a particular drug can be an eligible patient. § 15-20-9 (required records) – sets forth recordkeeping requirements for the program. § 15-20-10 (exemption from disciplinary action, civil liability, or criminal prosecution) – sets forth immunity provisions for certain individuals and entities related to the program.
Recently proposed legislation	None
Program website	DRoP Program - Dispose Responsibly of Prescriptions

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Statute(s) and regulation(s)	• WIS. STAT. ANN. § 165.65 (West 2025) (drug disposal program) • WIS. STAT. ANN. § 255.056 (West 2025) (drug repository) • WIS. STAT. ANN. § 961.337 (West 2025) (drug disposal programs) • WIS. ADMIN. CODE DHS §§ 148.01 to 148.11 (2025) (collectively "Drug Repository Program")
Effective date(s)	• March 18, 2010 (§ 255.056) • January 1, 2011 (§§ 148.01 to 148.11) • July 1, 2015 (§§ 165.65 and 961.337)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 165.65 – definitions include: • "Drug disposal program," which means a program to receive household pharmaceutical items and to recycle, destroy, or otherwise dispose of those items. "Drug disposal program" does not include a sharps collection station; and • "Household pharmaceutical item," which means any of the following if lawfully possessed by an individual for the individual's own use, for the use of a member of the individual's household, or for the use of an animal owned by the individual or a member of the individual's household: a drug, prescription drug, or controlled substance or controlled substance analog and a device or object used for administering a drug. Except as otherwise provided by law, no person may receive household pharmaceutical items pursuant to a drug disposal program unless the department of justice grants written authorization for that program or the program is authorized under federal law. The department of justice may, without a hearing, grant written authorization to a person to operate a drug disposal program if all of the following conditions are satisfied: • The person adopts written policies and procedures that comply with this act. The department of justice shall review and either approve or disapprove in writing those policies and procedures; • If the drug disposal program will receive household pharmaceutical items in any manner other than the transfer

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WISCONSIN	
Program components (continued)	of a household pharmaceutical item in person to the program by a person that lawfully possesses the household pharmaceutical item, the person demonstrates to the satisfaction of the department of justice that those transfers will comply with any federal or state law applicable to the transportation and delivery of household pharmaceutical items. A political subdivision of the state may operate or the governing body of a political subdivision may grant written authorization for a person to operate a drug disposal program only if all of the following apply: • The political subdivision or the authorized person operates the drug disposal program only within the boundaries of the political subdivision; • The applicable requirements of this act are satisfied; and • The drug disposal program receives household pharmaceutical items only be means of delivery in person by a person that lawfully possesses the household pharmaceutical item, unless the drug disposal program is authorized under federal law to receive household pharmaceutical items by other means. A drug disposal program may operate within more than one political subdivision if the department of justice authorizes that program, all political subdivisions within which the program operates authorizes the program, or the program is authorized under federal law. A person that operates a drug disposal program, except a program authorized under federal law, shall establish and promptly update as appropriate written policies and procedures that do all of the following: Describe in detail the manner in which the program operates, including an identification of the kids of household pharmaceutical items that may be received under the program, whether the program may receive controlled substances and controlled substance analogs, whether household pharmaceutical items will be transferred by mail under the program, and the locations at which household pharmaceutical items may be transferred in person under the program;

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Program components (continued)	• List the name, address, telephone number, and 24-hour contact information for one or more persons in this state who are responsible for the operation of the program; and • Ensure compliance with federal and state laws. The operation of a drug disposal program, including a program that is authorized under federal law, shall immediately cease if a law enforcement officer, a federal law enforcement officer, the department of justice, or another federal or state agency notifies a designated contact person for the program that the program is in violation of any federal or state law enforceable by the officer, department of justice, or other agency. That notification is not subject to judicial review. The program may resume operation only upon the program's receipt of written notice from the officer, department of justice, or other agency that the program is no longer in violation of the law. Each person that operates a drug disposal program in this state shall, within 30 days after the program begins operation, notify and provide all of the following information to the department of natural resources: • The location and hours of operation of the program; • The name, address, telephone number, and 24-hour contact information for one or more persons in this state who are responsible for the operation of the program; and • A description of the household pharmaceutical items the drug disposal program may receive. § 961.337 - nothing in this chapter, or rules promulgated under this chapter, prohibits any of the following: (1) the direct operation or implementation of a drug disposal program authorized under state or federal law; or (2) the transfer by the ultimate user, or by another person that lawfully possesses the controlled substance or controlled substance analog, of a controlled substance or controlled substance analog to a drug disposal program that has been authorized under state or federal law and that accepts the controlled substance or controlled substance analog.
Miscellaneous provisions	§ 255.056 – requires the department to establish and maintain a drug repository program under which any person may donate an eligible drug or supply for use by an individual who meets the eligibility criteria specified by rule by the department. Donation may be made on the premises of a medical facility or pharmacy

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Miscellaneous provisions (continued)	that elects to participate in the program and meets the requirements specified by rule. The medical facility or pharmacy may charge an individual who receives a drug or supplies under this section a handling fee that may not exceed the amount specified by rule. A medical facility or pharmacy that receives a donated drug or supplies may distribute the drug or supply to another eligible medical facility or pharmacy for use under the program under this section. Sets forth the requirements for donated drugs including that a drug bear an expiration date that is later than 90 days after the date on which the drug was donated. No drugs or supplies that are donated for use under this section may be resold. Nothing in this section requires a medical facility, pharmacy, pharmacist, or practitioner to participate in the program under this section. Sets forth immunity provisions for certain individuals and entities. The department shall promulgate all of the following as rules: • Requirements for medical facilities and pharmacies to accept and dispense donated drugs or supplies under this section, including eligibility criteria; and standards and procedures for accepting, safely storing, inspecting, and dispensing donated drugs and supplies; • Eligibility criteria for individuals to receive donated drugs or supplies dispensed under the program which prioritize dispensation to individuals who are uninsured or indigent, but will permit dispensation to others if an uninsured or indigent individual is unavailable; • A means, such as an identification card, by which an individual who is eligible may indicate that eligibility; • Necessary forms for administration of the program including forms for use by persons that donate, accept, distribute, or dispense drugs or supplies under the program; • The maximum handling fee that can be charged; and • A list of drugs and supplies, arranged by category or by individual drug or supply, that the program will not accept and a statement that specifies the reason such drug or supply is ineligible for donation. DHS § 148.04 (requirements for participation by pharmacies and medical facilities) – participation in the program is

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Miscellaneous provisions (continued)	voluntary. A pharmacy or medical facility may elect to participate in the program by providing written notification to the department. Sets forth the information required to be included in the notification. A pharmacy or medical facility may fully participate in the program by accepting, storing, and dispensing donated drugs and supplies, or may limit its participation to only accepting and storing donated drugs and supplies. If a pharmacy or facility chooses to limit its participation, it shall distribute any donated drugs to a fully participating drug repository following the requirements of DHS § 148.09. A pharmacy or facility may withdraw from participation in the program at any time upon written notice to the department. DHS § 148.05 (recipient eligibility requirements) – any Wisconsin resident is eligible to receive drugs or supplies under the program in the order of priority established under DHS § 148.07. DHS § 148.06 (donations of drugs and supplies) – any one of the following persons may donate legally obtained drugs and supplies to a drug repository, if the drugs or supplies meet the requirements of this rule, as determined by a pharmacist: (1) an individual who is 18 years old or older; or (2) a pharmacy, medical facility, manufacturer, or distributor, if the donated drugs have not been previously dispensed or administered. Sets forth the drugs and supplies that are eligible and ineligible for donation. Provides that drugs and supplies may be donated on the premises of a drug repository to a person designated by the repository. A drop box may not be used to deliver or accept donations. DHS § 148.07 (dispensing requirements) – drugs and supplies shall be dispensed only to recipients who meet the eligibility requirements in DHS § 148.05, in the following order of priority: (1) individuals who are uninsured; (2) individuals who receive or are eligible to receive Medicaid, Medicare, or other government based health care; and (3) all other individuals who are otherwise eligible. DHS § 148.08 (handling fees) – a drug repository may charge the recipient of a drug or supply a handling fee of no more than

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Miscellaneous provisions (continued)	300 percent of the Medicaid dispensing fee for each drug or supply dispensed. DHS § 148.09 (distribution of donated drugs and supplies) – drug repositories may distribute drugs and supplies donated under the drug repository program to other repositories if requested by a participating repository. A repository that has elected not to dispense donated drugs or supplies shall distribute those items to a participating repository upon request. If a drug repository distributes drugs or supplies under this section, it shall complete a drug repository donor form. DHS § 148.10 (sale of donated drugs or supplies) – donated drugs and supplies may not be sold. DHS § 148.11 (recordkeeping requirements) – sets forth record-keeping requirements for donors and recipients.
Recently proposed legislation	None
Program website	Dose of Reality: Safe Disposal of Medications and Medical Supplies - WI Dept. of Health Services

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WYOMING	
Statute(s) and regulation(s)	• WYO. STAT. ANN. §§ 35-7-1601 to 35-7-1606 (West 2025) (collectively "Drug Donation Program") • 048.0044.2 WYO. CODE R. §§ 1 to 14 (2025) (collectively "Medication Donation Program")
Effective date(s)	• October 10, 2006 (048.0044.2, §§ 1 to 14) • July 1, 2009 (§§ 35-7-1601 to 35-7-1606)
Does the state allow drug take-back programs by statute/regulation?	Yes.
Program components	§ 35-7-1603 (drug donation, redispensing, and disposal program established; minimum requirements) – to the extent authorized by applicable federal law, the drug drop off and disposal program shall have the following features: • Drop off locations shall be located with donation sites as provided in this section or local law enforcement agencies approved by the DEA to the extent necessary under federal law; • Procedures shall be maintained for the documentation of all collected unused medication and for the environmentally safe disposal of unused medications; • The department shall provide for public education of potential participating consumers about the availability of the drug disposal program and proper and effective disposal of unused medications; and • The department shall cooperate with law enforcement agencies to the extent required for the collection under law enforcement supervision or the secure collection, storage, transport, and destruction of controlled substances.
Miscellaneous provisions	§ 35-7-1603 (drug donation, redispensing, and disposal program established; minimum requirements) – requires the department to establish a voluntary drug donation and disposal program. The program shall have the following features: • Any person or entity, including, but not limited to, a drug manufacturer, physician, or healthcare facility, may donate drugs to the drug donation program; • Drugs may be donated at a donation site maintained by the department, a take back event approved by the DEA, or at a physician's office, a pharmacy, or a healthcare facility that elects to participate in the program and meets the criteria established by the department; • Drugs shall be redispensed by the program only if they meeting requirements;

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	• A drug shall not be redispensed within two months of its expiration date; • Drugs in the program may be dispensed under the Medical Assistance and Services Act; • Drugs shall be delivered either to the department's central collection facility, a take back event approved by the DEA or one of its regional collection facilities; • Drugs available for redispensing shall be inventoried and posted on a list of drugs available for redispensing on the department's website; and • The department shall provide access to computer systems and technical assistance to aid individuals in applying for government and private prescription drug programs and discounts. § 35-7-1604 (program participants) – a physician, pharmacy, or healthcare facility that accepts donated drugs under the drug donation program shall comply with all applicable provisions of state and federal law relating to the storage, distribution, inspection, and dispensing of such drugs. Donated drugs may be redistributed to another participating physician, pharmacy, or healthcare facility for dispensing. Donated drugs shall only be dispensed to a patient pursuant to prescription as required by law. A physician, pharmacy, or healthcare facility may charge a handling fee for distributing or dispensing drugs under the drug donation program but shall not otherwise resell or charge for donated drugs. § 35-7-1605 (participant immunity) – sets forth immunity provisions for certain individuals and entities. § 35-7-1606 (rules and regulations; agency cooperation) – requires the department, in cooperation with the board of pharmacy, to promulgate rules and regulations implementing the drug donation program which shall include: • Eligibility criteria and other standards and procedures for participating physicians and healthcare facilities; • Necessary forms for administration of the program, including forms for persons donating, accepting, distributing, or dispensing drugs under the program; • Maximum handling fees; and • Categories of drugs that the program will and will not accept.

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	048.0044.2, § 3 (general provisions) – nothing in this chapter shall be construed as providing an individual with an entitlement to this program. Donated medications shall be dispensed upon a valid prescription of a licensed healthcare practitioner. Any location dispensing donated medications shall verify recipient eligibility and retain all records of eligibility for at least two years and shall use application forms provided by the program. 048.0044.2, § 4 (definitions) – definitions include: • "Central collection facility," which refers to the program's main location where all donated medications are processed before being dispensed directly to a recipient or given to a participating dispensing site for dispensing; • "Recipient," which means an individual who receives donated medications; and • "Site," which means a physician, pharmacy, or healthcare facility that participates in the program to collect donated medications or dispense donated medications. Sites shall all be located within Wyoming. 048.0044.2, § 5 (requirements for participating donation and dispensing sites) – provides that a participating site may either be a donation site or a dispensing site or both. A participating site may withdraw at any time upon written notification to the program and any contracts, agreements, or memorandum of understanding between the department and the site shall be rendered terminated. Participating sites may register with the program, and registration will be renewed annually in June. 048.0044.2, § 6 (eligibility requirements for acceptable donated medications) – sets forth requirements for donated medications, including that the expiration date of the medication shall be one year from the original dispensed date, if no expiration date is listed on the medication. If no expiration date or original dispense date can be identified, the medication shall not be accepted for donation. 048.0044.2, § 7 (standards and procedures for participating donation sites) – participating donation sites shall collect donated medication and ensure that donor forms are completed.

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WYOMING	
	All acceptable donated medications shall be shipped to the central collection facility for processing. 048.0044.2, § 8 (standards and procedures for participating dispensing sites) – participating dispensing sites shall be responsible for any costs associated with the dispensing process of donated medication stock received from the central collection facility. 048.0044.2, § 9 (eligibility criteria and requirements for recipients) – a recipient shall be a resident of Wyoming, have limited resources to purchase or limited access to prescription medication, and have a valid prescription in order to be eligible to receive donated medication from the program. Each recipient shall sign a release form stating they understand the immunity provisions of the program and acknowledging that the medication they will be receiving was originally dispensed to another patient. 048.0044.2, § 10 (recordkeeping requirements for participating sites) – sets forth recordkeeping requirements for sites related to the program. 048.0044.2, § 11 (forms) – provides that forms will be provided by the program to be utilized by participating sites, donors, or recipients including, but not limited to, donor, application, destruction, and registration forms. 048.0044.2, § 12 (handling fee) – provides that a handling fee may be charged to the recipient to whom the donated medication is dispensed. The handling fee shall be determined by the program to cover dispensing or distributing costs per prescription. Donated medications and supplies may not be sold. Participating dispensing sites shall obtain approval from the program prior to collecting handling fees from recipients. 048.0044.2, § 13 (over-the-counter medications and medical supplies) – over-the-counter medications may be accepted for donation. Medical supplies including, but not limited to, bandages, drainage bags, syringes, and medical tubing shall not be accepted for donation to the program.

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WYOMING	
	048.0044.2, § 14 (participating sites registry) – the program shall establish and maintain a participating site registry which shall be posted on the program's website for public view.
Recently proposed legislation	None
Program website	SafeMeds

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GUAM	
Statute(s) and regulation(s)	None
Effective date(s)	N/A
Does the state allow drug take-back programs by statute/regulation?	No.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	N/A

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PUERTO RICO	
Statute(s) and regulation(s)	None
Effective date(s)	N/A
Does the state allow drug take-back programs by statute/regulation?	No.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	N/A

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U.S. VIRGIN ISLANDS	
Statute(s) and regulation(s)	None
Effective date(s)	N/A
Does the state allow drug take-back programs by statute/regulation?	No.
Program components	N/A
Miscellaneous provisions	None
Recently proposed legislation	None
Program website	N/A

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California A.B. 1394, 2025-2026 Reg. Sess. (Cal. 2025) (4/2/2025 – re-referred to committee on health)	This bill creates § 1179.803 in the Health and Safety Code which provides that, in order to reduce the rate of fatal overdoses from prescription drugs, the department of public health shall, subject to appropriations, establish and administer a statewide program that awards funding to local health departments, local government agencies, or, on a competitive basis, to community-based organizations, regional opioid prevention coalitions, or both, to distribute personal opioid disposal systems to individuals to encourage safe disposal practices and mitigate risks associated with unused or expired prescription opioids. It requires the agency, if establishing and administering a statewide program, to establish guidelines for the environmentally safe and effective use of personal opioid disposal systems, provide an online portal for individuals to request a personal opioid disposal system, and prioritize communities disproportionately affected by the opioid crisis when distributing resources under the statewide program. "Personal opioid disposal system" is defined to mean a portable product designed for a patient's personal use for the purpose of allowing the patient of a prescribed drug containing an opioid to deactivate the prescribed drug containing an opioid to a non-retrievable condition or state.
Georgia H.B. 923, 158th Gen. Assemb. (Ga. 2025) (4/4/2025 – House first readers)	This bill would create § 26-4-120 which would require that each pharmacy in Georgia that dispenses prescription drugs shall, when dispensing a Schedule II controlled substance and any other prescription drug as may be designated by the board to an individual located in Georgia, provide written informational material that notifies the individual, among other things, that when unused, unwanted, or expired prescription drugs are not properly, safely, and promptly disposed of, the following may occur: • There is a risk that prescription drugs can be stolen, diverted, abused, misused, or accidentally ingested, which can pose a risk to the health and safety of the patient and other members of the patient's household; • Children are particularly at risk of accidentally ingesting such drugs; • When prescription drugs are improperly disposed of or flushed down the drain, such drugs can leak into the ecosystem which can have a potentially adverse or harmful effect on the environment; and

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PENDING FEDERAL AND STATE LEGISLATION	
State/Bill Number/ Status	**Description**
	• When prescription drugs are disposed of in the household trash without such drugs having been rendered unusable and unavailable, they may be diverted or misused. The pharmacy shall also provide written materials concerning how to properly, safely, and promptly dispose of unused, unwanted, or expired prescription drugs. Such material may include, but shall not be limited to, information concerning the drug disposal options made available pursuant to this statute. Each such pharmacy would also be required to make available onsite, for purchase or at no cost to the patient, at least one consumer method for individuals to safely and effectively dispose of unused, unwanted, or expired prescription drugs in the home. Such methods shall include a nonprescription in-home solution or a secured medication collection receptacle or box. It requires that each nonprescription in-home solution shall: • Enable the patient to directly and safely discard unused, unwanted, or expired prescription drugs at home when the current state or federally recommended methods or specialized collections are neither available nor convenient or when waiting for any such event will increase the opportunity for household harm, unintended risk, or human exposure; • Offer the patient an effective system that alters the physical integrity of the prescription drug's formulation; • Render the active ingredient or ingredients unusable for practicable purposes, thereby mitigating the risk of nonmedical use or overdose; • Serve as nontoxic, nonhazardous, pose no threat to the patient, and reduce the prescription drug's exposure to the environment; and • Act as a deterrent for misuse with simple and effective education. It also requires that each secured medication collection receptacle or box be made available in accordance with DEA regulations and be marked and identified by prominent signage. It would require each manufacturer, supplier, or servicing agent of a commercial collection program that uses secured medication collection receptacles or boxes to comply with DEA regulations and

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	ensure that methods of incineration are in accordance with the permitted hazardous waste combustor recommendations.
Illinois H.B. 2346, 104th Gen. Assemb., 1st Reg. Sess. (Ill. 2025) (6/24/2025 – sent to governor)	This bill creates new section 410 s. 715/70 which requires the department of public health to do the following: • Develop, maintain, and publish on its website information regarding the names and locations of pharmacies participating in the Illinois Drug Reuse Opportunity Program; • Educate pharmacies in the state about the program and how to participate in it voluntarily; • Develop and publish educational materials to allow program participants and the department to inform the general public about the purposes and benefits of the program; and • Collect information from participants and publish the information in an annual report to the General Assembly by December 31 of each calendar year beginning December 31, 2026.
Kentucky H.J.R. 37, Reg. Sess. (Ky. 2025) (2/27/2025 – to health services committee)	Joint resolution directing the Cabinet for Health and Family Services to implement an in-home drug disposal pilot program. The pilot program will begin on January 1, 2026, to study the effectiveness of in-home prescription drug disposal and requires the submission of a report to the interim joint committee on health services by December 1, 2027. The resolution requires the Cabinet of Health and Family Services, in consultation with the board of pharmacy, to implement a pilot program that will operate from January 1, 2026, to November 1, 2027, to track the number of in-home drug disposal systems distributed by participating pharmacies and monitor local health data for a reduction in opioid-related overdoses and deaths. It also requires that the Cabinet submit a report by December 1, 2027, to the legislature that provides certain information including, but not limited to, performance measures.
Massachusetts H.B. 1374, 194th Gen. Ct. (Mass. 2025) (6/6/2025 – hearing scheduled for June 11)	This bill adds new sections related to the creation of a drug donation program that permits any person, including an individual member of the public, or any entity legally authorized to possess medicine, to donate medicine to a any entity legally authorized to possess medicine with a license or permit in good standing in the state in which it is located including, but not limited to, a wholesaler or distributor, or reverse distributor, repackager, hospital, pharmacy, clinic, or prescriber office ("recipient"). It requires that the recipient record certain information from donors before accepting medicine for redispensing. It permits a recipient to transfer donated medicine to

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	another recipient or to an entity participating in a drug donation program operated by another state; repackage donated medicine as necessary for storage, dispensing, administration, or transfers; and replenish medicine of the same drug name and strength previously dispensed or administered to eligible patients. Recipients may not accept controlled substances.
Nebraska L.B. 261, 109th Leg., 1st Reg. Sess. (Neb. 2025) (5/21/2025 – approved by governor)	This is an appropriations bill that includes $289,416 general funds to contract for services for implementation of a statewide drug disposal project.
New York A.B. 3310, 248th Leg. Sess. (N.Y. 2025) (1/27/2025 – referred to higher education) S.B. 7373, 248th Leg. Sess. (N.Y. 2025) (4/11/2025 – referred to higher education)	Creates Education Law § 6833, repository program, to require the board of pharmacy to establish a drug repository program to accept and dispense prescription drugs donated for the purpose of being dispensed to individuals who are residents of New York and meet eligibility standards established in rules and regulations adopted pursuant to this section. It provides that prescription drugs donated by individuals bearing an expiration date that is less than six months from the date the drug is donated shall not be accepted or dispensed. Subject to limitations set forth in this section, unused prescription drugs dispensed for purposes of the Medicaid program may be accepted or dispensed under the program. It would permit any person, including a drug manufacturer or healthcare facility, to donate prescription drugs to the program at a pharmacy, hospital, or nonprofit clinic that elects to participate and meets the criteria for participation.
Oklahoma S.B. 444, 60th Leg., 1st Reg. Sess. (Okla. 2025) (2/24/2025 – placed on general order)	Amends 63, § 2-315 to permit an ultimate user who has lawfully obtained a controlled dangerous substance, without being registered pursuant to state law, to deliver the substance to an authorized person for the purpose of disposal of the substance pursuant to federal law. It provides that if a person dies while lawfully in possession of a controlled dangerous substance for personal use, any person lawfully entitled to dispose of the decedent's property may deliver the controlled dangerous substance to another person for the purpose of disposal under the conditions provided by federal law.
South Carolina S.B. 653, 126th Gen. Assemb., 1st Reg. Sess. (S.C. 2025) (5/6/2025 – referred	This bill creates § 44-140-10 to add a definition of "in-home drug disposal system," which means a site of use system of drug disposal that changes the physical integrity of the formulation of a drug and renders the active ingredients of such drug unusable for all practical purpose.

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to committee on medical affairs)	
Texas H.B. 5248, 89th Leg. (Tex. 2025) (5/15/2025 – placed on general state calendar) S.B. 1263, 89th Leg. (Tex. 2025) (5/26/2025 – placed on general state calendar)	These bills amend the laws related to the safe disposal of prescription drugs, Health & Safety Code §§ 442A.001 to 442A.103, to change "board" to "department" throughout, simplify eligibility, remove unused components such as mail-back envelopes, and clarify funding mechanisms.

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ABOUT THE LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

The Legislative Analysis and Public Policy Association (LAPPA) is a 501(c)(3) nonprofit organization whose mission is to conduct legal and legislative research and analysis and draft legislation on effective law and policy in the areas of public safety and health, substance use disorders, and the criminal justice system.

LAPPA produces cutting edge model laws and up-to-the-minute comparative analyses, publications, educational brochures, and other tools that can be used by national, state, and local criminal justice and substance use disorder practitioners who want the latest comprehensive information on law and policy. Examples of topics on which LAPPA has assisted stakeholders include naloxone laws, treatment in emergency settings, alternatives to incarceration for those with substance use disorders, medication for addiction treatment in correctional settings, and syringe services programs.

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