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Testimony before the

Council of the District of Columbia

Committee on Health

on

The Unused Pharmaceutical Safe Disposal Act of 2009

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Presented by

Robert A. Malson

President

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Chairman Catania and members of the Committee on Health, I am Robert A. Malson, President of the District of Columbia Hospital Association (DCHA). DCHA members employ approximately 30,000 people who are on the front lines for delivering quality health care and for responding to any medical emergency in the District of Columbia. We provide over 720,000 days of patient care annually with an annualized occupancy rate of approximately 75 percent. The emergency room visits exceed 410,000 and, collectively, we provide over \$220 million in unsponsored care annually. Clearly, we play a critical role in the District's health care delivery system.

Thank you for allowing me the opportunity to testify regarding the Unused Pharmaceutical Safe Disposal Act of 2009. It is our understanding that the goal of this bill is to facilitate the safe disposal of used or expired pharmaceuticals by consumers and health care facilities. We support the Committee's efforts to enact a law that will help better the District's environment and improve the health of its residents.

Nonetheless, implementation of the bill as written would be operationally and financially burdensome to our hospitals.

Currently, an estimated six to eight percent of a hospital's formulary is regulated by the Environmental Protection Agency (EPA) and disposed of as hazardous waste. The other 92 to 94 percent of the formulary is historically disposed of in a variety of ways, such as reverse distribution techniques, where the unused pharmaceuticals are sent back to their manufacturer. Some may also be disposed of as per the manufacturer's suggested method, which could possibly mean being flushed or placed in the trash. Although these methods are less than ideal, they far surpass an alternative of having all pharmaceuticals disposed of as hazardous materials. For one local

midsize hospital, disposal of all pharmaceutical material as hazardous waste would cost an average of \$521, 897 per year, as opposed to the approximately \$32,910 it currently costs to dispose of pharmaceuticals classified as hazardous waste under the Resource Conversation and Recovery Act (RCRA). In these difficult financial times, this is an increased operational cost hospitals simply cannot afford to bear.

The bill calls for each hospital to develop its own plan for disposal of unused pharmaceuticals, an approach that we feel will lead to uncertainty in enforcement and would make uniform implementation of the law unfeasible. Instead of mandating a series of individual plans, we suggest that the Department of Health (DOH) would be responsible for working with hospitals and other health care facilities to define approved methods for disposing of different types of pharmaceuticals that would be acceptable under all District and federal guidelines. Stakeholders could work together to develop a single template for disposal that all can agree on and follow. These DOH-approved methods would provide a set of uniform expectations for all health care facilities, making adherence and enforcement easier for all. Instead of holding DOH responsible for determining an “appropriate facility” for the disposal of unused pharmaceuticals, health care facilities would work with their vendors to ensure proper disposal.

Mr. Chairman, we continue to be supportive of your efforts to ensure the good health of all the District’s residents and are eager to work with you to develop ways to improve this legislation. We welcome the opportunity to answer your questions.