
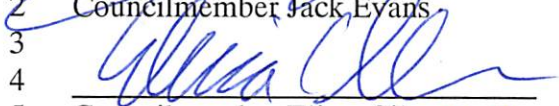
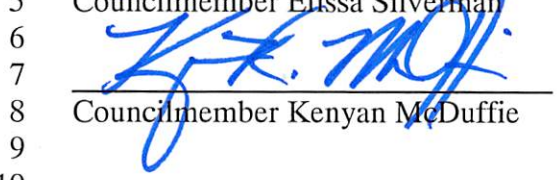




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2 Councilmember Jack Evans  
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4 Councilmember Elissa Silverman  
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6 Councilmember Kenyan McDuffie  
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Councilmember Brandon T. Todd  
  
Councilmember Robert C. White, Jr.

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12 A BILL  
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17 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
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20  
21 To establish a pilot program within the Department of Health for the donation and redistribution  
22 of certain unused prescription medications to low-income District of Columbia residents.  
23

24 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
25 act may be cited as the "Prescription Drug Donation Pilot Program Act of 2017".

26 Sec. 2. Prescription Drug Donation Pilot Program.

27 (a) The Department of Health ("DOH"), in cooperation with the Board of Pharmacy  
28 ("Board"), shall establish and implement a pilot program consistent with public health and safety  
29 standards through which unused prescription medications, other than controlled substances, may  
30 be donated. Under the pilot program, any person, prescription drug manufacturer or distributor,  
31 pharmacy, health care provider or health care facility may donate their own drugs. Donations  
32 may be made on the premises of a medical facility or pharmacy that elects to participate in the  
33 pilot program and meets the requirements of DOH. The pilot program shall be implemented from

34 January 1, 2018, through January 1, 2020.

35 (b) DOH shall designate a location to centrally store drugs donated under this subchapter  
36 for distribution to qualifying recipients.

37 (c) DOH shall establish and maintain an electronic database that lists the name and  
38 quantity of each drug donated to DOH under the pilot program and is accessible by a charitable  
39 medical clinic, physician, or other licensed health care professional to search for and request  
40 donated drugs.

41 (d) DOH shall administer the pilot program and shall establish rules and regulations  
42 governing the pilot program, including establishing:

43 (1) Requirements for participation by pharmacies and medical facilities;

44 (2) Eligibility criteria for a pharmacy, health care facility, and nonprofit clinic to  
45 receive donated pharmaceutical products and medical supplies under the pilot program;

46 (3) Dispensing requirements for a pharmacy, health care facility, and nonprofit clinic  
47 to dispense donated pharmaceutical products and medical supplies under the pilot program;

48 (4) Standards and procedures for accepting, safely storing, and dispensing donated  
49 pharmaceutical products and medical supplies;

50 (5) Standards and procedures for inspecting donated pharmaceutical products and  
51 medical supplies to determine that the original unit dose packaging is sealed and tamper-evident  
52 so that the pharmaceutical products are unadulterated, safe, and suitable for dispensing;

53 (6) Individual eligibility requirements based on economic need and income for  
54 District of Columbia residents to receive donated pharmaceutical products and medical supplies;

55 (7) Veterans will be exempt from individual eligibility requirements based on

56 economic need and income;

57 (8) The maximum handling fee that may be imposed by a clinic or physician  
58 providing or administering a donated drug to a patient;

59 (9) Record keeping requirements; and

60 (10) Any other standards and procedures DOH considers necessary or appropriate.

61 (e) Donated drugs and supplies shall not be resold.

62 (f) DOH shall not charge a fee for the drugs donated under the pilot program other  
63 than a nominal handling fee to defray the costs incurred in implementing the pilot program.

64 Sec 3. Additional requirements for drug donations.

65 (a) Any drug donated shall be in its original, unopened, sealed, and tamper-evident unit  
66 dose packaging.

67 (b) Drugs within 6 months of expiration and expired drugs shall not be accepted for  
68 donation. The packaging of any drug donated shall display its date of expiration.

69 (c) Donors shall be required to sign a waiver that affirms:

70 (1) The drugs are correctly labeled;

71 (2) The donor is relinquishing its ownership the drugs;

72 (3) The all drugs are in original, unopened, sealed, and tamper-evident unit dose  
73 packaging;

74 (4) None of the donated drugs are within 6 months of expiration or expired.

75 (d) In the event the pilot program receives expired drugs, it shall dispose of those drugs in  
76 a manner consistent with the provisions of the Unused Pharmaceutical Safe Disposal Act of  
77 2009, effective March 5, 2010 (D.C. Law 18-112; D.C. Official Code § 48-851.01 *et seq.*).

78           Sec. 4. Reporting requirements.

79           (a)(1) DOH, in cooperation with the Board, shall monitor the pilot program and submit  
80 two (2) reports along with any recommendations or findings to the Committee on Health of the  
81 Council:

82                   (2) The first report on or before February 1, 2019; and

83                   (3) The second report on or before February 1, 2020.

84           (b) The report must include:

85                   (1) The pilot program's efficacy in expanding access to prescription  
86 medications;

87                   (2) Any cost savings to the District resulting from or projected to result from  
88 the pilot program;

89                   (3) An evaluation of the pilot program's database and system of distribution;

90                   (4) Any health and safety issues posed by providing or administering donated  
91 drugs;

92                   (5) Recommendations on improvements to the pilot program; and an evaluation  
93 of potential expansion of the pilot program.

94           Sec. 5. Immunities and liabilities.

95           (a) No person shall be subject to civil or criminal liability or professional disciplinary  
96 action for:

97                   (1) Participating in good faith compliance with this act;

98                   (2) Refusing to participate in providing a covered medication under this act; or

99 or

100 (3) Being present when a qualified patient takes a covered medication.

101 (b) Nothing in this act shall be interpreted to lower the applicable standard of care for any  
102 physician, pharmacist, or other health care provider participating in this act.

103 Sec. 6. Fiscal impact statement.

104 The Council adopts the fiscal impact statement in the committee report as the fiscal  
105 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
106 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

107 Sec. 7. Effective date.

108 This act shall take effect following approval by the Mayor (or in the event of veto by the  
109 Mayor, action by the Council to override the veto), a 30-day period of congressional review as  
110 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December  
111 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of  
112 Columbia Register.