

118TH CONGRESS
2D SESSION

H. R. 8570

To establish a pharmacy program to award grants for safe in-home drug disposal and practical medication safety education, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 24, 2024

Mr. HUDSON introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To establish a pharmacy program to award grants for safe in-home drug disposal and practical medication safety education, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Safe In-Home Drug
5 Disposal Initiative Act of 2024” or the “SIDDI Act of
6 2024”.

7 **SEC. 2. SAFE IN-HOME DRUG DISPOSAL INITIATIVE.**

8 (a) IN GENERAL.—Not later than 180 days after the
9 date of enactment of this Act, the Secretary of Health and
10 Human Services, acting through the Assistant Secretary

1 for Mental Health and Substance Use, (in this section re-
2 ferred to as the “Secretary”) shall establish a program
3 to award grants to States to implement targeted State
4 demonstration initiatives (in this section referred to as
5 “TSDIs”). Such TSDIs shall reimburse licensed phar-
6 macies that choose to participate in the TSDI (in this sec-
7 tion referred to as “participating pharmacies”) for the
8 provision to eligible patients, in coordination with the de-
9 livery of drug prescriptions, of in-home drug disposal sys-
10 tems and standard medication safety education.

11 (b) APPLICATION.—To be eligible to receive a grant
12 under this section, a State shall submit to the Secretary
13 an application at such time, in such manner, and con-
14 taining such information as the Secretary may require.
15 Such an application shall—

16 (1) identify the State agency that oversees
17 pharmaceutical care and will be responsible for ad-
18 ministering a TSDI through a grant under this sec-
19 tion;

20 (2) identify the single pharmacy benefit man-
21 ager (commonly known as a “PBM”) that will be re-
22 sponsible for—

23 (A) adjudicating claims under the TSDI;

24 (B) reimbursing participating pharmacies;

25 and

1 (C) facilitating the type of customization
2 required to successfully administer a custom,
3 fully transparent program, with pass-through
4 claims adjudication services benefitting pa-
5 tients, plans, and pharmacies;

6 (3) outline the process by which participating
7 pharmacies will submit usual and customary costs
8 related to the reimbursement and remuneration of
9 services, including detailed reporting on—

10 (A) criteria of patient selection;

11 (B) initial activity; and

12 (C) patient engagement factors;

13 (4) detail the process through which standard
14 medication safety education will be communicated by
15 each participating pharmacist or pharmacy techni-
16 cian at the point of dispensing, allowing for unique
17 needs and education to be tailored for State-, coun-
18 ty-, town-, and municipality-specific needs;

19 (5) detail a plan to increase participation rates
20 of pharmacists and pharmacy technicians through a
21 single electronic pharmacy claim process;

22 (6) state the remuneration amounts for the pro-
23 vision of standard medication safety education, and
24 the reimbursement amounts for in-home drug dis-
25 posal systems, which for each eligible patient shall

1 be assessed separately but processed through a sin-
2 gle electronic claim;

3 (7) describe how the State will select phar-
4 macies to be served under the TSDI; and

5 (8) include the number of eligible patients to be
6 served under the TSDI.

7 (c) NUMBER.—The Secretary shall award grants
8 under this section to not more than 5 States.

9 (d) GRANT PERIOD.—A grant awarded under this
10 section shall be for a period of at least 3 years.

11 (e) ACCOUNTABILITY AND OVERSIGHT.—As a condi-
12 tion of receiving a grant under this section, a State shall
13 agree to submit to the Secretary, at such time and in such
14 manner as the Secretary may reasonably require, a report
15 on the TSDI of the State implemented through such
16 grant. Such report shall—

17 (1) list the number of pharmacy locations that
18 are reimbursed through the grant funds;

19 (2) describe the activities undertaken by the
20 State using the grant amounts, outlining the in-
21 home drug disposal solutions distributed and the pa-
22 tient education delivered;

23 (3) survey pharmacies to collect demographic
24 information on participating patients, medication

1 types prescribed, and the effective use of the in-
2 home drug disposal systems; and

3 (4) contain performance measures relating to
4 the effectiveness of the grant, including changes in
5 the participation rate of eligible patients and the en-
6 gagement with pharmacists.

7 (f) DEFINITIONS.— In this section:

8 (1) ELIGIBLE PATIENTS.—The term “eligible
9 patients” means patients receiving an opioid pre-
10 scription who are at risk of experiencing an opioid-
11 related overdose, including such patients—

12 (A) with a first-time opioid prescription;

13 (B) with an acute opioid prescription pre-
14 scribed for a short-term illness or condition; or

15 (C) that have received a change in the
16 opioid dosage of an acute or chronic opioid pre-
17 scription.

18 (2) IN-HOME DRUG DISPOSAL SYSTEM.— The
19 term “in-home drug disposal system” means a sys-
20 tem of drug disposal—

21 (A) that changes the physical integrity of
22 the formulation of a drug;

23 (B) that renders the active ingredients of
24 such drug unusable for all practical purposes;

25 (C) that—

- 1 (i) is nontoxic and nonhazardous;
2 (ii) poses no threat to the consumer;
3 and
4 (iii) reduces drug exposure to the en-
5 vironment; and
6 (D) that acts as a deterrent for misuse of
7 drugs.

8 (3) STANDARD MEDICATION SAFETY EDU-
9 CATION.—The term “standard medication safety
10 education” means medication safety education—

11 (A) provided by a pharmacist or pharmacy
12 technician to eligible patients for a duration of
13 not more than 5 minutes per patient; and

14 (B) that includes information relating to—

- 15 (i) proper medication storage;
16 (ii) risks associated with keeping un-
17 used medication in the home;
18 (iii) proper in-home disposal of un-
19 used medication; and
20 (iv) in the case of naloxone that is
21 prescribed as an opioid medication, the
22 proper use of such naloxone

23 (4) STATE.—The term “State” means each of
24 the several States, the District of Columbia, and any
25 territory of the United States.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$56,000,000 for the period of fiscal years 2025 through
4 2029.

○