

SHB 1047 - H AMD 57

By Representative Schmick

NOT CONSIDERED 01/05/2018

1 On page 14, beginning on line 3, after "(1)" strike all material
2 through "participate." on line 6 and insert "(a) All administrative
3 and operational costs associated with establishing and implementing
4 approved drug take-back programs must be covered as provided in (b) of
5 this subsection."

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7 On page 14, after line 17, insert the following:

8 "(b) By rule, the department shall develop a methodology for
9 dividing program administrative and operational costs among drug
10 supply chain participants. The department shall: Require program
11 operators to provide an accounting of their costs under (a) of this
12 subsection following the close of each accounting year; determine an
13 assessment methodology to divide program administrative and
14 operational costs equally among drug supply chain participants;
15 establish procedures for collecting assessments from drug supply chain
16 participants; and reimburse each program operator for its costs under
17 (a) of this subsection, minus the program operator's equitable share
18 of the costs. For purposes of this subsection, "drug supply chain
19 participants" means covered manufacturers, pharmacy benefit managers,
20 drug wholesalers, retail pharmacies, and health care providers with
21 prescriptive authority."

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EFFECT: Requires the Department of Health (DOH) to develop a methodology for dividing drug take-back programs' administrative and operational costs among "drug supply chain participants," defined as covered manufacturers, pharmacy benefit managers, drug wholesalers, retail pharmacies, and health care providers with prescriptive authority (instead of requiring covered manufacturers to pay all administrative and operational costs). Requires the DOH to: (1) require program operators to provide an annual account of their

costs; (2) determine an assessment methodology to divide the costs equally among drug supply chain participants; (3) establish procedures for collecting the assessments; and (4) reimburse program operators for their costs, minus their equitable share.

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