

.....
(Original Signature of Member)

118TH CONGRESS
2D SESSION

H. R. _____

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

Mr. HUDSON introduced the following bill; which was referred to the
Committee on _____

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”.

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

2 (a) IN GENERAL.—Not later than 180 days after the
3 date of enactment of this Act, the Secretary of Health and
4 Human Services, acting through the Assistant Secretary
5 for Mental Health and Substance Use, (in this section re-
6 ferred to as the “Secretary”) shall establish a program
7 to award grants to States to implement targeted State
8 demonstration initiatives (in this section referred to as
9 “TSDIs”). Such TSDIs shall reimburse licensed phar-
10 macies that choose to participate in the TSDI (in this sec-
11 tion referred to as “participating pharmacies”) for the
12 provision to eligible patients, in coordination with the de-
13 livery of drug prescriptions, of in-home drug disposal sys-
14 tems and standard medication safety education.

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

20 (1) identify the State agency that oversees
21 pharmaceutical care and will be responsible for ad-
22 ministering a TSDI through a grant under this sec-
23 tion;

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

- 1 (A) adjudicating claims under the TSDI;
- 2 (B) reimbursing participating pharmacies;
- 3 and
- 4 (C) facilitating the type of customization
- 5 required to successfully administer a custom,
- 6 fully transparent program, with pass-through
- 7 claims adjudication services benefitting pa-
- 8 tients, plans, and pharmacies;
- 9 (3) outline the process by which participating
- 10 pharmacies will submit usual and customary costs
- 11 related to the reimbursement and remuneration of
- 12 services, including detailed reporting on—
- 13 (A) criteria of patient selection;
- 14 (B) initial activity; and
- 15 (C) patient engagement factors;
- 16 (4) detail the process through which standard
- 17 medication safety education will be communicated by
- 18 each participating pharmacist or pharmacy techni-
- 19 cian at the point of dispensing, allowing for unique
- 20 needs and education to be tailored for State-, coun-
- 21 ty-, town-, and municipality-specific needs;
- 22 (5) detail a plan to increase participation rates
- 23 of pharmacists and pharmacy technicians through a
- 24 single electronic pharmacy claim process;

1 (6) state the remuneration amounts for the pro-
2 vision of standard medication safety education, and
3 the reimbursement amounts for in-home drug dis-
4 posal systems, which for each eligible patient shall
5 be assessed separately but processed through a sin-
6 gle electronic claim;

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

9 (8) include the number of eligible patients to be
10 served under the TSDI.

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

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

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

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

23 (2) describe the activities undertaken by the
24 State using the grant amounts, outlining the in-

1 home drug disposal solutions distributed and the pa-
2 tient education delivered;

3 (3) survey pharmacies to collect demographic
4 information on participating patients, medication
5 types prescribed, and the effective use of the in-
6 home drug disposal systems; and

7 (4) contain performance measures relating to
8 the effectiveness of the grant, including changes in
9 the participation rate of eligible patients and the en-
10 gagement with pharmacists.

11 (f) DEFINITIONS.— In this section:

12 (1) ELIGIBLE PATIENTS.—The term “eligible
13 patients” means patients receiving an opioid pre-
14 scription who are at risk of experiencing an opioid-
15 related overdose, including such patients—

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

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

19 (C) that have received a change in the
20 opioid dosage of an acute or chronic opioid pre-
21 scription.

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

1 (A) that changes the physical integrity of
2 the formulation of a drug;

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

5 (C) that—

6 (i) is nontoxic and nonhazardous;

7 (ii) poses no threat to the consumer;

8 and

9 (iii) reduces drug exposure to the en-
10 vironment; and

11 (D) that acts as a deterrent for misuse of
12 drugs.

13 (3) STANDARD MEDICATION SAFETY EDU-
14 CATION.—The term “standard medication safety
15 education” means medication safety education—

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

19 (B) that includes information relating to—

20 (i) proper medication storage;

21 (ii) risks associated with keeping un-
22 used medication in the home;

23 (iii) proper in-home disposal of un-
24 used medication; and

1 (iv) in the case of naloxone that is
2 prescribed as an opioid medication, the
3 proper use of such naloxone

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

7 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
8 authorized to be appropriated to carry out this section
9 \$56,000,000 for the period of fiscal years 2025 through
10 2029.