



State of Connecticut  
Department of Developmental Services



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**TESTIMONY OF THE  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
TO THE  
ENVIRONMENT COMMITTEE**

**H.B. No. 6439 AN ACT CONCERNING THE DISPOSAL AND COLLECTION OF  
UNUSED MEDICATION**

**February 25, 2013**

Senator Meyer, Representative Gentile and members of the Environment Committee. I am Terrence W. Macy, Ph.D., Commissioner of the Department of Developmental Services. Thank you for the opportunity to submit testimony on **House Bill 6439, AN ACT CONCERNING THE DISPOSAL AND COLLECTION OF UNUSED MEDICATION**.

The Department of Developmental Services (DDS) had discussions with specific legislators during the 2012 legislative session regarding the disposal of unused prescription medications. I appreciate their advocacy on this issue and am aware of concerns related to the flushing of medications at facilities operated or funded by DDS.

While DDS can certainly appreciate the concerns from an environmental perspective, I need to reiterate some concerns that DDS has related to this issue. While DDS is willing to explore other disposal options, several factors must be taken into account. DDS regulations require that two staff to be present and to sign off when non-controlled medications are discarded. For controlled medications, one of the staff must be a licensed nurse, and in non-community based residential facilities (i.e. campus facilities), the Department of Consumer Protection (DCP) is required to participate if more than a single dose needs to be destroyed. The purpose of these requirements is to minimize the possible diversion of unused medications and to maintain the safety of DDS consumers. DDS has limited staff resources and our first priority must be the health and safety of the individuals who are receiving direct care and support. With these limited staff resources, it may be impractical or even impossible to require a process that includes leaving the residence to dispose of medications (such as at a local drop off location).

While there appear to be options related to disposal methods involving regular trash disposal, there are some obstacles to be explored:

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- Current practice is to dispose of medications by flushing at the first opportunity when the appropriate staff is available. A weekly trash collection could delay this process and require an alternate system to be set up, for example a separate locked cabinet to store the unused, to-be-discarded medications, separate from other medications.
- Contracting with an appropriate disposal company would have some fiscal impact for the department. DDS does not currently have an accurate method to ascertain the frequency/volume of disposal across all DDS settings. While we have attempted to collect this type of information on a pilot basis, it would be difficult to generalize any data collected over our entire population as needs vary widely among individual settings.
- There appears to be some conflicting guidance on the proper disposal method for medications. For example, while the Department of Energy and Environmental Protection has guidance for trash disposal methods, the Federal Drug Administration website provides guidance that includes recommended flushing for certain medications.
- DDS is also concerned whenever there is an attempt to treat individuals in a group home differently than other persons living in single family residences. To our knowledge, there is no prohibition against flushing for single family homes.

While the Department could not commit to stopping the practice of flushing medications last session, nor can we this session, we did agree to begin looking at some alternatives within available resources and had indicated that we would share our to-date findings with you during the 2013 legislative session. We decided to first focus on determining the volume of medications that need to be disposed of in specific settings such as Southbury Training School and one of our regional centers, and then to explore other potential options to flushing. DDS's Director of Health and Clinical Services, the manager charged with gathering this information, retired during 2012 after this commitment had been made. While the position was refilled, the individual did not start in this position until last week. DDS is still in the process of determining what information has been collected on this issue from regional staff. We will get this information to your committee as soon as we have it. Additionally, we would be interested in meeting with representatives of hospitals or other facilities who manage medication disposal, either by incineration or through contracting with a pharmacy for disposal, to see if either of these options would be viable for our larger residential facilities.

Again, thank you for the opportunity to testify on this important issue. If you have any questions or need any additional information from DDS, please contact Christine Pollio Cooney, Director of Legislative and Executive Affairs at (860) 418-6066.