

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE
Transcriber's Office
FLOOR DEBATE

March 13, 2003 LB 756

have the opportunity to sign onto it. You're more than welcome to put your names on so...at any point in time you can, because this is an awesome bill. I introduced LB 756 because I know from my own personal experience how much medication is left when a loved one dies from cancer. Any medication that's left must be destroyed, and when my husband Rick passed away two years ago, I had or three or four thousand dollars worth of prescriptions that I had to dispose of because there was no place to take them or to give them away. And it doesn't matter if the bill (sic) has ever been opened. It doesn't matter how expensive the bills (sic) were. They all must be destroyed. I think this is a terrible waste of good medicine. It's also extremely difficult for a grieving family member to see this medicine go to waste. This bill gives us the opportunity to provide medication for at little or no cost to people that may not be able to afford that drug on their own. The idea for LB 756 was brought to me by the American Cancer Society. It was based on a broader drug repository program passed in Ohio in December and signed by their governor on January 6, 2003. Nebraska would be the second state to implement a drug repository program if we're successful in working with LB 756 and passing it. I chose to limit LB 756 to just cancer drugs for two reasons. The mortality rate for cancer is high, and multiple drugs are prescribed at the end of a cancer person's life. That results in a lot of unused drugs when the patient dies. I want to start this program out small so that we can work out the kinks and keep the costs down. The program could be expanded at a later date to include other drugs for other fatal diseases in the future. We're plowing new ground here and we want to do it the right way the first time. We want the program to work and accomplish our intent. LB 756 requires Health and Human Services and the Board of Pharmacy to establish a Cancer Drug Repository Program for the collection and redistribution of unaltered cancer drugs in their original, sealed, and tamper-evident unit dose packaging. Health and Human Services and the Pharmacy Board will develop rules and regulations governing the program. The rules will include eligibility criteria and other standards for physician offices, pharmacies, hospital, and health clinics that participate. They'll develop forms for administration of the program for accepting and dispensing cancer drugs. They'll set up a maximum