

PHARMALOT

Drug companies should pay for disposing human waste, say state lawmakers



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By ED SILVERMAN [@Pharmalot](#)
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A new bill introduced in Rhode Island would require drug makers to pay for the cost of collecting and disposing of human waste — poop, urine, and vomit — from some cancer patients.

The purpose is to protect health care providers, family members, and the environment from the toxic effects of approximately two dozen chemotherapy and cancer treatments. The bill cites World Health Organization [warnings](#) about such waste, which the agency says should be

considered toxic for at least 48 hours and, in some cases, up to one week after patients are treated with the drugs.

“There could be negative effects on anyone who comes into contact with the waste,” said Louis DiPalma, a co-sponsor of the Senate [legislation](#). An identical [version](#) was also introduced in the House. “There are potential risks and we need a plan.”



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The legislation, called the Safe Cytotoxic Waste Disposal Act, would create a stewardship program that would be financed by drug makers and go into effect on July 1, 2017. The total annual cost to control the waste is estimated at about \$8 million.

The effort closely resembles several ordinances that were introduced in California in recent years to force drug makers to pay for take-back programs, which allow consumers to drop off unwanted medicines.

Four years ago, Alameda County officials in California passed an ordinance that angered drug makers, and two pharmaceutical industry trade groups filed an unsuccessful lawsuit to block the move. Last May, the US Supreme Court [refused](#) to hear an appeal. Meanwhile, a few other local California governments and a Washington state county have since passed similar ordinances.

Only in Rhode Island, though, has a bill been introduced to require drug makers to pay for human waste from cancer patients, according to the National Conference of State Legislatures. In fact, the bill has been backed by the Cytotoxic Safety Council, a nonprofit group based in the state, and one member in particular, Jim Mallowney, a hazardous waste consultant who stands to benefit from the legislation.

His consulting firm, [Pharma-Cycle](#), was recently assigned a [patent](#) for a method of disposing of waste containing chemical agents that can change genetic material. And Mallowney acknowledged that his firm sells a \$1,200 kit for collecting and shipping the waste to a hazardous waste facility. He also worked with lawmakers to introduce similar bills three times over the past four years.

“These chemicals are known carcinogens, which come right out of patients. And we’re sending them home (from hospitals), some of the most dangerous chemicals and contaminants that can end up in our drinking water and septic systems,” said Mallowney, who pointed to a [study](#) showing detrimental family exposure. “This is a societal problem, though, and someone has to bear the cost.”

He noted the US Occupational Safety and Health Administration, the National Institute for Occupational Safety and Health, and the Joint Commission, a nonprofit that accredits health care programs, [wrote](#) in 2011 that some drugs “have been known to cause cancer, reproductive and developmental problems, allergic reactions, and other adverse effects that can be irreversible even after low-level exposures.”

A spokeswoman for the Pharmaceutical Research and Manufacturers of America wrote us a note saying that “physicians should counsel patients on any instructions and guidance for special handling of their medicines.” She added that product labeling for chemo and cancer drugs generally [mention](#) that careful handling and disposal is required.

Meanwhile, the Product Stewardship Institute, a national nonprofit group that supported the take-back programs on the West Coast, is undecided about supporting the legislative effort. The nonprofit [membership](#) includes many state and local governments.

“This is not a commercial product or bill that we can say that we are fully behind right now,” said Scott Cassel, who heads the group. “Currently, there is no consensus with our ... government members, or our corporate partners.” Most [corporate partners](#) are waste management companies, by the way.

Among the issues the group would like to explore: the likelihood that a cancer patient's family member will develop cancer or some other adverse effect from exposure to the waste; determining the length of time a threat remains in the environment; and whether others, such as insurers, should absorb some of the expense.

“We know that holding all parties equally responsible may result in a diffusion of responsibility, but we do not yet know the best way to fully fund an effective system,” he said. “There are more questions that we have that need to be answered before we can develop a consensus.”

Ed Silverman can be reached at ed.silverman@statnews.com
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