Approved: 4/1/09
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on February 17, 2009, in Room 136-N of the Capitol.

All members were present.

Committee staff present:
Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the committee:
Senator Chris Steineger
L. William Lyons, Director, HIV/AIDS Program, Bureau of Disease Control and Prevention, Kansas Department of Health and Environment
Kathryn Thiessen and Sheryl Kelly, Kansas AIDS Education & Training Center, Kansas University School of Medicine, Wichita, Kansas
Debra Billingsley, Executive Secretary, Kansas State Board of Pharmacy
Jeffery Brandau, Kansas Bureau of Investigation
Sandy Horton, Crawford County Sheriff
Mandy Hagan, Director, State Government Relations, Consumer Healthcare Products Association

Others attending:
(See attached list)

SB 121 - Health care; reform in funding and structure of the federal and state programs.
Senator Steinegar testified in support of **SB 121**. The bill provides that the governor and the Kansas Health Policy Authority are accountable to request the federal government to grant all necessary waivers and exemptions from the prescribed uses of funding for medicaid, medicare, the federal employee retirements income security act of 1974, the state children's health insurance program and any other relevant federal law to provide for the transfer of the federal moneys provided to Kansas in the form of single annual block grant for the purpose of providing health care to the residents of Kansas. Senator Steinegar presented testimony (Attachment 1) indicating the State of Kansas would then decide how best to invest healthcare dollars with the Kansas Health Policy Authority designing rules and regulations for program operations and for distributions of moneys received.

Senator Barnett called attention to written testimony from John Meetz (Attachment 2), and Ken Daniel, (Attachment 3).

The hearing was closed on **SB 121**.

Chairman Barnett recognized Nobuko Folmsbee to brief those attending on **SB 147 - Department of health and environment; HIV screening for pregnant women and newborn children; rules and regulations**, and **SB 248 - Electronic logging system for sale of methamphetamine precursor**.

Ms. Folmsbee indicated that **SB 147** enacts new law that requires a physician or other health care professional to administer Human Immunodeficiency Virus (HIV) screenings for pregnant women and newborn children. The health care professional would administer the routine opt-out screening for HIV infection during the first trimester of the pregnancy. If a pregnant woman is determined to be at high risk for acquiring HIV infection, a repeat screening would be administered during the third trimester or at the time of labor and delivery. A pregnant woman would have the right to refuse an HIV screening at any time. If the mother's HIV status is unknown because of refusal to submit to the screening during the pregnancy, or for any other reason, the newborn child would be screened with an HIV test as soon as possible within medical standards. The mother's or guardian's consent would not be required to screen the newborn child.

requirements for information logged, and the system's rules and regulations. Language was reviewed that related to fees, and costs for system implementation, information to be contained in the logging system as well as annual reporting requirements, the use of information contained in the system by law enforcement personnel, and waivers for exceptions to the logging requirement. Ms. Folmsbee also discussed penalties for violating the requirements contained in this bill.

Senator Barnett opened the hearing on **SB 147 - Department of health and environment; HIV screening for pregnant women and newborn children; rules and regulations.**

William Lyons, Kansas Department of Health and Environment, testified in support of this legislation indicating it is a bill to protect and prevent newborns from becoming HIV positive. Mr. Lyons provided statistics related to perinatal HIV transmission rates and therapeutic antiretroviral therapy which is initiated during pregnancy. Mr. Lyons indicated that in the state of Kansas approximately 4,400 pregnant women are not screened for HIV (Attachment 4), and with passage of this legislation, Kansas becomes compliant with CDC and National Public Health Service standards of care, becomes a leader in prevention resulting in decreased health care costs, and secures eligibility for additional federal funds from the Early Diagnosis Grant.

Senators questioned Mr. Lyons whether the HIV screening is part of the newborn screening panel, who is responsible for the screening costs, what are the costs of screening, and who is accountable for counseling the pregnant mother if a positive HIV result is discovered.

Dr. Dennis Cooley, a local pediatrician, clarified that in the case of screening a newborn (when the mother's HIV status is unknown), the HIV screening should not be included as part of the newborn screening panel. The need is to receive an immediate turnaround of HIV screening results so that treatment can be begun as soon as a positive HIV result is identified.

Mr. Lyons clarified costs would be borne by private payors or health plans, but that the cost for treatment would be born by Medicaid (if Medicaid was the mother's primary plan). He reviewed costs for testing, etc. Mr. Lyons also indicated that counseling would be provided by the mother's obstetrician, or if the patient is uninsured, by the nearest KDHE sponsored HIV Counseling and Testing site.

Catherine Thiessen and Sheryl Kelly, advanced nurse practitioners with Donna E. Sweet, MD, HIV expert in Wichita, Kansas, testified regarding the favorable passage of **SB 147** (Attachment 5). They explained that opt-out means the test is offered and unless the mother refuses, it is performed. Using this method, approximately 85-90% of all pregnant women are being tested in Kansas. With the passage of **SB 147**, the 10-15% of remaining women will be tested and if a HIV positive newborn is identified, healthcare professionals can ensure the quality of life the infant deserves is provided.

Ms. Folmsbee distributed a balloon amendment to add that the newborn child whose parents object to the HIV test as being in conflict with their religious tenets and practices is excluded from provisions contained in **SB 147.** In addition, a technical amendment was suggested that changes the word "woman" in line 18 to "women."

Senator Haley moved that the committee report **SB 147** favorably including the amendment and technical amendment presented. Senator Kelsey seconded the motion. There was no action on the motion.

Senator Barnett opened the hearing on **SB 248 - Electronic logging system for sale of methamphetamine precursor.** Deb Billingsley, Executive Secretary of the Kansas State Board of Pharmacy, was recognized to provide testimony on this bill. Ms. Billingsley provided a history of the legislation stemming from **SB 491** (passed in 2008) which established a Methamphetamine Precursor Task Force. The recommendation resulting from this group was that the State invest in an electronic logbook program. (Attachment 6) The costs associated with providing health care, providing environmental clean-up, eliminating criminal activity, and causing harm to families and children greatly outweigh the costs of such a system.

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on February 17, 2009, in Room 136-N of the Capitol.

Jeff Brandau, Kansas Bureau of Investigation spoke in support of **SB 248**. Mr. Brandau indicated he was a member of the Task Force, and he briefed committee members on costs of methamphetamine environmental clean up, the electronic logging pilot project in southeast and western Kansas, sales tax revenue from the sale of pseudoephedrine in Kansas, and indicated that enactment of this legislation protects Kansas citizens while continuing to provide legitimate access to pseudoephedrine (Attachment 7).

Sandy Horton, Sheriff of Crawford County, discussed the pilot project conducted with two vendors and twenty-five pharmacies participating in the project. He distributed a spreadsheet reflecting law enforcement action resulting from the utilization of electronic data and manual logs. He supported **SB 248** as a means to decrease drug crime (Attachment 8).

Mandy Hagan, speaking as the industry representative on the Methamphetamine Precursor Task Force, supported **SB 248** (Attachment 9). Ms. Hagan indicated that similar legislation has been passed in Missouri, and she encouraged passage of **SB 248** during this legislative session.

Senator Barnett indicated that the hearing on **SB 248** would continue on February 25.

The next meeting is scheduled for February 24, 2009.

The meeting was adjourned at 2:33pm

Public Health & Welfare
February 17, 2009

Cynthia Smith	SCL Health System
Carolyn Middendorf	Ks St Pen
Susan Zalenski	J+J
Ronald L. Hatfield	Appriss, Inc.
Henry Schl	Appriss, Inc.
Dennis Cooley	Ks Chapter AAP
L. William Lyons	KDHE
Brenda E. Walker	KDHE
Dick Morrissey	KDHE
Kathryn Thiessen	KUMC-W
Sheryl Kelly	KUMC-W
Stuart Hitz	Crawford Co. Sheriff's Off
Bob Kelber	JCSO
Chad Austin	KHA
Ron Cookes	KIPSC
Sandra Cotter	Crawford County Sheriff
Mandy Hagan	CHPA
Debra B. Dingpley	KBOP
Christina Morris	KBOP
Chris Gilstad	Federico Consulting
John Riefhaber	Ks. Chiropractic Assn.

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TOPEKA

SENATE CHAMBER

SB 121

New Health System Design

1. **Inspiration and precedent:**

   The landmark welfare reform of 1995 is credited to Newt Gingrich and Bill Clinton. The genesis of that plan was to consolidate federal programs, then block grant these funds with discretion to the States to best design and deliver programs that fit their citizens. Gingrich called this model "devolution" and referred to the states as "laboratories of democracy".

2. **Consolidate** all federal health care spending including Medicaid, Medicare, SCHIP, Veterans Health Care, waive rules necessary, including ERISA. For Kansas, this totals more than $3.5 billion.

3. **Block grant** money to the states

   * Recognizes that governors and legislators are best suited to determine what's best for their citizens

   * This would include simplifying and standardizing terminology, computer codes, etc., and using one health information technology system for management.

4. Intentionally, I have not specified how we would invest the money here in Kansas. I suggest simplicity and using as much private sector infrastructure as possible. Therefore, a "premium assistance" model whereby we would use our funds to help poor folks or other population groups to buy health insurance should be established. I suggest creating Health Savings Accounts, educating folks to be smarter purchasers of health care, and incentivizing wellness and prevention through two annual free and mandatory check-ups. Incentives should also be offered for maintaining healthy weight and avoiding tobacco usage.

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Attachment: 1

Health Care Redesign

Omnibus Waiver for Kansas

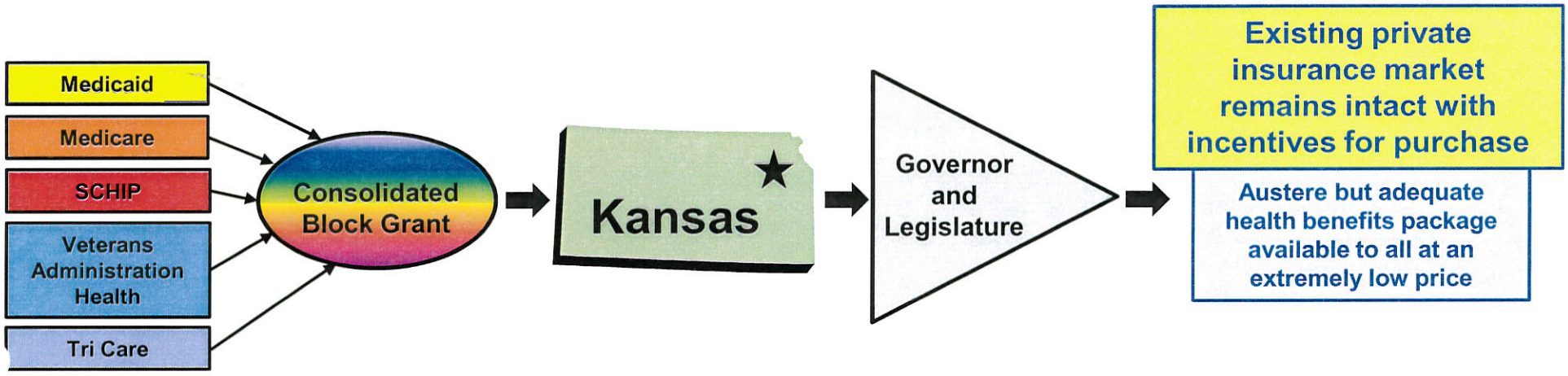
Consolidate
(E Pluribus Unum)

Simplify

Localize

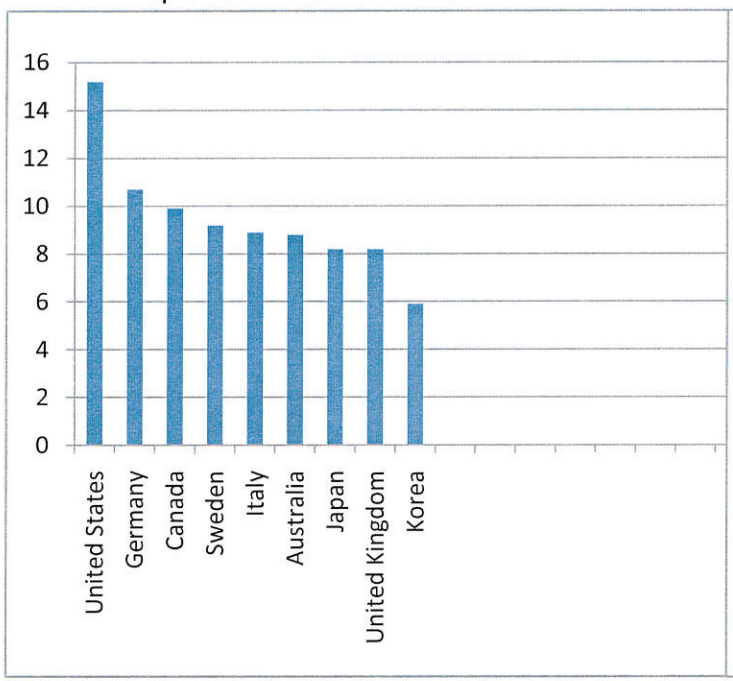
Authorize

Create

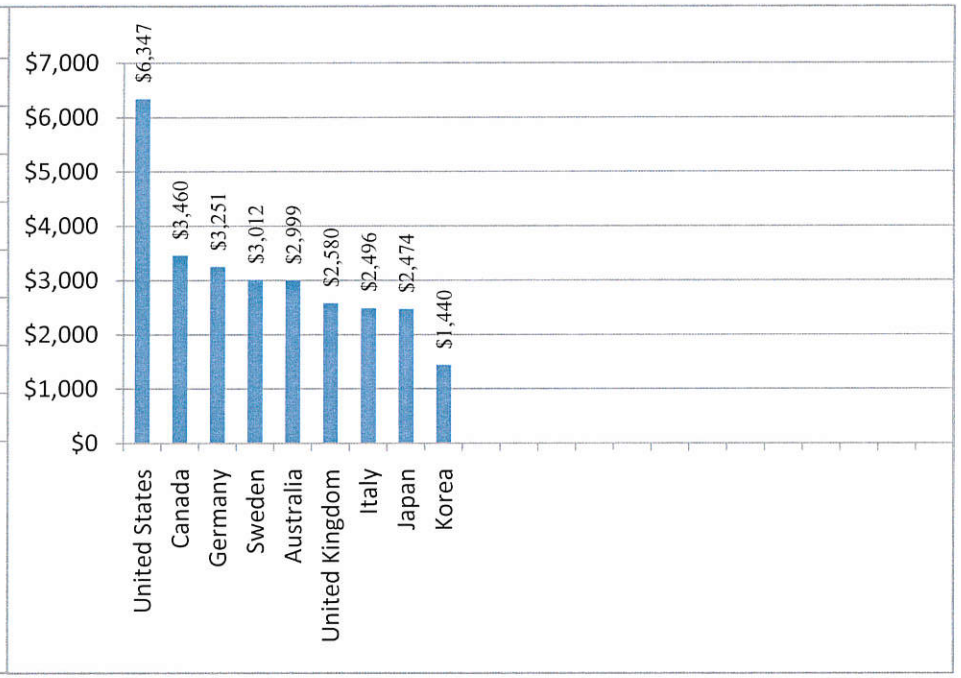


Consolidate all government health care programs. Eliminate duplicate bureaucracies. → Simplify federal rules and regulations. → Block Grant money to the states. → Governor and Legislature design and decide what's best. → Kansas uses Block Grant to create a simple health plan. Adds incentives for healthy lifestyles. Creates tax incentives to encourage additional private insurance.

Health Care Expenditure as % of GDP,
Top Industrialized Countries



Health Care Expenditure Per Capita



Source: Organization of Economic Cooperation and Development. www.oecd.org February 17, 2009

Kansas Insurance Department

Sandy Praeger, Commissioner of Insurance

TESTIMONY ON
SB 121

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
February 17, 2009

Mr. Chairman and Members of the Committee:

The Kansas Insurance Department is neutral in regards to Senate Bill 12. We would like to express a few concerns we have about the parameters of the bill. Our concerns are specifically in regards to veterans benefits which, under the bill, would be administered by the Kansas Health Policy Authority.

Shifting authority of veterans' benefits from the federal government to a state agency may be imprudent since Kansas agencies have no knowledge of the structure and network that is currently used in the administration of such benefits. The Insurance Department joins with the VFW and the American Legion in its concern that shifting the administration of veterans' benefits to a state agency is essentially fixing something that isn't broken. Federal veterans' benefits are generally handled efficiently, and to transfer the distribution of those benefits would display an overall deficiency in understanding of government administered health benefits in general.

We hope that if the committee seeks to pursue SB 121 they will take particular caution and maintain the functions of government that are currently operating properly, in other words; first do no harm. Thank you for the opportunity to submit written testimony.

John Meetz
Government Affairs Liaison

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TESTIMONY ON SENATE BILL 121
SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
By Kenneth Daniel
February 17, 2009

Kenneth L. Daniel is an unpaid volunteer lobbyist who advocates for Kansas small businesses. He is publisher of KsSmallBiz.com, a small business e-newsletter and website. He is the volunteer Chairman of the Topeka Independent Business Association. He is C.E.O. of Midway Wholesale, a business he founded in 1970. Midway has eight locations and 120 employees.

Mister Chairman and Members of the Committee:

I speak in support of SB121. We have been through several years of frustrating failure with respect to most legislative aspects of health care, especially for small businesses

When our own restrictive laws on health care and health insurance are melded with those of the federal government, most of the most promising solutions are blocked.

While it is highly doubtful that the feds would let us take charge of Medicare or Veterans' programs, we could redesign our Medicaid and other programs to rid ourselves of obstacles. We could have programs for low-income families that allow all members to be insured together. We could stop the competition between Medicaid and SCHIP and small employers. We could help low-income families find providers by averaging out the rates paid by Medicaid and other payers instead of having physicians paid 50 cents on the dollar for Medicaid patients and 80 or 110 cents on the dollar for Medicare and private patients.

This is not New York. We can design a system to fit us without trying to make it fit all other states, too. We have our own demographic differences that are hard enough to work around – Western Kansas vs. Eastern Kansas, for instance.

It is time for bold solutions. I encourage you to vote in favor of SB121.

KANSAS
DEPARTMENT OF HEALTH
AND ENVIRONMENT

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

www.kdheks.gov

Testimony on SB 147

Presented to
Senate Public Health and Welfare Committee

By
L. William Lyons, Director
HIV/AIDS Program
Bureau of Disease Control and Prevention

February 17, 2009

Chairman Barnett, and members of the committee, my name is L. William Lyons and I am the Director of the HIV/AIDS Program, Bureau of Disease Control and Prevention for the Department of Health and Environment. Thank you for the opportunity to present testimony in support of Senate Bill 147, which is a bill to protect and prevent newborns from becoming HIV positive. This bill seeks to test all pregnant women in Kansas by including a HIV screening during the prenatal/obstetric panel. This bill also seeks to test any newborn infant if the mothers status is unknown or if the mother declines testing.

'**ONE TEST, TWO LIVES**' Prenatal HIV screening benefits mom and baby™ is the Centers for Disease Control and Prevention's campaign for the national movement towards a standard of care to reduce perinatal transmission. Perinatal transmission accounts for 91% of all AIDS cases among children in the United States. Perinatal HIV transmission rates are 2% or less when antiretroviral therapy is initiated and adhered to during pregnancy. The figure is 25% for women who receive no preventive treatment. When antiretroviral therapy is begun during labor and delivery, the rate of transmission is approximately 10%. Perinatal transmission of HIV can be significantly reduced if a mother's HIV status or her newborn's status is known. CDC data has shown that 31% of mothers of HIV-infected infants had not been tested for HIV until after delivery. Prenatal clinics in states that have an opt out model for screening pregnant women have seen a significant increase in the percentage of pregnant women screened, an estimated 88% to 98% compliance rate. Studies show that the opt-out approach included in the routine battery of prenatal tests can:

- increase testing rates among pregnant women thereby, increasing the number of pregnant women who know their HIV status

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- Increase the number of HIV-infected women who are offered treatment
- Reduce HIV transmission to their babies
- Preserves the voluntary nature of HIV testing (women may voluntarily decline testing)

In the state of Kansas it is estimated that 4,400 pregnant women are not screened for HIV. With passage of SB 147 the majority of the pregnant women in Kansas will be screened, consequently they will know their status. Creating this law in Kansas will do the following:

- The state of Kansas will be in line with the Standard of Care recommended by the Center for Disease Control and Prevention and the United States Public Health Service
- Become a leader in investing in prevention, therefore avoiding costly treatment at a later date
- Prepare pregnant women with timely diagnosis so that they can make informed decisions for their health and the newborns well being
- Secure eligibility for additional federal funds (Early Diagnosis Grant presently $30,000,000 million)

Currently many national and local agencies and advocates support opt out testing. These medical and advocacy agencies recognize the importance of preventative health and the economic benefits. It only costs an average of $17.00 for a six week course of Zidovudine to treat an infant. Averting 1 infant becoming HIV positive would at a minimum save $250,000 in a life time savings. These agencies and advocates have made an educated decision to fully support opt out perinatal testing. The following agencies and advocates supports opt out perinatal testing:

- Donna E. Sweet, MD, AAHIVS, MACP, expert HIV clinician Wichita, Kansas
- American Academy of HIV Medicine
- American Academy of Pediatrics (Kansas Chapter)
- United States Public Health Service
- Centers for Disease Control and Prevention
- The American College of Obstetricians and Gynecologists
- American College of Physicians
- U.S. Preventive Services Task Force
- Institute of Medicine National Research Council
- American College of Nurse Midwives

In conclusion I'd like to relay a personal story of a woman I knew who was touched by this disease. Ana was a faithful spouse who was blessed to have a set of twin boys. The children were unfortunately sickly and the doctors could not determine why they were sick. One day a doctor decided to test the boys for HIV and the test turned out positive. The twins were treated for their disease. Later on in their childhood one twin died, followed by his brother the next year. What an unimaginable situation for a parent to be in. It is such a tragedy to have to bury your children one year after another and also deal with your own HIV disease. If Ana had been screened while she was pregnant the twins may still be living today. We believe that passing SB 147 would prevent cases such as Ana's from occurring in the state of Kansas.

I urge you to pass out SB 147 favorably. Thank you for the opportunity to appear before the committee today. I will now stand for questions.

Testimony from

Kansas Aids Education & Training Center
KU School of Medicine
Wichita KS

Kathryn Thiessen
Sheryl Kelly
Wichita

There was a large study – ACTG 076 – released in the mid 90's that showed we could reduce perinatal transmission – that is an HIV+ woman giving HIV to her infant during gestation, labor and or delivery – by 2/3's. From a 25% rate to 8%.

Since then, I and many others in Kansas have promoted the implementation of the recommendation that ALL pregnant women have an HIV test in the first trimester, and, if found positive, be treated with antiretroviral therapy.

In recent years, an opt-out approach to testing has been used. That is, the test is offered and unless the mother refuses, it is done. Using this evidence based, educational approach (without any laws mandating testing) has led to approximately 85-90% of all pregnant women being tested appropriately in KANSAS.

This legislation being discussed today, which I support, is intended to do 2 things

First, and most importantly, is to get the other 10-15% of women tested so that we can avoid the 2-3 HIV+ babies still being born in Kansas each year.

That is not a large number, but they are lives impacted by a still very difficult disease and these infections can largely be prevented with appropriate maternal HIV treatment.

Secondly, passage of this legislation will allow our state to be eligible for federal "Early Intervention Program" funds when they become available and we need more funds available in Kansas for HIV testing and prevention.

I'm sorry that I'm not here in person to go over this bill with you but Kathryn Thiessen and Sheryl Kelly have been working with me for the last 20 years to prevent HIV infection and to treat HIV patients in Kansas and can certainly answer your questions

I do hope you pass this legislation, Thank you.

KANSAS

BOARD OF PHARMACY
DEBRA L. BILLINGSLEY, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony in Support
Of
SENATE BILL No 248
Senate Public Health and Welfare
Presented by Debra Billingsley
On behalf of
The Kansas State Board of Pharmacy
February 17, 2009

Mr. Chairman and Members of the Committee:

My name is Debra Billingsley and I am the Executive Secretary of the Kansas State Board of Pharmacy. Thank you for the opportunity to submit information for your consideration regarding electronic tracking of products containing ephedrine and pseudoephedrine.

Last year the Legislature passed SB 491 establishing a Methamphetamine Precursor Scheduling Task Force. The legislation created a multi-stakeholder committee that would study the possibility and practicality of making ephedrine and pseudoephedrine products a schedule III or IV drug. The study included the impact such a change would have on the cost to the consumer and on consumer access. I have attached a copy of the Task Force's Legislative Report for your review.

The Task Force implemented two separate pilot programs in the state that would record PSE and ephedrine sales transactions electronically. Currently, under federal and state law each pharmacy must keep either a bound hard copy or an electronic logbook which contains the name of the person purchasing, receiving, or acquiring the ephedrine or pseudoephedrine; the address of the person; the date and time of sale; the name and quantity of the drug sold; and a signature of the customer. This method does not impede the sale of these commonly used products. There is no cost to the consumer and no inconvenience. The problem with the hard bound copy is that it is labor intensive for the pharmacy to fill out and labor intensive for law enforcement to track abusers. It is not cost effective for each local law enforcement agency to copy the logbook and to manually search for abusers. The electronic system was used by at least 64 percent of the pharmacists in the state and they found it easy to maintain. Law enforcement also found

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Phone 785-296-4056 Fax 785-296-8420 www.kansas.gov/[illegible] [illegible]@pharmacy.ks.gov

the electronic logbook to be less labor intensive and cost effective. They felt that it was a useful tool in combating methamphetamine abuse.

The annual cost of such a program would be $300,000 to $350,000 a year. It was the task force's recommendation that the state invest in an electronic logbook program. The costs associated with health care, environmental cleanup, criminal activity, and harm to families and children greatly outweigh the costs of an electronic tracking system.

Thank you for permitting me to testify and I will be happy to yield to questions of the Committee.

KANSAS METHAMPHETAMINE PRECURSOR SCHEDULING TASK FORCE LEGISLATIVE REPORT

Prepared by the
Kansas Methamphetamine Precursor
Scheduling Task Force Committee
Michael Coast, R.Ph., Chairman
January 2009

Executive Summary

The 2008 Legislature passed legislation (SB 491) that established a Methamphetamine Precursor Scheduling Task Force. The legislation created a multi-stakeholder committee that would study the possibility and practicality of making methamphetamine precursors a schedule III or IV drug. The study was to include the impact such a change would have on consumer access and cost.

The task force members are Michael Coast, R.Ph., Board of Pharmacy; Brian Caswell, R.Ph., Kansas Pharmacists Association; Dr. John Whitehead, Kansas Medical Society; Jeff Brandau, Kansas Bureau of Investigation; Mandy Hagan, Consumer Health Product Association; Dr. Margaret Smith, Kansas Health Policy Authority; Dr. Mary Franz, Kansas Association of Osteopathic Medicine; Dr. Michael Beezley, Kansas Board of Healing Arts; Steve Wilhoft, Kansas Attorney General's Office.

The task force opened the meeting and there were many stakeholders who attended the meetings and provided input.

I. Background

In 2005 the Kansas Legislature passed the Sheriff Matt Samuels Chemical Control Act (SB 27) scheduling all single and combination products that contained any amount of ephedrine or psuedoephedrine (PSE) that were in starch tablet form or gel coated as a Schedule V drug. Single active ingredient PSE or combination ephedrine and combination PSE products that were in liquid, capsule or gel-filled capsules were exempt and could continue to be sold over the counter at retail stores. The Combat Epidemic Act of 2005 further required that the sale of PSE or ephedrine be limited to 3.6 grams/day or 9 grams/month. A consumer purchasing a Schedule V drug was required to have the sale recorded in a logbook.

In 2007 the Kansas Legislature passed HB 2062 in order to reconcile provisions of the Sheriff Matt Samuels Chemical Control Act of 2005 to provisions of the federal Combat Methamphetamine Epidemic Act of 2005. Effective July 1, 2007 any compound, mixture, or preparation containing any detectable quantity of ephedrine or PSE were scheduled as a Schedule V and required to be sold at a pharmacy.

In 2008 the Kansas Legislature passed SB 491 establishing the Methamphetamine Precursor Scheduling Task Force. This report has been prepared for the Senate President and the Speaker of the House as required in the statute. The purpose of this report is to provide a detailed and comprehensive review of the Kansas Methamphetamine Precursor requirements and to provide any recommendations to the Legislature regarding the continued battle against illicit methamphetamine use.

II. Problem Defined

Alcohol and drug problems are among the most significant social issues this nation faces. Methamphetamine is a highly addictive central nervous system stimulant that can be injected, snorted, smoked or ingested orally. Methamphetamine users feel a short yet intense "rush" when the drug is initially administered. Long term use of methamphetamine can cause addiction, anxiety, insomnia, mood disturbances, and violent behavior. Additionally, psychotic symptoms such as paranoia, hallucinations, and delusions can occur.

Most methamphetamine is imported from other countries, but some of it is still produced in clandestine laboratories and distributed on the black market. These small toxic laboratories are still found throughout the state. Most of these laboratories operate using the "birch" method and can be found in many different locations, including residences, hotels, vehicles, and remote farm areas. The laboratory operators continue to purchase the necessary ingredients by going from store to store purchasing the maximum allowable amounts (a process known as "smurfing") and stealing other ingredients such as anhydrous ammonia. The ease of clandestine synthesis, combined with tremendous profits, has resulted in significant availability of illicit methamphetamine. Kansas has seen a 51 percent increase in methamphetamine labs just in the last year. Methamphetamine is manufactured using common household ingredients (precursor chemicals). Producers usually use cold medications containing ephedrine or pseudoephedrine as the main component. Other items used to cook methamphetamine include chemicals derived from drain cleaners, lithium batteries, lantern fuel, starter fluid, acetone, and anhydrous ammonia.

According to the 2007 National Survey on Drug Use and Health approximately 1.3 million Americans aged 12 or older reported using methamphetamine at least once during their lifetimes. This represents 5.3 percent of the population aged 12 or older. More than 1.3 million (0.5%) reported in the past year methamphetamine use and 529,000 (0.2%) reported past month methamphetamine use.

Clandestine labs present numerous hazards to people and the environment. There is an extreme potential for fires, explosions and exposure to hazardous chemicals and fumes. For every pound of methamphetamine produced about six pounds of hazardous wastes are left behind. The average cost of a clean up is about $5000 but can climb as high as $150,000 for a large scale lab.

The Drug Abuse Warning Network (DAWN) has estimated that of the 108 million emergency department visits in the United States during 2005 1,449,154 visits were associated with drug misuse or abuse. DAWN data also indicated that methamphetamine was involved in 108,905 of the drug related visits to the hospital.

Illicit methamphetamine use takes a toll on the state related to health care costs, environmental costs, criminal activity, and harm to families and children. The task force

also determined that approximately $680,000 (not counting the public defender's office) was spent on the indigent defense fund to defend methamphetamine and cocaine cases that are higher level felonies. These are level 1 and level 2 drug felonies. Much of this money is being used to defend meth manufacturers as well as the other drug crimes.

The Task Force agreed that the state has several choices. The state could do nothing, implement electronic tracking, schedule PSE and ephedrine as a schedule III or IV drug, or make PSE products a 3rd Class Drug. Each of these choices were reviewed and discussed in-depth.

III. Electronic Tracking Pilot Programs

The Task Force implemented two separate pilot programs in the state that would record PSE and ephedrine sales transactions electronically. The MethShield program was in the Southwest part of the state and at least 64 percent of the community pharmacies voluntarily participated in the pilot. The MethCheck program was conducted in the Southeast section of the state. Both projects were provided to the state at no cost.

One of the programs provided point of sale scanners and signature pads, but both were Internet based and the consumer sales were recorded electronically. Both systems will also block sales, or stop the sale, if the amount of PSE being purchased is in violation of the Combat Meth Act, so that a transaction cannot be completed. The Kentucky Office of Drug Control Policy did a presentation for the task force and they recommended that a stop sale system be implemented because it is difficult for law enforcement to investigate all illegal transactions. The transactions could then be submitted to required State interfaces such as law enforcement. The programs could provide real-time link analysis of individuals, mapping transactions, and email alerts for purchases. The pilot program indicated that there were still many illegal purchases occurring within the borders of Kansas. A small percentage of buyers were purchasing excessive quantities. The annual cost for such a program would be $300,000 to $350,000 a year.

Tracking easily enforces the legal limits and the states that have implemented electronic tracking have shown a dramatic reduction in meth labs. Most of the police departments involved with the study indicated that it was difficult to deal with the logbooks unless they were electronically maintained. It continues to allow access for the law abiding citizens and it eliminates smurfing. It also provided the tools necessary for a prosecutor to build a case against an individual who is gaining access for illegal purposes.

Both pilot projects showed that the local pharmacies were eager to participate to ensure that PSE was not sold in excess of the Combat Meth Act limits. The major chain stores in both pilot areas, i.e. Wal-Mart, Walgreens, etc., did not participate and statutory requirements would be needed to mandate their participation. With chain stores selling the bulk of the PSE products in the state statutory language would be required to ensure success of an electronic tracking program.

IV. Scheduling PSE and Ephedrine as Schedule III or IV

Oregon is the only state that has scheduled PSE and Ephedrine products as a Schedule III. A prescription is required for any consumer that would want to purchase a cold product that contains PSE or Ephedrine. Oregon has shown a reduction in meth labs but they did not have any statistical information to share regarding a reduction in costs to the consumer or the state.

There would be a reduction in sales tax if PSE were made a prescription drug. PSE sales in Kansas for the year ending December 31, 2008 (not including Wal-Mart) were:

Boxes: 483,543

Dollars: $4,926.334

Sales Tax: $261,095

The task force felt that while prescriptions would deter "smurfing" that it would be detrimental to the consumer. There would probably be an increase in "doctor shopping" or a violator would simply go to multiple doctors for a prescription. Scheduling PSE would decrease the current sales tax collected or additional taxes on products. Further, the physicians who were polled indicated that it would be a burden on prescribers to see each patient in order to write a prescription for cold medications. It would burden the consumer who could have additional co-pays for the physician visit and it was considered that many consumers may not even have a physician/patient relationship. The overall cost associated with the increase in insurance and obtaining health care is not the most effective use of state resources. Requiring a prescription would also burden the state's Medicaid and Medicare systems if a patient had to see a physician in order to obtain a cold medication. The task force did not view this option as one that would be a cost saving mechanism.

V. Third Class Drugs

The task force discussed the option of making all PSE and ephedrine products a third class drug. This would allow the pharmacist to write prescriptions and negate the necessity for a doctor's visit. There would be no additional cost to the consumer because there would be no co-pay and there would be no additional time taken from the physician. The Kansas Pharmacist Association and Kansas Independent Pharmacy Service Corporation surveyed their members about whether PSE and ephedrine products should be treated as a third class drug. About 1/3 of the members felt that there should be no change in the law related to making PSE a 3rd class drug. Another 1/3 supported making PSE a third class drug because this would not impede a law abiding patient from obtaining cold medication. The other 1/3 supported either a third class of drug or scheduling the PSE as a prescription only drug. Having a third class of drugs may be a viable option in the future for similar type drugs but it would probably not be the best way to solve the PSE problem at this time.

VI. Recommendation

The Kansas Methamphetamine Precursor Scheduling Task Force would respectfully submit their recommendation to the Kansas Legislature. After much discussion and study the Task Force would recommend that the state not maintain the status quo and the state should invest in an electronic real-time logbook system. The task force would emphasize that an electronic logbook would allow law abiding citizens the ability to have drugs that are used for common cold symptoms. The task force did not want to impede consumers from having the ability to treat themselves for the common cold. The cost associated with illicit methamphetamine activity is greater than the small amount needed to implement electronic tracking and this has proven to be effective. The current manual tracking that is now in place is labor intensive and not cost effective. The task force realized that the best use of state resources would be to require mandatory use of a real-time electronic tracking system by any pharmacy that is selling PSE or ephedrine products.

Kansas Bureau of Investigation

Robert E. Blecha
Director

Stephen N. Six
Attorney General

TESTIMONY
IN SUPPORT OF SB 248
BEFORE THE SENATE PUBLIC HEALTH
AND WELFARE COMMITTEE
JEFFERY J. BRANDAU
ADMINISTRATIVE SPECIAL AGENT IN CHARGE
KANSAS BUREAU OF INVESTIGATION
FEBRUARY 17, 2009

I am Jeffery Brandau and I am an Administrative Special Agent in Charge of the Kansas Bureau of Investigation (KBI). I am here today representing the KBI and giving our strong support to SB 248

Methamphetamine production in the State of Kansas has been an ongoing problem since the mid 1990's. Most of the progress made in combating this epidemic has come from legislative change. The most effective tool came to law enforcement with the passage of the Matt Samuels Chemical Control Act of 2005. Beginning July 1, 2007 pseudoephedrine could only be sold in pharmacies, and each pharmacy had to maintain a written logbook of purchases. Limits were placed on the amount of pseudoephedrine that an individual could purchase. The limits imposed are 3.6 grams in a day or no more than 9 grams with-in a 30-day period.

Methamphetamine laboratory seizures in Kansas went from 168 in 2006 to 97 in 2007. This is a 57% decrease in one year; many in law enforcement contribute to the passage of the Matt Samuels Act. The logbooks are maintained at the pharmacy and there is no central repository for the State. If a law enforcement agency would check to determine if an individual was violating the statutory limits, the agency would have to physically collect the logbooks from every pharmacy in the community, and then physically place every purchase into a database, to determine who may have violated the law.

An individual pharmacy could take the time and review the log book and determine if an individual was purchasing in excess of the limit, but that pharmacy would have no knowledge if an individual had purchased pseudoephedrine at another pharmacy, anywhere in the State.

It did not take long for individuals who wanted to violate the limit to learn the limitations of a handwritten log book system. Individuals could shop pharmacy-to-pharmacy to obtain the required amount of pseudoephedrine to be used to manufacture methamphetamine. This has come to be known as "smurfing." This phenomenon is what many, including myself, believe has contributed to methamphetamine laboratory seizures increasing from 2007, at 97, to 2008 at 151.

This is a 64% increase in one year, bringing the total almost up to the 2006 levels. The average cost of clean up of a clandestine laboratory site is $5,000, which means the increase from 2007 to 2008 cost $270,000 in clean up costs alone to taxpayers.

In 2007 the Kansas Legislature enacted an interim committee to review both a Prescription Monitoring Program for the State as well as electronic monitoring of pseudoephedrine sales. This committee was unable to fully review the electronic monitoring and in 2008 the Kansas Legislature enacted an interim committee again review electronic monitoring and other alternatives such as making pseudoephedrine a controlled substance. I have had the honor to serve on both of these committees.

The Kansas Bureau of Investigation and the Kansas Board of Pharmacy worked together with two vendors that provide electronic tracking of pseudoephedrine. Both vendors agreed to participate in test sites. One site was set up in South East Kansas and Sheriff Sandy Horton will speak to you today about that project. The second site was set up in Western Kansas.

The pharmacies in the area were very willing to participate in these tests, with the exception of the chain pharmacies. The locally owned and operated pharmacies by large percentage participated. One problem is that a large percentage of the sales of pseudoephedrine occur at the chain drug stores. So the information that was placed in the system was missing a significant amount of the pertinent information.

These systems allow the pharmacies to check and determine if an individual has purchased in excess of the combat meth limits. The pharmacy can then deny the sale. This keeps the pseudoephedrine from ever leaving the store. If the pharmacy does not feel comfortable stopping the sale, but allows the product to leave, law enforcement has that information available. On a personal note I observed, on one test site, a combat meth violator in a small town and I telephoned the local police department and gave them the information. Within 24 hours the local department had developed other information that led to a search warrant and seizure of a methamphetamine laboratory. The same violator a week later was caught with another laboratory. These systems work.

The committee did review in earnest making pseudoephedrine a controlled substance. One concern was limiting access to law abiding citizens who find relief by using pseudoephedrine products. A second is the cost to the health care system of using valuable health care provider office time to write prescriptions for pseudoephedrine. Third sales of pseudoephedrine bring in over $260,000 in sales tax revenue each year to the State.

The interim committee in conclusion determined that the current status quo should not be maintained and electronic tracking of pseudoephedrine should be enacted by the state and require all pharmacies to participate. The cost of the system is estimated to be between $300,000 and $350,000. Given the cost to tax payers in cleanup and sales tax revenue this is the most fiscally responsible avenue to take.

State Government has an obligation to protect its citizens from products that do harm. Pseudoephedrine is a legitimate health care product that provides thousands of our citizens from

relief of allergy symptoms. The product though has a sinister illicit use that causes harm. Harm not only to the user of methamphetamine but the environment by producing toxic waste from clandestine laboratory sites. It is this illicit use that Government needs to protect its citizens. This bill does just that and continues to provide legitimate access to this product.

I hope the committee passes this bill on favorably for passage.

To: Senate Public Health and Welfare Committee

Date: February 17, 2009

Ref: SB 248

I am Crawford County Sheriff Sandy Horton and today I represent myself, the Kansas Sheriff's Association, and the Southeast Kansas Drug Enforcement Task Force (SEKDTF) as its Chairman. I am testifying in **SUPPORT** of Senate Bill 248.

Although Meth labs have dramatically decreased in Kansas they are now on the rise with 153 reported in 2008 compared to 97 in 2007. The SEKDTF represents six counties in southeast Kansas. Of the labs reported in 2007, 22% were located in the Task Force region and in 2008 that percentage was 30%.

Since July of 2008 our six county region has participated in a pilot project with Appriss/MethCheck. Twenty five pharmacies signed on to participate, however Wal-Mart and Walgreens would not. Therefore their data must be retrieved manually. Page two of my testimony will demonstrate how important an investigative tool a system such as this could be for law enforcement in identifying suspected "smurfers" (persons traveling from pharmacy to pharmacy to purchase methamphetamine precursors).

In the six county region for 2008 we conducted six pseudo stings at area Wal-Mart and Walgreen stores. The stings consisted of officers monitoring the pharmacies then targeting suspected smurfers. Five (5) arrests were made as a result of the stings. Additionally four (4) meth labs were seized.

Additionally Seven (7) arrest warrants were issued for persons in possession of over the legal limit of 9 grams of pseudo products as a result of research from both MethCheck and manual pharmacy logs.

So far in 2009 Sixteen (16) warrants have been requested for persons over the legal limit of 9 grams as a result of research from both MethCheck and manual logs.
One search warrant has been issued from MethCheck data and one meth lab seized linking five people to the operation.

Respectfully submitted,

Sheriff Sandy Horton

MethCheck

APPRISSUSER | LOGOUT

Admin | Reports | Watches | My Profile | Help

My Reports | Exceedance | Pharmacy | Purchase

New Search | Back

Person Detail

[redacted] QUINCY STREET
07/27/1973 PITTSBURG, KS 66762

Add Watch

For a one year transaction history for this person, please click on the person's name (underlined) at the top of this report.

One Year Purchase History - Total Row(s): 19

Transaction Date	Product(s)	Grams	Box(es)	Exceedance Type	Pharmacy
02/04/2009 09:15:00 CST	SUDAFED 24HR	2.4	1		CVS08608
01/11/2009 17:15:00 CST	CVS DECON TAB	1.44	1		CVS08586
01/11/2009 00:00:01 CST	EQ SUPHED 12-HOUR (20 CNT)	2.4	1	FED: 3.6g per day	Wal-Mart Store #72
01/09/2009 00:00:01 CST	EQ SUPHED 12-HOUR (20 CNT)	2.4	1		Wal-Mart Store #72
12/23/2008 15:39:00 CST	CVS DECON 12 HR (20S)	2.4	1	KS: 9g Per 30 Days FED: 9g in 30 days	CVS05272
12/19/2008 16:20:00 CST	CVS DECON 12 HR (20S)	2.4	1	FED: 9g in 30 days	CVS05272
12/05/2008 16:10:00 CST	CVS DECON 12 HR (20S)	2.4	1		CVS05272
12/04/2008 07:33:00 CST	CVS DECON 12 HR (20S)	2.4	1		CVS08592
11/29/2008 14:07:00 CST	CVS DECON 12 HR (20S)	2.4	1		CVS08599
11/26/2008 00:00:01 CST	EQ SUPHED 12-HOUR (20 CNT)	2.4	1		Wal-Mart Store #72
10/11/2008 11:53:00 CDT	CVS DECON 12 HR (20S)	2.4	1		CVS05272
10/09/2008 00:00:01 CDT	EQ SUPHED 12-HOUR (20 CNT)	2.4	1		Wal-Mart Store #72
10/04/2008 00:00:01 CDT	EQ SUPHED 12-HOUR (20 CNT)	2.4	1		Wal-Mart Store #72
09/09/2008 17:59:00 CDT	CVS DECON 12 HR (20S)	2.4	1	FED: 9g in 30 days	CVS05272
09/08/2008 19:02:00 CDT	SUDAFED 12 HR 20CT	2.4	1		CVS08602
09/03/2008 10:14:00 CDT	SUDAFED 12 HR 20CT	2.4	1		CVS05663
08/29/2008 21:10:00 CDT	CVS DECON 12 HR (20S)	2.4	1		CVS08599
07/31/2008 10:53:00 CDT	CVS DECON 12 HR (20S)	2.4	1		CVS08602
07/04/2008 17:15:00 CDT	CVS DECON 12 HR (20S)	2.4	1		CVS08602

CVS08608
4645 Shawnee Dr.
Kansas City, KS 66106

CVS08586
7100 W 151st St
Overland Park, KS 66223

Wal-Mart Store #72
2710 N Broadway St
Pittsburg, KS 66762

CVS05272
6300 Johnson Dr
Mission, KS 66202

CVS08592
921 Main St
Kansas City, MO 64105

CVS08599
5170 Roe Blvd
Roeland Park, KS 66205

CVS08602
7501 Metcalf Ave
Overland Park, KS 66204

CVS05663
6244 Brookside Blvd
Kansas City, MO 64113

MethCheck

APPRISSUSER | LOGOUT

Admin | Reports | Watches | My Profile | Help

My Reports | Exceedance | Pharmacy | Purchase

New Search | Back

Person Detail

[redacted] TROOST
05/31/1970 OLATHE, KS 66061

Add Watch

For a one year transaction history for this person, please click on the person's name (underlined) at the top of this report.

One Year Purchase History - Total Row(s): 230

Transaction Date	Product(s)	Grams	Box(es)	Exceedance Type	Pharmacy
02/04/2009 02:22:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08602
02/03/2009 17:38:00 CST	TYL COLD SEV CONG	0.72	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08561
02/03/2009 11:31:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08580
02/02/2009 17:49:00 CST	PRIMATENE ASTHMA (24CT)	0.3	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08582
02/02/2009 13:23:00 CST	PRIMATENE TABLET (60 CNT)	0.75	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08602
02/02/2009 09:10:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08580
02/01/2009 16:44:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days	CVS08583
02/01/2009 12:14:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days	CVS08598
01/31/2009 16:53:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08580
01/31/2009 11:46:00 CST	PRIMATENE ASTHMA (24CT)	0.3	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08582
01/31/2009 04:22:00 CST	PRIMATENE TABLET (60 CNT)	0.75	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08602
01/30/2009 18:04:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08582
01/30/2009 04:28:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08602
01/29/2009 14:15:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08580
01/29/2009 09:23:00 CST	BRONKAID CAPLET (24'S)	0.6	1	FED: 9g in 30 days KS: 9g Per 30 Days	CVS08582

CVS 08602
7501 Metcalf Ave.
Overland Park, KS 66204

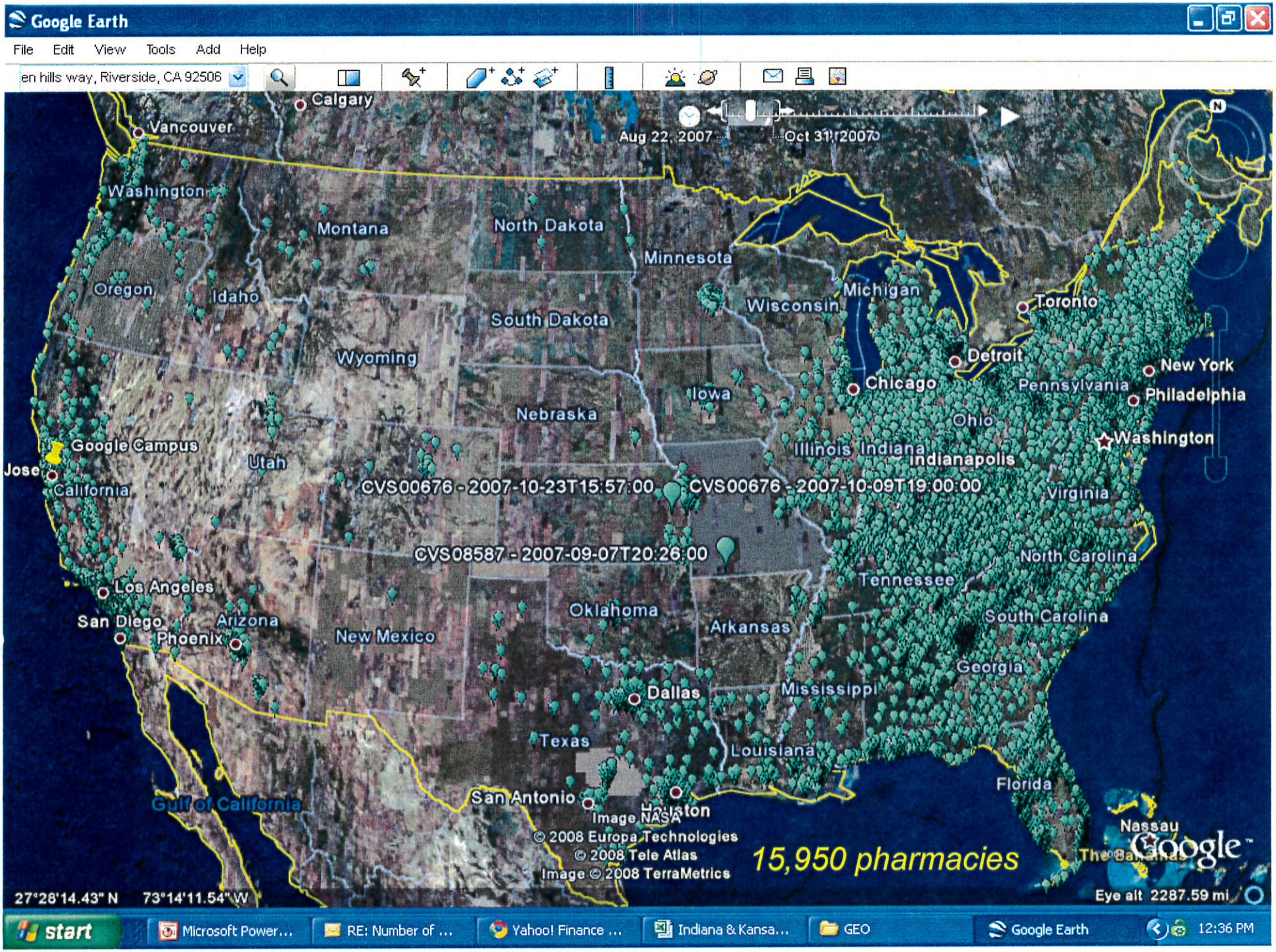
CVS 08561
14950 W. 87 St. Parkway
Lenexa, KS 66215

CVS 08580
6510 Nieman Road
Shawnee, KS 66203

CVS 08583
4531 Troost Avenue
Kansas City, MO 64110

CVS08582
8800 W. 95 Street
Overland park, KS 66212

CVS 08598
9005 E. State Route 350
Raytown, MO 64133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Aug 22, 2007
Oct 31, 2007
Calgary
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Oregon
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Wisconsin
Toronto
South Dakota
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Ohio
Google Campus
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Indiana
Indianapolis
Washington
Jose
California
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CVS00676 - 2007-10-09T19:00:00
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CVS08587 - 2007-09-07T20:26:00
North Carolina
Tennessee
Los Angeles
Oklahoma
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Arkansas
Georgia
Dallas
Mississippi
Texas
Louisiana
Florida
Gulf of California
San Antonio
Houston
Image NASA
© 2008 Europa Technologies
© 2008 Tele Atlas
Image © 2008 TerraMetrics
15,950 pharmacies
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Google
27°28'14.43" N 73°14'11.54" W
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Yahoo! Finance ...
Indiana & Kansa...
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Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program

Read about Officer Edward R. Byrne

FY 2004 Byrne State Allocations

FY 2004 Byrne Formula Program Variable Passthrough (VPT) Percentages

FY 2004 Byrne Guidelines

- Sample subrecipient report

Overview:
The Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program (Byrne Formula Grant Program) is a partnership among federal, state, and local governments to create safer communities. BJA is authorized to award grants to states for use by states and units of local government to improve the functioning of the criminal justice system—with emphasis on violent crime and serious offenders—and enforce state and local laws that establish offenses similar to those in the federal Controlled Substances Act (21 U.S.C. 802(6) et seq.).

Grants may be used to provide personnel, equipment, training, technical assistance, and information systems for more widespread apprehension, prosecution, adjudication, detention, and rehabilitation of offenders who violate such state and local laws. Grants also may be used to provide assistance (other than compensation) to victims of these offenders. Twenty-nine legislatively authorized purpose areas were established to define the nature and scope of programs and projects that may be funded under the Byrne Formula Grant Program.

Legislation: The Byrne Formula Grant Program was created by the Anti-Drug Abuse Act of 1988 (Public Law 100-690).

Eligibility: The 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands are eligible to apply for formula grant funds.

Local jurisdictions are not eligible for direct Byrne Formula Grant Program funding; however, local practitioners may seek funding for innovative projects through subgrants. In each state, the governor appoints a State Administering Agency (SAA) to handle the subgranting of these funds to local and state criminal justice operations. Local practitioners should contact the appointed SAA office to obtain application information. Typically, overall funding plans and funding decisions are made by advisory boards consisting of a community's leading criminal justice officials, including police chiefs, prosecutors, chief justices, and corrections commissioners. These advisory boards should be contacted and apprized of the project's value and level of support. Alternatively, in many states, funds are subgranted to local units of government in block form with decisions made locally on individual projects. In this instance, local practitioners should contact these local agencies and any advisory boards they appoint for application information.

Related Publications/Information:

Byrne Draft Performance Measures by Purpose Area

FY 2003 Byrne Formula Grant Program State Allocations (PDF)

FY 2003 Byrne Formula Grant Program Variable Passthrough Percentages (PDF)

FY 2003 Byrne Formula Grant Program Guidance (PDF)

Jacob Wetterling Act Resource Guide

Contact Information:

Bureau of Justice Assistance
Programs Office
810 Seventh Street NW.
Washington, DC 20531
202-514-6638
Fax: 202-305-2543
E-mail: AskBJA@usdoj.gov

or

State Administering Agency (SAA)

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COPS

Office of Community Oriented Policing Services
U.S. Department of Justice

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The COPS Mission

Advance the practice of community policing as an effective strategy in communities' efforts to improve public safety.

Who We Are

The COPS Office was created through the Violent Crime Control and Law Enforcement Act of 1994. As a component of the Justice Department, the mission of the COPS Office is to advance the practice of community policing as an effective strategy to improve public safety. Moving from a reactive to proactive role, community policing represents a shift from more traditional law enforcement practices. By addressing the root causes of criminal and disorderly behavior, rather than simply responding to crimes once they have been committed, community policing concentrates on preventing both crime and the atmosphere of fear it creates. Additionally, community policing encourages the use of crime-fighting technology and operational strategies and the development of mutually beneficial relationships between law enforcement and the community. By earning the trust of the members of their communities and making those individuals stakeholders in their own safety, law enforcement can better understand and address the community's needs, and the factors that contribute to crime.

What We Do

The COPS Office awards grants to tribal, state, and local law enforcement agencies to hire and train community policing professionals, acquire and deploy cutting-edge crime-fighting technologies, and develop and test innovative policing strategies. COPS Office funding provides training and technical assistance to advance community policing at all levels of law enforcement, from line officers to law enforcement executives, as well as others in the criminal justice field. Because community policing is inclusive, COPS Office training also reaches state and local government leaders and the citizens they serve.

Since 1995, the COPS Office has invested $12.4 billion to help law enforcement advance the practice of community policing, and has enabled more than 13,000 state, local, and tribal agencies to hire more than 117,000 police officers and deputies. Our online Resource Information Center (RIC) offers publications, DVDs, CDs, and training materials on a wide range of law enforcement concerns and community policing topics. To date, we have distributed more than 1.1 million of these knowledge resources.

Through this broad range of programs, the COPS Office offers support in virtually every aspect of law enforcement, making American safer, one neighborhood at a time.

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http://www.cops.usdoj.gov/Default.asp?Item=35

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COPS

Office of Community Oriented Policing Services
U.S. Department of Justice

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About COPS Funding

The COPS Office distributes funding through a wide range of programs, both as grants and cooperative agreements. This section of the website outlines COPS funding programs for 2008. All FY 2008 grant programs have closed, and there are no funding opportunities currently available. The COPS Office has not yet received its appropriation for FY2009. Please check back to this page in the coming weeks for details regarding COPS 2009 grant programs, funding amounts, eligibility, and application deadlines.

This section also provides information about programs from COPS' past: completed Special Projects, early programs that were absorbed into others, and pilot programs designed to develop documented solutions that can be easily replicated. COPS funding helps law enforcement agencies across America meet an ever-increasing range of challenges with community policing.

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Funding > About COPS Funding

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COPS

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Office of Community Oriented Policing Services
U.S. Department of Justice

Methamphetamine Initiatives

COPS Methamphetamine grants help state and local law enforcement agencies reduce the production, distribution, and use of methamphetamine. COPS Methamphetamine grants awarded since 1998 total more than $448 million. These innovative community policing grants encourage recipients to develop partnerships with such entities as community leaders, local fire departments, drug courts, prosecutors, child protective services, treatment providers, and other law enforcement agencies to create a coordinated response to methamphetamine proliferation. COPS grants have funded equipment, training, and personnel to improve intelligence-gathering capabilities, enforcement efforts, lab clean-up, training related to drug endangered children, and the prosecution of those who engage in methamphetamine-related crimes. Additionally, COPS has provided more than $120 million to the Drug Enforcement Administration (DEA) for clandestine methamphetamine lab clean-up, specialized enforcement training, and statewide methamphetamine summits.

COPS received nearly $63 million in funding for methamphetamine-related efforts in fiscal year 2006. The majority of this funding was awarded directly to state and local law enforcement agencies to purchase officer safety equipment and supplies, and to provide training to essential first responder personnel responsible for combating the use and distribution of methamphetamine in jurisdictions across the United States.

See also:

- COPS Methamphetamine Initiative Fact Sheet
- Methamphetamine Initiative Grant Owner's Manual 2007
- Evaluation of COPS Methamphetamine Initiative: Interim Report
- Memorandum Adopting 2003 Methamphetamine Environmental Assessment and FONSI
  PDF
  TXT
- 2003/2004 Methamphetamine Environmental Assessment and FONSI
- Tools for Combating Meth

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Funding > About COPS Funding > Special Projects > Meth

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http://www.cops.usdoj.gov/Default.asp?Item=57

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COPS

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Office of Community Oriented Policing Services
U.S. Department of Justice

COPS Technology Grants

COPS Technology grants provide funding for the continued development of technologies and automated systems that help Tribal, state, and local law enforcement agencies prevent, respond to, and investigate crime. This funding allows state agencies to purchase technologies to advance communications interoperability, information sharing, crime analysis, intelligence gathering, and crime prevention in their communities.

The COPS Office has awarded approximately $827 million in COPS Technology grants to more than 1,400 agencies to date. Most recently, 445 technology projects named in the 2006 Science, State, Justice, Commerce, and Related Agencies Appropriations Act received approximately $127 million in COPS Technology grant funding.

See also:

- Technology Initiative Grant Owner's Manual 2007

Page Location:
Funding > About COPS Funding > Special Projects > Tech

URL:
http://www.cops.usdoj.gov/Default.asp?Item=58

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CHPA

founded 1881

Electronic tracking of pseudoephedrine sales

The Consumer Healthcare Products Association (CHPA) supports restricting sales of products containing pseudoephedrine (PSE) to behind retail counters. CHPA supported the federal Combat Methamphetamine Epidemic Act (CMEA), signed into law in 2006, which requires all PSE-containing OTCs to be sold from behind the counter, limited to 3.6 grams per day and 9 grams per 30 days, and purchaser signature in a logbook.

Since the CMEA and similar state restrictions took effect, there has been a 65% nationwide drop in clandestine meth labs. While this is significant progress, criminals have found ways to get around the quantity limits because it is difficult for law enforcement to inspect the logs and investigate all potential violations.

In Missouri, PSE is a Schedule V controlled substance and can only be sold in a pharmacy, by a pharmacist. Purchases are limited to 3.6 grams per day and 9 grams in 30 days. Purchasers must be 18, show ID, and sign a logbook. Electronic logbooks could enforce the quantity limits by tracking every purchase of a PSE-containing product, and blocking a purchase that will exceed state and federal limits before the transaction is completed. Alternatively, electronic logbooks can be used to compile purchase information electronically without blocking sales that violate the limits, allowing law enforcement to investigate suspected meth cooks.

A few states already have real-time, stop-sale systems to track PSE sales. Oklahoma has seen a 90% reduction in the number of meth labs discovered in the state since implementing this and other PSE sales restrictions. Kentucky and Arkansas began using similar systems state-wide in 2008. Kentucky's sales data shows that less than 1.5% of sales are blocked because they would have exceeded legal limits.

Over 989,000 boxes of PSE products were sold in Missouri in 2008, equaling over $9,470,000 in sales not including Wal-Mart which does not release sales data. This provides over $400,000 in sales tax revenue to the state, all of which would be lost if these products became prescription (and therefore tax-exempt) products.

Consumer Healthcare
Products Association
900 19th Street, NW, Suite 700
Washington, DC 20006
T 202.429.9260 F 202.223.6835
www.chpa-info.org

Public Health and Welfare
Date: 02/17/09
Attachment: 9

The current estimate for an electronic tracking system is approximately $500,000 start up cost, and $300,000 ongoing maintenance cost. There are at least two companies with PSE tracking products in the marketplace.

CHPA is the 127-year-old-trade association representing U.S. manufacturers and distributors of over-the-counter medicines and nutritional supplements.

For more information, contact:

Mandy Hagan
Director, State Government Relations
mhagan@chpa-info.org
202-429-3524