PA 21-192—sSB 895
General Law Committee

AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES

SUMMARY: This act makes several unrelated changes concerning pharmacy practice, including:

1. allowing long-term care pharmacies to use automated prescription dispensing machines in nursing homes (§§ 1 & 2);
2. making minor changes to the law on collaborative drug therapy agreements between pharmacists and practitioners (§§ 1 & 4);
3. authorizing registered syringe service programs, with Department of Consumer Protection (DCP) approval, to use secure machines to provide patients with clean needles and syringes (§ 3);
4. requiring opioid agonists dispensed to treat a substance use disorder to be uploaded into the electronic Prescription Drug Monitoring Program's (PMP) database (§ 5); and
5. exempting veterinarians from reporting to the PMP database dispensed diabetes drugs and devices (§ 5).

The act also makes minor, technical, and conforming changes (§§ 7-12).

EFFECTIVE DATE: Upon passage, except the PMP database provisions (§ 5) are effective July 1, 2022.

§§ 1 & 2 — PRESCRIPTION DISPENSING MACHINES

The act allows licensed long-term care pharmacies to use "automated prescription dispensing machines" in nursing homes. These are machines and associated software operated by a licensed state pharmacy or registered nonresident pharmacy through which the operators, based on a verified prescription, package and label patient-specific medications that are dispensed by the machine. A registered nurse or a licensed practical nurse must administer the dispensed medication packets.

The act requires the DCP commissioner to adopt regulations concerning these machines but specifies that they may be operated before then if DCP approves the operational protocol in writing. Machines must be operated in compliance with the regulations once they are adopted. The fee to operate a machine is $100 per machine per year.

§§ 1 & 4 — COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENTS

By law, certain pharmacists may enter into written protocol-based

collaborative drug therapy agreements with physicians or advanced practice registered nurses (APRN) (providers) to manage a patient's drug therapy. These agreements can authorize a pharmacist to implement, modify, or discontinue a drug therapy the provider prescribes; order associated lab tests; and administer drugs. Each agreement must contain detailed direction concerning the pharmacist's permitted actions.

The act specifies that (1) a pharmacist is also authorized to continue or deprescribe a drug therapy and (2) agreements may include guideline-directed management rather than be patient-specific. The act also allows an agreement to specifically address issues that may arise during medication reconciliation and concerns related to polypharmacy.

The act replaces prior law's requirement that a pharmacist update the patient's provider at least every 30 days with a new requirement that they report any encounters within the agreement's scope within 30 days or document it in a shared medical record. As is the case when drug therapy is discontinued, the act requires pharmacists to notify the patient's provider within 24 hours after deprescribing a drug therapy.

Definitions

The act defines "deprescribing" as the systematic process of identifying and discontinuing drugs when existing or potential harms outweigh existing or potential benefits in the context of an individual patient's care goals, current functioning level, life expectancy, values, and preferences.

"Medication reconciliation" is the process of comparing a patient's prescribed medications with newly ordered medications to address duplication, omissions, and interactions.

"Polypharmacy" is a patient's use of multiple drugs, including medication that is inappropriate or not medically necessary, such as medications that are ineffective, duplicative, or not indicated.

§ 3 — SECURE SYRINGE DISPENSING MACHINES

The act authorizes registered syringe service programs, after receiving DCP approval, to use secure, immobile machines to provide patients with up to 10 hypodermic needles and syringes ("needles") at a time. (Syringe service programs, overseen by the Department of Public Health, provide needle and syringe exchange services to intravenous drug users in communities impacted by HIV or hepatitis C.)

The machines must prevent unauthorized access and dispense only to patients using a patient-specific access number, personalized magnetic strip card, or another technology that identifies individual patients. Machines must store needles as recommended by the manufacturer unless the machines can provide adequate environmental controls.

Machines must be equipped with a locked used needle disposal container, or one must be available near the machine. Only authorized program staff may

collect and dispose of used needles. When dispensing needles, the machine must also give information on accessing treatment services.

§ 5 — PMP DATABASE

Opioid Agonists

Under certain conditions, the act requires opioid agonists dispensed to treat a substance use disorder (e.g., methadone) to be uploaded into the PMP database (see BACKGROUND). The requirement applies to the previously exempt substance abuse treatment-related opioid agonist dispensers and administrators (including federal Substance Abuse and Mental Health Services Administration-certified substance use disorder clinics) when (1) the patient has consented to disclosure and (2) it complies with federal substance abuse confidentiality regulations.

Under the act, signed consent forms must be available, upon request, to DCP for review. If a patient withdraws consent, opioid agonist information related to that patient must no longer be uploaded to the PMP.

Veterinary Diabetes Drugs and Devices

The act eliminates a requirement that veterinarians upload to the PMP database or report to DCP information on dispensed animal patient (1) insulin and glucagon drugs and (2) diabetes and diabetic ketoacidosis devices.

BACKGROUND

PMP

The PMP collects prescription data on most Schedule II-V controlled substances into a centralized online database to prevent improper or illegal drug use or improper prescribing. Prescribing practitioners who dispense controlled substance prescriptions (e.g., physicians, APRNs, and veterinarians) must submit information on the dispensed substance to the PMP.

Related Act

PA 21-182 makes identical changes to exempt veterinarians from reporting to the PMP database dispensed diabetes drugs and devices, but it is effective July 12, 2021.