



General Assembly

**Substitute Bill No. 895**

January Session, 2021



**AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-571 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 As used in [sections 20-570 to 20-630, inclusive] this chapter, unless  
4 the context otherwise requires:

5 (1) "Administer" or "Administration" means the direct application of  
6 a drug or device to the body of a patient or research subject by injection,  
7 inhalation, ingestion or any other means;

8 (2) "Automated prescription dispensing machine" means a device  
9 and associated software operated by a pharmacy or a pharmacy that is  
10 registered as a nonresident pharmacy pursuant to section 20-627, in a  
11 nursing home or skilled nursing facility licensed pursuant to sections  
12 19a-490 and 19a-491, that packages and labels patient-specific  
13 medication or multiple medications for the purposes of administration  
14 by a registered nurse or a licensed practical nurse based on a  
15 prescription that has completed final verification by a licensed  
16 pharmacist;

17        [(2)] (3) "Care-giving institution" means an institution that provides  
18 medical services and is licensed, operated, certified or approved by the  
19 Commissioner of Public Health, the Commissioner of Developmental  
20 Services or the Commissioner of Mental Health and Addiction Services;

21        [(3)] (4) "Commission" means the Commission of Pharmacy  
22 appointed under the provisions of section 20-572;

23        [(4)] (5) "Commissioner" means the Commissioner of Consumer  
24 Protection;

25        [(5)] (6) "Compound" means to combine, mix or put together two or  
26 more ingredients pursuant to a prescription and includes the  
27 preparation of drugs or devices in anticipation of prescriptions based on  
28 routine, regularly-observed prescribing patterns;

29        [(6)] (7) "Correctional or juvenile training institution" means a facility  
30 for the detention or incarceration of persons convicted or accused of  
31 crimes or offenses or for training of delinquent juveniles, including  
32 those state facilities under the jurisdiction of the Commissioner of  
33 Correction, training schools for delinquent juveniles and any other  
34 facilities operated by the state or municipalities for such detention,  
35 incarceration or training;

36        [(7)] (8) "Device" means instruments, apparatuses and contrivances,  
37 including their components, parts and accessories, intended (A) for use  
38 in the diagnosis, cure, mitigation, treatment or prevention of disease in  
39 humans or other animals, or (B) to affect the structure or any function of  
40 the body of humans or other animals, but does not mean contact lenses;

41        [(8)] (9) "Department" means the Department of Consumer  
42 Protection;

43        (10) "Deprescribing" means the systematic process of identifying and  
44 discontinuing drugs in instances in which existing or potential harms  
45 outweigh existing or potential benefits within the context of an  
46 individual patient's care goals, current level of functioning, life

47 expectancy, values and preferences;

48 [(9)] (11) "Dispense" means those acts of processing a drug or device  
49 for delivery or for administration for a patient pursuant to a prescription  
50 consisting of: (A) Comparing the directions on the label with the  
51 directions on the prescription to determine accuracy; (B) the selection of  
52 the drug or device from stock to fill the prescription; (C) the counting,  
53 measuring, compounding or preparation of the drug or device; (D) the  
54 placing of the drug or device in the proper container; (E) the affixing of  
55 the label to the container; and (F) the addition to a written prescription  
56 of any required notations. "Dispense" does not include the acts of  
57 delivering a drug or device to a patient or of administering the drug or  
58 device to the patient;

59 [(10)] (12) "Dispensing outpatient facility" means a facility operated  
60 by a corporation or municipality which provides medical services to  
61 patients on an outpatient basis and which maintains stocks of drugs for  
62 dispensing of drugs on a regular basis to patients for use off the  
63 premises;

64 [(11)] (13) "Drug" means (A) an article recognized in the official  
65 United States Pharmacopoeia, official Homeopathic Pharmacopoeia of  
66 the United States or official National Formulary, or any supplement to  
67 any of them, (B) an article intended for use in the diagnosis, cure,  
68 mitigation, treatment or prevention of disease in humans or other  
69 animals, (C) an article, other than food, intended to affect the structure  
70 or any function of the body of humans or any other animal, and (D) an  
71 article intended for use as a component of any article specified in this  
72 subdivision, but does not include a device;

73 [(12)] (14) "Institutional pharmacy" means that area within a care-  
74 giving institution or within a correctional or juvenile training  
75 institution, commonly known as the pharmacy, that is under the direct  
76 charge of a pharmacist and in which drugs are stored and dispensed;

77 [(13)] (15) "Legend device" means a device that is required by

78 applicable federal or state law to be dispensed pursuant only to a  
79 prescription or is restricted to use by prescribing practitioners only or  
80 that, under federal law, is required to bear either of the following  
81 legends: (A) "RX ONLY" IN ACCORDANCE WITH GUIDELINES  
82 ESTABLISHED IN THE FEDERAL FOOD, DRUG AND COSMETIC  
83 ACT; or (B) "CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE  
84 FOR USE BY OR ON THE ORDER OF A LICENSED VETERINARIAN.";

85 [(14)] (16) "Legend drug" means a drug that is required by any  
86 applicable federal or state law to be dispensed pursuant only to a  
87 prescription or is restricted to use by prescribing practitioners only, or  
88 means a drug that, under federal law, is required to bear either of the  
89 following legends: (A) "RX ONLY" IN ACCORDANCE WITH  
90 GUIDELINES ESTABLISHED IN THE FEDERAL FOOD, DRUG AND  
91 COSMETIC ACT; or (B) "CAUTION: FEDERAL LAW RESTRICTS THIS  
92 DRUG FOR USE BY OR ON THE ORDER OF A LICENSED  
93 VETERINARIAN.";

94 [(15)] (17) "Medical device and oxygen provider" means a person who  
95 distributes devices or oxygen pursuant to a medical order or  
96 prescription, except if such person already maintains an active  
97 pharmacy license;

98 (18) "Medication reconciliation" means a process of comparing the  
99 medications a patient is taking and should be taking with newly ordered  
100 medications (A) for the purpose of addressing duplications, omissions  
101 and interactions and the need to continue current medications, and (B)  
102 by looking at information such as the medication name, dose, frequency,  
103 route of administration and purpose;

104 [(16)] (19) "Nonlegend device" means a device that is not a legend  
105 device;

106 [(17)] (20) "Nonlegend drug" means a drug that is not a legend drug;

107 [(18)] (21) "Person" means an individual, corporation, business trust,  
108 estate trust, partnership, association, joint venture or any other legal or

109 commercial entity;

110 [(19)] (22) "Pharmacist" means an individual who is licensed to  
111 practice pharmacy under the provisions of section 20-590, 20-591, 20-592  
112 or 20-593, and who is thereby recognized as a health care provider by  
113 the state of Connecticut;

114 [(20)] (23) "Pharmacy" means a place of business where drugs and  
115 devices may be sold at retail and for which a pharmacy license has been  
116 issued to an applicant under the provisions of section 20-594;

117 [(21)] (24) "Pharmacy intern" means an individual registered under  
118 the provisions of section 20-598;

119 [(22)] (25) "Pharmacy technician" means an individual who is  
120 registered with the department and qualified in accordance with section  
121 20-598a;

122 (26) "Polypharmacy" means the use of multiple drugs by a patient,  
123 including any medication that is inappropriate or not medically  
124 necessary, such as those not indicated, not effective or constituting a  
125 therapeutic duplication;

126 [(23)] (27) "Practice of pharmacy" or "to practice pharmacy" means the  
127 sum total of knowledge, understanding, judgments, procedures,  
128 securities, controls and ethics used by a pharmacist to assure optimal  
129 safety and accuracy in the distributing, dispensing and use of drugs and  
130 devices;

131 [(24)] (28) "Prescribing practitioner" means an individual licensed by  
132 the state of Connecticut, any other state of the United States, the District  
133 of Columbia, the Commonwealth of Puerto Rico or any territory or  
134 insular possession subject to the jurisdiction of the United States who is  
135 authorized to issue a prescription within the scope of the individual's  
136 practice;

137 [(25)] (29) "Prescription" means a lawful order of a prescribing

138 practitioner transmitted either orally, in writing or by electronic means  
139 for a drug or device for a specific patient;

140 [(26)] (30) "Sale" includes barter, exchange or gift or offer and each  
141 such transaction made by a person whether as principal proprietor,  
142 agent, servant or employee;

143 [(27)] (31) "Substitute" means to dispense without the prescribing  
144 practitioner's express authorization a different drug product than the  
145 drug product prescribed;

146 [(28)] (32) "Third-party logistics provider" means a person who  
147 distributes drugs, devices or cosmetics while taking possession of the  
148 drugs, devices or cosmetics but who does not take title of the drugs,  
149 devices or cosmetics;

150 [(29)] (33) "Virtual manufacturer" means a person who engages in the  
151 manufacture of drugs, devices or cosmetics for which such person: (A)  
152 Owns the new drug application or abbreviated new drug application  
153 number, if a prescription drug; (B) owns the unique device identification  
154 number, as available, for a prescription device; (C) contracts with a  
155 contract manufacturing organization for the physical manufacture of  
156 the drugs, devices or cosmetics; (D) is not involved in the physical  
157 manufacture of the drugs, devices or cosmetics; and (E) at no time takes  
158 physical possession of or stores the drugs, devices or cosmetics; and

159 [(30)] (34) "Virtual wholesale distributor" means a person who  
160 facilitates or brokers the transfer of drugs, devices or cosmetics without  
161 taking physical possession of the drugs, devices or cosmetics.

162 Sec. 2. (NEW) (*Effective from passage*) (a) As used in this section, (1)  
163 "long-term care pharmacy" (A) means a pharmacy licensed under  
164 section 20-594 of the general statutes that stores and dispenses legend  
165 drugs and legend devices to patients or residents of licensed nursing  
166 homes, rest homes, residential care homes or other supervised  
167 residential facilities and from which related pharmaceutical care  
168 services are provided, and (B) includes pharmacies located both inside

169 and outside of such facilities but does not include those that are part of  
170 a licensed hospital, (2) "nursing home" has the same meaning as  
171 provided in section 19a-490 of the general statutes, and (3) "automated  
172 prescription dispensing machine" has the same meaning as provided in  
173 section 20-571 of the general statutes, as amended by this act. A long-  
174 term care pharmacy may operate an automated prescription dispensing  
175 machine in a nursing home in accordance with a protocol approved in  
176 writing by the Department of Consumer Protection, until such time as  
177 regulations are adopted pursuant to subsection (b) of this section. The  
178 annual fee to operate an automated prescription dispensing machine  
179 shall be one hundred dollars per machine.

180 (b) The Commissioner of Consumer Protection shall adopt  
181 regulations, in accordance with the provisions of chapter 54 of the  
182 general statutes, to implement the provisions of subsection (a) of this  
183 section. After the adoption of such regulations, the operation of an  
184 automated prescription dispensing machine, as described in subsection  
185 (a) of this section, shall be in accordance with such regulations.

186 Sec. 3. Section 21a-65 of the general statutes is repealed and the  
187 following is substituted in lieu thereof (*Effective from passage*):

188 (a) A licensed manufacturer or licensed wholesaler may sell  
189 hypodermic needles and syringes only to the following: (1) To a licensed  
190 manufacturer, licensed wholesaler or licensed pharmacy; (2) to a  
191 physician, dentist, veterinarian, embalmer, podiatrist or scientific  
192 investigator licensed to practice in this state; (3) to a person in charge of  
193 a care-giving institution, as defined in subdivision [(2)] (3) of section 20-  
194 571, as amended by this act, incorporated college or scientific institution,  
195 but only for use by or in such care-giving institution, college or  
196 institution for medical or scientific purposes; (4) to a person in charge of  
197 a licensed or registered laboratory, but only for use in that laboratory  
198 for scientific and medical purposes; (5) to a farmer but only for use on  
199 the farmer's own animals or poultry; (6) to a business authorized in  
200 accordance with the regulations adopted under section 21a-66 to  
201 purchase hypodermic needles and syringes but only for legitimate

202 industrial or medical use within that business; and (7) to a syringe  
203 services program established pursuant to section 19a-124.

204 (b) Except as provided in subsection (a) of this section, no licensed  
205 manufacturer, licensed wholesaler or licensed pharmacist shall sell and  
206 no person shall buy a hypodermic needle or syringe except upon a  
207 prescription of a prescribing practitioner, as defined in subdivision  
208 [(24)] (28) of section 20-571, as amended by this act, in a quantity greater  
209 than ten. Any such prescription shall be retained on file by the seller for  
210 a period of not less than three years and shall be accessible to any public  
211 officer engaged in the enforcement of this section. Such a prescription  
212 shall be valid for one year from the date thereof and purchases and sales  
213 may be made thereunder during such period, provided the seller shall  
214 confirm the continued need for such sales with such practitioner at least  
215 every six months if sales continue to be made thereunder. Hypodermic  
216 needles and syringes in a quantity of ten or less without a prescription  
217 may be provided or sold at retail only by the following: (1) By a  
218 pharmacy licensed in accordance with section 20-594 and in such  
219 pharmacy only by a licensed pharmacist or under [his] the pharmacist's  
220 direct supervision; (2) by a syringe [services] service program  
221 established pursuant to section 19a-124; and (3) by a health care facility  
222 or a licensed health care practitioner for use by their own patients.

223 (c) A registered syringe service program established pursuant to  
224 section 19a-124 may apply to the Department of Consumer Protection  
225 for approval to provide access to not more than ten hypodermic needles  
226 and syringes per transaction to program participants authorized by said  
227 department, through a secured machine with the use of a patient-  
228 specific access number, personalized magnetic strip card or any  
229 technology that identifies an individual for the purpose of providing  
230 access to hypodermic needles and syringes. The secured machine shall  
231 prevent unauthorized access and be immobile. Any products provided  
232 by the secured machine shall provide information on access to treatment  
233 services to assist individuals obtaining products from the secured  
234 machine. The machine shall only be placed in an area where contents



235 can be stored in accordance with the manufacturer's recommendation,  
236 unless the secured machine can provide adequate environmental  
237 controls independent of the external environment. A locked syringe  
238 disposal container to accept hypodermic needles and syringes that have  
239 already been used shall be available as part of the secured machine or  
240 in the area around the secured machine. Only authorized personnel of  
241 such program may collect the used syringes for proper disposal.

242 [(c) At] (d) Except as provided in subsection (c) of this section, at all  
243 locations where hypodermic needles and syringes are kept they shall be  
244 stored in a manner so as to be available only to authorized personnel  
245 and not be openly available to customers or patients. All used,  
246 disposable hypodermic needles and used, disposable syringes shall be  
247 destroyed. Destruction shall be conducted in a manner which renders  
248 such needles and syringes nonrecoverable. Used needles and syringes  
249 which have been discarded and are awaiting destruction shall be  
250 securely safeguarded or rendered nonreusable.

251 [(d)] (e) Any person who violates any provision of this section shall  
252 be fined not more than five hundred dollars or imprisoned not more  
253 than one year or both.

254 Sec. 4. Section 20-631 of the general statutes is repealed and the  
255 following is substituted in lieu thereof (*Effective from passage*):

256 (a) Except as provided in section 20-631b, one or more pharmacists  
257 licensed under this chapter who are determined competent in  
258 accordance with regulations adopted pursuant to subsection (d) of this  
259 section may enter into a written protocol-based collaborative drug  
260 therapy management agreement with one or more physicians licensed  
261 under chapter 370 or advanced practice registered nurses licensed  
262 under chapter 378 to manage the drug therapy of individual patients. In  
263 order to enter into a written protocol-based collaborative drug therapy  
264 management agreement, such physician or advanced practice registered  
265 nurse shall have established a provider-patient relationship with the  
266 patient who will receive collaborative drug therapy. Each patient's

267 collaborative drug therapy management shall be governed by a written  
268 protocol [specific to that patient] which may include guideline-directed  
269 management established by the treating physician or advanced practice  
270 registered nurse in consultation with the pharmacist. For purposes of  
271 this subsection, a "provider-patient relationship" is a relationship based  
272 on (1) the patient making a medical complaint, (2) the patient providing  
273 a medical history, (3) the patient receiving a physical examination, and  
274 (4) a logical connection existing between the medical complaint, the  
275 medical history, the physical examination and any drug prescribed for  
276 the patient.

277 (b) A collaborative drug therapy management agreement may  
278 authorize a pharmacist to implement, modify, [or] continue, discontinue  
279 or deprescribe a drug therapy that has been prescribed for a patient,  
280 order associated laboratory tests and administer drugs, all in accordance  
281 with a patient-specific written protocol. Such agreement may  
282 specifically address issues that may arise during a medication  
283 reconciliation and concerns related to polypharmacy that enable an  
284 authorized pharmacist to implement, modify, continue, discontinue or  
285 deprescribe drug therapy. In instances where drug therapy is  
286 discontinued or deprescribed, the pharmacist shall notify the treating  
287 physician or advanced practice registered nurse of such discontinuance  
288 or deprescribing no later than twenty-four hours from the time of such  
289 discontinuance or deprescribing. Each protocol developed, pursuant to  
290 the collaborative drug therapy management agreement, shall contain  
291 detailed direction concerning the actions that the pharmacist may  
292 perform for that patient. The protocol shall include, but need not be  
293 limited to, (1) the specific drug or drugs to be managed by the  
294 pharmacist, (2) the terms and conditions under which drug therapy may  
295 be implemented, modified, [or] continued, discontinued or  
296 deprescribed, (3) the conditions and events upon which the pharmacist  
297 is required to notify the physician or advanced practice registered nurse,  
298 and (4) the laboratory tests that may be ordered. All activities performed  
299 by the pharmacist in conjunction with the protocol shall be documented  
300 in the patient's medical record. The pharmacist shall report [at least

301 every] any encounters within the scope of the collaborative drug  
302 therapy management agreement within thirty days to the physician or  
303 advanced practice registered nurse regarding the patient's drug therapy  
304 management or document such information within a shared medical  
305 record. The collaborative drug therapy management agreement and  
306 protocols shall be available for inspection by the Departments of Public  
307 Health and Consumer Protection. A copy of the protocol shall be filed  
308 in the patient's medical record.

309 (c) A pharmacist shall be responsible for demonstrating, in  
310 accordance with regulations adopted pursuant to subsection (d) of this  
311 section, the competence necessary for participation in each drug therapy  
312 management agreement into which such pharmacist enters.

313 (d) The Commissioner of Consumer Protection, in consultation with  
314 the Commissioner of Public Health, shall adopt regulations, in  
315 accordance with chapter 54, concerning competency requirements for  
316 participation in a written protocol-based collaborative drug therapy  
317 management agreement described in subsection (a) of this section, the  
318 minimum content of the collaborative drug therapy management  
319 agreement and the written protocol and such other matters said  
320 commissioners deem necessary to carry out the purpose of this section.

321 Sec. 5. Subsection (j) of section 21a-254 of the general statutes is  
322 repealed and the following is substituted in lieu thereof (*Effective from*  
323 *passage*):

324 (j) (1) The commissioner shall, within available appropriations,  
325 establish an electronic prescription drug monitoring program to collect,  
326 by electronic means, prescription information for schedules II, III, IV  
327 and V controlled substances that are dispensed by pharmacies,  
328 nonresident pharmacies, as defined in section 20-627, outpatient  
329 pharmacies in hospitals or institutions or by any other dispenser,  
330 including, but not limited to, the federal Substance Abuse and Mental  
331 Health Services Administration certified substance use disorder clinics  
332 licensed under section 19a-495 in accordance with 42 CFR 2. The

333 program shall be designed to provide information regarding the  
334 prescription of controlled substances in order to prevent the improper  
335 or illegal use of the controlled substances and shall not infringe on the  
336 legitimate prescribing of a controlled substance by a prescribing  
337 practitioner acting in good faith and in the course of professional  
338 practice.

339 (2) The commissioner may identify other products or substances to  
340 be included in the electronic prescription drug monitoring program  
341 established pursuant to subdivision (1) of this subsection.

342 (3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as  
343 defined in section 20-627, outpatient pharmacy in a hospital or  
344 institution and dispenser shall report to the commissioner, at least  
345 weekly, by electronic means or, if a pharmacy or outpatient pharmacy  
346 does not maintain records electronically, in a format approved by the  
347 commissioner, the following information for all controlled substance  
348 prescriptions dispensed by such pharmacy or outpatient pharmacy: (A)  
349 Dispenser identification number; (B) the date the prescription for the  
350 controlled substance was filled; (C) the prescription number; (D)  
351 whether the prescription for the controlled substance is new or a refill;  
352 (E) the national drug code number for the drug dispensed; (F) the  
353 amount of the controlled substance dispensed and the number of days'  
354 supply of the controlled substance; (G) a patient identification number;  
355 (H) the patient's first name, last name and street address, including  
356 postal code; (I) the date of birth of the patient; (J) the date the  
357 prescription for the controlled substance was issued by the prescribing  
358 practitioner and the prescribing practitioner's Drug Enforcement  
359 Agency's identification number; and (K) the type of payment.

360 (4) (A) Except as provided in this subdivision, on and after July 1,  
361 2016, each pharmacy, nonresident pharmacy, as defined in section 20-  
362 627, outpatient pharmacy in a hospital or institution, and dispenser shall  
363 report to the commissioner by electronic means, in a format approved  
364 by the commissioner, the following information for all controlled  
365 substance prescriptions dispensed by such pharmacy or outpatient

366 pharmacy immediately upon, but in no event later than the next  
367 business day after, dispensing such prescriptions: (i) Dispenser  
368 identification number; (ii) the date the prescription for the controlled  
369 substance was filled; (iii) the prescription number; (iv) whether the  
370 prescription for the controlled substance is new or a refill; (v) the  
371 national drug code number for the drug dispensed; (vi) the amount of  
372 the controlled substance dispensed and the number of days' supply of  
373 the controlled substance; (vii) a patient identification number; (viii) the  
374 patient's first name, last name and street address, including postal code;  
375 (ix) the date of birth of the patient; (x) the date the prescription for the  
376 controlled substance was issued by the prescribing practitioner and the  
377 prescribing practitioner's Drug Enforcement Agency's identification  
378 number; and (xi) the type of payment.

379 (B) If the electronic prescription drug monitoring program is not  
380 operational, such pharmacy or dispenser shall report the information  
381 described in this subdivision not later than the next business day after  
382 regaining access to such program. For purposes of this subdivision,  
383 "business day" means any day during which the pharmacy is open to  
384 the public.

385 (C) Each veterinarian, licensed pursuant to chapter 384, who  
386 dispenses a controlled substance prescription shall report to the  
387 commissioner the information described in subparagraph (A) of this  
388 subdivision, at least weekly, by electronic means or, if the veterinarian  
389 does not maintain records electronically, in a format approved by the  
390 commissioner.

391 (5) The commissioner may contract with a vendor for purposes of  
392 electronically collecting such controlled substance prescription  
393 information. The commissioner and any such vendor shall maintain the  
394 information in accordance with the provisions of chapter 400j.

395 (6) The commissioner and any such vendor shall not disclose  
396 controlled substance prescription information reported pursuant to  
397 subdivisions (3) and (4) of this subsection, except as authorized

398 pursuant to the provisions of sections 21a-240 to 21a-283, inclusive. Any  
399 person who knowingly violates any provision of this subdivision or  
400 subdivision (5) of this subsection shall be guilty of a class D felony.

401 (7) The commissioner shall provide, upon request, controlled  
402 substance prescription information obtained in accordance with  
403 subdivisions (3) and (4) of this subsection to the following: (A) The  
404 prescribing practitioner or such practitioner's authorized agent, who is  
405 treating or has treated a specific patient, provided the information is  
406 obtained for purposes related to the treatment of the patient, including  
407 the monitoring of controlled substances obtained by the patient; (B) the  
408 prescribing practitioner with whom a patient has made contact for the  
409 purpose of seeking medical treatment or such practitioner's authorized  
410 agent, provided the request is accompanied by a written consent, signed  
411 by the prospective patient, for the release of controlled substance  
412 prescription information; or (C) the pharmacist who is dispensing  
413 controlled substances for a patient, or such pharmacist's authorized  
414 pharmacy technician, provided the information is obtained for purposes  
415 related to the scope of the pharmacist's practice and management of the  
416 patient's drug therapy, including the monitoring of controlled  
417 substances obtained by the patient. The prescribing practitioner, such  
418 practitioner's authorized agent, the pharmacist or such pharmacist's  
419 authorized pharmacy technician shall submit a written and signed  
420 request to the commissioner for controlled substance prescription  
421 information. Such prescribing practitioner, pharmacist or pharmacist's  
422 authorized pharmacy technician shall not disclose any such request  
423 except as authorized pursuant to sections 20-570 to 20-630, inclusive, or  
424 sections 21a-240 to 21a-283, inclusive.

425 (8) No person or employer shall prohibit, discourage or impede a  
426 prescribing practitioner, pharmacist or pharmacist's authorized  
427 pharmacy technician from requesting controlled substance prescription  
428 information pursuant to this subsection.

429 (9) Prior to prescribing greater than a seventy-two-hour supply of any  
430 controlled substance to any patient, the prescribing practitioner or such

431 practitioner's authorized agent shall review the patient's records in the  
432 electronic prescription drug monitoring program established pursuant  
433 to this subsection. Whenever a prescribing practitioner prescribes a  
434 controlled substance, other than a schedule V nonnarcotic controlled  
435 substance, for the continuous or prolonged treatment of any patient,  
436 such prescriber, or such prescriber's authorized agent, shall review, not  
437 less than once every ninety days, the patient's records in such  
438 prescription drug monitoring program. Whenever a prescribing  
439 practitioner prescribes a schedule V nonnarcotic controlled substance,  
440 for the continuous or prolonged treatment of any patient, such  
441 prescribing practitioner, or such prescribing practitioner's authorized  
442 agent, shall review, not less than annually, the patient's records in such  
443 prescription drug monitoring program. If such electronic prescription  
444 drug monitoring program is not operational, such prescribing  
445 practitioner may prescribe greater than a seventy-two-hour supply of a  
446 controlled substance to a patient during the time of such program's  
447 inoperability, provided such prescribing practitioner or such authorized  
448 agent reviews the records of such patient in such program not more than  
449 twenty-four hours after regaining access to such program.

450 (10) (A) A prescribing practitioner may designate an authorized  
451 agent to review the electronic prescription drug monitoring program  
452 and patient controlled substance prescription information on behalf of  
453 the prescribing practitioner. The prescribing practitioner shall ensure  
454 that any authorized agent's access to such program and patient  
455 controlled substance prescription information is limited to the purposes  
456 described in this section and occurs in a manner that protects the  
457 confidentiality of information that is accessed through such program.  
458 The prescribing practitioner and any authorized agent shall be subject  
459 to the provisions of 45 CFR 164.308, as amended from time to time,  
460 concerning administrative safeguards for the protection of electronic  
461 protected health information. A prescribing practitioner may be subject  
462 to disciplinary action for acts of the authorized agent as provided in  
463 section 21a-322.

464 (B) Notwithstanding the provisions of subparagraph (A) of this  
465 subdivision, a prescribing practitioner who is employed by or provides  
466 professional services to a hospital shall, prior to designating an  
467 authorized agent to review the electronic prescription drug monitoring  
468 program and patient controlled substance prescription information on  
469 behalf of the prescribing practitioner, (i) submit a request to designate  
470 one or more authorized agents for such purposes and a written protocol  
471 for oversight of the authorized agent or agents to the commissioner, in  
472 the form and manner prescribed by the commissioner, and (ii) receive  
473 the commissioner's approval to designate such authorized agent or  
474 agents and of such written protocol. Such written protocol shall  
475 designate either the hospital's medical director, a hospital department  
476 head, who is a prescribing practitioner, or another prescribing  
477 practitioner as the person responsible for ensuring that the authorized  
478 agent's or agents' access to such program and patient controlled  
479 substance prescription information is limited to the purposes described  
480 in this section and occurs in a manner that protects the confidentiality  
481 of information that is accessed through such program. A hospital  
482 medical director, a hospital department head, who is a prescribing  
483 practitioner, or another prescribing practitioner designated as the  
484 person responsible for overseeing an authorized agent's or agents'  
485 access to such program and information in the written protocol  
486 approved by the commissioner may be subject to disciplinary action for  
487 acts of the authorized agent or agents as provided in section 21a-322.  
488 The commissioner may inspect hospital records to determine  
489 compliance with written protocols approved in accordance with this  
490 section.

491 (C) A pharmacist may designate a pharmacy technician to access the  
492 electronic prescription drug monitoring program and patient controlled  
493 substance prescription information on behalf of the pharmacist only for  
494 the purposes of facilitating the pharmacist's review of such patient  
495 information. The pharmacist shall ensure that any such pharmacy  
496 technician's access to such program and patient controlled substance  
497 prescription information is limited to the purposes described in this



498 section and occurs in a manner that protects the confidentiality of  
499 information that is accessed through such program. The pharmacist and  
500 any authorized pharmacy technician shall be subject to the provisions  
501 of 45 CFR 164.308, as amended from time to time, concerning  
502 administrative safeguards for the protection of electronic protected  
503 health information. A pharmacist may be subject to disciplinary action  
504 for acts of the authorized pharmacy technician.

505 (D) Prior to designating a pharmacy technician to access the  
506 electronic prescription drug monitoring program and patient controlled  
507 substance prescription information on behalf of the pharmacist, the  
508 supervising pharmacist shall provide training for the authorized  
509 pharmacy technicians. Such training shall designate a pharmacist as the  
510 person responsible for ensuring that the authorized pharmacy  
511 technician's access to such program and patient controlled substance  
512 prescription information is limited to the purposes described in this  
513 section and occurs in a manner that protects the confidentiality of  
514 information that is accessed through such program. A pharmacist  
515 designated as the person responsible for overseeing the pharmacy  
516 technician's access to such program may be subject to disciplinary action  
517 for acts of the authorized pharmacy technician. The commissioner may  
518 inspect records to document pharmacy technician training, that  
519 pharmacy technicians have access to the program and that patient  
520 controlled substance prescription information has been limited in  
521 accordance with the provisions of this section.

522 (11) The commissioner shall adopt regulations, in accordance with  
523 chapter 54, concerning the reporting, evaluation, management and  
524 storage of electronic controlled substance prescription information.

525 (12) The provisions of this section shall not apply to (A) samples of  
526 controlled substances dispensed by a physician to a patient, or (B) any  
527 controlled substances dispensed to hospital inpatients.

528 (13) The provisions of this section shall not apply to any institutional  
529 pharmacy or pharmacist's drug room operated by a facility, licensed

530 under section 19a-495 and regulations adopted pursuant to said section  
531 19a-495, that dispenses or administers directly to a patient an opioid  
532 agonist for treatment of a substance use disorder, unless the patient has  
533 signed a consent to disclose the patient's records to a prescription drug  
534 monitoring program that is compliant with 42 CFR 2 Subpart B. Each  
535 signed consent form shall be made available for review by the  
536 commissioner upon request. If consent is withdrawn by the patient, the  
537 institutional pharmacy or pharmacist's drug room operated by a facility  
538 shall immediately discontinue disclosing information about the specific  
539 patient who withdrew consent.

540 (14) The commissioner may provide controlled substance  
541 prescription information obtained in accordance with subdivisions (3)  
542 and (4) of this subsection to other state agencies, pursuant to an  
543 agreement between the commissioner and the head of such agency,  
544 provided the information is obtained for a study of disease prevention  
545 and control related to opioid abuse or the study of morbidity and  
546 mortality caused by overdoses of controlled substances. The provision  
547 of such information shall be in accordance with all applicable state and  
548 federal confidentiality requirements.

549 (15) Nothing in this section shall prohibit a prescribing practitioner  
550 or such prescribing practitioner's authorized agent from disclosing  
551 controlled substance prescription information submitted pursuant to  
552 subdivisions (3) and (4) of this subsection to the Department of Social  
553 Services for the purposes of administering any of said department's  
554 medical assistance programs.

555 (16) Each pharmacy, nonresident pharmacy, as defined in section 20-  
556 627, outpatient pharmacy in a hospital or institution, and dispenser shall  
557 report to the commissioner, at least daily, by electronic means or, if a  
558 pharmacy or outpatient pharmacy does not maintain records  
559 electronically, in a format approved by the commissioner information  
560 for all insulin drugs, glucagon drugs, diabetes devices and diabetic  
561 ketoacidosis devices prescribed and dispensed by such pharmacy or  
562 outpatient pharmacy, except such reporting requirement shall not apply

563 to any veterinarian, licensed under chapter 384, who dispenses insulin  
564 drugs, glucagon drugs, diabetes devices and diabetic ketoacidosis  
565 devices for animal patients. Such pharmacy or outpatient pharmacy  
566 shall report such information to the commissioner in a manner that is  
567 consistent with the manner in which such pharmacy or outpatient  
568 pharmacy reports information for controlled substance prescriptions  
569 pursuant to subdivision (4) of this subsection. For the purposes of this  
570 subdivision, "insulin drug", "glucagon drug", "diabetes devices" and  
571 "diabetic ketoacidosis device" have the same meanings as provided in  
572 section 20-616.

573 Sec. 6. Subsection (a) of section 21a-70 of the general statutes is  
574 repealed and the following is substituted in lieu thereof (*Effective from*  
575 *passage*):

576 (a) As used in this section: (1) "Drugs", "devices" and "cosmetics" have  
577 the same meanings as defined in section 21a-92, "wholesaler" or  
578 "distributor" means a person, including, but not limited to, a medical  
579 device and oxygen provider, a third-party logistics provider, a virtual  
580 manufacturer or a virtual wholesale distributor, as such terms are  
581 defined in section 20-571, as amended by this act, whether within or  
582 without the boundaries of the state of Connecticut, who supplies drugs,  
583 devices or cosmetics prepared, produced or packaged by  
584 manufacturers, to other wholesalers, manufacturers, distributors,  
585 hospitals, prescribing practitioners, as defined in subdivision [(24)] (28)  
586 of section 20-571, as amended by this act, pharmacies, federal, state or  
587 municipal agencies, clinics or any other person as permitted under  
588 subsection (h) of this section, except that: (A) A retail pharmacy or a  
589 pharmacy within a licensed hospital that supplies to another such  
590 pharmacy a quantity of a noncontrolled drug or a schedule II, III, IV or  
591 V controlled substance normally stocked by such pharmacies to provide  
592 for the immediate needs of a patient pursuant to a prescription or  
593 medication order of an authorized practitioner, (B) a pharmacy within a  
594 licensed hospital that supplies drugs to another hospital or an  
595 authorized practitioner for research purposes, (C) a retail pharmacy that

596 supplies a limited quantity of a noncontrolled drug or of a schedule II,  
597 III, IV or V controlled substance for emergency stock to a practitioner  
598 who is a medical director of a chronic and convalescent nursing home,  
599 of a rest home with nursing supervision or of a state correctional  
600 institution, and (D) a pharmacy within a licensed hospital that contains  
601 another hospital wholly within its physical structure that supplies to  
602 such contained hospital a quantity of a noncontrolled drug or a schedule  
603 II, III, IV, or V controlled substance normally stocked by such hospitals  
604 to provide for the needs of a patient, pursuant to a prescription or  
605 medication order of an authorized practitioner, receiving inpatient care  
606 on a unit that is operated by the contained hospital shall not be deemed  
607 a wholesaler under this section; (2) "manufacturer" means (A) a person,  
608 whether within or without the boundaries of the state of Connecticut,  
609 who produces, prepares, cultivates, grows, propagates, compounds,  
610 converts or processes, directly or indirectly, by extraction from  
611 substances of natural origin or by means of chemical synthesis or by a  
612 combination of extraction and chemical synthesis, or who packages,  
613 repackages, labels or relabels a container under such manufacturer's  
614 own or any other trademark or label any drug, device or cosmetic for  
615 the purpose of selling such items, or (B) a sterile compounding  
616 pharmacy, as defined in section 20-633b, that dispenses sterile  
617 pharmaceuticals without a prescription or a patient-specific medical  
618 order; (3) "drug", "device" and "cosmetic" have the same meanings as  
619 provided in section 21a-92; and (4) "commissioner" means the  
620 Commissioner of Consumer Protection or his or her designee.

621 Sec. 7. Subsection (k) of section 21a-106 of the general statutes is  
622 repealed and the following is substituted in lieu thereof (*Effective from*  
623 *passage*):

624 (k) If it is a legend drug, as defined in subdivision [(14)] (16) of section  
625 20-571, as amended by this act, that is not administered, dispensed,  
626 prescribed or otherwise possessed or distributed in accordance with  
627 federal and state laws and regulations;

628 Sec. 8. Subsection (e) of section 21a-115 of the general statutes is

629 repealed and the following is substituted in lieu thereof (*Effective from*  
630 *passage*):

631 (e) In the promulgation of regulations under the provisions of this  
632 section applicable to prescribing practitioners, care-giving institutions,  
633 and correctional and juvenile training institutions, as defined in  
634 subdivision [(6)] (7) of section 20-571, as amended by this act, the  
635 Commissioner of Consumer Protection shall act in place of the director.  
636 Existing regulations shall continue in effect unless superseded by action  
637 of said commissioner pursuant to this subsection.

638 Sec. 9. Subsection (j) of section 21a-249 of the general statutes is  
639 repealed and the following is substituted in lieu thereof (*Effective from*  
640 *passage*):

641 (j) A pharmacy may sell and dispense controlled substances upon the  
642 prescription of a prescribing practitioner, as defined in subdivision  
643 [(24)] (28) of section 20-571, as amended by this act.

644 Sec. 10. Section 38a-492a of the general statutes is repealed and the  
645 following is substituted in lieu thereof (*Effective from passage*):

646 Each individual health insurance policy providing coverage of the  
647 type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section  
648 38a-469, delivered, issued for delivery, renewed, amended or continued  
649 in this state shall provide coverage for hypodermic needles or syringes  
650 prescribed by a prescribing practitioner, as defined in subdivision [(24)]  
651 (28) of section 20-571, as amended by this act, for the purpose of  
652 administering medications for medical conditions, provided such  
653 medications are covered under the policy. Such benefits shall be subject  
654 to any policy provisions that apply to other services covered by such  
655 policy.

656 Sec. 11. Section 38a-518a of the general statutes is repealed and the  
657 following is substituted in lieu thereof (*Effective from passage*):

658 Each group health insurance policy providing coverage of the type

659 specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-  
660 469, delivered, issued for delivery, renewed, amended or continued in  
661 this state shall provide coverage for hypodermic needles or syringes  
662 prescribed by a prescribing practitioner, as defined in subdivision [(24)]  
663 (28) of section 20-571, as amended by this act, for the purpose of  
664 administering medications for medical conditions, provided such  
665 medications are covered under the policy. Such benefits shall be subject  
666 to any policy provisions that apply to other services covered by such  
667 policy.

668 Sec. 12. Subdivision (1) of subsection (b) of section 53a-13 of the  
669 general statutes is repealed and the following is substituted in lieu  
670 thereof (*Effective from passage*):

671 (b) (1) It shall not be a defense under this section if such mental  
672 disease or defect was proximately caused by the voluntary ingestion,  
673 inhalation or injection of intoxicating liquor or any drug or substance,  
674 or any combination thereof, unless such drug was prescribed for the  
675 defendant by a prescribing practitioner, as defined in subdivision [(24)]  
676 (28) of section 20-571, as amended by this act, and was used in  
677 accordance with the directions of such prescription.

|   |                     |              |
|---|---------------------|--------------|
| This act shall take effect as follows and shall amend the following sections: |                     |              |
| Section 1   | <i>from passage</i> | 20-571       |
| Sec. 2  | <i>from passage</i> | New section  |
| Sec. 3  | <i>from passage</i> | 21a-65       |
| Sec. 4  | <i>from passage</i> | 20-631       |
| Sec. 5  | <i>from passage</i> | 21a-254(j)   |
| Sec. 6  | <i>from passage</i> | 21a-70(a)    |
| Sec. 7  | <i>from passage</i> | 21a-106(k)   |
| Sec. 8  | <i>from passage</i> | 21a-115(e)   |
| Sec. 9  | <i>from passage</i> | 21a-249(j)   |
| Sec. 10   | <i>from passage</i> | 38a-492a     |
| Sec. 11   | <i>from passage</i> | 38a-518a     |
| Sec. 12   | <i>from passage</i> | 53a-13(b)(1) |

**GL**      *Joint Favorable Subst.*