OLR Bill Analysis

sSB 186

AN ACT CONCERNING COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENTS AND POLICIES.

SUMMARY

This bill makes various changes affecting collaborative drug therapy agreements between certain health care practitioners and pharmacists. Specifically, it:

1. expands the types of practitioners authorized to enter into these agreements to include any prescribing practitioner or caregiving institution ("providers"), instead of only state-licensed physicians and advanced practice registered nurses;

2. expands the types of authorized arrangements between pharmacists and providers to include collaborative drug therapy management policies between pharmacists and caregiving institutions, instead of only collaborative drug therapy agreements between pharmacists and prescribing practitioners;

3. expands pharmacists' authority under these arrangements to include (a) managing drug therapy for patient populations, instead of only individual patients and (b) managing a therapeutic class of drugs, instead of only specified drugs; and

4. requires the Department of Consumer Protection (DCP) commissioner to amend regulations on pharmacist qualifications and requirements for these arrangements to include competency requirements and requirements for the minimum content of these arrangements.

Under the bill, "prescribing practitioners" are practitioners licensed in Connecticut or another U.S. jurisdiction who have prescriptive authority under their professional scope of practice. "Care-giving

institutions" are institutions that provide medical services and are licensed, operated, certified, or approved by the commissioners of public health (DPH), developmental services, or mental health and addiction services (e.g., hospitals, nursing homes, or assisted living facilities).

Lastly, the bill makes technical and conforming changes, including specifying that a nursing home's medical director may enter into collaborative drug management policies.

EFFECTIVE DATE: Upon passage

PERMITTED ARRANGEMENTS

The bill authorizes two types of formal arrangements between providers and qualified pharmacists, which must be based on either written protocols or a collaborative drug therapy care plan. These arrangements include:

1. "collaborative drug therapy management agreements" similar to those under current law (i.e., agreements between one or more pharmacists and prescribing practitioners to manage individual patients', or a patient population's, drug therapy); and

2. "collaborative drug therapy management policies" (i.e., written policies adopted by care-giving institutions under which one or more pharmacists manage individual patients', or a patient population's, drug therapy).

Under the bill, a "qualified pharmacist" is a DCP-licensed pharmacist who (1) is deemed competent under department regulations and (2) has reviewed the latest edition of the "Pharmacists' Patient Care Process," published by the Joint Commission of Pharmacy Practitioners.

"Collaborative drug therapy care plans" are written documents memorializing an agreed-upon approach to achieve a patient's desired health outcome, as determined by the patient in collaboration with one or more health care providers ("care plans").

CONDITIONS FOR ENTERING INTO ARRANGEMENTS

Provider-Patient Relationship

The bill extends current law's requirements for entering into collaborative drug therapy agreements to the new agreements, care plans, and policies the bill authorizes. So, before entering into an agreement or care plan, or operating under a management policy, a practitioner must establish a provider-patient relationship with the patient or patients who will receive collaborative drug therapy.

By law, this is a relationship in which (1) the patient has made a medical complaint, provided his or her medical history, and received a physical examination and (2) there exists a logical connection between the medical complaint and history, physical examination, and any drug prescribed.

Diagnosis or Test

The bill also requires that each patient's collaborative drug therapy management be based on (1) a diagnosis made by the patient's practitioner or (2) a specific test set out in an agreement or policy.

PHARMACISTS' AUTHORITY

Under the bill, pharmacists providing collaborative drug therapy management under an agreement or policy may, in keeping with the agreement or policy:

1. initiate, modify, continue, discontinue, or deprescribe a patient's prescribed drug therapy;

2. order associated laboratory tests; and

3. administer drugs.

This scope of authority is generally the same as currently allowed for collaborative drug therapy arrangements, except the bill (1) authorizes pharmacists to initiate, rather than implement, a prescribed drug therapy and (2) does not require the specification of the drugs to be managed (see below).

As is currently required for collaborative drug therapy arrangements, agreements and policies may specifically address issues that come up during medication reconciliation (i.e., review of all of a patient's current and new medications) or related to polypharmacy (i.e., the simultaneous use of multiple drugs by a patient).

The bill specifies that agreements and policies cannot authorize a pharmacist to establish a port to administer parenteral drugs (e.g., IV infusions).

AGREEMENT OR POLICY'S CONTENTS

Under the bill, any written protocol or care plan developed under to a collaborative drug therapy agreement or policy must have detailed direction on the pharmacist's permitted actions, including the (1) specific drug or drugs, (2) therapeutic class or classes of drugs, and (3) medical devices that the pharmacist may manage. (The bill does not explicitly give pharmacists authority to manage medical devices.)

As under current law, the written protocol or care plan must also specify:

1. the terms and conditions under which drug therapy may be initiated, modified, continued, discontinued, or deprescribed;

2. when a pharmacist must notify the prescribing practitioner;

3. the laboratory tests that the pharmacist may order; and

4. the patient population it covers.

Under the bill, agreements, policies, protocols, and care plans must be made available to DCP and DPH for inspection, upon request, as current law requires for agreements and written protocols.

Notice to Practitioner and Medical Record Updates

Under the bill, if a pharmacist discontinues or deprescribes a drug, he or she must notify the prescribing practitioner within 24 hours. Any actions the pharmacist takes must be documented in the patient's medical record as specified by any applicable care-giving institution's

policies. (The bill does not similarly require compliance with practitioners' policies if they are not associated with a care-giving institution.)

Additionally, any protocol (presumably, this includes agreements, policies, care plans, and other written protocols) must be filed in the patient's medical record.

Current law requires pharmacists to (1) report any encounters within the agreement's scope within 30 days or document them in a shared medical record and (2) file protocols in the patient's medical record.

COMMITTEE ACTION

General Law Committee

Joint Favorable
Yea 18 Nay 0 (03/15/2022)