Senate

General Assembly

File No. 89

February Session, 2024

Substitute Senate Bill No. 133

Senate, March 25, 2024

The Committee on General Law reported through SEN. MARONEY of the 14th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING REGULATION OF PRESCRIPTION DRUGS AND RELATED PROFESSIONS.

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

Section 1. Section 20-571 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

As used in this chapter and sections 2 to 4, inclusive, of this act, unless the context otherwise requires:

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

(2) "Advanced pharmacy technician" means a pharmacy technician who receives an endorsement from the department and is qualified in accordance with section 2 of this act;

[(2)**]** (3) "Automated prescription dispensing machine" means a

device and associated software operated by a pharmacy or a pharmacy that is registered as a nonresident pharmacy pursuant to section 20-627, in a nursing home or skilled nursing facility licensed pursuant to sections 19a-490 and 19a-491, that packages and labels patient-specific medication or multiple medications for the purposes of administration by a registered nurse or a licensed practical nurse based on a prescription that has completed final verification by a licensed pharmacist;

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

(5) "Clerk" means an individual who is: (A) Registered with the department to work in a pharmacy or institutional pharmacy in accordance with section 3 of this act; and (B) not involved in (i) order entry, (ii) the dispensing process, or (iii) preparing a prescription for final verification;

[(4)**]** (6) "Commission" means the Commission of Pharmacy appointed under the provisions of section 20-572;

[(5)**]** (7) "Commissioner" means the Commissioner of Consumer Protection;

(8) "Compatible drugs" means two or more drugs that are not contraindicated, or adversely impacted in constitution or quality, by each other;

(9) "Compliance packaging" means packaging that: (A) Bears an identification number; (B) is for dispensing drugs; (C) separates drugs into individual compartments by dose; and (D) is prepared at a pharmacy to assist a patient in administering doses of drugs that have been prescribed to the patient;

[(6)**]** (10) "Compound" means to combine, mix or put together two or more ingredients pursuant to a prescription and includes the

preparation of drugs or devices in anticipation of prescriptions based on routine, regularly-observed prescribing patterns;

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

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

[(9)**]** (13) "Department" means the Department of Consumer Protection;

[(10)**]** (14) "Deprescribing" means the systematic process of identifying and discontinuing drugs in instances in which existing or potential harms outweigh existing or potential benefits within the context of an individual patient's care goals, current level of functioning, life expectancy, values and preferences;

(15) "Direct supervision" means supervision of another individual by a pharmacist who: (A) Is physically present in an area or at a location while routine drug dispensing functions are performed in such area or at such location; and (B) conducts in-process and final performance checks;

[(11)**]** (16) "Dispense" means those acts of processing a drug or device for delivery or for administration for a patient pursuant to a prescription consisting of: (A) Comparing the directions on the label with the directions on the prescription to determine accuracy; (B) the selection of the drug or device from stock to fill the prescription; (C) the counting,

measuring, compounding or preparation of the drug or device; (D) the placing of the drug or device in the proper container; (E) the affixing of the label to the container; and (F) the addition to a written prescription of any required notations. "Dispense" does not include the acts of delivering a drug or device to a patient or of administering the drug or device to the patient;

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

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

(19) "Drug utilization review": (A) Means an authorized and structured review of a pharmacist's prescribing, dispensing and drug utilization activities, before, during and after the pharmacist dispenses a drug pursuant to a prescription, to ensure appropriate decision-making concerning the drug and a positive patient outcome; and (B) includes, but is not limited to, prospective and retrospective utilization reviews required under the Omnibus Budget Reconciliation Act of 1990, P.L. 101-508, as amended from time to time;

[(14)**]** (20) "Health care institution" means institution, as defined in section 19a-490;

[(15)**]** (21) "Health care institutional pharmacy" means an institutional pharmacy located within a health care institution;

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

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

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

[(19)**]** (25) "Medical device and oxygen provider" means a person who distributes devices or oxygen pursuant to a medical order or prescription, except if such person already maintains an active pharmacy license;

[(20)**]** (26) "Medication reconciliation" means a process of comparing the medications a patient is taking and should be taking with newly ordered medications: (A) For the purpose of addressing duplications, omissions and interactions and the need to continue current medications; and (B) by looking at information such as the medication name, dose, frequency, route of administration and purpose;

[(21)**]** (27) "Nonlegend device" means a device that is not a legend

device;

[(22)**]** (28) "Nonlegend drug" means a drug that is not a legend drug;

[(23)**]** (29) "Nonresident pharmacy" has the same meaning as provided in section 20-627;

(30) "Order entry" means the process by which pharmacy personnel enter into a pharmacy software system prescription data, including, but not limited to: (A) Patient demographic data; (B) drug name and strength; (C) drug quantity; (D) directions for use; (E) the number of authorized refills, including, but not limited to, any use of "PRN" or "ad lib" in lieu of a specific number of authorized refills; and (F) any required cautionary statement;

(31) "Patient" means a human or other animal who receives any health care service from a health care provider for treatment of a current or future medical condition;

[(24)**]** (32) "Person" means an individual, corporation, business trust, estate trust, partnership, association, joint venture or any other legal or commercial entity;

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

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

[(27)**]** (35) "Pharmacy intern" means an individual registered under the provisions of section 20-598;

(36) "Pharmacy software system" means the computer software and programming that a pharmacy uses to log and verify prescription information, including, but not limited to, any data required to be

collected and maintained under any applicable law or regulation;

[(28)**]** (37) "Pharmacy technician" means an individual who is registered with the department and qualified in accordance with section 20-598a, as amended by this act;

[(29)**]** (38) "Polypharmacy" means the use of multiple drugs by a patient, including any medication that is inappropriate or not medically necessary, such as those not indicated, not effective or constituting a therapeutic duplication;

[(30)**]** (39) "Practice of pharmacy" or "to practice pharmacy" means the sum total of knowledge, understanding, judgments, procedures, securities, controls and ethics used by a pharmacist to assure optimal safety and accuracy in the distributing, dispensing and use of drugs and devices;

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

[(32)**]** (41) "Prescription" means a lawful order of a prescribing practitioner transmitted either orally, in writing or by electronic means for a drug or device for a specific patient;

[(33)**]** (42) "Sale" includes barter, exchange or gift or offer and each such transaction made by a person whether as principal proprietor, agent, servant or employee;

[(34)**]** (43) "Substitute" means to dispense without the prescribing practitioner's express authorization a different drug product than the drug product prescribed;

[(35)**]** (44) "Third-party logistics provider" means a person who distributes drugs, devices or cosmetics while taking possession of the

drugs, devices or cosmetics but who does not take title of the drugs, devices or cosmetics;

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

[(37)**]** (46) "Virtual wholesale distributor" means a person who facilitates or brokers the transfer of drugs, devices or cosmetics without taking physical possession of the drugs, devices or cosmetics.

Sec. 2. (NEW) (*Effective October 1, 2024*) (a) (1) No individual may perform the duties of an advanced pharmacy technician, including, but not limited to, dispensing to patients compatible drugs in compliance packaging under section 4 of this act, unless such individual is a pharmacy technician who applies for and receives an advanced pharmacy technician endorsement in accordance with the provisions of this section.

(2) Each advanced pharmacy technician endorsement issued under this section shall be in a form and manner prescribed by the department, shall be valid for one year and may be renewed for successive one-year periods upon application in the manner set forth in this section.

(b) The department shall issue an advanced pharmacy technician endorsement to a pharmacy technician who:

(1) Submits to the department, in a form and manner prescribed by the department, an application for an endorsement as an advanced pharmacy technician under this section;

(2) Is actively registered and qualified as a pharmacy technician in

accordance with section 20-598a of the general statutes, as amended by this act;

(3) Was continuously registered as a pharmacy technician in accordance with section 20-598a of the general statutes, as amended by this act, for the three-year period immediately preceding the date on which such pharmacy technician applies for an advanced pharmacy technician endorsement under this section;

(4) Continuously held a certification from the Pharmacy Technician Certification Board, or any other equivalent pharmacy technician certification program approved by the department, for the three-year period immediately preceding the date on which such pharmacy technician applies for an advanced pharmacy technician endorsement under this section, and maintains such certification in good standing;

(5) Successfully completed (A) an educational course, during the one-year period immediately preceding the date on which such pharmacy technician applies for an advanced pharmacy technician endorsement under this section, that is accredited by the Accreditation Council for Pharmacy Education or another appropriate national accrediting body, and (B) a competency assessment performed by a pharmacist in accordance with requirements established by the commissioner in regulations adopted pursuant to subsection (e) of this section;

(6) Works under the direct supervision of a pharmacist who satisfies the requirements established in subsection (c) of this section; and

(7) Is employed by a pharmacy or institutional pharmacy that satisfies the requirements established in subsection (d) of this section.

(c) (1) Except as provided in subdivision (2) of this subsection, the pharmacist who directly supervises an advanced pharmacy technician as required under subdivision (6) of subsection (b) of this section shall (A) perform all drug utilization reviews, and (B) verify that (i) all prescription data entered into the pharmacy software system are correct, and (ii) the original prescription and the contents of the

prescription label and prescription container are correct.

(2) The pharmacist who directly supervises an advanced pharmacy technician may allow the advanced pharmacy technician to verify that the original prescription and the contents of the prescription label and prescription container are correct.

(d) (1) The pharmacy or institutional pharmacy that employs an advanced pharmacy technician shall:

(A) Use bar code technology, or another technology approved by the department, to assist in dispensing drugs; and

(B) Not permit the ratio of advanced pharmacy technicians to pharmacists physically present in the pharmacy premises or institutional pharmacy to exceed one advanced pharmacy technician to one pharmacist providing direct supervision. A pharmacy or institutional pharmacy may employ a ratio of three pharmacy technicians to one supervising pharmacist, as provided in section 20-576-33 of the regulations of Connecticut state agencies, and an advanced pharmacy technician shall not be counted in determining whether such pharmacy or institutional pharmacy satisfies such three-to-one ratio if the advanced pharmacy technician exclusively engages in the duties of an advanced pharmacy technician.

(2) If an advanced pharmacy technician is employed by a pharmacy, the pharmacy shall, in addition to satisfying the requirements established in subdivision (1) of this subsection, use a technology that includes images of the medication that is reviewed as part of a final verification.

(3) If an advanced pharmacy technician is employed by an institutional pharmacy, the institutional pharmacy shall, in addition to satisfying the requirements established in subdivision (1) of this subsection, use bar code scanning at the point of administration to confirm accuracy in dispensing.

(e) The commissioner shall adopt regulations, in accordance with

chapter 54 of the general statutes, to implement the provisions of this section. Such regulations shall, at a minimum, establish (1) requirements for performance of competency assessments required under subparagraph (B) of subdivision (5) of subsection (b) of this section, and (2) additional requirements concerning the duties of advanced pharmacy technicians.

Sec. 3. (NEW) (*Effective October 1, 2024*) (a) No individual may perform the duties of a clerk unless such individual is registered with the department in accordance with the provisions of this section.

(b) (1) The department shall register as a clerk any individual who (A) submits to the department, in a form and manner prescribed by the department, an application for registration as a clerk under this section, and (B) satisfies all requirements established in any regulations adopted pursuant to subsection (e) of this section.

(2) Each registration issued under this section shall be valid for one year and may be renewed for successive one-year periods upon application in the manner set forth in this section.

(c) A clerk may handle dispensed drugs and deliver such drugs to patients (1) under the direct supervision of a pharmacist, or (2) as otherwise authorized in regulations adopted by the commissioner pursuant to subsection (e) of this section.

(d) No clerk shall (1) perform any drug utilization review, (2) verify the accuracy of the prescription data entered into a pharmacy software system, an original prescription, the contents of a prescription label or the contents of a prescription container, (3) perform any task that requires any professional pharmaceutical judgment, or (4) participate in order entry.

(e) The commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to implement the provisions of this section, including, but not limited to, regulations establishing additional requirements (1) for registration as a clerk, and (2) concerning (A) the

scope of clerks' authority, and (B) the duties and performance of clerks.

Sec. 4. (NEW) (*Effective October 1, 2024*) (a) A pharmacist or advanced pharmacy technician may, at the request of a patient or the patient's prescribing practitioner, dispense to the patient compatible drugs in compliance packaging.

(b) Compliance packaging shall:

(1) Exclusively contain (A) individual compartments that are tamper-proof and tamper-evident, and (B) drugs that are (i) prescribed to a single patient by the patient's prescribing practitioner, and (ii) dispensed to a single patient by a pharmacist or an advanced pharmacy technician;

(2) Be labeled or relabeled by a pharmacist in accordance with the provisions of section 20-617 of the general statutes;

(3) Be child-resistant unless the pharmacy provides to the patient, and the patient returns to the pharmacy, a waiver explaining that the drugs contained in the compliance packaging are not in a child-resistant container;

(4) Identify, on each individual compartment, the name and strength of the drug contained in such compartment;

(5) Not contain more than a sixty-five-day supply of any drug, as prescribed; and

(6) Be compliant with all applicable provisions of the United States Pharmacopeia, as amended from time to time.

(c) Compliance packaging may contain reusable components and multiple drugs, prescribed to the same patient, that are contained within individual compartments comprising a single package. An individual compartment of compliance packaging may contain multiple prescribed drugs, provided:

(1) A pharmacist has determined that all drugs contained in such

compartment are compatible drugs;

(2) All drugs contained in such compartment are subject to the same instructions concerning time of administration or duration between doses; and

(3) No drug contained in such compartment (A) has instructions for use that permit such drug to be used on an as needed basis, or (B) is a controlled substance.

(d) (1) If a patient's prescribing practitioner modifies the patient's prescription for any previously dispensed drug by deprescribing or issuing a new prescription for such drug by way of any oral, written or electronic means, the pharmacy that first dispensed such drug in compliance packaging may, if such pharmacy documents such modification in writing, receive and remove any previously dispensed drugs from such compliance packaging and repackage such drugs, in the manner set forth in subdivision (2) of this subsection, for the purpose of ensuring that the patient's compliance packaging exclusively contains drugs that are currently prescribed to the patient.

(2) Once a pharmacy receives any compliance packaging containing previously dispensed drugs as set forth in subdivision (1) of this subsection, a pharmacist at such pharmacy shall:

(A) Remove from the compliance packaging any drug (i) that the patient's prescribing practitioner has deprescribed, or (ii) for which the patient's prescribing practitioner has issued a new prescription;

(B) Dispense in compliance packaging (i) any compatible drug that was not previously included in compliance packaging, but for which the patient's prescribing practitioner has since issued a prescription, and (ii) any previously dispensed and compatible drug (I) that the patient's prescribing practitioner has not deprescribed, or (II) for which the patient's prescribing practitioner has not issued a new prescription;

(C) Label or relabel the compliance packaging in accordance with the provisions of section 20-617 of the general statutes; and

(D) Not return any drug described in subparagraph (A) of this subdivision to the pharmacy's general inventory or regular stock.

(3) If a pharmacist removes from any compliance packaging any drug described in subparagraph (A) of subdivision (2) of this subsection, the pharmacist shall return such drug to the patient in a separate container with instructions for proper use or disposal, as applicable, which disposal instructions shall disclose (A) the procedures for any lawfully available means of destroying such drug at home, and (B) the nearest location where such drug may be deposited for destruction, including, but not limited to, the nearest retail location allowed to accept such drug under regulations adopted pursuant to section 20-576a of the general statutes.

(e) A pharmacy that provides compliance packaging services shall:

(1) Maintain an area dedicated to the preparation of drugs that are to be dispensed in compliance packaging, which area shall include all equipment necessary to (A) ensure that all compliance packaging is accurately prepared, and (B) prevent any contamination of such drugs;

(2) Maintain standard operating procedures (A) for the use of compliance packaging and associated equipment, which procedures shall include, at a minimum, provisions concerning (i) inspections of compliance packaging integrity, (ii) cleaning, (iii) labeling, (iv) dispensing, (v) proper hand hygiene, (vi) quarantine, and (vii) handling of dispensed drugs that are removed from compliance packaging and returned to patients in the manner set forth in subsection (d) of this section, and (B) that specify which drugs (i) are not compatible drugs, (ii) are suitable to be dispensed in compliance packaging, or (iii) require special consideration to be dispensed in compliance packaging;

(3) Maintain a log of all drugs that the pharmacy dispenses in compliance packaging, which log shall include, at a minimum, for each drug that the pharmacy dispenses in any compliance packaging, (A) the patient's name and address, (B) the identification number for the compliance packaging in which such pharmacy dispensed such drug,

the date such compliance packaging was prepared, the initials of the individual who prepared such compliance packaging and the initials of the individual who conducted a final performance check of such compliance packaging, (C) the name, strength, lot number and national drug code number for such drug, (D) the serial number of the prescription for such drug, and (E) a visual description of such drug;

(4) Maintain a log of all drugs, other than controlled substances, that are removed from compliance packaging and returned to patients in the manner set forth in subsection (d) of this section, which log shall include, at a minimum, for each removed and returned drug, (A) the patient's name, (B) the identification number for the compliance packaging that contained such drug, (C) the serial number of the prescription, (D) the date such drug was dispensed, (E) the name and strength of such drug, and (F) the quantity of such drug that was removed and returned;

(5) Maintain a log of all controlled substances that are removed from compliance packaging and returned to patients in the manner set forth in subsection (d) of this section, which log shall include, at a minimum, for each removed and returned controlled substance, the information required under subdivision (4) of this subsection for drugs that are removed and returned to patients in the manner set forth in subsection (d) of this section; and

(6) Not later than forty-eight hours after the department requests that the pharmacy disclose a copy of a log maintained pursuant to subdivision (4) or (5) of this subsection, disclose such copy to the department in electronic form or, if such pharmacy is unable to disclose such copy in electronic form, in paper form.

(f) The commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to implement the provisions of this section.

Sec. 5. Subsection (a) of section 20-579 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October*

1, 2024):

(a) The commission may refuse to authorize the issuance of a temporary permit to practice pharmacy, may refuse to authorize the issuance or renewal of a license to practice pharmacy, a license to operate a pharmacy or a registration of a pharmacy intern or pharmacy technician, and may revoke, suspend or place conditions on a license or temporary permit to practice pharmacy, a license to operate a pharmacy, or a registration of a pharmacy intern or a pharmacy technician, and may assess a civil penalty of up to one thousand dollars per violation of any provision of this chapter or take other action permitted in subdivision (7) of section 21a-7 if the applicant or holder of the license, temporary permit or registration: (1) Has violated a statute or regulation relating to drugs, devices or the practice of pharmacy of this state, any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction; (2) has been convicted of violating any criminal statute relating to drugs, devices or the practice of pharmacy of this state, any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction; (3) has been disciplined by, or is the subject of pending disciplinary action or an unresolved complaint before, the duly authorized pharmacy disciplinary agency of any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction; (4) has been refused a license or registration or renewal of a license or registration by any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction based on grounds that are similar to grounds on which Connecticut could refuse to issue or renew such a license or registration; (5) has illegally possessed, diverted, sold or dispensed drugs or devices; (6) abuses or excessively uses drugs, including alcohol; (7) has made false,

misleading or deceptive representations to the public or the commission; (8) has maintained exclusive telephone lines to, has maintained exclusive electronic communication with, or has exclusive access to computers located in offices of prescribing practitioners, nursing homes, clinics, hospitals or other health care facilities; (9) has substituted drugs or devices except as permitted in section 20-619; (10) has accepted, for return to regular stock, any drug already dispensed in good faith or delivered from a pharmacy, and exposed to possible and uncontrolled contamination or substitution; (11) has accepted, for return to general inventory or regular stock, any drug sold or delivered to a patient; (12) has split fees for professional services, including a discount or rebate, with a prescribing practitioner or an administrator or owner of a nursing home, hospital or other health care facility; **[**(12)**]** (13) has entered into an agreement with a prescribing practitioner or an administrator or owner of a nursing home, hospital or other health care facility for the compounding or dispensing of secret formula or coded prescriptions; **[**(13)**]** (14) has performed or been a party to a fraudulent or deceitful practice or transaction; **[**(14)**]** (15) has presented to the commission a diploma, license or certificate illegally or fraudulently obtained, or obtained from a college or school of pharmacy not approved by the commission; **[**(15)**]** (16) has performed incompetent or negligent work; **[**(16)**]** (17) has falsified a continuing education document submitted to the commission or department or a certificate retained in accordance with the provisions of subsection (d) of section 20-600; **[**(17)**]** (18) has permitted a person not licensed to practice pharmacy in this state to practice pharmacy in violation of section 20-605, to use a pharmacist license or pharmacy display document in violation of section 20-608, or to use words, displays or symbols in violation of section 20-609; **[**(18)**]** (19) has failed to maintain the entire pharmacy premises, its components and contents in a clean, orderly and sanitary condition; **[**(19)**]** (20) has failed to demonstrate adherence to applicable provisions of United States Pharmacopeia, Chapter 797, Pharmaceutical Compounding - Sterile Preparations, as amended from time to time; or **[**(20)**]** (21) has failed to demonstrate adherence to applicable provisions of United States Pharmacopeia, Chapter 795,

Pharmaceutical Compounding – Nonsterile Preparations, as amended from time to time.

Sec. 6. Subsections (a) to (c), inclusive, of section 20-598a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

(a) No person shall act as a pharmacy technician unless registered with, or certified with, the department, except an individual who is enrolled in an accredited pharmacy technician education program may engage in the duties of a pharmacy technician, as part of the curriculum of such program, under the direct supervision of a pharmacist who is an instructor for such program.

(b) The department shall **[**, upon authorization of the commission,**]** register as a pharmacy technician any person who presents evidence satisfactory to the department that such person is qualified to perform, under the direct supervision of a pharmacist, routine functions in the dispensing of drugs that do not require the use of professional judgment. The qualifications for registration as a pharmacy technician under this section shall be in accordance with (1) the standards of an institutional pharmacy, a care-giving institution or a correctional or juvenile training institution, in the case of employment in any such pharmacy or institution, or (2) the standards established by regulation adopted by the commissioner in accordance with chapter 54, in the case of employment in a pharmacy. **[**As used in this subsection, "direct supervision" means a supervising pharmacist (A) is physically present in the area or location where the pharmacy technician is performing routine drug dispensing functions, and (B) conducts in-process and final checks on the pharmacy technician's performance.**]**

(c) The department shall **[**, upon authorization of the commission,**]** certify as a pharmacy technician any person who meets the requirements for registration as a pharmacy technician, pursuant to subsection (b) of this section, and who holds a certification from the Pharmacy Technician Certification Board or any other equivalent pharmacy technician certification program approved by the

department.

Sec. 7. Section 20-601 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2024*):

The department shall collect the following nonrefundable fees:

(1) The fee for issuance of a pharmacist license is two hundred dollars, payable at the date of application for the license.

(2) The fee for renewal of a pharmacist license is the professional services fee for class A, as defined in section 33-182*l*. Before the commission or commissioner grants a license to an applicant who has not held a license authorized by the commission or commissioner within five years of the date of application, the applicant shall pay the fee required in subdivision (1) of this section.

(3) The fee for issuance of a pharmacy license is seven hundred fifty dollars.

(4) The fee for renewal of a pharmacy license is one hundred ninety dollars.

(5) The late fee for an application for renewal of a license to practice pharmacy, a pharmacy license or a permit to sell nonlegend drugs is the amount set forth in section 21a-4.

(6) The fee for notice of a change in officers or directors of a corporation holding a pharmacy license is sixty dollars for each pharmacy license held. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.

(7) The fee for filing notice of a change in name, ownership or management of a pharmacy is ninety dollars. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.

(8) The fee for application for registration as a pharmacy intern is

sixty dollars.

(9) The fee for application for a permit to sell nonlegend drugs is one hundred forty dollars.

(10) The fee for renewal of a permit to sell nonlegend drugs is one hundred dollars.

(11) The late fee for failing to notify the **[**commission**]** department of a change of ownership, name or location of the premises of a permit to sell nonlegend drugs within five days of the change is twenty dollars.

(12) The fee for issuance of a nonresident pharmacy certificate of registration is seven hundred fifty dollars.

(13) The fee for renewal of a nonresident pharmacy certificate of registration is one hundred ninety dollars.

(14) The fee for notice of a change in officers or directors of a corporation holding a nonresident pharmacy certificate of registration is sixty dollars for each pharmacy license held. A late fee for failing to give such notice within ten days of the change is fifty dollars, in addition to the fee for notice.

(15) The fee for filing notice of a change in name, ownership or management of a nonresident pharmacy is ninety dollars. A late fee for failing to give such notice within ten days of the change is fifty dollars, in addition to the fee for notice.

(16) The fee for application for registration as a pharmacy technician is one hundred dollars.

(17) The fee for renewal of a registration as a pharmacy technician is fifty dollars.

(18) The fee for issuance of a temporary permit to practice pharmacy is two hundred dollars.

Sec. 8. Section 20-601 of the 2024 supplement to the general statutes,

as amended by section 259 of public act 23-204, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

The department shall collect the following nonrefundable fees:

(1) The fee for issuance of a pharmacist license is two hundred dollars, payable at the date of application for the license.

(2) The fee for renewal of a pharmacist license is one hundred five dollars. Before the commission or commissioner grants a license to an applicant who has not held a license authorized by the commission or commissioner within five years of the date of application, the applicant shall pay the fee required in subdivision (1) of this section. On or before the last day of January, April, July and October in each year, the commissioner shall transfer five dollars of each renewal fee collected pursuant to this subdivision to the pharmacy professional assistance program account established in section 20-638c.

(3) The fee for issuance of a pharmacy license is seven hundred fifty dollars.

(4) The fee for renewal of a pharmacy license is one hundred ninety dollars.

(5) The late fee for an application for renewal of a license to practice pharmacy, a pharmacy license or a permit to sell nonlegend drugs is the amount set forth in section 21a-4.

(6) The fee for notice of a change in officers or directors of a corporation holding a pharmacy license is sixty dollars for each pharmacy license held. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.

(7) The fee for filing notice of a change in name, ownership or management of a pharmacy is ninety dollars. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.

(8) The fee for application for registration as a pharmacy intern is sixty-five dollars. On or before the last day of January, April, July and October in each year, the commissioner shall transfer five dollars of each fee collected pursuant to this subdivision to the pharmacy professional assistance program account established in section 20-638c.

(9) The fee for application for a permit to sell nonlegend drugs is one hundred forty dollars.

(10) The fee for renewal of a permit to sell nonlegend drugs is one hundred dollars.

(11) The late fee for failing to notify the **[**commission**]** department of a change of ownership, name or location of the premises of a permit to sell nonlegend drugs within five days of the change is twenty dollars.

(12) The fee for issuance of a nonresident pharmacy certificate of registration is seven hundred fifty dollars.

(13) The fee for renewal of a nonresident pharmacy certificate of registration is one hundred ninety dollars.

(14) The fee for notice of a change in officers or directors of a corporation holding a nonresident pharmacy certificate of registration is sixty dollars for each pharmacy license held. A late fee for failing to give such notice within ten days of the change is fifty dollars, in addition to the fee for notice.

(15) The fee for filing notice of a change in name, ownership or management of a nonresident pharmacy is ninety dollars. A late fee for failing to give such notice within ten days of the change is fifty dollars, in addition to the fee for notice.

(16) The fee for application for registration as a pharmacy technician is one hundred dollars.

(17) The fee for renewal of a registration as a pharmacy technician is fifty dollars.

(18) The fee for issuance of a temporary permit to practice pharmacy is two hundred dollars.

Sec. 9. Subsection (a) of section 20-633 of the 2024 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) (1) Any person licensed as a pharmacist under part II of this chapter may order and administer:

(A) Any vaccine, approved or authorized by the United States Food and Drug Administration that is listed on the National Centers for Disease Control and Prevention's **[**Adult Immunization Schedule**]** age-appropriate immunization schedule, to any patient who is: (i) Eighteen years of age or older; or (ii) at least twelve years of age but younger than eighteen years of age with (I) the consent of such patient's parent, legal guardian or other person having legal custody of such patient, or (II) proof that such patient is an emancipated minor; **[**.**]**

(B) Any vaccine not included on the National Centers for Disease Control and Prevention's Adult Immunization Schedule, provided the vaccine administration instructions for such vaccine are available on the National Centers for Disease Control and Prevention's Internet web site; and

(C) Any vaccine pursuant to a verbal or written prescription of a prescribing practitioner for a specific patient.

(2) A pharmacist shall make a reasonable effort to review a patient's vaccination history to prevent any inappropriate use of a requested vaccine.

(3) All vaccines administered pursuant to this section shall be administered in accordance with the: (A) Vaccine manufacturer's package insert or the orders of a prescribing practitioner; and (B) regulations adopted pursuant to subsection (d) of this section.

Sec. 10. (*Effective from passage*) (a) There is established a task force to

study the impact of unannounced retail pharmacy closures. Such study shall include, but need not be limited to, an examination of any available means of ensuring that patients are able to maintain access to their prescriptions in the event of an unannounced retail pharmacy closure.

(b) The task force shall consist of the following members:

(1) Two appointed by the speaker of the House of Representatives;

(2) Two appointed by the president pro tempore of the Senate;

(3) One appointed by the majority leader of the House of Representatives;

(4) One appointed by the majority leader of the Senate;

(5) One appointed by the minority leader of the House of Representatives;

(6) One appointed by the minority leader of the Senate;

(7) The Commissioner of Consumer Protection, or the commissioner's designee; and

(8) Two persons appointed by the Governor.

(c) Any member of the task force appointed under subdivision (1), (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member of the General Assembly.

(d) All initial appointments to the task force shall be made not later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority.

(e) The speaker of the House of Representatives and the president pro tempore of the Senate shall select the chairpersons of the task force from among the members of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than sixty days after the effective date of this section.

(f) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to consumer protection shall serve as administrative staff of the task force.

(g) Not later than January 1, 2025, the task force shall submit a report on its findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to consumer protection, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2025, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2024*	20-571
Sec. 2	*October 1, 2024*	New section
Sec. 3	*October 1, 2024*	New section
Sec. 4	*October 1, 2024*	New section
Sec. 5	*October 1, 2024*	20-579(a)
Sec. 6	*October 1, 2024*	20-598a(a) to (c)
Sec. 7	*October 1, 2024*	20-601
Sec. 8	*July 1, 2025*	20-601
Sec. 9	*from passage*	20-633(a)
Sec. 10	*from passage*	New section

Statement of Legislative Commissioners:
In Section 2(d)(1)(B), "physically" was added before "present" for internal consistency; in Section 4(d)(2), "containing previously dispensed drugs" was added after "compliance packaging" for clarity; in Section 4(e)(3)(B), "performed a final check" was changed to "conducted a final performance check" for internal consistency; and in Section 4(e)(5), "said subsection (d)" was changed to "subsection (d) of this section" for consistency with standard drafting conventions.

GL *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 $	FY 26 $
Resources of the General Fund	GF - Potential Revenue Gain	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill adds to the reasons for which the state Pharmacy Commission may take disciplinary action (which includes issuing a civil penalty of up to $1,000) resulting in a potential revenue gain to the state to the extent violations occur and civil penalties are issued.

The bill also establishes a task force to study the impact of unannounced retail pharmacy closures resulting in no fiscal impact because the task force has the expertise to meet the requirements of the bill.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of violations that result in civil penalties.

OLR Bill Analysis

sSB 133

AN ACT CONCERNING REGULATION OF PRESCRIPTION DRUGS AND RELATED PROFESSIONS.

SUMMARY

This bill makes various changes to laws on pharmacies and pharmacists.

It establishes the advanced pharmacy technician and clerk occupational categories. Among other related provisions, it sets certain parameters of their allowable duties.

The bill authorizes pharmacists and advanced pharmacy technicians to dispense to patients their prescription drugs in compliance packaging (packaging that separates drugs into individual compartments by dose) if they follow certain criteria. Pharmacies that provide compliance packaging are required to keep logs with specific details of the drugs they dispense and who they dispense them to.

The bill also allows for the repackaging of pharmaceutical drug compliance packaging, subject to certain requirements. This includes the requirement to return any drugs removed from compliance packaging to the patient with directions on how to properly dispose of the drugs.

The bill makes it a punishable offense for pharmacists, pharmacy operators, pharmacy interns, and pharmacy technicians to return to the general inventory or regular drug stock of the pharmacy any drug that has been sold or delivered to a patient, in addition to existing law's prohibition on such returns of drugs exposed to possible contamination or substitution.

The bill allows individuals enrolled in pharmacy technician education programs to engage in duties of a pharmacy technician if they are under the direct supervision of a pharmacist who is an instructor in the program.

It allows pharmacists to order and administer, not just administer, vaccines for certain patients, and applies this authority to all federally approved vaccines on the Centers for Disease Control and Prevention's (CDC) age-appropriate immunization schedule.

The bill establishes a task force to study the impact of unannounced retail pharmacy closures.

For purposes of the state's pharmacy laws, the bill generally defines a "patient" as a human or other animal receiving health care services from a provider to treat a current or future medical condition (§ 1).

The bill also makes minor, technical, and conforming changes.

EFFECTIVE DATE: October 1, 2024, except (1) upon passage for provisions on pharmacists ordering vaccinations and the task force and (2) July 1, 2025, for a technical change.

§§ 1 & 2 — ADVANCED PHARMACY TECHNICIANS

The bill establishes the advanced pharmacy technician occupational category. It prohibits anyone from performing the duties of this occupation without getting an advanced pharmacy technician endorsement from the Department of Consumer Protection (DCP). To get the endorsement, a person must:

1. be an actively registered and qualified pharmacy technician;

2. have been registered as a pharmacy technician for the three-year period immediately before applying for an advanced pharmacy technician endorsement;

3. have continuously held a certification from the Pharmacy Technician Certification Board, or equivalent certification

program approved by DCP, for the three-year period immediately before applying for an advanced pharmacy technician endorsement, and keep that certification in good standing;

4. have successfully completed an educational course accredited by a nationally recognized accreditation body within one year of the date of applying to be an advanced pharmacy technician;

5. have successfully completed a competency assessment proctored by a pharmacist in keeping with requirements to be set by the commissioner;

6. work under the direct supervision of a licensed pharmacist; and

7. be employed by a pharmacy (including institutional pharmacies).

An advanced pharmacy technician endorsement is valid for one year and may be renewed for successive one-year periods.

An advanced pharmacy technician's duties may include, among other things, dispensing to patients compatible drugs in compliance packaging (see § 4 below).

Supervisory and Staffing Requirements

Under the bill, a pharmacist that directly supervises an advanced pharmacy technician generally must perform all drug utilization reviews (generally, reviewing a pharmacist's prescribing, dispensing, and utilization activities to ensure appropriate decision-making), and verify that (1) prescription drug data entered in the pharmacy software systems is correct and (2) the original prescription and contents of the label and container are correct. However, a pharmacist may allow the advanced pharmacy technician himself or herself to verify the accuracy of the original prescription and the contents of the label and container.

A pharmacy that employs an advanced pharmacy technician must:

1. use bar codes or a similar technology approved by DCP to assist in the dispensing of drugs and

2. keep the on-site ratio of advanced pharmacy technicians to pharmacists providing direct supervision at no more than 1:1.

Advanced pharmacy technicians do not count towards the existing 3:1 ratio of pharmacy technicians to supervising pharmacists if the advanced pharmacy technician exclusively performs duties of an advanced technician.

Pharmacies that employ advanced pharmacy technicians are required to use technology that includes images of each type of medication as part of a final verification check of dispensed drugs. Institutional pharmacies employing advanced pharmacy technicians must use bar code scanning at the point of administration to the patient to confirm the correct drugs have been dispensed.

Regulations

The bill requires the DCP commissioner to adopt implementing regulations that, at minimum, set (1) performance requirements for the competency assessment required for endorsement as an advanced pharmacy technician, and (2) additional requirements for the duties of advanced pharmacy technicians.

§ 3 — PHARMACY CLERKS

The bill establishes the clerk occupational category and prohibits anyone from performing a clerk's duties unless registered as such with DCP.

To become registered, an applicant must satisfy the registration requirements set by any DCP regulations on the matter (see below). A clerk's registration is valid for one year and may be renewed for successive one-year periods.

Clerks are authorized to handle dispensed drugs and deliver those drugs to patients under the direct supervision of a pharmacist or

otherwise as authorized in regulations.

Clerks may not:

1. perform drug utilization reviews;

2. verify the accuracy of prescription data entered into the pharmacy's software system, the prescription itself, and the contents of a prescription label or container;

3. perform any task that requires professional pharmaceutical judgment; or

4. participate in order entry (generally, the process of entering prescription data into the pharmacy's software system).

Clerks are also not involved in the dispensing process or preparing a prescription for final verification.

The commissioner is authorized to establish regulations that include, among other things, creating additional requirements for clerk registration, the scope of clerks' professional authority, and the professional duties of clerks.

§ 4 — COMPLIANCE PACKAGING

The bill authorizes pharmacists and advanced pharmacy technicians to dispense to patients compatible drugs in compliance packaging, at the patient's or prescribing practitioner's request. Generally, compliance packaging is packaging prepared at a pharmacy that separates drugs into individual compartments by dose as prescribed to an individual patient.

Compliance packaging must:

1. only contain individual compartments that are tamper-proof and tamper-evident,

2. only contain drugs prescribed to a single patient by their prescribing practitioner and dispensed to that patient by a

pharmacist or an advanced pharmacy technician,

3. be labeled or relabeled by a pharmacist under existing requirements,

4. be child-resistant unless the patient signs a waiver,

5. identify on each individual compartment the name and strength of the drug it contains,

6. not contain more than a 65-day supply of any drug, and

7. be compliant with the United States Pharmacopeia.

Reusable Components, Multiple Drugs, and Repackaging

The bill allows compliance packaging to contain reusable components and multiple drugs (for one patient) within individual compartments in the same package. It also allows an individual compartment to contain multiple drugs if (1) a pharmacist determines that the drugs are compatible (i.e., not contraindicated or adversely impacted by each other); (2) the drugs have the same instructions for the time between doses and none are to be taken on an as-needed basis; and (3) none of the drugs are controlled substances.

The bill allows a pharmacy that dispensed drugs in compliance packaging to remove dispensed drugs from the packaging and repack them in keeping with a modified prescription from the patient's prescribing practitioner. To repackage compliance packaging, a pharmacist must:

1. remove any drugs that the patient's prescribing practitioner has deprescribed or issued a new prescription for,

2. dispense the new prescribed compatible drugs in compliance packaging,

3. dispense the previously dispensed compatible drugs in compliance packaging,

4. label the new compliance packaging, and

5. never return any drug removed from compliance packaging into the pharmacy's general inventory.

The bill requires a pharmacist to return any drugs removed from compliance packaging to the patient in a separate container with instructions for proper use or disposal, as applicable (e.g., the location of the nearest pharmacy that accepts drugs for disposal).

Standard Operating Procedures

The bill requires pharmacies that provide compliance packaging services to maintain an area dedicated to that purpose and that contains the equipment necessary to ensure all compliance packaging is accurate and drug contaminant free.

The bill also requires these pharmacies to maintain a set of standard operating procedures for the use of compliance packaging and associated equipment that includes at least the following:

1. inspections of the integrity of compliance packaging,

2. cleaning,

3. labeling,

4. dispensing,

5. proper hand hygiene,

6. quarantine, and

7. handling of dispensed drugs that are removed from compliance packaging and returned to patients.

The standard operating procedures also must specify which drugs (1) are not compatible, (2) are suitable for compliance packaging, or (3) require special consideration to be dispensed in this way.

Requirement to Maintain Records

The bill requires pharmacies that provide compliance packaging services to maintain a log (record) of drugs that the pharmacy dispenses in this packaging. That log must have:

1. the patient's name and address;
2. the compliance package's identification number;
3. the date the package was prepared;
4. the initials of the individuals who prepared the packaging and performed the final check of it;
5. the drug's name, strength, lot number, and national drug code number;
6. the serial number of the prescription; and
7. a visual description of the dispensed drug.

The bill also requires these pharmacies to maintain a log of controlled substances that are removed from compliance packaging and returned to patients, and a separate log for removed and returned drugs that are not controlled substances. Each log must contain the:

1. patient's name,
2. compliance package's identification number,
3. serial number of the prescription,
4. date the drug was dispensed,
5. name and strength of the drug, and
6. quantity of the drug that was removed and returned to the patient.

The bill requires pharmacies to give DCP a copy of any drug removal logs within 48 hours of a request. The logs must be given in electronic

form, or paper if electronic means is not available.

Regulations

The bill allows the DCP commissioner to adopt regulations implementing its provisions on compliance packaging.

§ 5 — CAUSES OF DISCIPLINE FOR PHARMACY PROFESSIONALS

The bill adds, to the reasons for which the state Pharmacy Commission may take disciplinary action against pharmacies or certain pharmacy personnel, that the person has accepted for return to the general inventory or regular stock any drug sold or delivered to a patient. Existing law already allows the commission to take these actions if the person has accepted for return to regular stock any drug already (1) dispensed in good faith or delivered and (2) exposed to possible contamination or substitution.

Under existing law, the possible disciplinary actions include, among other things, (1) refusing to issue or renew, revoking, suspending, or placing conditions on a license to practice pharmacy, a license to operate a pharmacy, a pharmacy intern registration, or a pharmacy technician registration or (2) imposing a civil penalty of up to $1,000.

§ 6 — PHARMACY TECHNICIANS

The bill authorizes individuals enrolled in accredited pharmacy technician education programs to engage in the duties of a pharmacy technician as part of the education program if they are under the direct supervision of a pharmacist who is an instructor in that program.

The bill also specifies that DCP, when issuing credentials for pharmacy technicians, does not need the Pharmacy Commission's specific authorization.

§ 9 — ORDERING AND ADMINISTRATION OF VACCINES

Existing law allows pharmacists to administer certain vaccines to (1) adult patients or (2) patients ages 12 to 17 with the legal guardian's consent (or who are emancipated minors). The bill authorizes pharmacists to order and administer these vaccines for these patients.

It allows them to order and administer any vaccine approved or authorized by the U.S. Food and Drug Administration and listed on the CDC's age-appropriate immunization schedule, instead of on the Adult Immunization schedule as under current law. It also specifically allows them to order and administer other vaccines that they may administer under current law, including (1) vaccines not on the Adult Immunization Schedule, but with administration instructions available on the CDC website and (2) vaccines prescribed (verbally or written) by a practitioner for a specific patient.

Under existing law, pharmacists must complete specified training before administering vaccinations.

(Under temporary federal rules, pharmacists can also currently administer certain vaccines to children ages three and older.)

§ 10 — TASK FORCE ON UNANNOUNCED RETAIL PHARMACY CLOSURES

The bill establishes an 11-member task force to study the impact of unannounced retail pharmacy closures. The study must include an examination of available means to ensure patients are able to maintain access to their prescriptions.

The task force consists of eight members appointed by the legislative leaders (two each by the House Speaker and Senate president pro tempore, and one each by the House and Senate majority and minority leaders), the DCP commissioner or his designee, and two people appointed by the Governor. Legislative appointees may be legislators.

Appointing authorities must make their initial appointments by 30 days after the bill's passage and fill any vacancy.

The House speaker and Senate president pro tempore select the task force chairpersons from among its members. The chairpersons must schedule the first meeting, which must be held by 60 days after the bill's passage.

The General Law Committee's administrative staff serves in that

capacity for the task force.

The task force must issue a report on its findings and recommendations to the General Law Committee no later than January 1, 2025. The task force terminates when it submits the report or on January 1, 2025, whichever is later.

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute
Yea 22 Nay 0 (03/07/2024)