



General Assembly

**Amendment**

*June Special Session, 2000*

LCO No. **5621**

Offered by:

REP. THOMPSON, 13<sup>th</sup> Dist.

REP. FLAHERTY, 68<sup>th</sup> Dist.

REP. WARD, 86<sup>th</sup> Dist.

To: House Bill No. **6002**

File No.

Cal. No.

***"An Act Concerning Programs And Modifications  
Necessary To Implement The Budget Relative To The  
Department Of Social Services."***

1 Strike out section 37 in its entirety and substitute the following in  
2 lieu thereof:

3 "Sec. 37. (NEW) (a) Each long-term care facility shall return to the  
4 vendor pharmacy which shall accept, for repackaging and  
5 reimbursement to the Department of Social Services, drug products  
6 that were dispensed to a patient and not used if such drug products  
7 are (1) prescription drug products that are not controlled substances,  
8 (2) sealed in individually packaged units, (3) returned to the vendor  
9 pharmacy within the recommended period of shelf life for the purpose  
10 of redispensing such drug products, (4) determined to be of acceptable  
11 integrity by a licensed pharmacist, and (5) oral and parenteral  
12 medication in single-dose sealed containers approved by the federal  
13 Food and Drug Administration, topical or inhalant drug products in  
14 units of use containers approved by the federal Food and Drug

15 Administration or parenteral medications in multiple-dose sealed  
16 containers approved by the federal Food and Drug Administration  
17 from which no doses have been withdrawn.

18 (b) Notwithstanding the provisions of subsection (a) of this section:

19 (1) If such drug products are packaged in manufacturer's unit-dose  
20 packages, such drug products shall be returned to the vendor  
21 pharmacy for redispensing and reimbursement to the Department of  
22 Social Services if such drugs may be redispensed for use before the  
23 expiration date, if any, indicated on the package.

24 (2) If such drug products are repackaged in manufacturer's unit-  
25 dose or multiple-dose blister packs, such drug products shall be  
26 returned to the vendor pharmacy for redispensing and reimbursement  
27 to the Department of Social Services if (A) the date on which such drug  
28 product was repackaged, such drug product's lot number and  
29 expiration date are indicated clearly on the package of such  
30 repackaged drug; (B) ninety days or fewer have elapsed from the date  
31 of repackaging of such drug product; and (C) a repackaging log is  
32 maintained by the pharmacy in the case of drug products repackaged  
33 in advance of immediate needs.

34 (3) No drug products dispensed in a bulk dispensing container may  
35 be returned to the vendor pharmacy.

36 (c) Each long-term care facility shall establish procedures for the  
37 return of unused drug products to the vendor pharmacy from which  
38 such drug products were purchased.

39 (d) The Department of Social Services (1) shall reimburse to the  
40 vendor pharmacy the reasonable cost of services incurred in the  
41 operation of this section, as determined by the commissioner, and (2)  
42 may establish procedures, if feasible, for reimbursement to  
43 nonMedicaid payors for drug products returned pursuant to this  
44 section.

45 (e) The Department of Consumer Protection, in consultation with  
46 the Department of Social Services, shall adopt regulations, in  
47 accordance with the provisions of chapter 54 of the general statutes,  
48 which shall govern the repackaging and labeling of drug products  
49 returned pursuant to subsections (a) and (b) of this section. The  
50 Department of Consumer Protection shall implement the policies and  
51 procedures necessary to carry out the provisions of this section until  
52 January 1, 2002, while in the process of adopting such policies and  
53 procedures in regulation form, provided notice of intent to adopt the  
54 regulations is published in the Connecticut Law Journal within twenty  
55 days after implementation."

56 Strike out section 39 in its entirety and substitute the following in  
57 lieu thereof:

58 "Sec. 39. Section 17b-280 of the general statutes is repealed and the  
59 following is substituted in lieu thereof:

60 Notwithstanding any provision of the regulations of Connecticut  
61 state agencies concerning payment for drugs provided to Medicaid  
62 recipients [(1)] effective July 1, 1989, the state shall reimburse for all  
63 legend drugs provided to such recipients at the rate established by the  
64 Health Care Finance Administration as the federal acquisition cost, or,  
65 if no such rate is established, the commissioner shall establish and  
66 periodically revise the estimated acquisition cost in accordance with  
67 federal regulations. [The] Effective July 1, 2000, the commissioner shall  
68 [also] establish a professional fee to be paid to licensed pharmacies for  
69 dispensing drugs to Medicaid, state-administered general assistance,  
70 general assistance and ConnPACE recipients in accordance with  
71 federal regulations [; and (2) on] which shall be three dollars and sixty  
72 cents for each prescription. The commissioner may, within available  
73 appropriations and by emergency regulation adopted pursuant to  
74 chapter 54, establish such fee in an amount which may exceed three  
75 dollars and sixty cents for any prescription if the commissioner  
76 determines (1) that cost savings achieved from the implementation of  
77 section 36 of this act are greater than anticipated, or (2) that federal

78 reductions in reimbursements for Medicaid prescription drug coverage  
79 adversely impact licensed pharmacies so as to jeopardize the  
80 continued viability of such pharmacies or the health of such recipients  
81 by limiting their access to prescription drugs. On and after September  
82 4, 1991, payment for legend and nonlegend drugs provided to  
83 Medicaid recipients shall be based upon the actual package size  
84 dispensed. Effective October 1, 1991, reimbursement for over-the-  
85 counter drugs for such recipients shall be limited to those over-the-  
86 counter drugs and products published in the Connecticut Formulary,  
87 or the cross reference list, issued by the commissioner. The cost of all  
88 over-the-counter drugs and products provided to residents of nursing  
89 facilities, chronic disease hospitals, and intermediate care facilities for  
90 the mentally retarded shall be included in the facilities' per diem rate."

91 Strike out section 40 in its entirety and substitute the following in  
92 lieu thereof:

93 "Sec. 40. Section 17b-362a of the general statutes is repealed and the  
94 following is substituted in lieu thereof:

95 The Commissioner of Social Services shall establish a pharmacy  
96 review panel to serve as advisors in the operation of pharmacy benefit  
97 programs administered by the Department of Social Services,  
98 including the implementation of any cost-saving initiatives undertaken  
99 pursuant to section 17b-362, subsection (e) of section 17b-491 and  
100 section 17b-363. The panel shall be appointed by the commissioner to a  
101 three-year term and shall be composed of two representatives of  
102 independent pharmacies, two representatives of chain pharmacies,  
103 two representatives of pharmacies that serve long-term care facilities,  
104 two representatives of pharmaceutical manufacturers, one physician  
105 specializing in family practice and one physician specializing in  
106 internal medicine or geriatrics. The panel shall meet at least quarterly  
107 with the commissioner or [his] said commissioner's designee."

108 Strike out section 51 in its entirety and renumber the remaining  
109 sections and internal references accordingly