



Senate

General Assembly

File No. 165

February Session, 2002

Substitute Senate Bill No. 528

Senate, March 26, 2002

The Committee on Public Health reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING COLLABORATIVE PRACTICE BETWEEN PHYSICIANS AND PHARMACISTS.

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

1 Section 1. (NEW) (*Effective October 1, 2002*) (a) One or more
2 pharmacists licensed under chapter 400j of the general statutes, who
3 are determined eligible in accordance with subsection (c) of this
4 section, and employed by a hospital may enter into a written protocol-
5 based collaborative drug therapy management agreement with one or
6 more physicians licensed under chapter 370 of the general statutes to
7 manage the drug therapy of individual patients receiving inpatient
8 services in a hospital licensed under chapter 368v of the general
9 statutes in accordance with subsections (b) to (d), inclusive, of this
10 section and subject to the approval of the hospital. Each patient's
11 collaborative drug therapy management shall be governed by a
12 written protocol specific to that patient established by the treating
13 physician in consultation with the pharmacist.

14 (b) A collaborative drug therapy management agreement may
15 authorize a pharmacist to implement, modify or discontinue a drug
16 therapy that has been prescribed for a patient, order associated
17 laboratory tests and administer drugs, all in accordance with a patient
18 specific written protocol. In instances where drug therapy is
19 discontinued, the pharmacist shall notify the treating physician of such
20 discontinuance no later than twenty-four hours from the time of such
21 discontinuance. Each protocol developed, pursuant to the collaborative
22 drug therapy management agreement, shall contain detailed direction
23 concerning the actions that the pharmacists may perform for that
24 patient. The protocol shall include, but need not be limited to, (1) the
25 specific drug or drugs to be managed by the pharmacist, (2) the terms
26 and conditions under which drug therapy may be implemented,
27 modified or discontinued, (3) the conditions and events upon which
28 the pharmacist is required to notify the physician, and (4) the
29 laboratory tests that may be ordered. All activities performed by the
30 pharmacist in conjunction with the protocol shall be documented in
31 the patient's medical record. The pharmacists shall report at least every
32 thirty days to the physician regarding the patient's drug therapy
33 management. The collaborative drug therapy management agreement
34 and protocols shall be available for inspection by the Departments of
35 Public Health and Consumer Protection. A copy of the protocol shall
36 be filed in the patient's medical record.

37 (c) A pharmacist shall be responsible for demonstrating, in
38 accordance with this subsection, the competence necessary for
39 participation in each drug therapy management agreement into which
40 such pharmacist enters. The pharmacist's competency shall be
41 determined by the hospital for which the pharmacist is employed. A
42 copy of the criteria upon which the hospital determines competency
43 shall be filed with the Commission of Pharmacy.

44 (d) The Commissioner of Public Health, in consultation with the
45 Commissioner of Consumer Protection, may adopt regulations in
46 accordance with chapter 54 of the general statutes, concerning the
47 minimum content of the collaborative drug therapy management

48 agreement and the written protocol and as otherwise necessary to
49 carry out the purpose of this section.

This act shall take effect as follows:	
Section 1	<i>October 1, 2002</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill allows physicians and hospital pharmacists to enter into collaborative agreements to manage drug therapy of individuals receiving inpatient hospital services. It also makes it discretionary for the Commissioner of Public Health to adopt regulations in consultation with the Commissioner of Consumer Protection.

Should the Commissioner of Public Health adopt regulations, in consultation with the Commissioner of Consumer Protection, it can do so within its anticipated budgetary resources.

Since Dempsey Hospital currently assesses and evaluates each pharmacist's competency, no additional fiscal impact is anticipated.

OLR Bill Analysis

sSB 528

AN ACT CONCERNING COLLABORATIVE PRACTICE BETWEEN PHYSICIANS AND PHARMACISTS**SUMMARY:**

This bill permits physicians and hospital pharmacists to enter collaborative agreements to manage the drug therapy of individuals receiving inpatient hospital services. The agreements must be based on written protocols and approved by the hospital. They can authorize a pharmacist to implement, modify, or discontinue a drug therapy the physician prescribes for the patient. He can also order associated lab tests and administer drugs. All treatments must be based on a written protocol specific to each patient.

The bill allows the public health commissioner, in consultation with the consumer protection commissioner, to adopt regulations governing the minimum content of these collaborative agreements, the written protocols, and any other areas necessary to carry out the bill's purpose.

EFFECTIVE DATE: October 1, 2002

COLLABORATIVE DRUG THERAPY AGREEMENTS***Who Can Enter an Agreement***

The bill allows licensed pharmacists employed by a hospital to enter into an agreement with licensed physicians to manage the drug therapy of individuals receiving hospital inpatient services. The hospital that employs the pharmacist must determine that he is competent to participate in such an agreement and must file the criteria it uses to judge competence with the Pharmacy Commission.

Terms of Agreements and Protocols

The pharmacist-physician agreement must be based on written protocols, and each patient's drug therapy management collaboration must be governed by a written protocol specific to him that the treating physician establishes in consultation with the pharmacist.

Each agreement and related protocols must be available for inspection at the Public Health and Consumer Protection departments. The protocols must be placed in the patient's medical records.

An agreement can authorize a pharmacist to start, modify, or discontinue a drug therapy the physician prescribes; administer drugs; and order associated lab tests. The protocol must contain detailed directions about what the pharmacist can do. At a minimum, it must include the:

1. specific drug or drugs the pharmacist will manage;
2. terms and conditions under which the therapy can be implemented, modified, or discontinued;
3. conditions and events that require the pharmacist to contact the physician; and
4. lab tests the pharmacist can order.

A participating pharmacist must notify the treating physician no more than 24 hours after discontinuing a drug therapy. And he must report to him at least every 30 days on the patient's therapy. Any action the pharmacist performs under the protocol must be documented in the patient's medical record.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 20 Nay 5