



Senate

General Assembly

File No. 463

January Session, 2003

Substitute Senate Bill No. 1151

Senate, April 22, 2003

The Committee on Public Health reported through SEN. MURPHY of the 16th 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. Section 20-631 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2003*):

3 (a) (1) One or more pharmacists licensed under this chapter who are
4 determined eligible in accordance with subsection (c) of this section,
5 and employed by a hospital may enter into a written protocol-based
6 collaborative drug therapy management agreement with one or more
7 physicians licensed under chapter 370 to manage the drug therapy of
8 individual patients receiving inpatient services in a hospital licensed
9 under chapter 368v₂ in accordance with subsections (b) to (d),
10 inclusive, of this section and subject to the approval of the hospital.
11 Each patient's collaborative drug therapy management shall be
12 governed by a written protocol specific to that patient established by
13 the treating physician in consultation with the pharmacist.

14 (2) One or more pharmacists licensed under this chapter who are
15 determined eligible in accordance with subsection (c) of this section
16 and employed by or under contract with a nursing home facility, as
17 defined in section 19a-521, may enter into a written protocol-based
18 collaborative drug therapy management agreement with one or more
19 physicians licensed under chapter 370 to manage the drug therapy of
20 individual patients receiving services in a nursing home facility, in
21 accordance with subsections (b) to (d), inclusive, of this section and
22 subject to the approval of the nursing home facility. Each patient's
23 collaborative drug therapy management shall be governed by a
24 written protocol specific to that patient established by the treating
25 physician in consultation with the pharmacist.

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

49 (c) A pharmacist shall be responsible for demonstrating, in
 50 accordance with this subsection, the competence necessary for
 51 participation in each drug therapy management agreement into which
 52 such pharmacist enters. The pharmacist's competency shall be
 53 determined by the hospital or nursing home facility for which the
 54 pharmacist is employed. A copy of the criteria upon which the hospital
 55 or nursing home facility determines competency shall be filed with the
 56 Commission of Pharmacy.

57 (d) The Commissioner of Public Health, in consultation with the
 58 Commissioner of Consumer Protection, may adopt regulations, in
 59 accordance with chapter 54, concerning the minimum content of the
 60 collaborative drug therapy management agreement and the written
 61 protocol and as otherwise necessary to carry out the purpose of this
 62 section.

This act shall take effect as follows:	
Section 1	October 1, 2003

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:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Social Services, Dept.	GF - Savings	Potential	Potential

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill allows physicians and pharmacists employed by or under contract with a nursing home to enter into collaborative agreements to manage drug therapy of individuals receiving nursing home services. No fiscal impact will result for either the Departments of Public Health or Consumer Protection.

Savings may result for the Medicaid program under the Department of Social Services. If this program reduces adverse pharmaceutical reactions and improves the health outcomes of nursing home patients, the average length of stay for nursing home patients may be reduced. As the Medicaid program is anticipated to spend \$1.2 billion for long term care in FY 04, any reduction in the average length of stay for nursing home patients could result in significant savings. The extent of these savings will be dependent upon the number of homes that allow these collaborative practices and the level of success in improving health outcomes.

OLR Bill Analysis

sSB 1151

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

This bill adds pharmacists working in nursing homes to those pharmacists who can establish collaborative agreements with physicians to manage the drug therapy of patients. Current law allows physicians and hospital pharmacists to enter into 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 a patient. The pharmacist can also order associated lab tests and administer drugs. All treatments must be based on a written protocol specific to each patient.

This bill expands this by also allowing pharmacists employed by or under contract with a nursing home to enter into collaborative drug therapy management agreements with physicians. The agreements must be based on written protocols for purposes of managing the drug therapy of individual patients in nursing homes, and are subject to the nursing home's approval. Each patient's collaborative drug therapy management must be based on a written protocol specific to that patient and developed by the treating physician in consultation with the pharmacist.

Under the bill, the nursing home that employs the pharmacist must determine that he is competent to participate in each collaborative agreement. Under existing law, hospitals must determine the competency of hospital pharmacists participating in collaborative arrangements with physicians. The nursing home, as a hospital must currently do with its collaborative agreements, must file a copy of the criteria it uses to judge competence with the Commission of Pharmacy.

EFFECTIVE DATE: October 1, 2003

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 21 Nay 0