



**AN ACT CONCERNING ELECTRONIC MONITORING OF
CONTROLLED SUBSTANCE PRESCRIPTIONS.**

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

1 Section 1. Section 21a-254 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2006*):

3 (a) The Commissioner of Consumer Protection, after investigation
4 and hearing, may by regulation designate certain substances as
5 restricted drugs or substances by reason of their exceptional danger to
6 health or exceptional potential for abuse so as to require written
7 records of receipt, use and dispensation, and may, after investigation
8 and hearing, remove the designation as restricted drugs or substances
9 from any substance so previously designated.

10 (b) Each physician, dentist, veterinarian or other person who is
11 authorized to administer or professionally use schedule I substances
12 shall keep a record of such schedule I substances received by [him]
13 such person and a record of all such schedule I substances
14 administered, dispensed or professionally used by [him] such person.
15 The record of schedule I substances received shall in each case show
16 the date of receipt, the name and address of the person from whom
17 received and the kind and quantity of schedule I substances received.
18 The record of all schedule I substances administered, dispensed or
19 otherwise disposed of shall show the date of administering or

20 dispensing, the name and address of the person to whom, or for whose
21 use, or the owner and species of animal for which, the substances were
22 administered or dispensed and the kind and quantity of substances.

23 (c) Practitioners obtaining and dispensing controlled substances
24 shall keep a record of all such controlled substances, received and
25 dispensed by them in accordance with the provisions of subsections (f)
26 and (h) of this section.

27 (d) Manufacturers and wholesalers shall keep records of all
28 controlled substances, compounded, mixed, cultivated or grown, or by
29 any other process produced or prepared, and of all controlled
30 substances received and disposed of by them in accordance with the
31 provisions of subsections (f) and (h) of this section.

32 (e) Pharmacies, hospitals, chronic and convalescent nursing homes,
33 rest homes with nursing supervision, clinics, infirmaries, free-standing
34 ambulatory surgical centers and laboratories shall keep records of all
35 controlled substances, received and disposed of by them in accordance
36 with the provisions of subsections (f) and (h) of this section, except that
37 hospitals and chronic and convalescent nursing homes using a unit
38 dose drug distribution system may instead keep such records in
39 accordance with the provisions of subsections (g) and (h) of this
40 section, and except that hospitals and free-standing ambulatory
41 surgical centers shall not be required to maintain separate disposition
42 records for schedule V controlled substances or records of
43 administering of individual doses for ultra-short-acting depressants,
44 including, but not limited to, Methohexital, Thiamylal and Thiopental.

45 (f) The form of record to be kept under subsection (c), (d) or (e) of
46 this section shall in each case show the date of receipt, the name and
47 address of the person from whom received, and the kind and quantity
48 of controlled substances received, or, when applicable, the kind and
49 quantity of controlled substances produced or removed from process
50 of manufacture and the date of such production or removal from
51 process of manufacture; and the record shall in each case show the

52 proportion of controlled substances. The record of all controlled
53 substances sold, administered, dispensed or otherwise disposed of
54 shall show the date of selling, administering or dispensing, the name
55 of the person to whom or for whose use, or the owner and species of
56 animal for which, the substances were sold, administered or
57 dispensed, the address of such person or owner in the instance of
58 records of other than hospitals, chronic and convalescent nursing
59 homes, rest homes with nursing supervision and infirmaries, and the
60 kind and quantity of substances. In addition, hospital and infirmary
61 records shall show the time of administering or dispensing, the
62 prescribing physician and the nurse administering or dispensing the
63 substance. Each such record of controlled substances shall be
64 separately maintained apart from other drug records and kept for a
65 period of three years from the date of the transaction recorded.

66 (g) Hospitals using a unit dose drug distribution system shall
67 maintain a record noting all dispositions of controlled substances from
68 any area of the hospital to other hospital locations. Such record shall
69 include, but need not be limited to, the name, form, strength and
70 quantity of the drug dispensed, the date dispensed and the location
71 within the hospital to which the drug was dispensed. Such dispensing
72 record shall be separately maintained, apart from other drug or
73 business records, for a period of three years. Such hospital shall, in
74 addition, maintain for each patient a record which includes, but need
75 not be limited to, the full name of the patient and a complete
76 description of each dose of medication administered, including the
77 name, form, strength and quantity of the drug administered, the date
78 and time administered and identification of the nurse or practitioner
79 administering each drug dose. Entries for controlled substances shall
80 be specially marked in a manner [which] that allows for ready
81 identification. Such records shall be filed in chronological order and
82 kept for a period of three years.

83 (h) A complete and accurate record of all stocks of controlled
84 substances on hand shall, on and after July 1, 1981, be prepared
85 biennially within four days of the first day of May of the calendar year,

86 except that a registrant may change this date provided the general
87 physical inventory date of such registrant is not more than six months
88 from the biennial inventory date, and kept on file for three years; and
89 shall be made available to the commissioner or [his] the
90 commissioner's authorized agents. The keeping of a record required by
91 or under the federal Controlled Substances Act, or federal food and
92 drug laws, containing substantially the same information as is
93 specified above, shall constitute compliance with this section, provided
94 each record shall in addition contain a detailed list of any controlled
95 substances lost, destroyed or stolen, the kind and quantity of such
96 substances and the date of the discovery of such loss, destruction or
97 theft and provided such record shall be made available to the
98 commissioner or [his] the commissioner's authorized agents. All
99 records required by this chapter shall be kept on the premises of the
100 registrant and maintained current and separate from other business
101 records in such form as to be readily available for inspection by the
102 authorized agent at reasonable times. The use of a foreign language,
103 codes or symbols to designate controlled substances or persons in the
104 keeping of any required record is not deemed to be a compliance with
105 this chapter.

106 (i) Whenever any record is removed by a person authorized to
107 enforce the provisions of this chapter or the provisions of the state
108 food, drug and cosmetic laws for the purpose of investigation or as
109 evidence, such person shall tender a receipt in lieu thereof and the
110 receipt shall be kept for a period of three years.

111 (j) (1) The Commissioner of Consumer Protection shall implement a
112 program to collect, by electronic means, prescription information for
113 schedule II, III, IV and V controlled substances, as defined in
114 subdivision (9) of section 21a-240, that are dispensed by pharmacies
115 and outpatient pharmacies in hospitals or institutions. The program
116 shall be designed to provide information regarding the prescription of
117 controlled substances in order to prevent the improper or illegal use of
118 the controlled substances, and shall not infringe on the legitimate
119 prescribing of a controlled substance by a prescribing practitioner

120 acting in good faith and in the course of professional practice.

121 (2) Each pharmacy and each outpatient pharmacy in a hospital or
122 institution shall report to the commissioner, at least once monthly, by
123 electronic means or, if a pharmacy does not maintain records
124 electronically, in a format approved by the commissioner, the
125 following information for all controlled substance prescriptions
126 dispensed by such pharmacy or outpatient pharmacy: (A) The
127 prescription number; (B) an indication of whether the prescription
128 dispensed was a new prescription or a refill; (C) the date of dispensing;
129 (D) if available in the system utilized by the pharmacy or outpatient
130 pharmacy, the time of the dispensing of the prescription; (E) the name,
131 address and date of birth or other designation of age of the person or
132 animal for whom the prescription was dispensed; (F) the National
133 Drug Code (NDC) of the controlled substance dispensed; (G) the
134 quantity of the controlled substance dispensed; (H) the number of
135 days' supply of the controlled substance dispensed; (I) the prescribing
136 practitioner's federal Drug Enforcement Agency (DEA) registration
137 number; and (J) the federal Drug Enforcement Agency (DEA) number
138 of the pharmacy dispensing the controlled substance.

139 (3) Controlled substance prescription information reported to the
140 commissioner pursuant to subdivision (2) of this subsection shall not
141 be disclosed, except as authorized pursuant to the provisions of
142 sections 21a-240 to 21a-283, inclusive. Nothing in this subsection shall
143 be construed to prevent the commissioner from contracting with a
144 vendor for purposes of electronically collecting such controlled
145 substance prescription information, provided the information is
146 maintained in a confidential manner by the vendor and is maintained
147 in accordance with the general statutes.

148 (4) The commissioner shall provide, upon request, controlled
149 substance prescription information obtained in accordance with this
150 section to the following: (A) A prescribing practitioner who is treating
151 or has treated a specific patient, provided the information is obtained
152 for purposes related to the treatment of the patient, including the

153 monitoring of controlled substances obtained by the patient; (B) a
154 prescribing practitioner with whom a patient has made contact for the
155 purpose of seeking medical treatment, provided the request is
156 accompanied by a written consent, signed by the prospective patient,
157 for the release of controlled substance prescription information; (C) a
158 pharmacist who is dispensing controlled substances for a specific
159 patient, provided the information is obtained for purposes related to
160 the scope of the pharmacist's practice and management of the patient's
161 drug therapy, including the monitoring of controlled substances
162 obtained by the patient. A request for controlled substance
163 prescription information made by a prescribing practitioner or by a
164 pharmacist must be submitted to the commissioner in writing or by
165 facsimile transmission and must be signed by the prescribing
166 practitioner or the pharmacist making the request. Requests for
167 controlled substance prescription information made to the
168 commissioner pursuant to this section shall not be disclosed, except as
169 authorized pursuant to sections 21a-240 to 21a-283, inclusive, or
170 sections 20-570 to 20-630, inclusive.

171 (5) The commissioner shall adopt regulations with the advice of the
172 Prescription Drug Monitoring Working Group established pursuant to
173 section 2 of this act, in accordance with chapter 54, concerning the
174 reporting, evaluation, management and storage of electronic controlled
175 substance prescription information.

176 Sec. 2. (NEW) (*Effective October 1, 2006*) The Commissioner of
177 Consumer Protection shall appoint a Prescription Drug Monitoring
178 Working Group to advise the commissioner on the implementation of
179 the electronic prescription drug monitoring program established
180 pursuant to subsection (j) of section 21a-254 of the general statutes, as
181 amended by this act. The working group shall include, but not be
182 limited to: (1) An internal medicine specialist; (2) an oncologist; (3) an
183 advanced practice registered nurse; (4) a representative from an acute
184 care hospital; (5) a state police officer; (6) a local police chief; (7) a
185 representative from the Division of Criminal Justice; (8) a
186 representative from a hospice organization; (9) a pain management

187 specialist; and (10) a pharmacist.

This act shall take effect as follows:	
Section 1	<i>October 1, 2006</i>
Sec. 2	<i>October 1, 2006</i>

APP *Joint Favorable Subst.*