



General Assembly

February Session, 2004

**Raised Bill No. 439**

LCO No. 1762

\*01762\_\_\_\_\_GL\_\*

Referred to Committee on General Law

Introduced by:

(GL)

**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 amended by  
2 adding subsection (j) as follows (*Effective October 1, 2004*):

3 (NEW) (j) (1) The Commissioner of Agriculture and Consumer  
4 Protection shall establish the Electronic Prescription Drug Monitoring  
5 Program to collect, by electronic means, prescription information for  
6 schedules II, III, IV and V controlled substances, as defined in  
7 subdivision (9) of section 21a-240, that are dispensed by pharmacies  
8 and outpatient pharmacies in hospitals or institutions. The program  
9 shall be designed to provide information regarding the prescription of  
10 controlled substances in order to prevent the improper or illegal use of  
11 the controlled substances, and shall not infringe on the legitimate  
12 prescribing of a controlled substance by a prescribing practitioner  
13 acting in good faith and in the course of professional practice.

14 (2) Each pharmacy and each outpatient pharmacy in a hospital or  
15 institution shall report to the commissioner, at least once monthly, by

16 electronic means or, if a pharmacy or outpatient pharmacy does not  
17 maintain records electronically, in a format approved by the  
18 commissioner, the following information for all controlled substance  
19 prescriptions dispensed by such pharmacy or outpatient pharmacy:  
20 (A) Dispenser identification number; (B) the date the prescription for  
21 the controlled substance was filled; (C) the prescription number; (D)  
22 whether the prescription for the controlled substance is new or a refill;  
23 (E) the National Drug Code, NDC, for the drug dispensed; (G) the  
24 amount of the controlled substance dispensed and the number of days  
25 supply of the controlled substance; (H) a patient identification number;  
26 (I) the patient's first and last name and street address including postal  
27 code; (J) the date of birth of the patient; (K) the date the prescription  
28 for the controlled substance was issued by the prescribing practitioner  
29 and the prescribing practitioner's Drug Enforcement Agency's  
30 identification number; (L) the name of the person receiving the  
31 controlled substance from the dispenser if other than the patient; (M)  
32 the type of payment for the controlled substance and the name of the  
33 governmental program or health insurer paying for the controlled  
34 substance, if applicable; and (N) the state issued serial number, if  
35 applicable.

36 (3) The commissioner may contract with a vendor for purposes of  
37 electronically collecting such controlled substance prescription  
38 information. The commissioner and any such vendor shall maintain  
39 the information in accordance with chapter 400j of the general statutes.

40 (4) The commissioner and any such vendor shall not disclose  
41 controlled substance prescription information reported pursuant to  
42 subdivision (2) of this section, except as authorized pursuant to the  
43 provisions of sections 21a-240 to 21a-283, inclusive. Any person who  
44 knowingly violates any provision of this subdivision or subdivision (3)  
45 of this subsection shall be guilty of a class D felony.

46 (5) The commissioner shall provide, upon request, controlled  
47 substance prescription information obtained in accordance with

48 subdivision (2) of this subsection to the following: (A) The prescribing  
49 practitioner who is treating or has treated a specific patient, provided  
50 the information is obtained for purposes related to the treatment of the  
51 patient, including the monitoring of controlled substances obtained by  
52 the patient; (B) the prescribing practitioner with whom a patient has  
53 made contact for the purpose of seeking medical treatment, provided  
54 the request is accompanied by a written consent, signed by the  
55 prospective patient, for the release of controlled substance prescription  
56 information; or (C) the pharmacist who is dispensing controlled  
57 substances for a patient, provided the information is obtained for  
58 purposes related to the scope of the pharmacist's practice and  
59 management of the patient's drug therapy, including the monitoring of  
60 controlled substances obtained by the patient. The prescribing  
61 practitioner or pharmacist shall submit a written and signed request to  
62 the commissioner for controlled substance prescription information.  
63 Such prescribing practitioner or pharmacist shall not disclose any such  
64 request except as authorized pursuant to sections 21a-240 to 21a-283,  
65 inclusive, or sections 20-570 to 20-630, inclusive.

66 (6) The commissioner shall adopt regulations in accordance with  
67 chapter 54 concerning the reporting, evaluation, management and  
68 storage of electronic controlled substance prescription information.

69 Sec. 2. Section 20-13c of the general statutes is repealed and the  
70 following is substituted in lieu thereof (*Effective October 1, 2004*):

71 The board is authorized to restrict, suspend or revoke the license or  
72 limit the right to practice of a physician or take any other action in  
73 accordance with section 19a-17, for any of the following reasons: (1)  
74 Physical illness or loss of motor skill, including, but not limited to,  
75 deterioration through the aging process; (2) emotional disorder or  
76 mental illness; (3) abuse or excessive use of drugs, including alcohol,  
77 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in  
78 the practice of medicine; (5) possession, use, prescription for use, or  
79 distribution of controlled substances or legend drugs, except for

80 therapeutic purposes, the management of pain or other medically  
81 proper purposes; (6) misrepresentation or concealment of a material  
82 fact in the obtaining or reinstatement of a license to practice medicine;  
83 (7) failure to adequately supervise a physician assistant; (8) failure to  
84 fulfill any obligation resulting from participation in the National  
85 Health Service Corps; (9) failure to maintain professional liability  
86 insurance or other indemnity against liability for professional  
87 malpractice as provided in subsection (a) of section 20-11b; (10) failure  
88 to provide information requested by the department for purposes of  
89 completing a health care provider profile, as required by section 20-13j;  
90 (11) engaging in any activity for which accreditation is required under  
91 section 19a-690 or 19a-691 without the appropriate accreditation  
92 required by section 19a-690 or 19a-691; (12) failure to provide evidence  
93 of accreditation required under section 19a-690 or 19a-691 as requested  
94 by the department pursuant to section 19a-690 or 19a-691; or (13)  
95 violation of any provision of this chapter or any regulation established  
96 hereunder. In each case, the board shall consider whether the  
97 physician poses a threat, in the practice of medicine, to the health and  
98 safety of any person. If the board finds that the physician poses such a  
99 threat, the board shall include such finding in its final decision and act  
100 to suspend or revoke the license of said physician.

101 Sec. 3. Subsection (a) of section 21a-252 of the general statutes, as  
102 amended by section 146 of public act 03-6 of the June 30 special  
103 session, is repealed and the following is substituted in lieu thereof  
104 (*Effective October 1, 2004*):

105 (a) A physician, in good faith and in the course of the physician's  
106 professional practice only, may prescribe, administer and dispense  
107 controlled substances, or may cause the same to be administered by a  
108 physician assistant, nurse or intern under the physician's direction and  
109 supervision, for demonstrable physical or mental disorders, including  
110 the management of pain, but not for drug dependence except in  
111 accordance with state and federal laws and regulations. [adopted  
112 thereunder.] Notwithstanding the provisions of this subsection the

113 Department of Agriculture and Consumer Protection may approve  
114 protocols allowing the dispensing of take-home doses of methadone,  
115 by a registered nurse or licensed practical nurse, to outpatients in duly  
116 licensed substance abuse treatment facilities. Such dispensing shall be  
117 done pursuant to the order of a licensed prescribing practitioner and  
118 using computerized dispensing equipment into which bulk supplies of  
119 methadone are dispensed by a pharmacist. The quantity of methadone  
120 dispensed by such nurse shall not exceed at any one time that amount  
121 allowed under federal or state statutes or regulations governing the  
122 treatment of drug dependent patients. The Department of Agriculture  
123 and Consumer Protection shall conduct inspections of such treatment  
124 facilities to ensure that the computerized dispensing equipment and  
125 related dispensing procedures documented in the approved protocols  
126 are adhered to.

127       Sec. 4. (*Effective October 1, 2004*) The Commissioner of Agriculture  
128 and Consumer Protection shall appoint a Prescription Drug  
129 Monitoring Working Group for the purpose of advising said  
130 commissioner on the implementation of the Electronic Prescription  
131 Drug Monitoring Program, including the adoption of regulations by  
132 the commissioner, established pursuant to subsection (j) of section 21a-  
133 254 of the general statutes, as amended by this act. Such advice shall  
134 include, but not be limited to, recommendations on how to effectively  
135 use the data collected pursuant to said subsection (j) to detect fraud  
136 while protecting legitimate use of controlled substances. The working  
137 group shall include, but not be limited to: (1) A physician, licensed  
138 pursuant to chapter 370 of the general statutes, specializing in internal  
139 medicine; (2) a board certified oncologist; (3) a person licensed to  
140 perform advanced level nursing practice activities pursuant to  
141 subsection (b) of section 20-87a of the general statutes; (4) a  
142 representative from an acute care hospital licensed pursuant to chapter  
143 368v of the general statutes; (5) a state police officer appointed as  
144 provided in section 29-4 of the general statutes; (6) a municipal police  
145 chief; (7) a representative from the Division of Criminal Justice; (8) a  
146 representative from a hospice licensed by the Department of Public

147 Health or certified pursuant to 42 USC Section 1395x; (9) a pain  
148 management specialist, as defined in section 38a-492i of the general  
149 statutes; and (10) a pharmacist licensed pursuant to section 20-590, 20-  
150 591 or 20-592 of the general statutes.

This act shall take effect as follows:	
Section 1	<i>October 1, 2004</i>
Sec. 2	<i>October 1, 2004</i>
Sec. 3	<i>October 1, 2004</i>
Sec. 4	<i>October 1, 2004</i>

**Statement of Purpose:**

To require the electronic submission of controlled substance prescriptions to the Commissioner of Agriculture and Consumer Protection in order to facilitate monitoring to prevent their improper or illegal use; to clarify that pain management is a legitimate reason to prescribe pain medication; to impose a class D felony for knowingly disseminating prescription information improperly and to establish the Prescription Drug Monitoring Working Group.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*