



House of Representatives

File No. 818

General Assembly

January Session, 2005

(Reprint of File No. 441)

Substitute House Bill No. 6970
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 28, 2005

**AN ACT ESTABLISHING A COLLABORATIVE DRUG THERAPY
MANAGEMENT AGREEMENT PILOT PROGRAM.**

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

1 Section 1. Subsection (a) of section 20-631 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2005*):

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

15 (2) One or more pharmacists licensed under this chapter who are
16 determined eligible in accordance with subsection (c) of this section
17 and employed by or under contract with a nursing home facility, as
18 defined in section 19a-521, may enter into a written protocol-based
19 collaborative drug therapy management agreement with one or more
20 physicians licensed under chapter 370 to manage the drug therapy of
21 individual patients receiving services in a nursing home facility, in
22 accordance with subsections (b) to (d), inclusive, of this section and
23 subject to the approval of the nursing home facility. Each patient's
24 collaborative drug therapy management shall be governed by a
25 written protocol specific to that patient established by the treating
26 physician in consultation with the pharmacist. Each such protocol shall
27 be reviewed and approved by the active organized medical staff of the
28 nursing home in accordance with the requirements of section 19-13-
29 D8t(i) of the Public Health Code.

30 (3) One or more pharmacists licensed under this chapter who are
31 determined eligible in accordance with subsection (c) of this section
32 and employed by or under contract with a hospital licensed under
33 chapter 368v may enter into a written protocol-based collaborative
34 drug therapy management agreement with one or more physicians
35 licensed under chapter 370 to manage the drug therapy of individual
36 patients receiving outpatient hospital care or services for diabetes,
37 asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart
38 failure or smoking cessation, including patients who qualify as
39 targeted beneficiaries under the provisions of Section 1860D-
40 4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with
41 subsections (b) to (d), inclusive, of this section and subject to the
42 approval of the hospital. Each patient's collaborative drug therapy
43 management shall be governed by a written protocol specific to that
44 patient established by the treating physician in consultation with the
45 pharmacist.

46 Sec. 2. (*Effective from passage*) Not later than January 1, 2006, the
47 Commissioner of Consumer Protection, in consultation with the
48 Commission of Pharmacy, shall establish and operate a two-year pilot

49 program to allow not more than ten pharmacists licensed under
50 chapter 400j of the general statutes who are determined eligible in
51 accordance with subsection (c) of this section and employed by or
52 under contract with a licensed community pharmacy, to enter into a
53 written protocol-based collaborative drug therapy management
54 agreement with one or more physicians licensed under chapter 370 of
55 the general statutes, to manage the drug therapy of individual patients
56 receiving drug therapy for diabetes, asthma, hypertension,
57 hyperlipidemia, osteoporosis, congestive heart failure or smoking
58 cessation, including patients who qualify as targeted beneficiaries
59 under the provisions of Section 1860D-4(c)(2)(A)(ii) of the federal
60 Social Security Act, in accordance with subsections (b) to (d), inclusive,
61 of this section and subject to the approval of the licensed community
62 pharmacy. Each patient's collaborative drug therapy management
63 shall be governed by a written protocol specific to that patient
64 established by the treating physician in consultation with the
65 pharmacist.

66 (b) A collaborative drug therapy management agreement may
67 authorize a pharmacist to implement, modify or discontinue a drug
68 therapy that has been prescribed for a patient, order associated
69 laboratory tests and administer drugs, all in accordance with a patient-
70 specific written protocol. Each protocol developed, pursuant to the
71 collaborative drug therapy management agreement, shall contain
72 detailed direction concerning the actions that the pharmacist may
73 perform for that patient. The protocol shall include, but need not be
74 limited to, (1) the specific drug or drugs to be managed by the
75 pharmacist, (2) the terms and conditions under which drug therapy
76 may be implemented, modified or discontinued, (3) the conditions and
77 events upon which the pharmacist is required to notify the physician,
78 and (4) the laboratory tests that may be ordered. All activities
79 performed by the pharmacist in conjunction with the protocol shall be
80 documented in the patient's medical record. The pharmacist shall
81 report to the physician through oral, written or electronic manner
82 regarding the implementation, administration, modification or

83 discontinuation of a drug therapy that has been prescribed for a
84 patient not later than twenty-four hours after such implementation,
85 administration, modification or discontinuation. The collaborative
86 drug therapy management agreement and protocols shall be available
87 for inspection by the Departments of Public Health and Consumer
88 Protection. A copy of the protocol shall be filed in the patient's medical
89 record.

90 (c) In order to be selected for participation in the program, a
91 pharmacist shall be responsible for demonstrating, in accordance with
92 this subsection, the competence necessary for participation in each
93 drug therapy management agreement into which such pharmacist may
94 enter. The pharmacist's competency shall be determined by the
95 Commission of Pharmacy using criteria based on the continuing
96 education requirements of sections 20-599 and 20-600 of the general
97 statutes.

98 (d) The Commissioner of Consumer Protection and the Commission
99 of Pharmacy shall evaluate the pilot program established under this
100 section and shall submit a report of the commissioner's findings and
101 recommendations to the joint standing committees of the General
102 Assembly having cognizance of matters relating to public health,
103 human services and general law, not later than December 31, 2008, in
104 accordance with the provisions of section 11-4a of the general statutes.
105 Such report shall include an evaluation of the data collected with
106 respect to improved medication management and cost savings, based
107 on patient outcomes.

108 (e) Records or information collected or maintained pursuant to this
109 section shall not be disclosed pursuant to subsection (a) of section 1-
110 210 of the general statutes for a period of six months from the date
111 such records or information were created or collected and shall not be
112 subject to subpoena or discovery or introduced into evidence in any
113 judicial or administrative proceeding except as otherwise specifically
114 provided by law.

115 (f) For purposes of this section, "community pharmacy" means a
116 pharmacy licensed under section 20-594 of the general statutes that
117 stores and dispenses legend drugs, as defined by section 20-571 of the
118 general statutes, and legend devices, as defined by said section 20-571,
119 and from which related pharmaceutical care services are provided,
120 primarily to noninstitutionalized patients living in a community
121 setting.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	20-631(a)
Sec. 2	<i>from passage</i>	New section

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-Effect	FY 06 \$	FY 07 \$
Consumer Protection, Dept.; Public Health, Dept.	GF - None	None	None
Social Services, Dept.	GF - Savings	Potential	Potential

Note: GF=General Fund

Municipal Impact: None

Explanation

This bill makes changes concerning collaborative drug therapy management agreements between physicians and pharmacists. Fiscal impacts associated with each of the bill’s sections are as follows:

Section 1 allows pharmacists employed by or under contract with a hospital to enter into collaborative agreements with physicians to manage drug therapy of individuals receiving outpatient hospital care or services for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart failure or smoking cessation. No fiscal impact will result for either the Departments of Public Health (DPH) or Consumer Protection (DCP).

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 patients, utilization of more costly health care services by Medicaid clients may be reduced. The extent of these savings will be dependent upon the number of patients involved with these collaborative practices and the level of success in improving health outcomes, which cannot be determined in advance.

Section 2 establishes a two-year pilot program under which up to

ten pharmacists employed by or under contract to a community pharmacy may enter into a collaborative drug therapy management agreement with physicians to manage drug therapy of patients being treated for the same seven conditions listed above. The Commission of Pharmacy must determine each participating pharmacist's competence. The pilot program shall be implemented not later than January 1, 2006, and the DCP must conduct an evaluation and submit findings and recommendations by December 31, 2008. This will result in additional workload for the DCP but it will not result in additional cost.

House "A" eliminated the involvement of DPH in evaluation of the pilot program and eliminated the associated costs to DPH (including fringe benefit costs).

OLR Bill Analysis

sHB 6970 (as amended by House "A")*

AN ACT ESTABLISHING A COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENT PILOT PROGRAM**SUMMARY:**

This bill expands the settings in which pharmacists and physicians can enter into collaborative practice agreements to manage patients' drug therapy. Under current law, physicians and hospital pharmacists, as well as pharmacists working in nursing homes and physicians, can enter into such collaborative agreements. Hospital-based agreements are limited to inpatient drug therapies. These agreements must be based on patient-specific written protocols and must be approved by the hospital and nursing home, respectively. The protocols can authorize a pharmacist to implement, modify, or discontinue a drug therapy the physician prescribes, as well as order associated lab tests and administer drugs. The law requires the hospital or nursing home facility employing the pharmacist to determine his competency to participate in the collaborative agreement.

The bill allows hospital pharmacists to enter into written protocol-based collaborative drug therapy agreements to manage the drug therapy of patients receiving outpatient hospital care or services for:

1. diabetes,
2. asthma,
3. hypertension,
4. hyperlipidemia,
5. osteoporosis,
6. congestive heart failure, or
7. smoking cessation.

Patients can include those who qualify as targeted beneficiaries under the new Medicare Part D prescription drug benefit. The protocols must be patient-specific and established by the treating physician in consultation with the pharmacist. The hospital must determine the pharmacist's competency to participate.

The bill also establishes a pilot program for collaborative drug therapy arrangements between physicians and community pharmacies.

*House Amendment "A" removes the Department of Public Health from involvement in the pilot program.

EFFECTIVE DATE: October 1, 2005, except that the pilot program provisions take effect upon passage.

PILOT PROGRAM

Program Basics and Eligibility

The bill requires the consumer protection commissioner, in consultation with the Commission of Pharmacy, to establish a two-year pilot program allowing collaborative drug therapy agreements between physicians and pharmacists employed by, or under contract with, community pharmacies. They must establish it by January 1, 2006. A "community pharmacy" is a licensed pharmacy storing and dispensing prescription drugs and devices and providing pharmaceutical care services primarily to noninstitutionalized patients living in a community setting.

The program is for up to 10 pharmacists working in community pharmacies. As with the other collaborative drug therapy management agreements allowed by law, the program must be based on patient-specific written protocols established by the treating physician in consultation with the pharmacist.

The program permits drug therapy management of patients with any of the conditions listed above for the outpatient setting, including patients qualifying as targeted beneficiaries under the Medicare Part D prescription drug benefit.

The collaborative agreements entered into under the program must

meet the same standards and requirements covering existing agreements in the other settings discussed above. The commission must determine the competency of pharmacists seeking to participate in the program, based on existing continuing education requirements for pharmacists.

Report to Legislature

The consumer protection commissioner and the Pharmacy Commission must evaluate the pilot program and report to the Public Health, Social Services, and General Law committees by December 31, 2008.

The report must evaluate the data collected on improved medication management and cost savings, based on patient outcomes. The bill prohibits disclosing, under a freedom of information request, records or information collected or maintained for six months from the date they were created or collected. Also, this information is not subject to subpoena or discovery and cannot be introduced into evidence in any judicial or administrative proceeding except as allowed by law.

BACKGROUND

Legislative History

The House referred the bill (File 441) to the Government Administration and Elections, General Law, and Legislative Management committees, which reported it favorably without change on May 2, May 11, and May 23, respectively.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 25 Nay 1

Government Administration and Elections Committee

Joint Favorable Report
Yea 16 Nay 0

General Law Committee

Joint Favorable Report
Yea 15 Nay 0

Joint Committee on Legislative Management

Joint Favorable Report
Yea 23 Nay 1