



General Assembly

February Session, 2006

Raised Bill No. 175

LCO No. 1470

01470_____GL_

Referred to Committee on General Law

Introduced by:

(GL)

***AN ACT CONCERNING THE ELECTRONIC MONITORING OF
PRESCRIPTIONS OF CONTROLLED SUBSTANCES.***

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, 2006*):

3 (NEW) (j) (1) The Commissioner of Consumer Protection shall
4 establish an electronic prescription drug monitoring program to collect
5 prescription information by electronic means for schedules II, III, IV
6 and V controlled substances, as defined in subdivision (9) of section
7 21a-240, that are dispensed by pharmacies and outpatient pharmacies
8 in hospitals or institutions. The program shall be designed to provide
9 information regarding the prescription of controlled substances to
10 prevent the improper or illegal use of such controlled substances and
11 shall not infringe on the legitimate prescribing of a controlled
12 substance by a prescribing practitioner acting in good faith and in the
13 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 each controlled substance
19 prescription dispensed by such pharmacy or outpatient pharmacy: (A)
20 Dispenser identification number; (B) the date the prescription for the
21 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 number for the controlled substance
24 dispensed; (F) the amount of the controlled substance dispensed and
25 the number of days supply of the controlled substance; (G) the patient
26 identification number; (H) the patient's first and last name and street
27 address, including postal code; (I) the date of birth of the patient; (J)
28 the date the prescription for the controlled substance was issued by the
29 prescribing practitioner and the prescribing practitioner's Drug
30 Enforcement Agency identification number; (K) the name of the person
31 receiving the controlled substance from the dispenser, if other than the
32 patient; (L) the type of payment for the controlled substance and the
33 name of the governmental program or health insurer paying for the
34 controlled substance, if applicable; and (M) the state issued serial
35 number, if 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 the provisions of chapter 400j.

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 subdivision (3) of this subsection
45 or this subdivision 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 2006 supplement to the general statutes
70 is repealed and the following is substituted in lieu thereof (*Effective*
71 *October 1, 2006*):

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

80 distribution of controlled substances or legend drugs, except for
81 therapeutic purposes, pain management or other medically proper
82 purposes; (6) misrepresentation or concealment of a material fact in the
83 obtaining or reinstatement of a license to practice medicine; (7) failure
84 to adequately supervise a physician assistant; (8) failure to fulfill any
85 obligation resulting from participation in the National Health Service
86 Corps; (9) failure to maintain professional liability insurance or other
87 indemnity against liability for professional malpractice as provided in
88 subsection (a) of section 20-11b; (10) failure to provide information
89 requested by the department for purposes of completing a health care
90 provider profile, as required by section 20-13j, as amended; (11)
91 engaging in any activity for which accreditation is required under
92 section 19a-690 or 19a-691 without the appropriate accreditation
93 required by section 19a-690 or 19a-691; (12) failure to provide evidence
94 of accreditation required under section 19a-690 or 19a-691 as requested
95 by the department pursuant to section 19a-690 or 19a-691; (13) failure
96 to comply with the continuing medical education requirements set
97 forth in section 20-10b; or (14) violation of any provision of this chapter
98 or any regulation established hereunder. In each case, the board shall
99 consider whether the physician poses a threat, in the practice of
100 medicine, to the health and safety of any person. If the board finds that
101 the physician poses such a threat, the board shall include such finding
102 in its final decision and act to suspend or revoke the license of said
103 physician.

104 Sec. 3. Subsection (a) of section 21a-252 of the general statutes is
105 repealed and the following is substituted in lieu thereof (*Effective*
106 *October 1, 2006*):

107 (a) A physician, in good faith and in the course of the physician's
108 professional practice only, may prescribe, administer and dispense
109 controlled substances, or may cause the same to be administered by a
110 physician assistant, nurse or intern under the physician's direction and
111 supervision, for demonstrable physical or mental disorders, including
112 the management of pain, but not for drug dependence except in

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

129 Sec. 4. (NEW) (*Effective October 1, 2006*) The Commissioner of
130 Consumer Protection shall appoint a prescription drug monitoring
131 working group for the purpose of advising the commissioner on the
132 implementation of the electronic prescription drug monitoring
133 program established in subsection (j) of section 21a-254 of the general
134 statutes, as amended by this act, including the adoption of regulations
135 by the commissioner. Such advice shall include, but not be limited to,
136 recommendations on how to effectively use the data collected
137 pursuant to such program to detect fraud while protecting the
138 legitimate use of controlled substances. The working group shall
139 include, but not be limited to: (1) A physician licensed pursuant to
140 chapter 370 of the general statutes, specializing in internal medicine;
141 (2) a board certified oncologist; (3) a person licensed to perform
142 advanced level nursing practice activities pursuant to subsection (b) of
143 section 20-87a of the general statutes; (4) a representative from an acute
144 care hospital licensed pursuant to chapter 368v of the general statutes;
145 (5) a state police officer appointed in accordance with section 29-4 of
146 the general statutes; (6) a municipal police chief; (7) a representative

147 from the Division of Criminal Justice; (8) a representative from a
148 hospice licensed by the Department of Public Health or certified
149 pursuant to 42 USC Section 1395x; (9) a pain management specialist, as
150 defined in section 38a-492i of the general statutes; and (10) a
151 pharmacist licensed pursuant to section 20-590, 20-591 or 20-592 of the
152 general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2006</i>	21a-254
Sec. 2	<i>October 1, 2006</i>	20-13c
Sec. 3	<i>October 1, 2006</i>	21a-252(a)
Sec. 4	<i>October 1, 2006</i>	New section

Statement of Purpose:

To facilitate the detection of improper or illegal use of prescription controlled substances by requiring the Department of Consumer Protection to collect controlled substance prescription information electronically.

[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.]