



# Senate

General Assembly

**File No. 76**

February Session, 2010

Senate Bill No. 262

*Senate, March 18, 2010*

The Committee on Public Health reported through SEN. HARRIS of the 5th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## **AN ACT CONCERNING COLLABORATIVE DRUG THERAPY MANAGEMENT AGREEMENTS.**

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 Section 20-631 of the general statutes is repealed and the  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, 2010*):

3 (a) [(1)] One or more pharmacists licensed under this chapter who  
4 are determined [eligible] competent in accordance with [subsection (c)  
5 of this section, and employed by a hospital] regulations adopted  
6 pursuant to subsection (d) of this section may enter into a written  
7 protocol-based collaborative drug therapy management agreement  
8 with one or more physicians licensed under chapter 370 to manage the  
9 drug therapy of individual patients. [receiving inpatient services in a  
10 hospital licensed under chapter 368v, in accordance with subsections  
11 (b) to (d), inclusive, of this section and subject to the approval of the  
12 hospital.] Each patient's collaborative drug therapy management shall  
13 be governed by a written protocol specific to that patient established  
14 by 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 (b) A collaborative drug therapy management agreement may  
47 authorize a pharmacist to implement, modify or discontinue a drug  
48 therapy that has been prescribed for a patient, order associated

49 laboratory tests and administer drugs, all in accordance with a patient-  
50 specific written protocol. In instances where drug therapy is  
51 discontinued, the pharmacist shall notify the treating physician of such  
52 discontinuance no later than twenty-four hours from the time of such  
53 discontinuance. Each protocol developed, pursuant to the collaborative  
54 drug therapy management agreement, shall contain detailed direction  
55 concerning the actions that the pharmacist may perform for that  
56 patient. The protocol shall include, but need not be limited to, (1) the  
57 specific drug or drugs to be managed by the pharmacist, (2) the terms  
58 and conditions under which drug therapy may be implemented,  
59 modified or discontinued, (3) the conditions and events upon which  
60 the pharmacist is required to notify the physician, and (4) the  
61 laboratory tests that may be ordered. All activities performed by the  
62 pharmacist in conjunction with the protocol shall be documented in  
63 the patient's medical record. The pharmacist shall report at least every  
64 thirty days to the physician regarding the patient's drug therapy  
65 management. The collaborative drug therapy management agreement  
66 and protocols shall be available for inspection by the Departments of  
67 Public Health and Consumer Protection. A copy of the protocol shall  
68 be filed in the patient's medical record.

69 (c) A pharmacist shall be responsible for demonstrating, in  
70 accordance with [this subsection] regulations adopted pursuant to  
71 subsection (d) of this section, the competence necessary for  
72 participation in each drug therapy management agreement into which  
73 such pharmacist enters. [The pharmacist's competency shall be  
74 determined by the hospital or nursing home facility for which the  
75 pharmacist is employed. A copy of the criteria upon which the hospital  
76 or nursing home facility determines competency shall be filed with the  
77 Commission of Pharmacy.]

78 (d) The Commissioner of Public Health, in consultation with the  
79 Commissioner of Consumer Protection, [may] shall adopt regulations,  
80 in accordance with chapter 54, concerning competency requirements  
81 for participation in a written protocol-based collaborative drug  
82 therapy management agreement described in subsection (a) of this

83 section, the minimum content of the collaborative drug therapy  
84 management agreement and the written protocol and [as otherwise]  
85 such other matters said commissioners deem necessary to carry out the  
86 purpose of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2010</i>	20-631

**PH**      *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill, which requires the Department of Public Health (DPH), in consultation with the Department of Consumer Protection (DCP), to create regulations regarding collaborative drug management therapies, does not result in a fiscal impact to DPH or DCP.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

**OLR Bill Analysis****SB 262*****AN ACT CONCERNING COLLABORATIVE DRUG THERAPY  
MANAGEMENT AGREEMENTS.*****SUMMARY:**

This bill allows physicians and pharmacists to enter into written collaborative drug therapy management agreements without regard to the health care practice setting or the condition being treated. Under current law, (1) physicians and hospital pharmacists and (2) physicians and pharmacists working in nursing homes, can enter into such agreements.

As under current law, these collaborative agreements must be governed by patient-specific written protocols established by the treating physician in consultation with the pharmacist. The agreements can authorize a pharmacist to implement, modify, or discontinue a drug therapy that the physician prescribes; order associated lab tests; and administer drugs.

Under the bill, a pharmacist may enter into a collaborative agreement if determined competent according to regulations adopted by the Department of Public Health (DPH). Under current law, a pharmacist's competency is determined by the hospital or nursing home facility employing the pharmacist.

EFFECTIVE DATE: October 1, 2010

**COLLABORATIVE DRUG THERAPY MANAGEMENT  
AGREEMENTS*****Expansion of Collaborative Agreement Opportunities***

By law, physicians and hospital pharmacists, as well as physicians and pharmacists working in nursing homes, can enter into

collaborative drug therapy management agreements. The hospital-based agreements can be for individuals receiving inpatient services as well as for certain outpatient drug therapies. The law allows hospital pharmacists to enter into agreements with physicians to manage the drug therapy of patients receiving outpatient care for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart failure, or smoking cessation. Patients include those who qualify as targeted beneficiaries under the Medicare Part D prescription drug benefit. Protocols for both inpatient and outpatient care must be patient-specific and established by the treating physician with the pharmacist.

The bill eliminates references to specific health settings where, and conditions for which, collaborative drug therapy management agreements may be implemented. Instead, the bill allows them in all settings and without reference to specific health conditions or diseases. The agreements must continue to be based on written protocols.

### ***Competency Determination; Regulations***

Under current law, a pharmacist's eligibility to enter into a collaborative agreement is based on a determination of competency by the hospital or nursing home employing the pharmacist. A copy of the criteria used to determine competency must be filed with the Commission on Pharmacy. The bill instead requires DPH, in consultation with the Department of Consumer Protection (DCP), to adopt regulations on competency requirements for participation in collaborative agreements. Currently, DPH, in consultation with DCP, may adopt regulations addressing the minimum content of these agreements and the written protocols necessary. The bill requires adoption of such regulations.

### **COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 28    Nay 2    (03/10/2010)