



House of Representatives

File No. 561

General Assembly

February Session, 2012

(Reprint of File No. 323)

Substitute House Bill No. 5516
As Amended by House Amendment
Schedule "B"

Approved by the Legislative Commissioner
April 20, 2012

AN ACT CONCERNING PRESCRIPTION DRUG ADMINISTRATION IN NURSING HOME FACILITIES.

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

1 Section 1. (NEW) (*Effective October 1, 2012*) A medical director of a
2 nursing home facility, as defined in section 19a-521 of the general
3 statutes, may establish protocols for a prescription drug formulary
4 system in accordance with guidelines established by the American
5 Society of Health-System Pharmacists and any applicable collaborative
6 drug therapy management agreement, as described in section 20-631 of
7 the general statutes. The medical director of a nursing home facility
8 that implements a prescription drug formulary system may make a
9 substitution for a drug prescribed to a patient of the facility in
10 accordance with the provisions of this section. Prior to making any
11 substitution for a drug prescribed to a patient of the facility in
12 accordance with the facility's protocols, the medical director, or the
13 medical director's designee, shall notify the prescribing practitioner of
14 the medical director's intention to make such substitution. If the
15 prescribing practitioner does not authorize the medical director or the

16 medical director's designee to make such substitution or objects to
17 such substitution, the medical director, or the medical director's
18 designee, shall not make the substitution. Notwithstanding the
19 provisions of this section, a facility, when administering prescription
20 drugs to a patient who receives benefits under a medical assistance
21 program administered by the Department of Social Services, shall
22 consider and administer prescription drugs to such patient in
23 accordance with (1) the department's preferred drug lists, developed in
24 accordance with section 17b-274d of the general statutes, (2)
25 prescription drug formularies under Medicare Part D, or (3) the
26 patient's health insurance policy, as the medical director of the nursing
27 home facility deems appropriate.

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.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill allows certain care facilities to establish protocols for a prescription drug formulary system. As the bill specifies that facilities must continue to use the Department of Social Services' preferred drug list for Medicaid clients, there is no fiscal impact to the state.

House "B" made several technical and clarifying changes that had no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5516 (as amended by House "B")******AN ACT CONCERNING PRESCRIPTION DRUG ADMINISTRATION
IN NURSING HOME FACILITIES.*****SUMMARY:**

This bill allows the medical director of a "nursing home facility" to establish protocols for a prescription drug formulary system. These protocols must comply with (1) American Society of Health-System Pharmacists guidelines and (2) any applicable collaborative drug therapy management agreement.

A medical director who implements such a system may make a substitution for a drug prescribed to a patient of the facility in accordance with the facility's protocols. Before making any substitution, the bill requires the medical director, or designee, to notify the prescribing practitioner. The bill prohibits the substitution if the prescribing practitioner objects or does not authorize it.

The bill specifies, notwithstanding its provisions, that a facility must consider and administer prescription drugs to patients receiving benefits under a state medical assistance program in accordance with (1) the Department of Social Services' (DSS) Medicaid preferred drug lists, (2) Medicare Part D prescription drug formularies, or (3) the patient's health insurance policy as deemed appropriate by the facility's medical director.

The bill applies to "nursing home facilities" which the law defines as nursing homes, residential care homes (RCHs), rest homes with nursing supervision, and chronic and convalescent nursing homes. RCHs do not have medical directors. Thus, it appears that the bill does not apply to these facilities.

*House Amendment "B" changes "prescribing physician" to "prescribing practitioner" to include advanced practice nurse practitioners, physician assistants, dentists, and podiatrists. It also requires the facility to administer prescription drugs to state medical assistance beneficiaries in accordance with (1) DSS' Medicaid preferred drug lists, (2) Medicare Part D prescription drug formularies, or (3) the patient's health insurance policy, instead of only DSS' Medicaid preferred drug lists.

EFFECTIVE DATE: October 1, 2012

BACKGROUND

Collaborative Drug Therapy Management Agreements

The law permits physicians and pharmacists to enter collaborative agreements to manage the drug therapy of individual patients. These collaborative agreements must be governed by patient-specific written protocols established by the treating physician in consultation with the pharmacist. These agreements can authorize a pharmacist to implement, modify, or discontinue a drug therapy that the physician prescribes; order associated lab tests; and administer drugs (CGS § 20-631).

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/26/2012)