



Senate

General Assembly

File No. 156

February Session, 2016

Substitute Senate Bill No. 69

Senate, March 23, 2016

The Committee on General Law reported through SEN. LEONE of the 27th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT EXEMPTING VETERINARIANS FROM THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM.

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

1 Section 1. Subsection (j) of section 21a-254 of the 2016 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2016*):

4 (j) (1) The commissioner shall, within available appropriations,
5 establish an electronic prescription drug monitoring program to
6 collect, by electronic means, prescription information for schedules II,
7 III, IV and V controlled substances that are dispensed by pharmacies,
8 nonresident pharmacies, as defined in section 20-627, outpatient
9 pharmacies in hospitals or institutions or by any other dispenser. The
10 program shall be designed to provide information regarding the
11 prescription of controlled substances in order to prevent the improper
12 or illegal use of the controlled substances and shall not infringe on the
13 legitimate prescribing of a controlled substance by a prescribing
14 practitioner acting in good faith and in the course of professional

15 practice.

16 (2) The commissioner may identify other products or substances to
17 be included in the electronic prescription drug monitoring program
18 established pursuant to subdivision (1) of this subsection.

19 (3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as
20 defined in section 20-627, outpatient pharmacy in a hospital or
21 institution and dispenser shall report to the commissioner, at least
22 weekly, by electronic means or, if a pharmacy or outpatient pharmacy
23 does not maintain records electronically, in a format approved by the
24 commissioner, the following information for all controlled substance
25 prescriptions dispensed by such pharmacy or outpatient pharmacy:
26 (A) Dispenser identification number; (B) the date the prescription for
27 the controlled substance was filled; (C) the prescription number; (D)
28 whether the prescription for the controlled substance is new or a refill;
29 (E) the national drug code number for the drug dispensed; (F) the
30 amount of the controlled substance dispensed and the number of days'
31 supply of the controlled substance; (G) a patient identification number;
32 (H) the patient's first name, last name and street address, including
33 postal code; (I) the date of birth of the patient; (J) the date the
34 prescription for the controlled substance was issued by the prescribing
35 practitioner and the prescribing practitioner's Drug Enforcement
36 Agency's identification number; and (K) the type of payment.

37 (4) On and after July 1, 2016, each pharmacy, nonresident pharmacy,
38 as defined in section 20-627, outpatient pharmacy in a hospital or
39 institution, and dispenser shall report to the commissioner by
40 electronic means, in a format approved by the commissioner, the
41 following information for all controlled substance prescriptions
42 dispensed by such pharmacy or outpatient pharmacy immediately
43 upon, but in no event more than twenty-four hours after, dispensing
44 such prescriptions: (A) Dispenser identification number; (B) the date
45 the prescription for the controlled substance was filled; (C) the
46 prescription number; (D) whether the prescription for the controlled
47 substance is new or a refill; (E) the national drug code number for the

48 drug dispensed; (F) the amount of the controlled substance dispensed
49 and the number of days' supply of the controlled substance; (G) a
50 patient identification number; (H) the patient's first name, last name
51 and street address, including postal code; (I) the date of birth of the
52 patient; (J) the date the prescription for the controlled substance was
53 issued by the prescribing practitioner and the prescribing practitioner's
54 Drug Enforcement Agency's identification number; and (K) the type of
55 payment.

56 (5) The commissioner may contract with a vendor for purposes of
57 electronically collecting such controlled substance prescription
58 information. The commissioner and any such vendor shall maintain
59 the information in accordance with the provisions of chapter 400j.

60 (6) The commissioner and any such vendor shall not disclose
61 controlled substance prescription information reported pursuant to
62 subdivisions (3) and (4) of this subsection, except as authorized
63 pursuant to the provisions of sections 21a-240 to 21a-283, inclusive.
64 Any person who knowingly violates any provision of this subdivision
65 or subdivision (5) of this subsection shall be guilty of a class D felony.

66 (7) The commissioner shall provide, upon request, controlled
67 substance prescription information obtained in accordance with
68 subdivisions (3) and (4) of this subsection to the following: (A) The
69 prescribing practitioner, or such practitioner's authorized agent who is
70 also a licensed health care professional, who is treating or has treated a
71 specific patient, provided the information is obtained for purposes
72 related to the treatment of the patient, including the monitoring of
73 controlled substances obtained by the patient; (B) the prescribing
74 practitioner with whom a patient has made contact for the purpose of
75 seeking medical treatment, provided the request is accompanied by a
76 written consent, signed by the prospective patient, for the release of
77 controlled substance prescription information; or (C) the pharmacist
78 who is dispensing controlled substances for a patient, provided the
79 information is obtained for purposes related to the scope of the
80 pharmacist's practice and management of the patient's drug therapy,

81 including the monitoring of controlled substances obtained by the
82 patient. The prescribing practitioner, such practitioner's authorized
83 agent, or the pharmacist shall submit a written and signed request to
84 the commissioner for controlled substance prescription information.
85 Such prescribing practitioner or pharmacist shall not disclose any such
86 request except as authorized pursuant to sections 20-570 to 20-630,
87 inclusive, or sections 21a-240 to 21a-283, inclusive.

88 (8) No person or employer shall prohibit, discourage or impede a
89 prescribing practitioner or pharmacist from requesting controlled
90 substance prescription information pursuant to this subsection.

91 (9) Prior to prescribing greater than a seventy-two-hour supply of
92 any controlled substance to any patient, the prescribing practitioner or
93 such practitioner's authorized agent who is also a licensed health care
94 professional shall review the patient's records in the electronic
95 prescription drug monitoring program established pursuant to this
96 subsection. Whenever a prescribing practitioner prescribes controlled
97 substances for the continuous or prolonged treatment of any patient,
98 such prescriber, or such prescriber's authorized agent who is also a
99 licensed health care professional, shall review, not less than once every
100 ninety days, the patient's records in such prescription drug monitoring
101 program. If such electronic prescription drug monitoring program is
102 not operational, such prescriber may prescribe greater than a seventy-
103 two-hour supply of a controlled substance to a patient during the time
104 of such program's inoperability, provided such prescriber or such
105 authorized agent reviews the records of such patient in such program
106 not more than twenty-four hours after regaining access to such
107 program.

108 (10) The commissioner shall adopt regulations, in accordance with
109 chapter 54, concerning the reporting, evaluation, management and
110 storage of electronic controlled substance prescription information.

111 (11) The provisions of this section shall not apply to (A) samples of
112 controlled substances dispensed by a physician to a patient, or (B) any
113 controlled substances dispensed to hospital inpatients.

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 results in no fiscal impact as exempting veterinarians from the state's electronic prescription drug monitoring program when prescribing less than an eight-day supply of a controlled substance while engaged in veterinary practice does not alter the duties of the Department of Consumer Protection.

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

OLR Bill Analysis**sSB 69*****AN ACT EXEMPTING VETERINARIANS FROM THE ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM.*****SUMMARY:**

This bill exempts veterinarians from the state's electronic prescription drug monitoring program when prescribing less than an eight-day supply of a controlled substance while engaged in veterinary practice.

EFFECTIVE DATE: October 1, 2016

BACKGROUND***Electronic Prescription Drug Monitoring Program***

Generally, under this program, anyone dispensing a controlled substance must report specified information to the Department of Consumer Protection (DCP), such as the dispenser identification and prescription numbers, drug amount, and patient identifying information. Also, before a prescribing practitioner may prescribe more than a 72-hour supply of a controlled substance, the practitioner or his or her authorized agent must review the patient's records in the program. The agent must also be a licensed health care professional.

Under the program, DCP collects information on controlled substance prescriptions to prevent improper or illegal drug use or improper prescribing.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute Change of Reference
Yea 21 Nay 1 (02/24/2016)

General Law Committee

Joint Favorable

Yea 17 Nay 0 (03/11/2016)