
OLR Bill Analysis

sHB 7159

AN ACT ADDRESSING OPIOID USE.

SUMMARY

This bill makes several changes to the laws on pharmacies, pharmacists, and prescribing practitioners, including:

1. generally requiring pharmacists to offer consultations to all patients when dispensing a prescription, not just Medicaid patients as under current law (§§ 1 & 2);
2. allowing pharmacists to designate a trained pharmacy technician to access the state's Connecticut Prescription Monitoring and Reporting System ("CPMRS"; see BACKGROUND) on their behalf (§ 3);
3. specifying that prescribing practitioners or their agents are not prohibited from disclosing CPMRS information on pharmacy- or veterinarian-dispensed prescriptions to the Department of Social Services for purposes of administering medical assistance programs (e.g., Medicaid) (§ 3);
4. requiring drug manufacturers and wholesalers to report to the Department of Consumer Protection (DCP) decisions to terminate or refuse an order from a pharmacy or prescribing practitioner for schedule II to V controlled substances (§ 4);
5. prohibiting life insurance and annuity policies or contracts from excluding coverage solely based on an individual having received a prescription for naloxone (an opioid antagonist) (§ 5); and
6. requiring prescribing practitioners who prescribe an opioid drug with more than a (a) seven day supply to include certain

information on the prescription and (b) 12-week supply to establish a treatment agreement with the patient or discuss a care plan for chronic opioid drug use (§§ 6 & 7).

The bill also makes technical and conforming changes.

EFFECTIVE DATE: Various, see below.

§§ 1 & 2 — PHARMACIST CONSULTATIONS

The bill requires, whenever practical and prior to or when dispensing a drug, pharmacists or another pharmacy employee to offer for the pharmacist to counsel a patient on the drug and using it. The requirement does not apply if the (1) person picking up the prescription is not the patient or (2) pharmacist determines it is appropriate to make the consultation offer in writing. A written offer must give the patient the option to communicate in person at the pharmacy or by telephone.

The bill's consultation requirement applies to (1) hospital pharmacies, when dispensing a drug for outpatient use or use by an employee or the employee's spouse or children, and (2) state-licensed pharmacies. The bill specifies that pharmacists are not required to provide counseling if a patient refuses it.

Pharmacists must keep a record for three years of (1) any counseling provided and (2) if a patient refuses counseling, refuses to provide information regarding such counseling, or is unable to accept counseling, such action.

Under current law, pharmacists must make such consultation offers and keep related records only when dispensing prescriptions to Medicaid patients (CGS § 20-620).

EFFECTIVE DATE: October 1, 2019

§ 3 — PHARMACY TECHNICIANS' ACCESS TO CPMRS

By law, prescribing practitioners can designate an agent (e.g., medical assistant or registered nurse) to consult the CPMRS before

writing certain controlled substance prescriptions, as required by law. The bill extends this authority to pharmacists by allowing them to designate a pharmacy technician to consult the CPMRS before dispensing such controlled substance prescriptions. The bill generally subjects these pharmacy technicians and their supervising pharmacists to the same requirements that apply to prescribing practitioners and their agents (e.g., confidentiality and liability for the agent's database misuse).

Under the bill, before designating a pharmacy technician to access the CPMRS, the supervising pharmacist must train the technician in how to do so. The training must designate a pharmacist to ensure such access is confined to what is permitted under the bill and occurs in a manner that protects the confidentiality of patient information. The pharmacist overseeing the pharmacy technician may be subject to disciplinary action for the technician's acts. Additionally, the DCP commissioner may inspect any records documenting that (1) the required training was provided, (2) designated technicians have access to the CPMRS, and (3) patient information is limited as required by law.

The bill also specifies that (1) no one can prohibit, discourage, or impede a designated pharmacy technician from consulting the CPMRS and (2) these technicians cannot disclose any CPMRS requests unless authorized by the state Pharmacy Practice Act or dependency-producing drug laws.

EFFECTIVE DATE: Upon passage

§ 4 — MANUFACTURERS' DUTY TO REPORT CERTAIN DECISIONS TO DCP

The bill requires DCP-registered drug manufacturers and wholesalers to report to the department's Drug Control Division in writing their decision to (1) stop distributing or (2) refuse to distribute a schedule II through V controlled substance to a state-licensed pharmacy or practitioner. (Practitioners include physicians, dentists, veterinarians, and advanced practice registered nurses, among others.)

They must do this within five days after making the decision and include in the report the name and location of the pharmacy or practitioner and the reasons for the decision.

EFFECTIVE DATE: October 1, 2019

§ 5 — OPIOID ANTAGONIST PRESCRIPTION INFORMATION AND LIFE INSURANCE AND ANNUITY POLICIES

Notwithstanding state law, the bill prohibits life insurance or annuity policies or contracts delivered, issued, renewed, or continued in the state from excluding coverage solely based on an individual having received a prescription for naloxone (an opioid antagonist), a naloxone biosimilar, or naloxone generic.

The bill also prohibits related applications, riders, and endorsements to such policies or contracts from excluding coverage solely based on receiving such a prescription.

EFFECTIVE DATE: October 1, 2019

§§ 6 & 7 — PRESCRIBING OPIOIDS

Prescriptions Exceeding a 7-Day Supply

Under the bill, a prescribing practitioner who prescribes a patient more than a seven- day supply of an opioid drug must include on the prescription the reason for its use and a diagnosis or diagnosis code for the patient’s medical condition that is consistent with the most recent International Classification of Diseases.

The bill specifies that (1) the diagnosis information need not be included on the prescription label and (2) pharmacists may fill a prescription even if the prescriber did not provide the required information, if in the pharmacist’s professional opinion, the prescription was written in good faith for the patient’s benefit. Pharmacists may add the reason for use and diagnosis information after consulting with the prescriber.

By law, prescribing practitioners include physicians, dentists, podiatrists, optometrists, physician assistants, advanced practice

registered nurses, nurse-midwives, and veterinarians.

EFFECTIVE DATE: January 1, 2020

Prescriptions Exceeding a 12-Week Supply

The bill requires a prescribing practitioner who prescribes more than a 12-week supply of an opioid drug to treat a patient's pain to (1) establish a treatment agreement with the patient or (2) discuss with the patient a care plan for the chronic use of opioid drugs. Such agreement or plan must include treatment goals, risks of using opioid drugs, urine drug screens, and expectations regarding the continuing treatment of pain with opioids, such as situations requiring the patient to discontinue their use. The agreement or plan must be recorded in the patient's medical record.

EFFECTIVE DATE: October 1, 2019

BACKGROUND

CPMRS

The Prescription Drug Monitoring Program collects prescription data on most controlled substances (i.e., Schedule II-V) in a centralized online database, the CPMRS (CGS § 21a-254(j) & Conn. Agencies Regs. § 21a-254-2 et seq.). The CPMRS seeks to present a complete picture of a patient's controlled substance use to pharmacists and prescribing practitioners, including prescriptions from other practitioners.

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute

Yea 15 Nay 1 (03/21/2019)