



General Assembly

Substitute Bill No. 7159

January Session, 2019



AN ACT ADDRESSING OPIOID USE.

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

1 Section 1. Section 20-614 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2019*):

3 (a) A prescription shall be transmitted in either an oral, written or
4 electronic manner to a pharmacy.

5 (b) Whenever a pharmacy, or an institutional pharmacy in a hospital
6 dispensing a drug or device for outpatient use or dispensing a drug or
7 device that is prescribed for an employee of the hospital or for the
8 employee's spouse or dependent children, receives an oral or
9 electronically-transmitted prescription, except for a controlled drug, as
10 defined in section 21a-240, a record of such prescription shall be
11 maintained in writing or electronically. The pharmacist or pharmacy
12 intern shall, not later than the end of the business day when the
13 prescription was received, record the prescription on a prescription
14 form or in an electronic record including: (1) The name and address of
15 the prescribing practitioner; (2) the date of the prescription; (3) the
16 name, dosage form, strength, where applicable, and the amount of the
17 drug prescribed; (4) the name and address of the patient or, for
18 veterinary prescriptions, the name and address of the owner and the
19 species of the animal; (5) the directions for use; (6) any required

20 cautionary statements; and (7) the number of times the prescription
21 may be refilled, including the use of refill terms "PRN" and "ad lib" in
22 lieu of a specific number of authorized refills.

23 (c) A written prescription shall bear: (1) The written signature of the
24 prescribing practitioner or shall comply with the requirements of
25 section 19a-509c; (2) the address of the practitioner; (3) the date of the
26 prescription; (4) the name, dosage form, strength, where applicable,
27 and amount of the drug prescribed; (5) the name and address of the
28 patient or, for veterinary prescriptions, the name and address of the
29 owner and the species of the animal; (6) the directions for use; (7) any
30 required cautionary statements; and (8) the number of times the
31 prescription may be refilled, including the use of refill terms "PRN"
32 and "ad lib" in lieu of a specific number of authorized refills. No
33 written prescription form for a schedule II substance may contain an
34 order for any other legend drug or device.

35 (d) Prior to or simultaneous with the dispensing of a drug pursuant
36 to subsection (b) of this section, a pharmacist or other employee of the
37 pharmacy shall, whenever practicable, offer for the pharmacist to
38 discuss the drug to be dispensed and to counsel the patient on the
39 usage of the drug, except when the person obtaining the prescription is
40 other than the person named on the prescription form or electronic
41 record or the pharmacist determines it is appropriate to make such
42 offer in writing. Any such written offer shall include an offer to
43 communicate with the patient either in person at the pharmacy or by
44 telephone.

45 (e) Nothing in this section shall be construed to require a pharmacist
46 to provide counseling to a patient who refuses such counseling. The
47 pharmacist shall keep a record of such counseling, any refusal by or
48 inability of the patient to accept counseling or a refusal by the patient
49 to provide information regarding such counseling. Records kept
50 pursuant to this subsection shall be maintained for the same length of
51 time as prescription records are maintained pursuant to section 20-615.

52 [(d)] (f) (1) As used in this subsection, "electronic data intermediary"
53 means an entity that provides the infrastructure that connects the
54 computer systems or other electronic devices utilized by prescribing
55 practitioners with those used by pharmacies in order to facilitate the
56 secure transmission of electronic prescription orders, refill
57 authorization requests, communications and other patient care
58 information between such entities.

59 (2) An electronic data intermediary may transfer electronically
60 transmitted data between a prescribing practitioner licensed and
61 authorized to prescribe and a pharmacy of the patient's choice,
62 licensed pursuant to this chapter or licensed under the laws of any
63 other state or territory of the United States. Electronic data
64 intermediaries shall not alter the transmitted data except as necessary
65 for technical processing purposes. Electronic data intermediaries may
66 archive copies of only that electronic data related to such transmissions
67 necessary to provide for proper auditing and security of such
68 transmissions. Such data shall only be maintained for the period
69 necessary for auditing purposes. Electronic data intermediaries shall
70 maintain patient privacy and confidentiality of all archived
71 information as required by state and federal law.

72 (3) No electronic data intermediary shall operate without the
73 approval of the Commissioner of Consumer Protection. An electronic
74 data intermediary seeking approval shall apply to the Commission of
75 Pharmacy in the manner prescribed by the commissioner. The
76 commissioner, with the advice and assistance of the commission, shall
77 adopt regulations, in accordance with the provisions of chapter 54, to
78 establish criteria for the approval of electronic data intermediaries, to
79 ensure that (A) procedures to be used for the transmission and
80 retention of prescription data by an intermediary, and (B) mechanisms
81 to be used by an intermediary to safeguard the confidentiality of such
82 data, are consistent with the provisions and purposes of this section.

83 Sec. 2. Section 20-612 of the general statutes is repealed and the
84 following is substituted in lieu thereof (*Effective October 1, 2019*):

85 Subject to the provisions of subsection [(d)] (f) of section 20-614, as
86 amended by this act, only a pharmacy shall accept a prescription for
87 dispensing. No employee, personnel or owner of a place of business or
88 establishment not licensed as a pharmacy may accept a prescription for
89 transfer to or for collection for a pharmacy.

90 Sec. 3. Subsection (j) of section 21a-254 of the general statutes is
91 repealed and the following is substituted in lieu thereof (*Effective from*
92 *passage*):

93 (j) (1) The commissioner shall, within available appropriations,
94 establish an electronic prescription drug monitoring program to
95 collect, by electronic means, prescription information for schedules II,
96 III, IV and V controlled substances that are dispensed by pharmacies,
97 nonresident pharmacies, as defined in section 20-627, outpatient
98 pharmacies in hospitals or institutions or by any other dispenser. The
99 program shall be designed to provide information regarding the
100 prescription of controlled substances in order to prevent the improper
101 or illegal use of the controlled substances and shall not infringe on the
102 legitimate prescribing of a controlled substance by a prescribing
103 practitioner acting in good faith and in the course of professional
104 practice.

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

108 (3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as
109 defined in section 20-627, outpatient pharmacy in a hospital or
110 institution and dispenser shall report to the commissioner, at least
111 weekly, by electronic means or, if a pharmacy or outpatient pharmacy
112 does not maintain records electronically, in a format approved by the
113 commissioner, the following information for all controlled substance
114 prescriptions dispensed by such pharmacy or outpatient pharmacy:
115 (A) Dispenser identification number; (B) the date the prescription for
116 the controlled substance was filled; (C) the prescription number; (D)

117 whether the prescription for the controlled substance is new or a refill;
118 (E) the national drug code number for the drug dispensed; (F) the
119 amount of the controlled substance dispensed and the number of days'
120 supply of the controlled substance; (G) a patient identification number;
121 (H) the patient's first name, last name and street address, including
122 postal code; (I) the date of birth of the patient; (J) the date the
123 prescription for the controlled substance was issued by the prescribing
124 practitioner and the prescribing practitioner's Drug Enforcement
125 Agency's identification number; and (K) the type of payment.

126 (4) (A) Except as provided in this subdivision, on and after July 1,
127 2016, each pharmacy, nonresident pharmacy, as defined in section 20-
128 627, outpatient pharmacy in a hospital or institution, and dispenser
129 shall report to the commissioner by electronic means, in a format
130 approved by the commissioner, the following information for all
131 controlled substance prescriptions dispensed by such pharmacy or
132 outpatient pharmacy immediately upon, but in no event later than the
133 next business day after, dispensing such prescriptions: (i) Dispenser
134 identification number; (ii) the date the prescription for the controlled
135 substance was filled; (iii) the prescription number; (iv) whether the
136 prescription for the controlled substance is new or a refill; (v) the
137 national drug code number for the drug dispensed; (vi) the amount of
138 the controlled substance dispensed and the number of days' supply of
139 the controlled substance; (vii) a patient identification number; (viii) the
140 patient's first name, last name and street address, including postal
141 code; (ix) the date of birth of the patient; (x) the date the prescription
142 for the controlled substance was issued by the prescribing practitioner
143 and the prescribing practitioner's Drug Enforcement Agency's
144 identification number; and (xi) the type of payment.

145 (B) If the electronic prescription drug monitoring program is not
146 operational, such pharmacy or dispenser shall report the information
147 described in this subdivision not later than the next business day after
148 regaining access to such program. For purposes of this subdivision,
149 "business day" means any day during which the pharmacy is open to

150 the public.

151 (C) Each veterinarian, licensed pursuant to chapter 384, who
152 dispenses a controlled substance prescription shall report to the
153 commissioner the information described in subparagraph (A) of this
154 subdivision, at least weekly, by electronic means or, if the veterinarian
155 does not maintain records electronically, in a format approved by the
156 commissioner.

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

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

167 (7) The commissioner shall provide, upon request, controlled
168 substance prescription information obtained in accordance with
169 subdivisions (3) and (4) of this subsection to the following: (A) The
170 prescribing practitioner or such practitioner's authorized agent, who is
171 treating or has treated a specific patient, provided the information is
172 obtained for purposes related to the treatment of the patient, including
173 the monitoring of controlled substances obtained by the patient; (B) the
174 prescribing practitioner with whom a patient has made contact for the
175 purpose of seeking medical treatment or such practitioner's authorized
176 agent, provided the request is accompanied by a written consent,
177 signed by the prospective patient, for the release of controlled
178 substance prescription information; or (C) the pharmacist who is
179 dispensing controlled substances for a patient, or such pharmacist's
180 authorized pharmacy technician, provided the information is obtained
181 for purposes related to the scope of the pharmacist's practice and

182 management of the patient's drug therapy, including the monitoring of
183 controlled substances obtained by the patient. The prescribing
184 practitioner, such practitioner's authorized agent, [or] the pharmacist
185 or such pharmacist's authorized pharmacy technician shall submit a
186 written and signed request to the commissioner for controlled
187 substance prescription information. Such prescribing practitioner, [or]
188 pharmacist or pharmacist's authorized pharmacy technician shall not
189 disclose any such request except as authorized pursuant to sections 20-
190 570 to 20-630, inclusive, or sections 21a-240 to 21a-283, inclusive.

191 (8) No person or employer shall prohibit, discourage or impede a
192 prescribing practitioner, [or] pharmacist or pharmacist's authorized
193 pharmacy technician from requesting controlled substance
194 prescription information pursuant to this subsection.

195 (9) Prior to prescribing greater than a seventy-two-hour supply of
196 any controlled substance to any patient, the prescribing practitioner or
197 such practitioner's authorized agent shall review the patient's records
198 in the electronic prescription drug monitoring program established
199 pursuant to this subsection. Whenever a prescribing practitioner
200 prescribes a controlled substance, other than a schedule V nonnarcotic
201 controlled substance, for the continuous or prolonged treatment of any
202 patient, such prescriber, or such prescriber's authorized agent, shall
203 review, not less than once every ninety days, the patient's records in
204 such prescription drug monitoring program. Whenever a prescribing
205 practitioner prescribes a schedule V nonnarcotic controlled substance,
206 for the continuous or prolonged treatment of any patient, such
207 prescribing practitioner, or such prescribing practitioner's authorized
208 agent, shall review, not less than annually, the patient's records in such
209 prescription drug monitoring program. If such electronic prescription
210 drug monitoring program is not operational, such prescribing
211 practitioner may prescribe greater than a seventy-two-hour supply of a
212 controlled substance to a patient during the time of such program's
213 inoperability, provided such prescribing practitioner or such
214 authorized agent reviews the records of such patient in such program

215 not more than twenty-four hours after regaining access to such
216 program.

217 (10) (A) A prescribing practitioner may designate an authorized
218 agent to review the electronic prescription drug monitoring program
219 and patient controlled substance prescription information on behalf of
220 the prescribing practitioner. The prescribing practitioner shall ensure
221 that any authorized agent's access to such program and patient
222 controlled substance prescription information is limited to the
223 purposes described in this section and occurs in a manner that protects
224 the confidentiality of information that is accessed through such
225 program. The prescribing practitioner and any authorized agent shall
226 be subject to the provisions of 45 CFR 164.308, as amended from time
227 to time, concerning administrative safeguards for the protection of
228 electronic protected health information. A prescribing practitioner may
229 [receive] be subject to disciplinary action for acts of the authorized
230 agent as provided in section 21a-322.

231 (B) Notwithstanding the provisions of subparagraph (A) of this
232 subdivision, a prescribing practitioner who is employed by or provides
233 professional services to a hospital shall, prior to designating an
234 authorized agent to review the electronic prescription drug monitoring
235 program and patient controlled substance prescription information on
236 behalf of the prescribing practitioner, (i) submit a request to designate
237 one or more authorized agents for such purposes and a written
238 protocol for oversight of the authorized agent or agents to the
239 commissioner, in the form and manner prescribed by the
240 commissioner, and (ii) receive the commissioner's approval to
241 designate such authorized agent or agents and of such written
242 protocol. Such written protocol shall designate either the hospital's
243 medical director, a hospital department head, who is a prescribing
244 practitioner, or another prescribing practitioner as the person
245 responsible for ensuring that the authorized agent's or agents' access to
246 such program and patient controlled substance prescription
247 information is limited to the purposes described in this section and

248 occurs in a manner that protects the confidentiality of information that
249 is accessed through such program. A hospital medical director, a
250 hospital department head, who is a prescribing practitioner, or another
251 prescribing practitioner designated as the person responsible for
252 overseeing an authorized agent's or agents' access to such program
253 and information in the written protocol approved by the commissioner
254 may [receive] be subject to disciplinary action for acts of the authorized
255 agent or agents as provided in section 21a-322. The commissioner may
256 inspect hospital records to determine compliance with written
257 protocols approved in accordance with this section.

258 (C) A pharmacist may designate a pharmacy technician to access the
259 electronic prescription drug monitoring program and patient
260 controlled substance prescription information on behalf of the
261 pharmacist only for the purposes of facilitating the pharmacist's
262 review of such patient information. The pharmacist shall ensure that
263 any such pharmacy technician's access to such program and patient
264 controlled substance prescription information is limited to the
265 purposes described in this section and occurs in a manner that protects
266 the confidentiality of information that is accessed through such
267 program. The pharmacist and any authorized pharmacy technician
268 shall be subject to the provisions of 45 CFR 164.308, as amended from
269 time to time, concerning administrative safeguards for the protection
270 of electronic protected health information. A pharmacist may be
271 subject to disciplinary action for acts of the authorized pharmacy
272 technician.

273 (D) Prior to designating a pharmacy technician to access the
274 electronic prescription drug monitoring program and patient
275 controlled substance prescription information on behalf of the
276 pharmacist, the supervising pharmacist shall provide training for the
277 authorized pharmacy technicians. Such training shall designate a
278 pharmacist as the person responsible for ensuring that the authorized
279 pharmacy technician's access to such program and patient controlled
280 substance prescription information is limited to the purposes described

281 in this section and occurs in a manner that protects the confidentiality
282 of information that is accessed through such program. A pharmacist
283 designated as the person responsible for overseeing the pharmacy
284 technician's access to such program may be subject to disciplinary
285 action for acts of the authorized pharmacy technician. The
286 commissioner may inspect records to document pharmacy technician
287 training, that pharmacy technicians have access to the program and
288 that patient controlled substance prescription information has been
289 limited in accordance with the provisions of this section.

290 (11) The commissioner shall adopt regulations, in accordance with
291 chapter 54, concerning the reporting, evaluation, management and
292 storage of electronic controlled substance prescription information.

293 (12) The provisions of this section shall not apply to (A) samples of
294 controlled substances dispensed by a physician to a patient, or (B) any
295 controlled substances dispensed to hospital inpatients.

296 (13) The provisions of this section shall not apply to any
297 institutional pharmacy or pharmacist's drug room operated by a
298 facility, licensed under section 19a-495 and regulations adopted
299 pursuant to said section 19a-495, that dispenses or administers directly
300 to a patient an opioid agonist for treatment of a substance use disorder.

301 (14) The commissioner may provide controlled substance
302 prescription information obtained in accordance with subdivisions (3)
303 and (4) of this subsection to other state agencies, pursuant to an
304 agreement between the commissioner and the head of such agency,
305 provided the information is obtained for a study of disease prevention
306 and control related to opioid abuse or the study of morbidity and
307 mortality caused by overdoses of controlled substances. The provision
308 of such information shall be in accordance with all applicable state and
309 federal confidentiality requirements.

310 (15) Nothing in this section shall prohibit a prescribing practitioner
311 or such prescribing practitioner's authorized agent from disclosing

312 controlled substance prescription information submitted pursuant to
313 subdivisions (3) and (4) of this subsection to the Department of Social
314 Services for the purposes of administering any of said department's
315 medical assistance programs.

316 Sec. 4. Subsection (i) of section 21a-70 of the general statutes is
317 repealed and the following is substituted in lieu thereof (*Effective*
318 *October 1, 2019*):

319 (i) (1) Each registered manufacturer or wholesaler of drugs shall
320 operate a system to identify suspicious orders of controlled substances
321 and shall immediately inform the Director of the Drug Control
322 Division of suspicious orders. Suspicious orders include, but are not
323 limited to, orders of unusual size, orders deviating substantially from a
324 normal pattern and orders of unusual frequency. Each registered
325 manufacturer or wholesaler of drugs shall also send the Drug Control
326 Division a copy of any suspicious activity reporting submitted to the
327 federal Drug Enforcement Administration pursuant to 21 CFR 1301.74.

328 (2) Each registered manufacturer or wholesaler of drugs that ceases
329 or declines distribution of a schedule II, III, IV or V controlled
330 substance to a pharmacy, as defined in section 20-594, or to the
331 practitioner, as defined in section 21a-316, in the state of Connecticut
332 shall report the name of the pharmacy or practitioner, location of the
333 pharmacy or practitioner and the reasons for ceasing or declining
334 distribution of such controlled substance in writing to the Director of
335 the Drug Control Division not later than five business days after
336 ceasing or declining distribution of such controlled substance.

337 Sec. 5. (NEW) (*Effective October 1, 2019*) Notwithstanding any
338 provision of the general statutes, no life insurance or annuity policy or
339 contract shall be delivered, issued for delivery, renewed or continued
340 in this state that excludes coverage solely on the basis of receipt of a
341 prescription for naloxone, commonly referred to as an opioid
342 antagonist, or any naloxone biosimilar or naloxone generic, nor shall
343 any application, rider or endorsement to such policy or contract be

344 used in connection therewith that excludes coverage solely on the basis
345 of receipt of such a prescription, biosimilar or generic.

346 Sec. 6. (NEW) (*Effective January 1, 2020*) When a prescribing
347 practitioner, as defined in section 20-14c of the general statutes,
348 prescribes an opioid drug, as defined in section 20-14o of the general
349 statutes, to be dispensed from a pharmacy, as licensed pursuant to
350 section 20-594 of the general statutes, for human use, for greater than a
351 seven-day supply based on the directions for use, the prescribing
352 practitioner shall include on the prescription the reason for use,
353 diagnosis or a diagnosis code, consistent with the most recent edition
354 of the International Classification of Diseases, for the medical
355 condition being treated for the patient who was issued the
356 prescription. Nothing in this section shall prevent the pharmacist from
357 filling a prescription without the reason for use, diagnosis or diagnosis
358 code, if, in the pharmacist's professional opinion, the prescription was
359 written in good faith and for the benefit of the patient or require the
360 diagnosis information to be included on the label of the prescription. A
361 pharmacist may add the reason for use, diagnosis or diagnosis code
362 information after consultation with the prescribing practitioner.

363 Sec. 7. (NEW) (*Effective October 1, 2019*) A prescribing practitioner, as
364 defined in section 20-14c of the general statutes, who prescribes an
365 opioid drug, as defined in section 20-14o of the general statutes, for the
366 treatment of pain for a patient for a duration greater than twelve
367 weeks shall establish a treatment agreement with the patient or discuss
368 a care plan for the chronic use of opioids with the patient. The
369 treatment agreement or care plan shall, at a minimum, include
370 treatment goals, risks of using opioids, urine drug screens and
371 expectations regarding the continuing treatment of pain with opioids,
372 such as situations requiring discontinuation of opioid treatment. A
373 record of the treatment agreement or care plan shall be recorded in the
374 patient's medical record.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	20-614
Sec. 2	<i>October 1, 2019</i>	20-612
Sec. 3	<i>from passage</i>	21a-254(j)
Sec. 4	<i>October 1, 2019</i>	21a-70(i)
Sec. 5	<i>October 1, 2019</i>	New section
Sec. 6	<i>January 1, 2020</i>	New section
Sec. 7	<i>October 1, 2019</i>	New section

GL *Joint Favorable Subst.*

PH *Joint Favorable*