

General Law Committee JOINT FAVORABLE REPORT

Bill No.: SB-895

Title: AN ACT CONCERNING CHANGES TO VARIOUS PHARMACY STATUTES.

Vote Date: 3/23/2021

Vote Action: Joint Favorable Substitute

PH Date: 2/25/2021

File No.: 361

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SPONSORS OF BILL:

General Law Committee

REASONS FOR BILL:

The Pharmacy Statutes need changing in view of the last year and the Covid-19 pandemic. This bill modernizes various pharmacy statutes in the state of Connecticut. The bill does not change pharmacist scope of practice but eliminates outdated administrative burdens and provides more access to information and updated reporting requirements that keep pace with technology. The bill also has the potential to drive down healthcare costs as it provides clarity to authority pharmacists, as well as the integration of pharmacists into collaborative chronic care teams improves patient health outcomes. The bill allows for automated prescription dispensing machines in nursing homes, providing more timely access for the nursing home teams.

JFS LANGUAGE:

Multiple technical changes and consolidating definition sections including syringe programs with disposal locked containers, excluding veterinarians from section 5 along with methadone clinic conflicts.

RESPONSE FROM ADMINISTRATION/AGENCY:

Michelle Seagull, Commissioner, Department of Consumer Protection testified on the bill. Section 1 and 2 allows for automated prescription dispensing machines in nursing homes. The language in section 3 permits registered syringe programs. Sections 4 and 5

modifies collaborative drug therapy statutes to enhance patient care and reduce administrative burdens. The intent of section 6 is to permit methadone and other controlled substances medication to be uploaded to the Connecticut Prescription Monitoring and Reporting System. Section 6 as currently drafted needs to be amended because it conflicts with the Section 21a-254(j)(13) of the Connecticut General Statutes.

NATURE AND SOURCES OF SUPPORT:

Connecticut State Medical Society provided testimony on the bill. As physicians caring for patients in Connecticut we need access to the most robust patient information. This bill modifies Connecticut laws on mandated PDMP reporters and requires OTP to report methadone and buprenorphine dispensing. Omitting dispensing data can lead to potentially dangerous adverse events for patients. We acknowledge the privacy concerns however the disclosure of dispensing data by OTP's would be contingent on patient consent so any negative impact on patient confidentiality would be small.

Dr. Mehul Dalal, Community Services Administrator, City of New Haven submitted testimony in support of the bill. Dispensing units are a critical tool in strengthening our HIV and overdose prevention efforts in New Haven. Overdose deaths have been rising in New Haven and expanding access to naloxone is essential. We need to explore every tool available to help our community avoid preventable HIV transmission. Harm reduction dispensing units are an innovated extension of SSP service delivery and they offer the opportunity for service delivery after traditional work hours.

Jody Fenelon, RPh VP Compliance-Partners Pharmacy Connecticut submitted testimony in support of the bill. Section 2 (a and b) expedites the opportunity to implement use of the automated prescription dispensing machines in long term care facilities with a significant benefit in the care of the residents. The benefits will be safety, accuracy, medication availability, infection control, cost control and diversion prevention.

Phillip Hritcko, UConn School of Pharmacy supports the bill. The bill does not change pharmacist scope of practice but eliminates outdated administrative burdens. The 30-day reporting requirement is obsolete and impractical but this bill will maintain pace with technology.

Dr. Fredrick Altice, Professor, Yale School of Medicine submitted testimony in support of the bill. Section 3 (c) enables NHSSP to respond to the critical needs to increase access to harm reduction services. We will be purchasing dispensing machines to distribute these harm reduction service kits. We want to make them available in three diverse neighborhoods in the New Haven area that is most profoundly impacted by opioids. Only NHSSP participants will have access by a unique swipe card or code to retrieve items. The public will not be able to access the machines unless they are enrolled in the program.

Sean Jeffery, Director, Clinical Pharmacy Services, Hartford HealthCare, testified in support of the bill. Collaborative drug therapy (CDT) managements as outlined in section 5 of the bill are formal partnerships between physicians and a pharmacist. We urge the statute be updated to establish CDT protocols based on conditions, diseases and practice settings. The

Veterans Health Administration has been using this model for many decades. "Deprescribing" and "polypharmacy" in section 4 of the bill need to have broader definitions.

Nathan Tinker, CEO, Connecticut Pharmacists Association provided testimony in support of the bill. This bill has the potential to drive down healthcare costs because it provides clarity and definition to authority pharmacists. The critical role that medication management plays suggests that the integration of pharmacists into chronic-care delivery teams improves health outcomes.

Michelle Byram, Katherine Czarnowski, Vincent Do, Karen Gleason, Jenna Lee, Darren Luon, Steph Luon, Amanda Orabone, Kent Owusu, Maria Renauer and Amanda Williams all licensed pharmacist in the state of Connecticut submitted testimony in support of the bill.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Veterinary Medical Association submitted testimony against the bill. Veterinarians are considered dispensers and come under the same requirements for opioids. We respectfully request that the committee consider adding language to exempt veterinarians.

Reported by: Pamela Bianca

March 25, 2021