



House of Representatives

General Assembly

File No. 179

February Session, 2022

Substitute House Bill No. 5223

House of Representatives, March 29, 2022

The Committee on General Law reported through REP. D'AGOSTINO of the 91st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT EXPANDING THE PROFESSIONAL ASSISTANCE PROGRAM FOR REGULATED PROFESSIONS TO INCLUDE PHARMACISTS.

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

1 Section 1. Section 19a-12a of the 2022 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

4 (a) As used in this section and section 19a-12b, as amended by this
5 act:

6 (1) "Chemical dependency" means abusive or excessive use of drugs,
7 including alcohol, narcotics or chemicals, that results in physical or
8 psychological dependence;

9 [(2) "Department" means the Department of Public Health;]

10 [(3)] (2) "Health care professionals" includes any person licensed or
11 who holds a permit or registration pursuant to chapter 370, 372, 373, 375,
12 375a, 376, 376a, 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 382a, 383,

13 383a, 383b, 383c, 384, 384a, 384b, 384c, 384d, 385, 398, [or] 399 or 400;

14 [(4)] (3) "Medical review committee" means any committee that
15 reviews and monitors participation by health care professionals in the
16 assistance program, including a medical review committee described in
17 section 19a-17b; [and]

18 [(5)] (4) "Assistance program" means the program established
19 pursuant to subsection (b) of this section to provide education,
20 prevention, intervention, referral assistance, rehabilitation or support
21 services to health care professionals who have a chemical dependency,
22 emotional or behavioral disorder or physical or mental illness; and

23 (5) "Pharmacist" has the same meaning as provided in section 20-571.

24 (b) State or local professional societies or membership organizations
25 of health care professionals or any combination thereof, may establish a
26 single assistance program to serve all health care professionals,
27 provided the assistance program (1) operates in compliance with the
28 provisions of this section, and (2) includes one or more medical review
29 committees that comply with the applicable provisions of subsections
30 (c) to (f), inclusive, of this section. The program shall (A) be an
31 alternative, voluntary and confidential opportunity for the
32 rehabilitation of health care professionals and persons who have
33 applied to become health care professionals, and (B) include mandatory,
34 periodic evaluations of each participant's ability to practice with skill
35 and safety and without posing a threat to the health and safety of any
36 person or patient in the health care setting.

37 (c) Prior to admitting a health care professional into the assistance
38 program, a medical review committee shall (1) determine if the health
39 care professional is an appropriate candidate for rehabilitation and
40 participation in the program, and (2) establish the participant's terms
41 and conditions for participating in the program. No action taken by the
42 medical review committee pursuant to this subsection shall be
43 construed as the practice of medicine or mental health care.

44 (d) A medical review committee shall not admit into the assistance
45 program any health care professional who has pending disciplinary
46 charges, prior history of disciplinary action or a consent order by any
47 professional licensing or disciplinary body or has been charged with or
48 convicted of a felony under the laws of this state, or of an offense that, if
49 committed within this state, would constitute a felony. A medical
50 review committee shall refer such health care professional to the
51 [department] Department of Public Health, or, if such health care
52 professional is a pharmacist, the Department of Consumer Protection,
53 and shall submit to the [department] Department of Public Health or
54 Department of Consumer Protection, as applicable, all records and files
55 maintained by the assistance program concerning such health care
56 professional. Upon such referral, the [department] Department of Public
57 Health or Department of Consumer Protection, as applicable, shall
58 determine if the health care professional is eligible to participate in the
59 assistance program and whether such participation should be treated as
60 confidential pursuant to subsection (h) of this section. The [department]
61 Department of Public Health or Department of Consumer Protection, as
62 applicable, may seek the advice of professional health care societies or
63 organizations and the assistance program in determining what
64 intervention, referral assistance, rehabilitation or support services are
65 appropriate for such health care professional. If the [department]
66 Department of Public Health or Department of Consumer Protection, as
67 applicable, determines that the health care professional is an
68 appropriate candidate for confidential participation in the assistance
69 program, the entire record of the referral and investigation of the health
70 care professional shall be confidential and shall not be disclosed, except
71 at the request of the health care professional, for the duration of the
72 health care professional's participation in and upon successful
73 completion of the program, provided such participation is in accordance
74 with terms agreed upon by the [department] Department of Public
75 Health or Department of Consumer Protection, as applicable, the health
76 care professional and the assistance program.

77 (e) Any health care professional participating in the assistance
78 program shall immediately notify the assistance program upon (1) being

79 made aware of the filing of any disciplinary charges or the taking of any
80 disciplinary action against such health care professional by a
81 professional licensing or disciplinary body, or (2) being charged with or
82 convicted of a felony under the laws of this state, or of an offense that, if
83 committed within this state, would constitute a felony. The assistance
84 program shall regularly review available sources to determine if
85 disciplinary charges have been filed, or disciplinary action has been
86 taken, or felony charges have been filed or substantiated against any
87 health care professional who has been admitted to the assistance
88 program. Upon such notification, the assistance program shall refer
89 such health care professional to the [department] Department of Public
90 Health, or, if such health care professional is a pharmacist, the
91 Department of Consumer Protection, and shall submit to the
92 [department] Department of Public Health or Department of Consumer
93 Protection, as applicable, all records and files maintained by the
94 assistance program concerning such health care professional. Upon
95 such referral, the [department] Department of Public Health or
96 Department of Consumer Protection, as applicable, shall determine if
97 the health care professional is eligible to continue participating in the
98 assistance program and whether such participation should be treated as
99 confidential in accordance with subsection (h) of this section. The
100 [department] Department of Public Health or Department of Consumer
101 Protection, as applicable, may seek the advice of professional health care
102 societies or organizations and the assistance program in determining
103 what intervention, referral assistance, rehabilitation or support services
104 are appropriate for such health care professional. If the [department]
105 Department of Public Health or Department of Consumer Protection, as
106 applicable, determines that the health care professional is an
107 appropriate candidate for confidential participation in the assistance
108 program, the entire record of the referral and investigation of the health
109 care professional shall be confidential and shall not be disclosed, except
110 at the request of the health care professional, for the duration of the
111 health care professional's participation in and upon successful
112 completion of the program, provided such participation is in accordance
113 with terms agreed upon by the [department] Department of Public

114 Health or Department of Consumer Protection, as applicable, the health
115 care professional and the assistance program.

116 (f) A medical review committee shall not admit into the assistance
117 program any health care professional who is alleged to have harmed a
118 patient. Upon being made aware of such allegation of harm a medical
119 review committee and the assistance program shall refer such health
120 care professional to the [department] Department of Public Health, or,
121 if such health care professional is a pharmacist, the Department of
122 Consumer Protection, and shall submit to the [department] Department
123 of Public Health or Department of Consumer Protection, as applicable,
124 all records and files maintained by the assistance program concerning
125 such health care professional. Such referral may include
126 recommendations as to what intervention, referral assistance,
127 rehabilitation or support services are appropriate for such health care
128 professional. Upon such referral, the [department] Department of Public
129 Health or Department of Consumer Protection, as applicable, shall
130 determine if the health care professional is eligible to participate in the
131 assistance program and whether such participation should be provided
132 in a confidential manner in accordance with the provisions of subsection
133 (h) of this section. The [department] Department of Public Health or
134 Department of Consumer Protection, as applicable, may seek the advice
135 of professional health care societies or organizations and the assistance
136 program in determining what intervention, referral assistance,
137 rehabilitation or support services are appropriate for such health care
138 professional. If the [department] Department of Public Health or
139 Department of Consumer Protection, as applicable, determines that the
140 health care professional is an appropriate candidate for confidential
141 participation in the assistance program, the entire record of the referral
142 and investigation of the health care professional shall be confidential
143 and shall not be disclosed, except at the request of the health care
144 professional, for the duration of the health care professional's
145 participation in and upon successful completion of the program,
146 provided such participation is in accordance with terms agreed upon by
147 the [department] Department of Public Health or Department of
148 Consumer Protection, as applicable, the health care professional and the

149 assistance program.

150 (g) The assistance program shall report annually to the appropriate
151 professional licensing board or commission or, in the absence of such
152 board or commission, to either the Department of Public Health or, in
153 the case of pharmacists, the Department of Consumer Protection on (1)
154 the number of health care professionals participating in the assistance
155 program who are under the jurisdiction of such board or commission
156 or, in the absence of such board or commission, under the jurisdiction
157 of either the [department,] Department of Public Health or, in the case
158 of pharmacists, the Department of Consumer Protection, (2) the
159 purposes for participating in the assistance program, and (3) whether
160 participants are practicing health care with skill and safety and without
161 posing a threat to the health and safety of any person or patient in the
162 health care setting. Annually, on or before December thirty-first, the
163 assistance program shall report such information to the joint standing
164 [committee] committees of the General Assembly having cognizance of
165 matters relating to public health and consumer protection, in
166 accordance with the provisions of section 11-4a.

167 (h) (1) All information given or received in connection with any
168 intervention, rehabilitation, referral assistance or support services
169 provided by the assistance program pursuant to this section, including
170 the identity of any health care professional seeking or receiving such
171 intervention, rehabilitation, referral assistance or support services shall
172 be confidential and shall not be disclosed (A) to any third person or
173 entity, unless disclosure is reasonably necessary for the accomplishment
174 of the purposes of such intervention, rehabilitation, referral assistance
175 or support services or for the accomplishment of an audit in accordance
176 with subsection (l) of this section, or (B) in any civil or criminal case or
177 proceeding or in any legal or administrative proceeding, unless the
178 health care professional seeking or obtaining intervention,
179 rehabilitation, referral assistance or support services waives the
180 confidentiality privilege under this subsection or unless disclosure is
181 otherwise required by law. Unless a health care professional waives the
182 confidentiality privilege under this subsection or disclosure is otherwise

183 required by law, no person in any civil or criminal case or proceeding
184 or in any legal or administrative proceeding may request or require any
185 information given or received in connection with the intervention,
186 rehabilitation, referral assistance or support services provided pursuant
187 to this section.

188 (2) The proceedings of a medical review committee shall not be
189 subject to discovery or introduced into evidence in any civil action for
190 or against a health care professional arising out of matters that are
191 subject to evaluation and review by such committee, and no person who
192 was in attendance at such proceedings shall be permitted or required to
193 testify in any such civil action as to the content of such proceedings.
194 Nothing in this subdivision shall be construed to preclude (A) in any
195 civil action, the use of any writing recorded independently of such
196 proceedings; (B) in any civil action, the testimony of any person
197 concerning such person's knowledge, acquired independently of such
198 proceedings, about the facts that form the basis for the instituting of
199 such civil action; (C) in any civil action arising out of allegations of
200 patient harm caused by health care services rendered by a health care
201 professional who, at the time such services were rendered, had been
202 requested to refrain from practicing or whose practice of medicine or
203 health care was restricted, the disclosure of such request to refrain from
204 practicing or such restriction; or (D) in any civil action against a health
205 care professional, disclosure of the fact that a health care professional
206 participated in the assistance program, the dates of participation, the
207 reason for participation and confirmation of successful completion of
208 the program, provided a court of competent jurisdiction has determined
209 that good cause exists for such disclosure after (i) notification to the
210 health care professional of the request for such disclosure, and (ii) a
211 hearing concerning such disclosure at the request of any party, and
212 provided further, the court imposes appropriate safeguards against
213 unauthorized disclosure or publication of such information.

214 (3) Nothing in this subsection shall be construed to prevent the
215 assistance program from disclosing information in connection with
216 administrative proceedings related to the imposition of disciplinary

217 action against any health care professional referred to the [department]
218 Department of Public Health or Department of Consumer Protection, as
219 applicable, by the assistance program pursuant to subsection (d), (e), (f)
220 or (i) of this section or by the Professional Assistance Oversight
221 Committee pursuant to subsection (e) of section 19a-12b, as amended by
222 this act.

223 (i) If at any time, (1) the assistance program determines that a health
224 care professional is not able to practice with skill and safety or poses a
225 threat to the health and safety of any person or patient in the health care
226 setting and the health care professional does not refrain from practicing
227 health care or fails to participate in a recommended program of
228 rehabilitation, or (2) a health care professional who has been referred to
229 the assistance program fails to comply with terms or conditions of the
230 program or refuses to participate in the program, the assistance program
231 shall refer the health care professional to the [department] Department
232 of Public Health, or, if such health care professional is a pharmacist, the
233 Department of Consumer Protection, and shall submit to the
234 [department] Department of Public Health or Department of Consumer
235 Protection, as applicable, all records and files maintained by the
236 assistance program concerning such health care professional. Upon
237 such referral, the [department] Department of Public Health or
238 Department of Consumer Protection, as applicable, shall determine if
239 the health care professional is eligible to participate in the assistance
240 program and whether such participation should be provided in a
241 confidential manner in accordance with the provisions of subsection (h)
242 of this section. The [department] Department of Public Health or
243 Department of Consumer Protection, as applicable, may seek the advice
244 of professional health care societies or organizations and the assistance
245 program in determining what intervention, rehabilitation, referral
246 assistance or support services are appropriate for such health care
247 professional. If the [department] Department of Public Health or
248 Department of Consumer Protection, as applicable, determines that the
249 health care professional is an appropriate candidate for confidential
250 participation in the assistance program, the entire record of the referral
251 and investigation of the health care professional shall be confidential

252 and shall not be disclosed, except at the request of the health care
253 professional, for the duration of the health care professional's
254 participation in and upon successful completion of the program,
255 provided such participation is in accordance with terms agreed upon by
256 the [department] Department of Public Health or Department of
257 Consumer Protection, as applicable, the health care professional and the
258 assistance program.

259 (j) (1) Any physician, hospital or state or local professional society or
260 organization of health care professionals that refers a physician for
261 intervention to the assistance program shall be deemed to have satisfied
262 the obligations imposed on the person or organization pursuant to
263 subsection (a) of section 20-13d, with respect to a physician's inability to
264 practice medicine with reasonable skill or safety due to chemical
265 dependency, emotional or behavioral disorder or physical or mental
266 illness.

267 (2) Any physician, physician assistant, hospital or state or local
268 professional society or organization of health care professionals that
269 refers a physician assistant for intervention to the assistance program
270 shall be deemed to have satisfied the obligations imposed on the person
271 or organization pursuant to subsection (a) of section 20-12e, with respect
272 to a physician assistant's inability to practice with reasonable skill or
273 safety due to chemical dependency, emotional or behavioral disorder or
274 physical or mental illness.

275 (k) The assistance program established pursuant to subsection (b) of
276 this section shall meet with the Professional Assistance Oversight
277 Committee established under section 19a-12b, as amended by this act,
278 on a regular basis, but not less than four times each year.

279 (l) On or before November 1, 2007, and annually thereafter, the
280 assistance program shall select a person determined to be qualified by
281 the assistance program and the [department] Department of Public
282 Health to conduct an audit on the premises of the assistance program
283 for the purpose of examining quality control of the program and
284 compliance with all requirements of this section. On or after November

285 1, 2011, the [department] Department of Public Health, with the
286 agreement of the Professional Assistance Oversight Committee
287 established under section 19a-12b, as amended by this act, may waive
288 the audit requirement, in writing. Any audit conducted pursuant to this
289 subsection shall consist of a random sampling of at least twenty per cent
290 of the assistance program's files or ten files, whichever is greater. Prior
291 to conducting the audit, the auditor shall agree in writing (1) not to copy
292 any program files or records, (2) not to remove any program files or
293 records from the premises, (3) to destroy all personally identifying
294 information about health care professionals participating in the
295 assistance program upon the completion of the audit, (4) not to disclose
296 personally identifying information about health care professionals
297 participating in the program to any person or entity other than a person
298 employed by the assistance program who is authorized by such
299 program to receive such disclosure, and (5) not to disclose in any audit
300 report any personally identifying information about health care
301 professionals participating in the assistance program. Upon completion
302 of the audit, the auditor shall submit a written audit report to the
303 assistance program, the [department] Department of Public Health, the
304 Professional Assistance Oversight Committee established under section
305 19a-12b, as amended by this act, and the joint standing [committee]
306 committees of the General Assembly having cognizance of matters
307 relating to public health and consumer protection, in accordance with
308 the provisions of section 11-4a.

309 Sec. 2. Subsections (a) to (e), inclusive, of section 19a-12b of the
310 general statutes are repealed and the following is substituted in lieu
311 thereof (*Effective from passage*):

312 (a) The Department of Public Health shall establish a Professional
313 Assistance Oversight Committee for the assistance program. Such
314 committee's duties shall include, but not be limited to, overseeing
315 quality assurance. The oversight committee shall consist of the
316 following members: (1) Three members selected by the [department]
317 Department of Public Health, who are health care professionals with
318 training and experience in mental health or addiction services, (2) three

319 members selected by the assistance program, who are not employees,
320 board or committee members of the assistance program and who are
321 health care professionals with training and experience in mental health
322 or addiction services, and (3) one member selected by the Department
323 of Mental Health and Addiction Services who is a health care
324 professional.

325 (b) The assistance program shall provide administrative support to
326 the oversight committee.

327 (c) Beginning January 1, 2008, the oversight committee shall meet
328 with the assistance program on a regular basis, but not fewer than four
329 times each year.

330 (d) The oversight committee may request and shall be entitled to
331 receive copies of files or such other assistance program records it deems
332 necessary, provided all information pertaining to the identity of any
333 health care professional shall first be redacted by the assistance
334 program. No member of the oversight committee may copy, retain or
335 maintain any such redacted records. If the oversight committee
336 determines that a health care professional is not able to practice with
337 skill and safety or poses a threat to the health and safety of any person
338 or patient in the health care setting, and the health care professional has
339 not refrained from practicing health care or has failed to comply with
340 terms or conditions of participation in the assistance program, the
341 oversight committee shall notify the assistance program to refer the
342 health care professional to the [department] Department of Public
343 Health, or, if such health care professional is a pharmacist, the
344 Department of Consumer Protection. Upon such notification, the
345 assistance program shall refer the health care professional to the
346 [department] Department of Public Health or Department of Consumer
347 Protection, as applicable, in accordance with the provisions of
348 subsection (i) of section 19a-12a, as amended by this act.

349 (e) (1) If, at any time, the oversight committee determines that the
350 assistance program (A) has not acted in accordance with the provisions
351 of this section or section 19a-12a, as amended by this act, or (B) requires

352 remedial action based upon the audit performed under subsection (l) of
353 section 19a-12a, as amended by this act, the oversight committee shall
354 notify the assistance program of such determination, in writing, not later
355 than thirty days after such determination.

356 (2) The assistance program shall develop and submit to the oversight
357 committee a corrective action plan addressing such determination not
358 later than thirty days after the date of such notification. The assistance
359 program may seek the advice and assistance of the oversight committee
360 in developing the corrective action plan. Upon approval of the
361 corrective action plan by the oversight committee, the oversight
362 committee shall provide a copy of the approved plan to the assistance
363 program, [and the department] the Department of Public Health and the
364 Department of Consumer Protection.

365 (3) If the assistance program fails to comply with the corrective action
366 plan, the oversight committee may amend the plan or direct the
367 assistance program to refer some or all of the records of the health care
368 professionals in the assistance program to the [department] Department
369 of Public Health, or, in the case of health care professionals who are
370 pharmacists, the Department of Consumer Protection. Upon such
371 referral, the [department] Department of Public Health or Department
372 of Consumer Protection, as applicable, shall determine if each referred
373 health care professional is eligible for continued intervention,
374 rehabilitation, referral assistance or support services and whether
375 participation in such intervention, rehabilitation, referral assistance or
376 support services should be treated as confidential in accordance with
377 subsection (h) of section 19a-12a, as amended by this act. If the
378 [department] Department of Public Health or Department of Consumer
379 Protection, as applicable, determines that a health care professional is
380 an appropriate candidate for confidential participation in continued
381 intervention, referral assistance, rehabilitation or support services, the
382 entire record of the referral and investigation of the health care
383 professional shall be confidential and shall not be disclosed, except at
384 the request of the health care professional, for the duration of the health
385 care professional's participation in and upon successful completion of

386 the program, provided such participation is in accordance with terms
387 agreed upon by the [department] Department of Public Health or
388 Department of Consumer Protection, as applicable, and the health care
389 professional.

390 (4) Upon written notice to the [department] Department of Public
391 Health and the Department of Consumer Protection by the oversight
392 committee that the assistance program is in compliance with a corrective
393 action plan developed pursuant to subdivision (2) of this subsection, the
394 [department] Department of Public Health, or, in the case of
395 pharmacists, the Department of Consumer Protection, may refer health
396 care professionals to the assistance program for continued intervention,
397 rehabilitation, referral assistance or support services and shall submit to
398 the assistance program all records and files concerning such health care
399 professionals.

400 Sec. 3. Section 19a-12c of the general statutes is repealed and the
401 following is substituted in lieu thereof (*Effective from passage*):

402 There is established an account to be known as the "professional
403 assistance program account" which shall be a separate, nonlapsing
404 account within the General Fund. The account shall contain any moneys
405 required by law to be deposited in the account. Moneys in the account
406 shall be paid by the Commissioner of Public Health and the
407 Commissioner of Consumer Protection to the assistance program for
408 health care professionals established pursuant to section 19a-12a, as
409 amended by this act, for the provision of education, prevention,
410 intervention, referral assistance, rehabilitation or support services to
411 health care professionals who have a chemical dependency, emotional
412 or behavioral disorder or physical or mental illness.

413 Sec. 4. Section 20-601 of the general statutes is repealed and the
414 following is substituted in lieu thereof (*Effective from passage*):

415 (a) The [department] Department of Consumer Protection shall
416 collect the following nonrefundable fees:

417 (1) The fee for issuance of a pharmacist license is two hundred
418 dollars, payable at the date of application for the license.

419 (2) The fee for renewal of a pharmacist license is the professional
420 services fee for class A, as defined in section 33-182l. Before the
421 commission grants a license to an applicant who has not held a license
422 authorized by the commission within five years of the date of
423 application, the applicant shall pay the fee required in subdivision (1) of
424 this section.

425 (3) The fee for issuance of a pharmacy license is seven hundred fifty
426 dollars.

427 (4) The fee for renewal of a pharmacy license is one hundred ninety
428 dollars.

429 (5) The late fee for an application for renewal of a license to practice
430 pharmacy, a pharmacy license or a permit to sell nonlegend drugs is the
431 amount set forth in section 21a-4.

432 (6) The fee for notice of a change in officers or directors of a
433 corporation holding a pharmacy license is sixty dollars for each
434 pharmacy license held. A late fee for failing to give such notice within
435 ten days of the change is fifty dollars in addition to the fee for notice.

436 (7) The fee for filing notice of a change in name, ownership or
437 management of a pharmacy is ninety dollars. A late fee for failing to give
438 such notice within ten days of the change is fifty dollars in addition to
439 the fee for notice.

440 (8) The fee for application for registration as a pharmacy intern is
441 sixty dollars.

442 (9) The fee for application for a permit to sell nonlegend drugs is one
443 hundred forty dollars.

444 (10) The fee for renewal of a permit to sell nonlegend drugs is one
445 hundred dollars.

446 (11) The late fee for failing to notify the commission of a change of
447 ownership, name or location of the premises of a permit to sell
448 nonlegend drugs within five days of the change is twenty dollars.

449 (12) The fee for issuance of a nonresident pharmacy certificate of
450 registration is seven hundred fifty dollars.

451 (13) The fee for renewal of a nonresident pharmacy certificate of
452 registration is one hundred ninety dollars.

453 (14) The fee for notice of a change in officers or directors of a
454 corporation holding a nonresident pharmacy certificate of registration
455 is sixty dollars for each pharmacy license held. A late fee for failing to
456 give such notice within ten days of the change is fifty dollars, in addition
457 to the fee for notice.

458 (15) The fee for filing notice of a change in name, ownership or
459 management of a nonresident pharmacy is ninety dollars. A late fee for
460 failing to give such notice within ten days of the change is fifty dollars,
461 in addition to the fee for notice.

462 (16) The fee for application for registration as a pharmacy technician
463 is one hundred dollars.

464 (17) The fee for renewal of a registration as a pharmacy technician is
465 fifty dollars.

466 (18) The fee for issuance of a temporary permit to practice pharmacy
467 is two hundred dollars.

468 (b) On or before the last day of January, April, July and October in
469 each year, the Commissioner of Consumer Protection shall:

470 (1) If any fee established in subsection (a) of this section is increased
471 by at least five dollars on or after the effective date of this section, certify
472 the amount of revenue received as the result of such increase; and

473 (2) Transfer the amount certified pursuant to subdivision (1) of this
474 subsection to the professional assistance program account established in

475 section 19a-12c, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-12a
Sec. 2	<i>from passage</i>	19a-12b(a) to (e)
Sec. 3	<i>from passage</i>	19a-12c
Sec. 4	<i>from passage</i>	20-601

GL *Joint Favorable Subst.*

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 expands the professional assistance program to include pharmacists resulting in no fiscal impact to the state.

The bill also requires any increase in certain pharmacy fees to be transferred to the Professional Assistance Program Account. To the extent these fees are increased it precludes a revenue gain to the General Fund resulting in a revenue gain to the Professional Assistance Program Account.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5223*****AN ACT EXPANDING THE PROFESSIONAL ASSISTANCE PROGRAM FOR REGULATED PROFESSIONS TO INCLUDE PHARMACISTS.*****SUMMARY**

This bill adds pharmacists to the list of providers eligible for the professional assistance program for health professionals (currently, the Health Assistance InterVention Education Network (HAVEN); see BACKGROUND). By law, the program is an alternative, voluntary, and confidential rehabilitation program that provides various services to health professionals with a chemical dependency, emotional or behavioral disorder, or physical or mental illness.

In doing so, the bill makes a number of conforming changes to reflect the fact that the Department of Consumer Protection (DCP) regulates pharmacists; currently, the professionals eligible for the program are regulated by the Department of Public Health (DPH). These corresponding changes include specifying that if a pharmacist fails to comply with the program, HAVEN must notify DCP and transfer related records to the agency. (While the bill appears to also extend eligibility to pharmacy technicians and interns, most of the bill's provisions refer only to "pharmacists.")

Under the bill, DPH remains the lead agency responsible for the program (e.g., overseeing HAVEN's annual audit and oversight committee). The bill also requires HAVEN to submit its annual report and audit to the General Law Committee; it already submits them to the Public Health Committee.

The bill also specifies that if any of the 18 pharmacy-related licensing fees (e.g., issuance, renewal, and notice filing fees) are increased by at

least \$5 in the future, then the consumer protection commissioner must (1) certify the amount of revenue received as a result of the fee increase each January, April, July, and October and (2) transfer it to the professional assistance program account.

EFFECTIVE DATE: Upon passage

BACKGROUND

Health Professional Assistance Program

By law, before a health professional can enter the program, a medical review committee must (1) determine if he or she is an appropriate candidate for rehabilitation and participation and (2) set terms and conditions of participation. The program must include mandatory, periodic evaluations of each participant’s ability to practice with skill and safety and without posing a threat to the health and safety of any person or patient (CGS § 19a-12a).

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/15/2022)