



General Assembly

**Substitute Bill No. 5223**

February Session, 2022



**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2 statutes is repealed and the following is substituted in lieu thereof  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 400j;

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.*