



General Assembly

Amendment

February Session, 2022

LCO No. 4895



Offered by:
SEN. MARONEY, 14th Dist.

To: Subst. Senate Bill No. 186

File No. 213

Cal. No. 169

**"AN ACT CONCERNING COLLABORATIVE DRUG THERAPY
MANAGEMENT AGREEMENTS AND POLICIES."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 20-631 of the 2022 supplement to the general
4 statutes is repealed and the following is substituted in lieu thereof
5 (*Effective July 1, 2023*):

6 (a) For the purposes of this section:

7 (1) "Care-giving institution" has the same meaning as provided in
8 section 20-571;

9 (2) "Commissioner" means the Commissioner of Consumer
10 Protection;

11 (3) "Collaborative drug therapy care plan" means a written document
12 memorializing the outcome of the process through which one or more
13 qualified pharmacists and one or more prescribing practitioners discuss,

14 review and agree on an approach to achieve a patient's desired health
15 outcome;

16 (4) "Collaborative drug therapy management agreement" means an
17 agreement between one or more qualified pharmacists and one or more
18 prescribing practitioners to manage the drug therapy of, and devices
19 prescribed to, individual patients, or a patient population, based on a
20 written protocol or a collaborative drug therapy care plan;

21 (5) "Collaborative drug therapy management policy" means a written
22 policy adopted by a care-giving institution under which one or more
23 qualified pharmacists manage the drug therapy of, and devices
24 prescribed to, individual patients, or a patient population, based on a
25 written protocol or a collaborative drug therapy care plan;

26 (6) "Device" has the same meaning as provided in section 20-571;

27 (7) "Pharmacist" has the same meaning as provided in section 20-571;

28 (8) "Prescribing practitioner" has the same meaning as provided in
29 section 20-571;

30 (9) "Provider-patient relationship" means a relationship between a
31 prescribing practitioner and a patient in which (A) the patient has made
32 a medical complaint, (B) the patient has provided such patient's medical
33 history, (C) the patient has received a physical examination, and (D)
34 there exists a logical connection between such medical complaint,
35 medical history and physical examination and any drug or device
36 prescribed for such patient; and

37 (10) "Qualified pharmacist" means a pharmacist who (A) is deemed
38 competent under regulations adopted by the commissioner pursuant to
39 subsection (e) of this section, and (B) has reviewed the latest edition of
40 the "Pharmacists' Patient Care Process" published by the Joint
41 Commission of Pharmacy Practitioners.

42 [(a)] (b) Except as provided in section 20-631b, one or more qualified
43 pharmacists [licensed under this chapter who are determined

44 competent in accordance with regulations adopted pursuant to
45 subsection (d) of this section] may enter into a [written protocol-based]
46 collaborative drug therapy management agreement [with one or more
47 physicians licensed under chapter 370 or advanced practice registered
48 nurses licensed under chapter 378 to] or manage the drug therapy of,
49 and devices prescribed to, individual patients, or a patient population,
50 under a collaborative drug therapy management policy. In order to
51 enter into a [written protocol-based] collaborative drug therapy
52 management agreement [, such physician or advanced practice
53 registered nurse shall have established] or collaborative drug therapy
54 care plan, or operate under a collaborative drug therapy management
55 policy, a prescribing practitioner shall first establish a provider-patient
56 relationship with the patient or patients who will receive collaborative
57 drug therapy or devices. Each patient's collaborative drug therapy or
58 device management shall be [governed by a written protocol which may
59 include guideline-directed management established by the treating
60 physician or advanced practice registered nurse in consultation with the
61 pharmacist. For purposes of this subsection, a "provider-patient
62 relationship" is a relationship based on (1) the patient making a medical
63 complaint, (2) the patient providing a medical history, (3) the patient
64 receiving a physical examination, and (4) a logical connection existing
65 between the medical complaint, the medical history, the physical
66 examination and any drug prescribed for the patient] based on a
67 diagnosis made by such patient's prescribing practitioner or a specific
68 test set forth in a collaborative drug therapy management agreement or
69 collaborative drug therapy management policy.

70 [(b)] (c) A collaborative drug therapy management agreement or
71 collaborative drug therapy management policy may authorize a
72 [pharmacist to implement] qualified pharmacist or qualified
73 pharmacists to initiate, modify, continue, discontinue or deprescribe a
74 drug therapy, or initiate, continue or discontinue use of, or deprescribe,
75 a device, that has been prescribed for a patient, order associated
76 laboratory tests and administer drugs, all in accordance with a patient-
77 specific or patient population-specific written protocol [. Such

78 agreement] or collaborative drug therapy care plan, but shall not
79 authorize a qualified pharmacist or qualified pharmacists to establish a
80 port to administer parenteral drugs. A collaborative drug therapy
81 management agreement or collaborative drug therapy management
82 policy may specifically address issues that may arise during a
83 medication reconciliation and concerns related to polypharmacy that
84 enable an authorized qualified pharmacist or qualified pharmacists to
85 [implement] initiate, modify, continue, discontinue or deprescribe drug
86 therapy. In instances where drug therapy is discontinued or
87 deprescribed, the qualified pharmacist or qualified pharmacists shall
88 notify the [treating physician or advanced practice registered nurse]
89 prescribing practitioner of such discontinuance or deprescribing [no
90 not later than twenty-four hours [from the time of such discontinuance
91 or deprescribing] after such drug therapy is discontinued or
92 deprescribed. Each written protocol or collaborative drug therapy care
93 plan developed, pursuant to [the] a collaborative drug therapy
94 management agreement or collaborative drug therapy management
95 policy, shall contain detailed direction concerning the actions that the
96 qualified pharmacist or qualified pharmacists may perform for [that] the
97 patient [. The] or patient population. Such written protocol or
98 collaborative drug therapy care plan shall include, but need not be
99 limited to, (1) the specific drug or drugs, therapeutic class of drug or
100 classes of drugs, or devices to be managed by the qualified pharmacist
101 or qualified pharmacists, (2) the terms and conditions under which drug
102 therapy may be [implemented] initiated, modified, continued,
103 discontinued or deprescribed, or use of a device may be initiated,
104 continued or discontinued, or a device may be deprescribed, (3) the
105 conditions and events upon which the qualified pharmacist is, or
106 qualified pharmacists are, required to notify the [physician or advanced
107 practice registered nurse, and] prescribing practitioner, (4) the
108 laboratory tests that may be ordered, and (5) a definition of the patient
109 population included in such written protocol or collaborative drug
110 therapy care plan. All activities performed by the qualified pharmacist
111 or qualified pharmacists in conjunction with the protocol or
112 collaborative drug therapy care plan shall be documented in the

113 patient's medical record [. The pharmacist shall report any encounters
114 within the scope of the collaborative drug therapy management
115 agreement within thirty days to the physician or advanced practice
116 registered nurse regarding the patient's drug therapy management or
117 document such information within a shared medical record. The] in
118 accordance with the prescribing practitioner's policies or, in the case of
119 a care-giving institution, all applicable care-giving institution policies.
120 Each collaborative drug therapy management agreement, [and
121 protocols] collaborative drug therapy management policy, written
122 protocol and collaborative drug therapy care plan shall be available for
123 inspection by the [Departments] Department of Consumer Protection
124 and the Department of Public Health, [and Consumer Protection.] A
125 copy of the protocol shall be filed in the patient's medical record.

126 [(c)] (d) A pharmacist shall be responsible for demonstrating, in
127 accordance with regulations adopted pursuant to subsection [(d)] (e) of
128 this section, the competence necessary for [participation] the pharmacist
129 to participate in each collaborative drug therapy management
130 agreement, [into which such pharmacist enters] collaborative drug
131 therapy management policy and collaborative drug therapy care plan in
132 which such pharmacist seeks to participate by, among other things,
133 demonstrating that such pharmacist has reviewed the latest edition of
134 the "Pharmacists' Patient Care Process" published by the Joint
135 Commission of Pharmacy Practitioners.

136 [(d)] (e) The Commissioner of Consumer Protection, in consultation
137 with the Commissioner of Public Health, shall (1) adopt regulations, in
138 accordance with chapter 54, concerning competency requirements for
139 participation in a [written protocol-based] collaborative drug therapy
140 management agreement, [described in subsection (a) of this section,] the
141 minimum content of the collaborative drug therapy management
142 agreement [and the written protocol] and such other matters said
143 commissioners deem necessary to carry out the purpose of this section,
144 and (2) on or after the effective date of this section, amend such
145 regulations to include competency requirements for participation in a
146 collaborative drug therapy management policy or collaborative drug

147 therapy care plan and the minimum content of collaborative drug
148 therapy management policies, collaborative drug therapy care plans
149 and written protocols governing collaborative drug therapy and device
150 management.

151 Sec. 2. Section 19a-521d of the general statutes is repealed and the
152 following is substituted in lieu thereof (*Effective July 1, 2023*):

153 A medical director of a nursing home facility, as defined in section
154 19a-521, may establish protocols for a prescription drug formulary
155 system in accordance with guidelines established by the American
156 Society of Health-System Pharmacists and any applicable collaborative
157 drug therapy management agreement or collaborative drug therapy
158 management policy, as [described] defined in section 20-631, as
159 amended by this act. The medical director of a nursing home facility that
160 implements a prescription drug formulary system may make a
161 substitution for a drug prescribed to a patient of the facility in
162 accordance with the provisions of this section. Prior to making any
163 substitution for a drug prescribed to a patient of the facility in
164 accordance with the facility's protocols, the medical director, or the
165 medical director's designee, shall notify the prescribing practitioner of
166 the medical director's intention to make such substitution. If the
167 prescribing practitioner does not authorize the medical director or the
168 medical director's designee to make such substitution or objects to such
169 substitution, the medical director, or the medical director's designee,
170 shall not make the substitution. Notwithstanding the provisions of this
171 section, a facility, when administering prescription drugs to a patient
172 who receives benefits under a medical assistance program administered
173 by the Department of Social Services, shall consider and administer
174 prescription drugs to such patient in accordance with (1) the
175 department's preferred drug list, developed in accordance with section
176 17b-274d, (2) prescription drug formularies under Medicare Part D, or
177 (3) the patient's health insurance policy, as the medical director of the
178 nursing home facility deems appropriate.

179 Sec. 3. Subsection (b) of section 20-593 of the general statutes is

180 repealed and the following is substituted in lieu thereof (*Effective July 1,*
181 *2023*):

182 (b) A license to practice pharmacy shall expire [~~biennially~~] annually
183 and may be renewed upon completion of an application on a form
184 approved by the department, payment of one hundred [~~twenty~~] dollars
185 and completion of continuing professional education, as required by
186 sections 20-599 and 20-600."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2023</i>	20-631
Sec. 2	<i>July 1, 2023</i>	19a-521d
Sec. 3	<i>July 1, 2023</i>	20-593(b)