House of Representatives

File No. 835

General Assembly

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Substitute House Bill No. 6768
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 26, 2023

AN ACT CONCERNING THE DEPARTMENT OF CONSUMER PROTECTION'S RECOMMENDATIONS REGARDING PRESCRIPTION DRUG REGULATION.

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

Section 1. (NEW) (*Effective January 1, 2024*) (a) For the purposes of this section:

(1) "Centralized dispensing practitioner" means a prescribing practitioner (A) who is employed by, or affiliated with, a dispensing group practice, and (B) whom the dispensing group practice designates as the prescribing practitioner who is authorized to dispense legend drugs and legend devices on behalf of other prescribing practitioners who are employed by, or affiliated with, such dispensing group practice;

(2) "Department" means the Department of Consumer Protection;

(3) "Dispense" has the same meaning as provided in section 20-571 of

the general statutes;

(4) "Dispensing assistant" means an individual who is (A) registered with the department under subdivision (1) of subsection (d) of this section, (B) employed by a dispensing group practice, and (C) supervised by (i) the centralized dispensing practitioner, or (ii) a pharmacist employed by the dispensing group practice;

(5) "Dispensing group practice" means a group practice that (A) centralizes the dispensing of legend drugs or legend devices prescribed by prescribing practitioners who are employed by, or affiliated with, the group practice through (i) a centralized dispensing practitioner, or (ii) a pharmacist employed by the dispensing group practice, and (B) is registered with the department pursuant to subsection (b) of this section;

(6) "Group practice" has the same meaning as provided in section 19a-486i of the general statutes;

(7) "Legend device" has the same meaning as provided in section 20-571 of the general statutes;

(8) "Legend drug" has the same meaning as provided in section 20-571 of the general statutes;

(9) "Pharmacist" has the same meaning as provided in section 20-571 of the general statutes;

(10) "Pharmacy technician" means an individual who is registered with the department and qualified in accordance with section 20-598a of the general statutes;

(11) "Prescribing practitioner" has the same meaning as provided in section 20-571 of the general statutes;

(12) "Prescription" has the same meaning as provided in section 20-635 of the general statutes;

(13) "Professional samples" has the same meaning as provided in section 20-14c of the general statutes; and

(14) "Seventy-two-hour supply" means a quantity of a legend drug or legend device that does not exceed the dosage amount necessary for seventy-two hours according to the directions for use of the legend drug or legend device.

(b) (1) No group practice may dispense legend drugs or legend devices as a dispensing group practice unless such group practice submits an application to, and receives a registration from, the department under this subdivision. Each application submitted to the department under this subdivision shall be submitted on a form, and in a manner, prescribed by the department and designate a centralized dispensing practitioner or a pharmacist who is employed by the group practice and shall serve as the primary contact for the department, and shall be accompanied by a registration fee in the amount of two hundred dollars. Each registration issued pursuant to this subdivision shall be valid for a period of two years, and the department may renew such registration for additional two-year periods upon its receipt of a complete renewal application submitted on a form, and in a manner, prescribed by the department and a renewal fee of two hundred dollars.

(2) Except as provided in subdivision (3) of this subsection, each dispensing group practice that dispenses, or proposes to dispense, in this state more than a seventy-two-hour supply of any legend drug or legend device shall (A) register for access to the electronic prescription drug monitoring program established pursuant to subsection (j) of section 21a-254 of the general statutes, and (B) comply with all reporting and usage requirements for the electronic prescription drug monitoring program as set forth in subsection (j) of section 21a-254 of the general statutes.

(3) No dispensing group practice that dispenses, or proposes to dispense, less than a seventy-two-hour supply of legend drugs or legend devices shall be subject to the provisions of subdivision (2) of this

subsection if such dispensing group practice exclusively dispenses such supply of legend drugs or legend devices as professional samples.

(c) A dispensing group practice that employs a pharmacist for the purpose of dispensing legend drugs or legend devices shall not be required to obtain a pharmacy license for the dispensing group practice's premises under section 20-594 of the general statutes. The pharmacist shall report directly to a prescribing practitioner who is employed by, or affiliated with, the dispensing group practice, and may supervise dispensing assistants employed by such dispensing group practice, perform in-process and final checks without obtaining any additional verification from the prescribing practitioner to whom such pharmacist reports and perform any component of the practice of pharmacy.

(d) (1) No individual may act as a dispensing assistant unless such individual submits an application to, and receives a registration from, the department under this subdivision. Each application submitted to the department under this subdivision shall be submitted on a form, and in a manner, prescribed by the department, and shall be accompanied by a registration fee in the amount of one hundred dollars. Each registration issued pursuant to this subdivision shall be valid for a period of two years, and the department may renew such registration for additional two-year periods upon its receipt of a complete renewal application submitted on a form, and in a manner, prescribed by the department and a renewal fee of one hundred dollars.

(2) A dispensing assistant who is registered with the department under subdivision (1) of this subsection may perform the duties of a pharmacy technician, provided the dispensing assistant performs such duties under the supervision of a prescribing practitioner who is employed by or affiliated with, or a pharmacist who is employed by, the dispensing group practice that employs such dispensing assistant. Each dispensing assistant shall be subject to the same responsibilities and liabilities set forth in chapter 400j of the general statutes, and any regulations adopted pursuant to chapter 400j of the general statutes,

concerning pharmacy technicians.

(e) A prescribing practitioner who is employed by, or affiliated with, a dispensing group practice may dispense legend drugs or legend devices to the prescribing practitioner's patients without engaging the services of the centralized dispensing practitioner or a pharmacist who is employed by the dispensing group practice.

(f) (1) No centralized dispensing practitioner or pharmacist employed by a dispensing group practice shall dispense a legend drug, legend device or controlled substance for, or order that a legend drug, legend device or controlled substance be dispensed to, any individual who is not being treated by a prescribing practitioner who is employed by, or affiliated with, the dispensing group practice.

(2) No dispensing group practice shall accept or dispense any prescription from a prescribing practitioner who is not employed by, or affiliated with, the dispensing group practice.

(3) No dispensing group practice shall exhibit within or upon the outside of the premises occupied by such dispensing group practice, or include in any advertisement for such dispensing group practice, (A) the words "drug store", "pharmacy", "apothecary" or "medicine shop" or any combination thereof, or (B) any other display, symbol or word indicating that such dispensing group practice or premises is a pharmacy.

(g) The department may refuse to issue or renew a dispensing group practice registration under subsection (b) of this section or a dispensing assistant registration under subsection (d) of this section, revoke, suspend or place conditions on a dispensing group practice's registration issued under subsection (b) of this section or a dispensing assistant's registration under subsection (d) of this section, and assess a civil penalty not to exceed one thousand dollars per violation if the dispensing group practice or a centralized dispensing practitioner, dispensing assistant or pharmacist employed by, or acting as an agent on behalf of, such dispensing group practice violates any provision of

(1) subsections (a) to (f), inclusive, of this section, or (2) chapter 400j of the general statutes, or any regulations adopted pursuant to chapter 400j of the general statutes, concerning dispensing legend drugs or legend devices.

Sec. 2. (NEW) (*Effective from passage*) (a) For the purposes of this section, "drug", "legend device", "pharmacist" and "prescribing practitioner" have the same meanings as provided in section 20-571 of the general statutes.

(b) A pharmacist may authorize or refill a prescription for a legend device if such legend device is approved by the federal Food and Drug Administration for use in combination with a drug prescribed by a prescribing practitioner.

(c) A pharmacist who dispenses a legend device as described in subsection (b) of this section shall identify the prescribing practitioner who prescribed the drug that is associated with such legend device, and shall send written notice to such prescribing practitioner, not later than seventy-two hours after the pharmacist dispenses such legend device to the patient, disclosing that such pharmacist dispensed such legend device to such patient.

Sec. 3. (NEW) (*Effective from passage*) (a) For the purposes of this section:

(1) "Department" means the Department of Consumer Protection;

(2) "Emergency contraceptive" means a drug, or a combination of drugs, approved by the federal Food and Drug Administration to prevent pregnancy as soon as possible following (A) unprotected sexual intercourse, or (B) a known or suspected contraceptive failure;

(3) "Hormonal contraceptive" means a drug, including, but not limited to, a hormonal contraceptive patch, an intravaginal hormonal contraceptive or an oral hormonal contraceptive, composed of a hormone, or a combination of hormones, approved by the federal Food

and Drug Administration to prevent pregnancy;

(4) "Legend drug" has the same meaning as provided in section 20-571 of the general statutes;

(5) "Pharmacist" has the same meaning as provided in section 20-571 of the general statutes;

(6) "Pharmacy" has the same meaning as provided in section 20-571 of the general statutes;

(7) "Pharmacy technician" has the same meaning as provided in section 20-571 of the general statutes; and

(8) "Prescribe" means to order, or designate a remedy or any preparation of, a legend drug for a specific patient.

(b) A pharmacist who satisfies the requirements established in this section, and any regulations adopted pursuant to subsection (e) of this section, may prescribe, in good faith, an emergency contraceptive or hormonal contraceptive to a patient subject to the following conditions:

(1) The pharmacist has completed an educational training program that (A) concerns prescribing emergency contraceptives and hormonal contraceptives by a pharmacist, (B) addresses appropriate medical screening of patients, contraindications, drug interactions, treatment strategies and modifications and when to refer patients to medical providers, and (C) is accredited by the Accreditation Council for Pharmacy Education;

(2) The pharmacist has reviewed the most current version of the United States Medical Eligibility Criteria for Contraceptive Use published by the Centers for Disease Control and Prevention, or any successor document thereto, prior to prescribing any emergency contraceptive or hormonal contraceptive and, if the pharmacist deviates from the guidance provided in such document, documents the pharmacist's rationale in deviating from such guidance in writing;

(3) Prior to dispensing an emergency contraceptive or hormonal contraceptive and at least once per calendar year thereafter for any returning patient, the pharmacist completes a screening document, which the department shall make available on the department's Internet web site, and the pharmacist, or the pharmacy that employs such pharmacist, retains such document for at least three years, except nothing in this subdivision shall be construed to prevent a pharmacist, in the pharmacist's professional discretion, from issuing a prescription for a hormonal contraceptive for a period not to exceed twelve months or from requiring more frequent screenings;

(4) If the pharmacist determines that prescribing an emergency contraceptive or hormonal contraceptive to a patient is clinically appropriate, the pharmacist shall (A) counsel the patient about what the patient should monitor and when the patient should seek additional medical attention, and (B) send notice to any health care provider that the patient identifies as the patient's primary care provider or, if the patient does not disclose the identity of the patient's primary care provider, provide to the patient any relevant documentation; and

(5) The pharmacist provides to the patient a document outlining age-appropriate health screenings that are consistent with recommendations made by the Centers for Disease Control and Prevention.

(c) A pharmacy technician may, at a pharmacist's request, assist the pharmacist in prescribing an emergency contraceptive or hormonal contraceptive to a patient by providing screening documentation to the patient, taking and recording the patient's blood pressure and documenting the patient's medical history, provided the pharmacy technician has completed an educational training program that satisfies the requirements established in subdivision (1) of subsection (b) of this section.

(d) Each pharmacy shall maintain copies of all documents concerning any screening performed under this section for at least three years, and each pharmacy shall, upon request by the department, make such

screening documents available to the department for inspection.

(e) The Commissioner of Consumer Protection may adopt regulations, in accordance with chapter 54 of the general statutes, to implement the provisions of this section.

Sec. 4. (NEW) (*Effective from passage*) (a) For the purposes of this section, "drug", "pharmacist" and "pharmacy" have the same meanings as provided in section 20-571 of the general statutes.

(b) A pharmacist who is employed by a pharmacy that has been approved to dispense drugs for the termination of a pregnancy shall provide to any patient who is seeking any such drug a list of the pharmacies nearest to such patient that dispense such drug if the pharmacy does not have a supply of such drug.

(c) A pharmacist who is, or has been, licensed in another state or jurisdiction shall not be subject to automatic reciprocal discipline in this state for any disciplinary action taken in such other state or jurisdiction, provided such disciplinary action was based solely on the termination of a pregnancy under conditions which would not violate the laws of this state.

Sec. 5. Section 20-617a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For purposes of this section, "flavoring agent" means an additive used in food or drugs when such additive **[**:**]** (1) **[**Is**]** is used in accordance with good manufacturing practice principles and in the minimum quantity required to produce its intended effect, (2) consists of one or more ingredients generally recognized as safe in food and drugs, has been previously sanctioned for use in food and drugs by the state or the federal government, meets United States Pharmacopeia standards or is an additive permitted for direct addition to food for human consumption pursuant to 21 CFR 172, (3) is inert and produces no effect other than the instillation or modification of flavor, and (4) is not greater than five per cent of the total weight of the product.

(b) A flavoring agent may be added to a prescription product by **[**:**]** (1) **[**A**]** a pharmacist upon the request of the prescribing practitioner, patient for whom the prescription is ordered or such patient's agent, or (2) a pharmacist acting on behalf of a hospital, as defined in section 19a-490.

(c) The addition of a flavoring agent in accordance with subsections (a) and (b) of this section shall be exempt from the requirements established in subsections (a) to (m), inclusive, of section 20-633b, as amended by this act, any regulations adopted pursuant to subsection (o) of section 20-633b, as amended by this act, and United States Pharmacopeia, Chapter 795, Pharmaceutical Compounding – Nonsterile Preparations, and Chapter 800, Hazardous Drugs, as both may be amended from time to time.

Sec. 6. Section 20-623 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No nonlegend drug may be sold at retail except at a pharmacy, **[**or**]** at a store or in a vending machine that is owned and operated by a business that has obtained from the commission or the department a permit to sell nonlegend drugs pursuant to section 20-624. Nonlegend drugs may be sold in a vending machine, which vending machine shall be owned and operated by a business that has obtained from the department a permit for each vending machine in which such business offers nonlegend drugs for sale. If an applicant seeks to locate two or more vending machines selling nonlegend drugs at a single premises, only one permit to sell nonlegend drugs shall be required. Any person who is not licensed as a pharmacy and wishes to sell nonlegend drugs in a vending machine shall apply to the department, in a form and manner prescribed by the commissioner, in order to obtain a permit to sell nonlegend drugs. Nonlegend drugs shall be labeled and packaged in accordance with state and federal law.

(b) (1) A vending machine offering nonlegend drugs may also offer nonlegend devices or test strips intended for use by an individual to test

for a particular substance prior to injection, inhalation or ingestion of the substance to prevent accidental overdose by injection, inhalation or ingestion of such substance. Each vending machine offering nonlegend drugs or nonlegend devices shall be individually registered with the department, and each application to register a vending machine offering nonlegend drugs or nonlegend devices shall designate an individual who shall be responsible for properly maintaining such vending machine.

(2) Each person who registers a vending machine pursuant to subdivision (1) of this subsection, and the individual designated as the individual responsible for properly maintaining the registered vending machine, shall ensure that such vending machine (A) maintains the proper temperature and humidity for each nonlegend drug offered in such vending machine as required by the original manufacturer of such nonlegend drug, (B) only contains nonlegend drugs and nonlegend devices that remain in the original containers provided by the manufacturers of such nonlegend drugs or nonlegend devices, (C) only offers nonlegend drugs and nonlegend devices that are unexpired and unadulterated, (D) only offers nonlegend drugs and nonlegend devices that are not subject to a recall, provided any nonlegend drug or nonlegend device that is the subject of a recall shall be promptly removed from such vending machine, (E) only contains nonlegend drugs and nonlegend devices, sundries and other nonperishable items, (F) has a clear and conspicuous written statement attached to such vending machine disclosing the name, address and toll-free telephone number of the owner and operator of such vending machine, (G) has a clear and conspicuous written statement attached to such vending machine advising a consumer to check the expiration date of a nonlegend drug or nonlegend device contained in such vending machine before the consumer uses such nonlegend drug or nonlegend device, (H) has attached to such vending machine, in a size and prominent location visible to consumers, a written notice stating "Drug tampering or expired product? Notify the Department of Consumer Protection, Drug Control Division, by calling (telephone number of the

toll-free telephone line established by the department pursuant to section 21a-2)", (I) does not offer any nonlegend drug or nonlegend device that requires age verification, is subject to any quantity limit or is subject to any sales restriction under state or federal law, and (J) does not contain any package of a nonlegend drug that contains more than a five-day supply of the nonlegend drug as determined according to the usage directions provided by the manufacturer of such nonlegend drug.

[(b)**]** (c) Any person who violates any provision of this section shall be fined not **[**less than one hundred dollars nor more than five hundred dollars**]** more than one thousand dollars per violation.

Sec. 7. Section 20-633b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

(1) "Medical order" means a written, oral or electronic order by a prescribing practitioner, as defined in section 20-14c, for a drug to be dispensed by a pharmacy for administration to a patient;

(2) "Sterile compounding pharmacy" means a pharmacy, as defined in section 20-571, a nonresident pharmacy registered pursuant to section 20-627, that dispenses or compounds sterile pharmaceuticals;

(3) "Sterile pharmaceutical" means any dosage form of a drug, including, but not limited to, parenterals, injectables, surgical irrigants and ophthalmics devoid of viable microorganisms; and

(4) "USP chapters" means chapters 797, 800 and 825 of the United States Pharmacopeia that pertain to compounding sterile pharmaceuticals and their referenced companion documents, as amended from time to time.

(b) (1) If an applicant for a new pharmacy license pursuant to section 20-594 intends to compound sterile pharmaceuticals, the applicant shall file an addendum to its pharmacy license application to include sterile pharmaceutical compounding. The Department of Consumer

Protection shall inspect the proposed pharmacy premises of the applicant and the applicant shall not compound sterile pharmaceuticals until it receives notice that the addendum application has been approved by the department and the Commission of Pharmacy.

(2) If an existing pharmacy licensed pursuant to section 20-594 intends to compound sterile pharmaceuticals for the first time on or after July 1, 2014, such pharmacy shall file an addendum application to its application on file with the department to include sterile pharmaceutical compounding. The Department of Consumer Protection shall inspect the pharmacy premises and the pharmacy shall not compound sterile pharmaceuticals until it receives notice that such addendum application has been approved by the department and the Commission of Pharmacy.

(3) If an applicant for a nonresident pharmacy registration intends to compound sterile pharmaceuticals for sale or delivery in this state, the applicant shall file an addendum to its application to include sterile pharmaceutical compounding. The applicant shall provide the department with written proof it has passed inspection by the appropriate state agency in the state where such nonresident pharmacy is located. Such pharmacy shall not compound sterile pharmaceuticals for sale or delivery in this state until it receives notice that the addendum application has been approved by the department and the Commission of Pharmacy.

(4) If a nonresident pharmacy registered pursuant to section 20-627 intends to compound sterile pharmaceuticals for sale or delivery in this state for the first time on or after July 1, 2014, the nonresident pharmacy shall file an addendum to its application to include sterile pharmaceutical compounding. The nonresident pharmacy shall provide the department with written proof it has passed inspection by the appropriate state agency in the state where such nonresident pharmacy is located. Such pharmacy shall not compound sterile pharmaceuticals until it receives notice that the addendum application has been approved by the department and the Commission of Pharmacy.

(c) A sterile compounding pharmacy shall comply with the USP chapters. A sterile compounding pharmacy shall also comply with all applicable federal and state statutes and regulations.

(d) An institutional pharmacy within a facility licensed pursuant to section 19a-490 that compounds sterile pharmaceuticals shall comply with the USP chapters, and shall also comply with all applicable federal and state statutes and regulations. Such institutional pharmacy may request from the Commissioner of Consumer Protection an extension of time, not to exceed six months, to comply, for state enforcement purposes, with any amendments to USP chapters, for good cause shown. The commissioner may grant an extension for a length of time not to exceed six months. Nothing in this section shall prevent such institutional pharmacy from requesting a subsequent extension of time or shall prevent the commissioner from granting such extension.

(e) (1) A sterile compounding pharmacy may only provide patient-specific sterile pharmaceuticals to patients, practitioners of medicine, osteopathy, podiatry, dentistry or veterinary medicine, or to an acute care or long-term care hospital or health care facility licensed by the Department of Public Health.

(2) If a sterile compounding pharmacy provides sterile pharmaceuticals without a patient-specific prescription or medical order, the sterile compounding pharmacy shall also obtain a certificate of registration from the Department of Consumer Protection pursuant to section 21a-70 and any required federal license or registration. A sterile compounding pharmacy may prepare and maintain on-site inventory of sterile pharmaceuticals no greater than a thirty-day supply, calculated from the completion of compounding, which thirty-day period shall include the period required for third-party analytical testing, to be performed in accordance with the USP chapters.

(f) (1) If a sterile compounding pharmacy plans to remodel any area utilized for the compounding of sterile pharmaceuticals or adjacent space, relocate any space utilized for the compounding of sterile

pharmaceuticals or upgrade or conduct a nonemergency repair to the heating, ventilation, air conditioning or primary or secondary engineering controls for any space utilized for the compounding of sterile pharmaceuticals, the sterile compounding pharmacy shall notify the Department of Consumer Protection, in writing, not later than forty-five days prior to commencing such remodel, relocation, upgrade or repair. Such written notification shall include a plan for such remodel, relocation, upgrade or repair and such plan shall be subject to department review and approval. If a sterile compounding pharmacy makes an emergency repair, the sterile compounding pharmacy shall notify the department of such emergency repair, in writing, not later than twenty-four hours after such repair is commenced.

(2) If the USP chapters require sterile recertification after such remodel, relocation, upgrade or repair, the sterile compounding pharmacy shall provide a copy of its sterile recertification to the Department of Consumer Protection not later than five days after the sterile recertification approval. The recertification shall only be performed by an independent licensed environmental monitoring entity.

(g) A sterile compounding pharmacy shall report, in writing, to the Department of Consumer Protection any known violation or noncompliance with viable and nonviable environmental sampling testing, as defined in the USP chapters, not later than the end of the next business day after discovering such violation or noncompliance.

(h) (1) If a sterile compounding pharmacy initiates a recall of sterile pharmaceuticals that were dispensed pursuant to a patient-specific prescription or medical order, the sterile compounding pharmacy shall notify each patient or patient care giver, the prescribing practitioner and the Department of Consumer Protection of such recall not later than twenty-four hours after such recall was initiated.

(2) If a sterile compounding pharmacy initiates a recall of sterile pharmaceuticals that were not dispensed pursuant to a patient-specific

prescription or a medical order, the sterile compounding pharmacy shall notify **[**:**]** (A) **[**Each**]** each purchaser of such sterile pharmaceuticals, to the extent such sterile compounding pharmacy possesses contact information for each such purchaser, (B) the Department of Consumer Protection, and (C) the federal Food and Drug Administration of such recall not later than the end of the next business day after such recall was initiated.

(i) Each sterile compounding pharmacy and each institutional pharmacy within a facility licensed pursuant to section 19a-490 shall prepare and maintain a policy and procedure manual. The policy and procedure manual shall comply with the USP chapters.

(j) Each sterile compounding pharmacy shall report to the Department of Consumer Protection any administrative or legal action commenced against it by any state or federal regulatory agency or accreditation entity not later than five business days after receiving notice of the commencement of such action.

(k) Notwithstanding the provisions of subdivisions (3) and (4) of subsection (b) of this section, a sterile compounding pharmacy that is a nonresident pharmacy shall provide the Department of Consumer Protection proof that it has passed an inspection in such nonresident pharmacy's home state, based on the USP chapters. Such nonresident pharmacy shall submit to the Department of Consumer Protection a copy of the most recent inspection report with its initial nonresident pharmacy application and shall submit to the department a copy of its most recent inspection report every two years thereafter. If the state in which the nonresident pharmacy is located does not conduct inspections based on standards required in the USP chapters, such nonresident pharmacy shall provide satisfactory proof to the department that it is in compliance with the standards required in the USP chapters.

(l) A practitioner, as specified in subdivision (1) of subsection (e) of this section, a hospital or a health care facility that receives sterile

pharmaceuticals shall report any errors related to such dispensing or any suspected adulterated sterile pharmaceuticals to the Department of Consumer Protection.

(m) (1) For purposes of this subsection, a "designated pharmacist" means a pharmacist responsible for overseeing the compounding of sterile pharmaceuticals and the application of the USP chapters, as said chapters pertain to sterile compounding.

(2) Any pharmacy licensed pursuant to section 20-594 or institutional pharmacy licensed pursuant to section 19a-490 that provides sterile pharmaceuticals shall notify the department of its designated pharmacist.

(3) The designated pharmacist shall be responsible for providing proof he or she has completed a program approved by the commissioner that demonstrates the competence necessary for the compounding of sterile pharmaceuticals, in compliance with all applicable federal and state statutes and regulations.

(4) The designated pharmacist shall immediately notify the department whenever he or she ceases such designation.

(5) Nothing in this section shall prevent a designated pharmacist from being the pharmacy manager.

(n) Notwithstanding the provisions of this section, the addition of a flavoring agent in accordance with subsections (a) and (b) of section 20-617a, as amended by this act, shall be exempt from the requirements of United States Pharmacopeia, Chapter 795, Pharmaceutical Compounding – Nonsterile Preparations, and Chapter 800, Hazardous Drugs, as both may be amended from time to time.

[(n)**]** (o) The Commissioner of Consumer Protection may adopt regulations, in accordance with chapter 54, to implement the provisions of subsections (a) to (n), inclusive, of this section.

Sec. 8. Subdivision (6) of section 21a-92 of the general statutes is

repealed and the following is substituted in lieu thereof (*Effective from passage*):

(6) "Device", except when used in subdivision (15) of this section and in **[**subsection (i)**]** subdivision (9) of section 21a-93, as amended by this act, subdivision (6) of subsection (a) of section 21a-102, subsection (c) of section 21a-106 and subsection (c) of section 21a-112, means instruments, apparatus and contrivances, including their components, parts and accessories, intended (A) for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals, or (B) to affect the structure or any function of the body of humans or other animals;

Sec. 9. Section 21a-93 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The following acts and the causing thereof shall be prohibited: **[**(a)**]** (1) The sale in intrastate commerce of any food, drug, device or cosmetic that is adulterated or misbranded; **[**(b)**]** (2) the adulteration or misbranding of any food, drug, device or cosmetic in intrastate commerce; **[**(c)**]** (3) the receipt in intrastate commerce of any food, drug, device or cosmetic that is adulterated or misbranded, and the sale thereof in such commerce for pay or otherwise; **[**(d)**]** (4) the introduction or delivery for introduction into intrastate commerce of **[**(1)**]** (A) any food in violation of section 21a-103 or **[**(2)**]** (B) any new drug in violation of section 21a-110; **[**(e)**]** (5) the dissemination within this state, in any manner or by any means or through any medium, of any false advertisement; **[**(f)**]** (6) the refusal to permit **[**(1)**]** (A) entry and the taking of a sample or specimen or the making of an investigation as authorized by section 21a-116, or **[**(2)**]** (B) access to or copying of any record as authorized by section 21a-117; **[**(g)**]** (7) the refusal to permit entry or inspection as authorized by section 21a-118; **[**(h)**]** (8) the giving of a guaranty or undertaking in intrastate commerce, referred to in subsection (c) of section 21a-95, as amended by this act, that is false; **[**(i)**]** (9) the forging, counterfeiting, simulating or falsely representing, or, without proper authority, using, any mark, stamp, tag, label or other

identification device authorized or required by regulations promulgated under the provisions of this chapter or of the federal act; **[**(j)**]** (10) the alteration, mutilation, destruction, obliteration or removal of the whole or any part of the labeling of a food, drug, device or cosmetic, or the doing of any other act with respect to a food, drug, device or cosmetic, or the labeling or advertisement thereof, which results in a violation of this chapter; **[**(k)**]** (11) the using in interstate commerce, in the labeling or advertisement of any drug, of any representation or suggestion that an application with respect to such drug is effective under Section 355 of the federal act or under section 21a-110, or that such drug complies with the provisions of either such section; **[**(l)**]** (12) the violation of any provision of section 21a-108; **[**(m)**]** (13) in the case of a prescription drug distributed or offered for sale in this state, the failure of the manufacturer, packer or distributor thereof to maintain for transmittal, or to transmit, to any practitioner licensed by applicable state law to administer such drug who makes written request for information as to such drug, true and correct copies of all printed matter which is required to be included in any package in which that drug is distributed or sold, or such other printed matter as is approved by the commissioner or under the federal act. Nothing in this **[**subsection**]** subdivision shall be construed to exempt any person from any labeling requirement imposed by or under other provisions of this chapter unless specifically exempted under the federal act, as effective on April 26, 1974; **[**(n)**]** (14) the using by any person to his own advantage, or revealing, other than to the commissioner or his duly authorized agents or to the courts when relevant in any judicial proceeding under this chapter, of any information acquired under authority of this chapter concerning any method, process, substance or any other subject which as a trade secret is entitled to protection; **[**(o) (1)**]** (15) (A) placing or causing to be placed upon any drug or device or upon the container of any drug or device, with intent to defraud, the trademark, trade name or other identifying mark, imprint or device of another or any likeness thereof; or **[**(2)**]** (B) selling, dispensing, disposing of or causing to be sold, dispensed or disposed of or concealing or keeping in possession, control or custody, with intent to sell, dispense

or dispose of, any drug, device or any container thereof transported, received or held for transportation in commerce, with knowledge that the trademark, trade name or other identifying mark, imprint or device of another or any likeness thereof has been placed thereon in a manner prohibited by **[**subdivision (1) hereof**]** subparagraph (A) of this subdivision; or **[**(3)**]** (C) making, selling, disposing of or causing to be made, sold or disposed of or keeping in possession, control or custody, or concealing, with intent to defraud, any punch, die, plate, stone or other thing designed to print, imprint or reproduce the trademark, trade name or other identifying mark, imprint or device of another or any likeness thereof upon any drug, device or container thereof; (16) failing to demonstrate adherence to applicable provisions of United States Pharmacopeia, Chapter 797, Pharmaceutical Compounding - Sterile Preparations, as amended from time to time, concerning compounding or preparation of sterile drugs; or (17) failing to demonstrate adherence to applicable provisions of United States Pharmacopeia, Chapter 795, Pharmaceutical Compounding – Nonsterile Preparations, as amended from time to time, concerning compounding or preparation of nonsterile drugs.

Sec. 10. Subsection (c) of section 21a-95 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) No person shall be subject to the penalties of subsection (a) of this section for having violated **[**subsection (a)**]** subdivision (1) or **[**(c)**]** (3) of section 21a-93, as amended by this act, if he establishes a guaranty or undertaking signed by and containing the name and address of the person residing in this state from whom he received the article in good faith, to the effect that such article is not adulterated or misbranded within the meaning of this chapter. In such guaranty this chapter shall be designated by title.

Sec. 11. Subsection (b) of section 21a-97 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Before any violation of this chapter, except for any violation of subdivision **[**(l)**]** (12) of section 21a-93, as amended by this act, is reported by the commissioner to any such attorney for the institution of a criminal proceeding, the person against whom such proceeding is contemplated shall be given appropriate notice and an opportunity to present his views to the commissioner, either orally or in writing, with regard to such contemplated proceeding.

Sec. 12. Section 21a-286 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the purposes of this section:

(1) "Commissioner" means the Commissioner of Consumer Protection;

(2) "Department" means the Department of Consumer Protection;

(3) "Host agency" means a community health organization, emergency medical service provider, government agency, law enforcement agency or local or regional board of education;

[(1)**]** (4) "Opioid antagonist" **[**shall have**]** has the same meaning set forth in section 17a-714a**;** **[**.**]**

[(2)**]** (5) "Prescribing practitioner" **[**shall have**]** has the same meaning set forth in section 20-14c**;** **[**.**]**

[(3)**]** (6) "Pharmacist" **[**shall have**]** has the same meaning set forth in section 20-609a**;** **[**.**]**

(7) "Secure box" means a container that (A) is securely affixed in a public location, (B) can be accessed by individuals for public use, (C) is temperature controlled or stored in an environment with temperature controls, (D) is tamper-resistant, (E) is equipped with an alarm capable of detecting and transmitting a signal when accessed by individuals, and (F) is equipped with an alarm capable of alerting first responders when accessed by individuals, unless equipping the container with such

an alarm is commercially impracticable;

(8) "Secured machine" means a device that (A) restricts access to individuals participating in a syringe services program by utilizing a designated access number, personalized magnetic strip card or any other technology to identify such individuals for the purpose of providing access, and (B) is registered with the department in a form and manner prescribed by the commissioner; and

(9) "Syringe services program" means a program that is (A) established or authorized pursuant to section 19a-124, and (B) approved by the department under section 21a-65.

(b) A prescribing practitioner, or a pharmacist who is certified to prescribe **[**naloxone**]** an opioid antagonist pursuant to section 20-633c, may enter into an agreement with a **[**law enforcement agency, emergency medical service provider, government agency, community health organization or local or regional board of education**]** host agency related to the distribution and administration of an opioid antagonist for the reversal of an opioid overdose. The prescribing practitioner or pharmacist shall provide training to persons who will distribute or administer the opioid antagonist pursuant to the terms of the agreement. Persons other than the prescribing practitioner or pharmacist shall receive training in the distribution or administration of opioid antagonists prior to distributing or administering an opioid antagonist. The agreement shall address the storage, handling, labeling, recalls and recordkeeping of opioid antagonists by the **[**law enforcement agency, emergency medical service provider, government agency, community health organization or local or regional board of education which**]** host agency that is party to the agreement.

(c) (1) A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist pursuant to section 20-633c, may enter into an agreement with a host agency to provide an intranasally or orally administered opioid antagonist, or permit a host agency to install on the host agency's premises a secure box containing an intranasally or orally

administered opioid antagonist. The agreement shall address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist, and require that signs be posted disclosing the presence of such opioid antagonist, and usage directions for such opioid antagonist, in the language or languages spoken in the community in which the secure box is installed. The secure box shall not contain an amount of the opioid antagonist that is greater than the amount necessary to serve the community in which such secure box is installed. If the host agency is unable to maintain the secure box, or the supplies necessary to maintain the secure box are unavailable, such host agency shall remove such secure box, and all signs required under this subdivision concerning such secure box, as soon as practicable but in no event later than five days after such host agency discovers that such host agency is unable to maintain such secure box or the supplies necessary to maintain such secure box.

(2) A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist pursuant to section 20-633c, may enter into an agreement with a host agency to operate a vending machine for the purpose of distributing an opioid antagonist for nasal administration. The vending machine shall be in a location that maintains a temperature that is at all times consistent with the manufacturer's package insert for the opioid antagonist, or have the ability to maintain an environment, independent of the external environment, that is appropriate for the opioid antagonist based on such package insert. The following shall be clearly and conspicuously displayed on the outside of the vending machine, adjacent to the vending machine or upon distribution of an opioid antagonist contained in such vending machine: (A) Information concerning the signs and symptoms of an overdose; (B) instructions for the use of the opioid antagonist; (C) information about the services that are offered in this state to treat opioid use disorder; and (D) an Internet web site address that contains, or a quick response code that directs an individual to an

Internet web site that contains, information concerning the signs and symptoms of an overdose, overdose response and instructions for the use of the opioid antagonist.

(3) Nothing in subdivision (1) or (2) of this subsection shall be construed to prohibit placement of an opioid antagonist in a container that also includes an automated external defibrillator or any other product used to treat a medical emergency.

(d) A prescribing practitioner, or a pharmacist who is certified to prescribe an opioid antagonist pursuant to section 20-633c, may enter into an agreement with a syringe services program to permit the syringe services program to include an opioid antagonist in such syringe services program's secured machine. The agreement shall address the environmental controls necessary to store such opioid antagonist, establish procedures for replenishment of such opioid antagonist, establish a process for monitoring the expiration dates of such opioid antagonist and disposing of any expired opioid antagonist, and require that signs be posted disclosing the presence of such opioid antagonist, and usage directions for such opioid antagonist, in the language or languages spoken in the community in which such secured machine is installed.

(e) Nothing in this section shall be construed to prevent a secured machine from distributing a test strip intended for use by an individual prior to injection, inhalation or ingestion of a particular substance to prevent accidental overdose by injection, inhalation or ingestion of such substance.

[(c)**]** (f) A prescribing practitioner or pharmacist who enters into an agreement pursuant to subsection (b), (c) or (d) of this section shall not be liable for damages in a civil action or subject to administrative or criminal prosecution for the administration or dispensing of an opioid antagonist by **[**such law enforcement agency, emergency medical service provider, government agency, community health organization or local or regional board of education**]** the host agency who is a party

to such agreement.

[(d)**]** (g) The Commissioner of Consumer Protection may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.

Sec. 13. Section 21a-408c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) A physician, physician assistant or advanced practice registered nurse may issue a written certification to a qualifying patient that authorizes the palliative use of marijuana by the qualifying patient. Such written certification shall be in the form prescribed by the Department of Consumer Protection and shall include a statement signed and dated by the qualifying patient's physician, physician assistant or advanced practice registered nurse stating that, in such physician's, physician assistant's or advanced practice registered nurse's professional opinion, the qualifying patient has a debilitating medical condition and the potential benefits of the palliative use of marijuana would likely outweigh the health risks of such use to the qualifying patient.

(b) Any written certification for the palliative use of marijuana issued by a physician, physician assistant or advanced practice registered nurse under subsection (a) of this section shall be valid for a period not to exceed one year from the date such written certification is signed and dated by the physician, physician assistant or advanced practice registered nurse. Not later than ten calendar days after the expiration of such period, or at any time before the expiration of such period should the qualifying patient no longer wish to possess marijuana for palliative use, the qualifying patient or the caregiver shall destroy all usable marijuana possessed by the qualifying patient and the caregiver for palliative use.

(c) A physician, physician assistant or advanced practice registered nurse shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being

subject to any disciplinary action by the Connecticut Medical Examining Board, the Connecticut State Board of Examiners for Nursing or other professional licensing board, for providing a written certification for the palliative use of marijuana under subdivision (1) of subsection (a) of section 21a-408a if:

(1) The physician, physician assistant or advanced practice registered nurse has diagnosed the qualifying patient as having a debilitating medical condition;

(2) The physician, physician assistant or advanced practice registered nurse has explained the potential risks and benefits of the palliative use of marijuana to the qualifying patient and, if the qualifying patient lacks legal capacity, to a parent, guardian or person having legal custody of the qualifying patient;

(3) The written certification issued by the physician, physician assistant or advanced practice registered nurse is based upon the physician's, physician assistant's or advanced practice registered nurse's professional opinion after having completed a medically reasonable assessment of the qualifying patient's medical history and current medical condition made in the course of a bona fide health care professional-patient relationship; and

(4) The physician, physician assistant or advanced practice registered nurse has no financial interest in a cannabis establishment, except for retailers and delivery services, as such terms are defined in section 21a-420.

(d) A physician assistant or nurse shall not be subject to arrest or prosecution, penalized in any manner, including, but not limited to, being subject to any civil penalty, or denied any right or privilege, including, but not limited to, being subject to any disciplinary action by the Connecticut Medical Examining Board, Board of Examiners for Nursing or other professional licensing board, for administering marijuana to a qualifying patient or research program subject in a hospital or health care facility licensed by the Department of Public

Health.

(e) Notwithstanding the provisions of this section, sections 21a-408 to 21a-408b, inclusive, and sections 21a-408d to 21a-408o, inclusive, a physician assistant or an advanced practice registered nurse shall not issue a written certification to a qualifying patient when the qualifying patient's debilitating medical condition is glaucoma.

(f) Notwithstanding any provision of the general statutes or any regulation of Connecticut state agencies concerning the certification of qualifying patients through telehealth services, a physician, physician assistant or advanced practice registered nurse may issue a written certification to a qualifying patient and provide any follow-up care utilizing telehealth services, provided all other requirements for issuing such written certification to the qualifying patient, including, but not limited to, all recordkeeping requirements, are satisfied.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2024*	New section
Sec. 2	*from passage*	New section
Sec. 3	*from passage*	New section
Sec. 4	*from passage*	New section
Sec. 5	*from passage*	20-617a
Sec. 6	*from passage*	20-623
Sec. 7	*from passage*	20-633b
Sec. 8	*from passage*	21a-92(6)
Sec. 9	*from passage*	21a-93
Sec. 10	*from passage*	21a-95(c)
Sec. 11	*from passage*	21a-97(b)
Sec. 12	*from passage*	21a-286
Sec. 13	*from passage*	21a-408c

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:

Agency Affected	Fund-Effect	FY 24 $	FY 25 $
Resources of the General Fund	GF - Potential Revenue Gain	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill makes various changes regarding prescription drug regulation resulting in the potential revenue gains described below.

Section 1 requires group practices who dispense legend drugs or devices to register with the Department of Consumer Protection (DCP) resulting in a potential revenue gain of approximately $80,000 every two years. It's anticipated that 400 registrations will be applied for and the fee for registration is $200 every two years.

Section 1 requires a dispensing assistant to register with DCP resulting in a potential revenue gain to the state to the extent registrations are applied for. The fee to register as a dispensing assistant is $100 every two years.

Section 1 also allows DCP to issue a civil penalty of up to $1,000 for any violations resulting in a potential revenue gain to the state to the extent violations occur.

Section 8 allows nonlegend drugs to be sold in vending machines resulting in a potential revenue gain to the extent additional permits to sell nonlegend drugs are applied for. The fee for a permit to sell

nonlegend drugs is $140.

Section 8 also increases the maximum fine for violations from $500 to $1,000 resulting in a potential revenue gain to the state to the extent violations occur and the fines levied are over $500.

The bill also makes various other changes regarding prescription drug regulation which are anticipated to result in no fiscal impact to the state or municipalities.

House "A" strikes section 5 which removes the potential revenue gain from issuing civil penalties from this section.

The amendment also makes various changes regarding pharmacists dispensing contraceptives resulting in no fiscal impact to the state.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to the number of permits and registrations applied for and the number of violations.

OLR Bill Analysis

sHB 6768 (as amended by House "A")*

AN ACT CONCERNING THE DEPARTMENT OF CONSUMER PROTECTION'S RECOMMENDATIONS REGARDING PRESCRIPTION DRUG REGULATION.

TABLE OF CONTENTS:

Additionally allows businesses to operate vending machines selling OTC medications like acetaminophen and ibuprofen and related testing devices, if they get a DCP nonlegend drug permit

§§ 8-11 — UNIFORM FOOD, DRUG AND COSMETIC ACT
Makes a minor clarifying change to the Uniform Food, Drug and Cosmetic Act

§ 12 — EXPANDING OPIOID ANTAGONIST ACCESS
Allows prescribing practitioners and pharmacists to work with various entities (e.g., law enforcement and school boards) to increase the public's access to opioid antagonists, for example, by making them available in vending machines and needle exchange machines

§ 13 — MEDICAL MARIJUANA CERTIFICATION VIA TELEHEALTH
Indefinitely permits providers to certify medical marijuana patients and provide follow-up care via telehealth

BACKGROUND

SUMMARY

This bill makes various changes related to the practice of pharmacy and access to medications. Among other things, it:

1. establishes a new Department of Consumer Protection (DCP) registration for dispensing group practices and dispensing assistants that dispense prescriptions directly to patients instead of through pharmacies,

2. authorizes pharmacists to dispense emergency or hormonal contraception to patients under certain conditions,

3. allows businesses to operate vending machines selling over-the-counter (OTC) medications if they obtain a DCP permit, and

4. allows prescribing practitioners and pharmacists to work with various entities to increase the public's access to opioid antagonists.

*House Amendment "A" eliminates provisions in the underlying bill

that (1) required a pharmacist who morally or ethically opposed prescribing emergency or hormonal contraception to provide patients with nearby pharmacies that may prescribe them, (2) specifically required prescribing practitioners who compound the prescriptions they dispense to their patients to comply with applicable provisions in the United States Pharmacopeia on compounding, and (3) expanded the statutory reasons the Commission of Pharmacy can take enforcement action against a pharmacy business to include issues related to unsafe conditions and practices and delayed patient access to prescribed drugs.

EFFECTIVE DATE: Upon passage, except the provision creating a new DCP registration for dispensing group practices and dispensing assistants (§ 1) is effective January 1, 2024.

§ 1 — REGISTRATION FOR DISPENSING GROUP PRACTICES AND ASSISTANTS

Establishes a new DCP registration for dispensing group practices and dispensing assistants that dispense prescriptions directly to patients instead of through pharmacies; establishes related registration and advertising requirements and disciplinary actions

The bill establishes a new DCP registration for "dispensing group practices" that dispense legend drugs or devices directly to patients instead of through pharmacies.

Under the bill, a "dispensing group practice" is a group practice with two or more physicians that dispenses legend drugs or devices prescribed by prescribing practitioners the practice employs or affiliates with. It dispenses the drugs or devices through either a (1) centralized dispensing practitioner or (2) pharmacist it employs.

A "centralized dispensing practitioner" is a prescribing practitioner the dispensing group practice employs or affiliates with that it designates as the prescribing practitioner authorized to dispense legend drugs and devices on behalf of the practice's other prescribing practitioners.

"Legend drugs" and "legend devices" are those that federal or state law requires to be dispensed by prescription or that federal law requires

to bear one of two specialized labels stating that federal law prohibits dispensing without a prescription or a veterinarian's order.

DCP Registration

The bill prohibits a group practice from dispensing legend drugs or devices as a dispensing group practice unless it gets a DCP registration.

A group practice must apply to DCP as the department prescribes and designate a centralized dispensing practitioner or pharmacist it employs to be DCP's primary contact.

The bill establishes an initial and renewal registration fee of $200 and requires renewal every two years.

Prescription Drug Monitoring Program Registration

The bill requires dispensing group practices that dispense, or propose to dispense, more than a 72-hour supply of a legend drug or device to (1) register for access to the state's electronic prescription drug monitoring program and (2) comply with the program's reporting and usage requirements.

Under the bill, dispensing group practices are exempt from this registration requirement if they (1) dispense, or propose to dispense, less than a 72-hour supply of a legend drug or device and (2) only dispense them as professional samples.

Pharmacy License

Under the bill, a dispensing group practice that employs a pharmacist to dispense legend drugs or devices is not required to get a pharmacy license for the practice's premises.

The bill requires the pharmacist to directly report to a prescribing practitioner the group practice employs or is affiliated with. The pharmacist may also (1) supervise dispensing assistants the group practice employs, (2) perform in-process and final checks without getting any additional verification from the prescribing practitioner, and (3) perform any component of pharmacy practice.

Dispensing Assistant Registration

The bill establishes a new registration for dispensing assistants and prohibits anyone from acting as a dispensing assistant unless they obtain a DCP registration. It establishes an initial and renewal registration fee of $100 and requires renewal every two years.

Under the bill, a registered dispensing assistant employed by a dispensing group practice may perform the duties of a pharmacy technician, if he or she is under the supervision of a (1) prescribing practitioner the practice employs or affiliates with or (2) pharmacist the practice employs.

Dispensing assistants are subject to the same responsibilities and liabilities in state law and regulation that apply to pharmacy technicians.

Prescribing Practitioners

The bill permits a prescribing practitioner employed by, or affiliated with, a dispensing group practice to dispense legend drugs or devices to his or her patients without using a centralized dispensing practitioner or pharmacist employed by the practice.

It also prohibits a centralized dispensing practitioner or pharmacist employed by a dispensing group practice from dispensing, or ordering the dispensing of, a legend drug or device or a controlled substance for a person who is not being treated by one of the practice's prescribing practitioners.

It similarly prohibits a dispensing group practice from accepting or dispensing a prescription from a prescribing practitioner it does not employ or affiliate with.

Advertising

The bill prohibits a dispensing group practice from exhibiting inside or outside of its premises or including in any of its advertising (1) the words "drug store," "pharmacy," "apothecary," or "medicine shop," or any combination of these, or (2) any other display, symbol, or word

indicating that the dispensing group practice or its premises is a pharmacy.

Disciplinary Action

e bill authorizes DCP to take the following disciplinary actions against a dispensing group practice or dispensing assistant:

1. deny an initial or renewal registration;

2. revoke, suspend, or place conditions on a registration; and

3. assess a civil penalty of up to $1,000 per violation.

The department may take these actions if the dispensing group practice or a centralized dispensing practitioner, dispensing agent, or pharmacist employed by, or acting on behalf of, the group practice violates the bill's provisions or state pharmacy laws or regulations on dispensing legend drugs or devices.

§ 2 — PHARMACISTS' AUTHORITY TO DISPENSE LEGEND DEVICES

Authorizes pharmacists to refill prescriptions for legend devices approved to be used in combination with prescription medications; establishes related notification requirements

The bill authorizes pharmacists to refill a prescription for a legend device if the device is approved by the federal Food and Drug Administration for combined use with a drug a prescribing practitioner prescribes to a patient.

A pharmacist who does so must identify the prescribing practitioner who prescribed the drug associated with the legend device and notify the practitioner in writing, within 72 hours of the dispensing, disclosing that the pharmacist dispensed the legend device to the patient.

Under existing law, unchanged by the bill, a "legend device" is one that federal or state law requires to be dispensed by prescription or that federal law requires to bear one of two specialized labels stating that federal law prohibits dispensing without a prescription or a veterinarian's order.

§ 3 — PHARMACISTS' AUTHORITY TO PRESCRIBE EMERGENCY AND HORMONAL CONTRACEPTION

Authorizes pharmacists to dispense emergency or hormonal contraception to patients under certain conditions

The bill authorizes pharmacists to prescribe, in good faith, emergency or hormonal contraception to a patient if the pharmacist completes the actions listed below before doing so.

It also allows DCP to adopt implementing regulations.

Educational Training Program

Under the bill, the pharmacist must complete an educational training program that does the following:

1. covers prescribing emergency and hormonal contraceptives by pharmacists;

2. addresses appropriate patient medical screenings, contraindications, drug interactions, treatment strategies, and modifications, and when to refer patients to medical providers; and

3. is accredited by the Accreditation Council for Pharmacy Education.

Document Review

he bill requires the pharmacist to review the most current version of the federal Centers for Disease Control and Prevention's (CDC) U.S. Medical Eligibility Criteria for Contraceptive Use, or any successor document, before prescribing emergency or hormonal contraception. If the pharmacist deviates from this document's guidance, the bill requires that the pharmacist document his or her rationale for doing so.

Screening Document

Under the bill, the pharmacist must complete a screening document (presumably, for a patient) prior to dispensing emergency or hormonal contraception, and at least annually after that for a returning patient.

DCP must make the screening document available on its website. The pharmacist, or the pharmacy he or she works for, must keep the document for at least three years. The pharmacy must also make the document available to DCP for inspection, upon request.

The bill explicitly states that it does not prevent the pharmacist, in his or her professional discretion, from (1) requiring more frequent screenings or (2) issuing a prescription for hormonal contraception for up to 12 months.

Counseling and Notification Requirements

If a pharmacist determines that prescribing a patient emergency or hormonal contraception is clinically appropriate, the pharmacist must do the following:

1. counsel the patient on what they should monitor and when to seek more medical attention;

2. notify any health care provider the patient identifies as their primary care provider or, if the patient does not disclose this, give them any relevant documentation; and

3. give the patient a document outlining age-appropriate health screenings that are consistent with CDC recommendations.

Pharmacy Technicians

The bill authorizes pharmacy technicians, at a pharmacist's request, to help the pharmacist prescribe emergency or hormonal contraception to a patient by (1) giving the patient screening documentation; (2) taking and recording the patient's blood pressure; and (3) documenting the patient's medical history, so long as the pharmacy technician completed an educational training program that meets the same requirements as those for pharmacists described above.

§ 4 — PHARMACIES AND MEDICATION ABORTION

Requires pharmacists to give patients a list of nearby pharmacies that dispense medication to terminate a pregnancy if the pharmacy does not have a supply of the medication

The bill requires a pharmacist employed by a pharmacy approved to dispense medication to terminate a pregnancy, to provide a patient seeking the medication a list of the nearest pharmacies that dispense the medication if the pharmacy does not have a supply of the medication.

Under the bill, a pharmacist currently or previously licensed in another state or jurisdiction cannot be subject to automatic reciprocal discipline in Connecticut for any disciplinary action taken in another state or jurisdiction if it was based solely on terminating a pregnancy under conditions that do not violate Connecticut law.

§§ 5 & 7 — FLAVORING ADDITIVES IN COMPOUNDED DRUGS

Allows flavoring agents already approved for use to be added to prescriptions by pharmacies that do not otherwise compound sterile pharmaceuticals

The bill exempts the addition of flavoring agents from laws on sterile compounding. Existing law already allows pharmacies to add flavoring agents meeting certain requirements to a prescription (e.g., oral children's medication) at a prescriber or patient's, among others', request. The bill also expands an existing authorization to adopt regulations on sterile compounding to include this exemption.

§ 6 — MEDICATION SALES VIA VENDING MACHINES

Additionally allows businesses to operate vending machines selling OTC medications like acetaminophen and ibuprofen and related testing devices, if they get a DCP nonlegend drug permit

Under current law, in order to sell OTC drugs at retail outside a pharmacy, a store must annually get a nonlegend drug permit from DCP. The bill also allows DCP to issue these permits to businesses seeking to operate vending machines.

The bill also makes a violation of the nonlegend drug permit law punishable by a fine of up to $1,000, rather than $100-$500 as under current law.

Under the bill, vending machines containing OTC medications must be owned and operated by a business holding a nonlegend drug permit. Businesses need only one permit per location where vending machines

are operated. Each machine must also be registered with DCP. When registering the machine, the applicant must designate an individual who is responsible for properly maintaining it.

Machine Operation

Under the bill, vending machines can sell OTC drugs as well as:

1. OTC devices or test strips that allow someone to test for a particular substance prior to injection, inhalation, or ingestion to prevent accidental overdose and

2. sundries and other nonperishable items.

The bill requires the business registering a vending machine, as well as the person designated as responsible for its maintenance, to ensure each machine:

1. maintains the proper temperature and humidity for each drug offered in the machine, as required by the drug's manufacturer;

2. does not contain drug packages that have more than a five-day supply, according to the manufacturer's directions;

3. contains only drugs and devices in their original containers, labeled and packaged as state and federal law require;

4. offers drugs and devices that are unexpired and unadulterated and not recalled (if a drug is recalled, it must be promptly removed); and

5. does not offer drugs or devices that (a) require age verification or (b) are subject to quantity limits or sales restriction under state or federal law.

The bill also requires vending machines to have:

1. a clear and conspicuous written statement attached to them (a) disclosing the name, address, and toll-free telephone number of

its owner and operator and (b) advising a consumer to check the expiration date of drug and device products before using them; and

2. attached a written notice, in a size and prominent location visible to consumers, stating: "Drug tampering or expired product? Notify the Department of Consumer Protection, Drug Control Division, by calling (toll-free DCP telephone number)."

§§ 8-11 — UNIFORM FOOD, DRUG AND COSMETIC ACT

Makes a minor clarifying change to the Uniform Food, Drug and Cosmetic Act

The bill specifies that failure to comply with applicable provisions in the United States Pharmacopeia on sterile and nonsterile compounding is prohibited under the state's Uniform Food, Drug and Cosmetic Act (§ 11).

The bill also makes technical and conforming changes.

§ 12 — EXPANDING OPIOID ANTAGONIST ACCESS

Allows prescribing practitioners and pharmacists to work with various entities (e.g., law enforcement and school boards) to increase the public's access to opioid antagonists, for example, by making them available in vending machines and needle exchange machines

Existing law allows prescribing practitioners and pharmacists to enter into agreements to distribute opioid antagonists (used to treat opioid overdose, e.g., Narcan), for further distribution or administration, to community health organizations, emergency medical service providers, government agencies, law enforcement agencies, and local and regional boards of education ("host agencies"). The bill specifies that they may enter into agreements with these host agencies to provide any intranasally or orally administered opioid antagonist. The bill also allows prescribing practitioners and pharmacists to enter into agreements with host agencies and syringe services programs to distribute opioid antagonists through secured boxes or machines or vending machines meeting the bill's specifications, as described below.

The bill extends existing law's criminal, civil, and administrative liability protection provisions to prescribing practitioners and

pharmacists who enter into agreements with host agencies and syringe services programs under the bill's provisions on secured machines and boxes and vending machines. It also expands the DCP commissioner's authority to adopt regulations to include implementing the bill's provisions.

The bill specifies that its provisions do not prevent the inclusion of an opioid antagonist in a container that also includes an automated external defibrillator or any other product used to treat a medical emergency (i.e., a container that would not qualify under the bill as a secure box or machine or vending machine).

Secure Boxes on Host Agencies' Premises

The bill allows prescribing practitioners and pharmacists to enter into agreements with host agencies to permit the agencies to install on the agency's premises a secure box containing an intranasally or orally administered opioid antagonist. Under the bill, a "secure box" is a container that:

1. is securely affixed in a public location and tamper-resistant;

2. can be accessed by people for public use, but does not contain more opioid antagonist than necessary to serve the local community;

3. is temperature controlled or stored in an environment with temperature controls; and

4. is equipped with an alarm capable of (1) detecting and transmitting a signal when accessed by someone and (2) alerting first responders to the access unless it is commercially impracticable.

These agreements must:

1. address environmental controls necessary to store the opioid antagonist;

2. set procedures for (a) replenishing opioid antagonists and (b) monitoring their expiration dates and disposing of them when expired; and

3. require signage on (a) the presence of opioid antagonists and (b) usage directions, in the language or languages spoken in the local community.

The bill specifies that if the host agency is unable to stock and maintain the secure box, it must remove it and related signage within five days or sooner.

Vending Machines Operated in Cooperation With Host Agencies

The bill allows prescribing practitioners and pharmacists to enter into agreements with host agencies to operate a vending machine for distributing an opioid antagonist for nasal administration. The bill requires these vending machines to be in an area that maintains a temperature that is consistent with the manufacturer's instructions, or have the ability to maintain the appropriate environment itself. Presumably, unlike secure boxes (see above), vending machines do not have to be located on the host agency's premises.

The bill requires the following to be clearly and conspicuously displayed on the outside of each vending machine, adjacent to it, or upon its distribution of an opioid antagonist:

1. information on the signs and symptoms of an overdose and how to use the opioid antagonist;

2. information on services to treat opioid use disorder; and

3. a website or a quick response code (QRC) directing people to online information on the signs and symptoms of an overdose, overdose response, and how to use an opioid antagonist.

Syringe Services Programs' Secured Machines

Existing law allows registered syringe services programs, after

receiving DCP approval, to use secure, immobile machines to provide patients with up to 10 hypodermic needles and syringes at a time. The machines must prevent unauthorized access and dispense only to patients using a patient-specific access number, personalized magnetic strip card, or another technology that identifies individual patients (CGS § 21a-65). (Syringe services programs, overseen by the Department of Public Health, provide needle and syringe exchange services to intravenous drug users in communities impacted by HIV or hepatitis C.)

The bill allows prescribing practitioners and pharmacists to enter into agreements with syringe services programs to include an opioid antagonist in the programs' DCP-registered, secure needle exchange machines. As is the case for agreements on host agencies' secure boxes (see above), the agreements with syringe services programs must:

1. address environmental controls necessary to store opioid antagonists;

2. set procedures for (a) replenishing opioid antagonists and (b) monitoring their expiration dates and disposing of them when expired; and

3. require signage on (a) the presence of opioid antagonists and (b) usage directions, in the language or languages spoken in the local community.

The bill specifies that these secured needle exchange machines can also distribute test strips that allow someone to test for a particular substance prior to injection, inhalation, or ingestion to prevent accidental overdose.

§ 13 — MEDICAL MARIJUANA CERTIFICATION VIA TELEHEALTH

Indefinitely permits providers to certify medical marijuana patients and provide follow-up care via telehealth

The bill indefinitely permits physicians, APRNs, and physician assistants to certify a qualifying patient's use of medical marijuana and

provide follow-up care using telehealth if they comply with other statutory certification and recordkeeping requirements. They may do so notwithstanding existing laws and regulations on medical marijuana certifications.

Existing law allows physicians and APRNs to do this through June 30, 2023.

BACKGROUND

Commission of Pharmacy

The commission has jurisdiction over pharmacy practice in the state and approves the licensure and registration of pharmacies, pharmacists, and pharmacy interns. It operates within DCP and has seven members appointed by the Governor.

Related Bill

sSB 1102 (File 221), as amended by Senate Amendment "A" and passed by the Senate, allows (1) pharmacists to order and administer tests for COVID-19, HIV, and influenza and prescribe and dispense HIV-related prophylaxis and (2) pharmacies to operate mobile pharmacies in temporary locations, including for purposes of offering an opioid antagonist training and prescribing event.

COMMITTEE ACTION

General Law Committee

Joint Favorable Substitute
Yea 15 Nay 8 (03/09/2023)