



General Assembly

**Amendment**

January Session, 2023

LCO No. 8188



Offered by:  
SEN. MARONEY, 14<sup>th</sup> Dist.

To: Subst. Senate Bill No. 1059

File No. 116

Cal. No. 102

**"AN ACT ESTABLISHING A TASK FORCE TO STUDY THE  
OPERATIONS OF THE DEPARTMENT OF CONSUMER  
PROTECTION."**

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

3 "Section 1. (NEW) (*Effective October 1, 2023*) As used in this section  
4 and sections 2 to 4, inclusive, of this act:

5 (1) "Assistance program" has the same meaning as provided in  
6 subsection (a) of section 19a-12a of the general statutes, as amended by  
7 this act;

8 (2) "Chemical dependency" has the same meaning as provided in  
9 subsection (a) of section 19a-12a of the general statutes, as amended by  
10 this act;

11 (3) "Health care professionals" has the same meaning as provided in  
12 subsection (a) of section 19a-12a of the general statutes, as amended by

13 this act;

14 (4) "Hospital" has the same meaning as provided in section 19a-490  
15 of the general statutes;

16 (5) "Medical review committee" has the same meaning as provided in  
17 subsection (a) of section 19a-12a of the general statutes, as amended by  
18 this act;

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

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

23 (8) "Pharmacy intern" has the same meaning as provided in section  
24 20-571 of the general statutes.

25 Sec. 2. (NEW) (*Effective October 1, 2023*) (a) Any pharmacist or  
26 pharmacy intern may access the assistance program, provided the  
27 assistance program: (1) Satisfies the requirements established in this  
28 section; and (2) includes at least one medical review committee that  
29 satisfies the requirements established in subsections (b) to (h), inclusive,  
30 of this section.

31 (b) (1) Prior to admitting any pharmacist or pharmacy intern into the  
32 assistance program, a medical review committee shall: (A) Determine  
33 whether such pharmacist or pharmacy intern is an appropriate  
34 candidate for rehabilitation and participation in such program; and (B)  
35 establish the terms and conditions for such pharmacist's or pharmacy  
36 intern's participation in such program.

37 (2) No action taken by a medical review committee pursuant to  
38 subdivision (1) of this subsection shall be construed as the practice of  
39 medicine or mental health care.

40 (c) (1) Except as provided in subsection (f) of this section, a medical  
41 review committee shall not admit into the assistance program any

42 pharmacist or pharmacy intern who: (A) Has any pending disciplinary  
43 charges, prior history of disciplinary action or consent order issued by  
44 any professional licensing, registering or disciplinary body; (B) has been  
45 charged with, or convicted of, (i) any felony under the laws of this state,  
46 or (ii) any offense committed outside of this state that, if committed  
47 within this state, would constitute a felony under the laws of this state;  
48 or (C) is alleged to have harmed a patient.

49 (2) A medical review committee shall refer any pharmacist or  
50 pharmacy intern who satisfies the criteria established in subdivision (1)  
51 of this subsection to the Department of Consumer Protection, and shall  
52 submit to the department all records and files maintained by such  
53 committee concerning such pharmacist or pharmacy intern. Such  
54 referral may include the medical review committee's recommendations  
55 concerning which intervention, referral assistance, rehabilitation or  
56 support services are appropriate for such pharmacist or pharmacy  
57 intern.

58 (d) (1) The assistance program shall regularly review the sources of  
59 information available to such program to determine whether, and a  
60 pharmacist or pharmacy intern participating in such program shall  
61 immediately send notice to such program if: (A) Any disciplinary  
62 charges are filed against such pharmacist or pharmacy intern; (B) any  
63 professional licensing, registering or disciplinary body takes any  
64 disciplinary action against such pharmacist or pharmacy intern; or (C)  
65 such pharmacist or pharmacy intern is charged with, or convicted of, (i)  
66 any felony under the laws of this state, or (ii) any offense committed  
67 outside of this state that, if committed within this state, would constitute  
68 a felony under the laws of this state.

69 (2) Upon determining that a pharmacist or pharmacy intern satisfies  
70 the criteria established in, or receiving any notice sent by a pharmacist  
71 or pharmacy intern pursuant to, subdivision (1) of this subsection, the  
72 assistance program shall refer the pharmacist or pharmacy intern to the  
73 Department of Consumer Protection and submit to the department all  
74 records and files maintained by the assistance program concerning such

75 pharmacist or pharmacy intern.

76 (e) The assistance program shall refer a pharmacist or pharmacy  
77 intern to the Department of Consumer Protection, and shall submit to  
78 the department all records and files maintained by such program  
79 concerning the pharmacist or pharmacy intern, if: (1) The assistance  
80 program determines that such pharmacist or pharmacy intern (A) is  
81 unable to practice such pharmacist's or pharmacy intern's profession  
82 with skill and safety or poses a threat to the health and safety of any  
83 person or patient in the health care or pharmacy setting, and (B) does  
84 not refrain from practicing such pharmacist's or pharmacy intern's  
85 profession or fails to participate in a recommended program of  
86 rehabilitation; or (2) such pharmacist or pharmacy intern fails to comply  
87 with the terms or conditions of, or refuses to participate in, the assistance  
88 program.

89 (f) Upon receiving a referral under subdivision (2) of subsection (c) of  
90 this section, subdivision (2) of subsection (d) of this section, subsection  
91 (e) of this section or subparagraph (A) of subdivision (3) of subsection  
92 (e) of section 19a-12b of the general statutes, as amended by this act, the  
93 Department of Consumer Protection shall determine if the pharmacist  
94 or pharmacy intern is eligible to participate in, or continue participating  
95 in, the assistance program and whether such participation shall be  
96 treated as confidential as set forth in subsection (h) of this section. The  
97 Department of Consumer Protection may seek the advice of the  
98 assistance program and professional health care societies or  
99 organizations in determining which intervention, referral assistance,  
100 rehabilitation or support services are appropriate for the pharmacist or  
101 pharmacy intern. If the Department of Consumer Protection determines  
102 that the pharmacist or pharmacy intern is an appropriate candidate for  
103 confidential participation in the assistance program, and such  
104 pharmacist or pharmacy intern participates in such program in  
105 accordance with the terms agreed upon by such program, the  
106 department and such pharmacist or pharmacy intern, the entire record  
107 of the referral and investigation of such pharmacist or pharmacy intern  
108 shall be confidential and shall not be disclosed, except at the request of

109 such pharmacist or pharmacy intern, for the duration of such  
110 pharmacist's or pharmacy intern's participation in, and following  
111 successful completion of, such assistance program.

112 (g) Upon written notice to the Department of Consumer Protection  
113 by the oversight committee that the assistance program is in compliance  
114 with a corrective action plan developed pursuant to subdivision (2) of  
115 subsection (e) of section 19a-12b of the general statutes, as amended by  
116 this act, the department may refer pharmacists and pharmacy interns to  
117 the assistance program for continued intervention, rehabilitation,  
118 referral assistance or support services and shall submit to the assistance  
119 program all records and files concerning such pharmacists and  
120 pharmacy interns.

121 (h) (1) All information given or received in connection with any  
122 intervention, rehabilitation, referral assistance or support services  
123 provided by the assistance program pursuant to this section, including,  
124 but not limited to, the identity of any pharmacist or pharmacy intern  
125 seeking or receiving such intervention, rehabilitation, referral assistance  
126 or support services, shall be confidential and shall not be disclosed: (A)  
127 To any third person or entity, unless such disclosure is reasonably  
128 necessary for the purposes of (i) such intervention, rehabilitation,  
129 referral assistance or support services, or (ii) an audit conducted in  
130 accordance with subsection (j) of this section; or (B) in any civil or  
131 criminal case or proceeding or in any administrative or other legal  
132 proceeding unless (i) the pharmacist or pharmacy intern seeking or  
133 obtaining such intervention, rehabilitation, referral assistance or  
134 support services waives such confidentiality, or (ii) such disclosure is  
135 otherwise required by law.

136 (2) Except as provided in subdivision (1) of this subsection, no person  
137 shall request or require in any civil or criminal case or proceeding, or in  
138 any administrative or other legal proceeding, disclosure of any  
139 information given or received in connection with the intervention,  
140 rehabilitation, referral assistance or support services provided pursuant  
141 to this section.

142 (3) The proceedings of a medical review committee shall not be  
143 subject to discovery or introduced into evidence in any civil action for  
144 or against a pharmacist or pharmacy intern arising out of matters that  
145 are subject to evaluation and review by such committee, and no person  
146 who was in attendance at such proceedings shall be permitted or  
147 required to testify in any such civil action as to the content of such  
148 proceedings. Nothing in this subdivision shall be construed to preclude  
149 in any civil action: (A) The use of any writing recorded independently  
150 of such proceedings; (B) the testimony of any person concerning such  
151 person's knowledge, acquired independently of such proceedings,  
152 about the facts that form the basis for instituting such civil action; (C)  
153 arising out of allegations of patient harm caused by health care or  
154 pharmacy services rendered by a pharmacist or pharmacy intern who,  
155 at the time such services were rendered, had been requested to refrain  
156 from practicing such pharmacist's or pharmacy intern's profession or  
157 whose practice of such profession was restricted, the disclosure of such  
158 request to refrain from practicing or such restriction; or (D) against a  
159 pharmacist or pharmacy intern, disclosure of the fact that the  
160 pharmacist or pharmacy intern participated in the assistance program,  
161 the dates of participation, the reason for participation and confirmation  
162 of successful completion of the assistance program, provided a court of  
163 competent jurisdiction has determined that good cause exists for such  
164 disclosure after (i) notification to such pharmacist or pharmacy intern of  
165 the request for such disclosure, and (ii) a hearing concerning such  
166 disclosure at the request of any party, and provided further, the court  
167 imposes appropriate safeguards against unauthorized disclosure or  
168 publication of such information.

169 (4) Nothing in this subsection shall be construed to prevent the  
170 assistance program from disclosing any information in connection with  
171 any administrative proceeding related to the imposition of any  
172 disciplinary action against any pharmacist or pharmacy intern whom  
173 the assistance program refers to the Department of Consumer Protection  
174 pursuant to subdivision (2) of subsection (c) of this section, subdivision  
175 (2) of subsection (d) of this section, subsection (e) of this section or

176 subparagraph (A) of subdivision (3) of subsection (e) of section 19a-12b  
177 of the general statutes, as amended by this act.

178 (i) (1) The assistance program shall report annually to the appropriate  
179 professional licensing or registering board or commission or, in the  
180 absence of such board or commission, to the Department of Consumer  
181 Protection: (A) On the number of pharmacists and pharmacy interns  
182 participating in the assistance program who are under the jurisdiction  
183 of such board or commission or, in the absence of such board or  
184 commission, the Department of Consumer Protection; (B) the purposes  
185 for participating in the assistance program; and (C) whether participants  
186 are practicing their profession with skill and safety, and without posing  
187 a threat to the health and safety of any person or patient, in the health  
188 care or pharmacy setting.

189 (2) On or before December thirty-first, annually, the assistance  
190 program shall report the information described in subdivision (1) of this  
191 subsection to the joint standing committee of the General Assembly  
192 having cognizance of matters relating to general law, in accordance with  
193 the provisions of section 11-4a of the general statutes.

194 (j) (1) If the Department of Public Health notifies the Department of  
195 Consumer Protection that the Department of Public Health has waived  
196 the annual audit requirement established in subsection (l) of section 19a-  
197 12a of the general statutes, as amended by this act, the Department of  
198 Consumer Protection may require an audit of the assistance program for  
199 the year that is the subject of such waiver for the purposes of examining  
200 the quality control of such program and ensuring compliance with the  
201 requirements established in this section. Each audit conducted pursuant  
202 to this subsection shall: (A) Be conducted on the premises of the  
203 assistance program by an auditor (i) who has been selected by the  
204 assistance program, and (ii) whom the assistance program and the  
205 Department of Consumer Protection have jointly determined is  
206 qualified to conduct such audit; and (B) consist of a random sampling  
207 of at least twenty per cent of the assistance program's files for  
208 pharmacists and pharmacy interns or ten such files, whichever is

209 greater.

210 (2) Prior to conducting an audit pursuant to this subsection, the  
211 auditor shall agree, in writing: (A) Not to copy any of the assistance  
212 program's files or records; (B) not to remove any of the assistance  
213 program's files or records from the premises of such program; (C) to  
214 destroy all personally identifying information about pharmacists and  
215 pharmacy interns participating in the assistance program upon  
216 completion of the audit; (D) not to disclose any personally identifying  
217 information about any pharmacist or pharmacy intern participating in  
218 the assistance program to any person or entity other than a person  
219 employed by the assistance program who is authorized by such  
220 program to receive such disclosure; and (E) not to disclose in any audit  
221 report any personally identifying information about any pharmacist or  
222 pharmacy intern participating in the assistance program.

223 (3) Upon completion of an audit conducted pursuant to this  
224 subsection, the auditor shall submit a written audit report to the  
225 assistance program, the Department of Consumer Protection, the  
226 Professional Assistance Oversight Committee established under section  
227 19a-12b of the general statutes, as amended by this act, and the joint  
228 standing committee of the General Assembly having cognizance of  
229 matters relating to general law, in accordance with the provisions of  
230 section 11-4a of the general statutes.

231 Sec. 3. (NEW) (*Effective October 1, 2023*) (a) (1) Any health care  
232 professional, hospital, pharmacy, pharmacist or pharmacy intern shall,  
233 and any other person may, file a petition with the Department of  
234 Consumer Protection when such health care professional, hospital,  
235 pharmacy, pharmacist, pharmacy intern or other person has any  
236 information that appears to show that a pharmacist or pharmacy intern  
237 is, or may be, unable to practice such pharmacist's or pharmacy intern's  
238 profession with reasonable skill or safety for any of the following  
239 reasons: (A) Physical illness or loss of motor skill, including, but not  
240 limited to, deterioration through the aging process; (B) emotional  
241 disorder or mental illness; (C) abuse or excessive use of drugs,



242 including, but not limited to, alcohol, narcotics or other chemicals; (D)  
243 illegal, incompetent or negligent conduct in the practice of such  
244 pharmacist's or pharmacy intern's profession; (E) possession, use,  
245 prescription for use or distribution of controlled substances or legend  
246 drugs, except for therapeutic or other medically proper purposes; (F)  
247 misrepresentation or concealment of a material fact in obtaining or  
248 reinstating a license or registration to practice such pharmacist's or  
249 pharmacy intern's profession; or (G) violation of any provision of  
250 chapter 400j of the general statutes or any regulation adopted under said  
251 chapter.

252 (2) A health care professional, hospital, pharmacy, pharmacist or  
253 pharmacy intern shall, and any other person may, file a petition  
254 described in subdivision (1) of this subsection not later than thirty days  
255 after obtaining the information to support such petition. Each petition  
256 shall be filed with the Department of Consumer Protection in a form and  
257 manner prescribed by the Commissioner of Consumer Protection.

258 (b) Any health care professional, hospital, pharmacy, pharmacist or  
259 pharmacy intern that refers a pharmacist or pharmacy intern to the  
260 assistance program for intervention shall be deemed to have satisfied  
261 the obligations imposed on such health care professional, hospital,  
262 pharmacy, pharmacist or pharmacy intern under subsection (a) of this  
263 section with respect to the pharmacist's or pharmacy intern's inability to  
264 practice such pharmacist's or pharmacy intern's profession with  
265 reasonable skill or safety due to chemical dependency, emotional or  
266 behavioral disorder or physical or mental illness.

267 (c) Any pharmacist or pharmacy intern who has been the subject of  
268 an arrest arising out of an allegation of the possession, use, prescription  
269 for use or distribution of alcohol, a controlled substance or a legend drug  
270 shall, not later than thirty days after such arrest, send notice to the  
271 Department of Consumer Protection, in a form and manner prescribed  
272 by the Commissioner of Consumer Protection, disclosing such arrest.  
273 Such pharmacist or pharmacy intern shall be deemed to have satisfied  
274 such notice requirement if such pharmacist or pharmacy intern seeks

275 intervention with the assistance program during such thirty-day period.

276 (d) If a duly authorized professional disciplinary agency of any state,  
277 the District of Columbia, a United States possession or territory or a  
278 foreign jurisdiction takes any disciplinary action against a pharmacist or  
279 pharmacy intern that is similar in nature to any action specified in  
280 section 20-579 of the general statutes, the pharmacist or pharmacy intern  
281 shall report such disciplinary action to the Department of Consumer  
282 Protection not later than thirty days after such agency takes such action.  
283 Any failure to report in accordance with the provisions of this  
284 subsection may constitute grounds for disciplinary action under chapter  
285 400j of the general statutes.

286 (e) No health care professional, hospital, pharmacy, pharmacist,  
287 pharmacy intern or other person who files a petition pursuant to  
288 subsection (a) of this section, or provides any information to the  
289 Department of Consumer Protection or the assistance program, shall,  
290 without a showing of malice, be liable for damage or injury to the  
291 pharmacist or pharmacy intern for filing such petition or providing such  
292 information. The assistance program shall not be liable for damage or  
293 injury to the pharmacist or pharmacy intern without a showing of  
294 malice.

295 (f) The Department of Consumer Protection shall investigate each  
296 petition filed pursuant to subsection (a) of this section, in accordance  
297 with the provisions of section 21a-11 of the general statutes, to  
298 determine if probable cause exists to issue a statement of charges and  
299 institute proceedings against the pharmacist or pharmacy intern under  
300 subsection (i) of this section.

301 (g) As part of an investigation of a petition filed pursuant to  
302 subsection (a) of this section, the Department of Consumer Protection  
303 may order the pharmacist or pharmacy intern to submit to a physical or  
304 mental examination to be performed by a physician or an advanced  
305 practice registered nurse chosen from a list approved by the  
306 department. The Department of Consumer Protection may seek the

307 advice of established medical organizations or health care professionals  
308 in determining the nature and scope of any diagnostic examinations to  
309 be used as part of any such physical or mental examination. The chosen  
310 physician or advanced practice registered nurse shall make a written  
311 statement of such physician's or advanced practice registered nurse's  
312 findings.

313 (h) If the pharmacist or pharmacy intern fails to obey the Department  
314 of Consumer Protection's order to submit to an examination or attend a  
315 hearing, the department may petition the superior court for the judicial  
316 district of Hartford to order such examination or attendance and said  
317 court, or any judge assigned to said court, shall have jurisdiction to issue  
318 such order.

319 (i) Subject to the provisions of section 4-182 of the general statutes,  
320 the Department of Consumer Protection shall not restrict, suspend or  
321 revoke any license or registration, or limit a pharmacist's or pharmacy  
322 intern's right to practice the pharmacist's or pharmacy intern's  
323 profession, until the pharmacist or pharmacy intern has been given  
324 notice and opportunity for hearing in accordance with said section.

325 Sec. 4. (NEW) (*Effective October 1, 2023*) There is established an  
326 account to be known as the "pharmacy professional assistance program  
327 account" which shall be a separate, nonlapsing account within the  
328 General Fund. The account shall contain any moneys required by law to  
329 be deposited in the account. Moneys in the account shall be paid by the  
330 Commissioner of Consumer Protection to the assistance program for the  
331 provision of education, prevention, intervention, referral assistance,  
332 rehabilitation and support services to pharmacists and pharmacy  
333 interns who have a chemical dependency, an emotional or behavioral  
334 disorder or a physical or mental illness.

335 Sec. 5. Section 19a-12a of the general statutes is repealed and the  
336 following is substituted in lieu thereof (*Effective October 1, 2023*):

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

339       (1) "Assistance program" means the program established pursuant to  
340 subsection (b) of this section to provide education, prevention,  
341 intervention, referral assistance, rehabilitation or support services to  
342 health care professionals, pharmacists and pharmacy interns who have  
343 a chemical dependency, emotional or behavioral disorder or physical or  
344 mental illness;

345       [(1)] (2) "Chemical dependency" means abusive or excessive use of  
346 drugs, including alcohol, narcotics or chemicals, that results in physical  
347 or psychological dependence;

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

349       (3) "Health care professionals" includes any person licensed or who  
350 holds a permit pursuant to chapter 370, 372, 373, 375, 375a, 376, 376a,  
351 376b, 376c, 377, 378, 379, 379a, 380, 381, 381a, 382a, 383, 383a, 383b, 383c,  
352 384, 384a, 384b, 384c, 384d, 385, 398 or 399;

353       (4) "Medical review committee" means any committee that reviews  
354 and monitors participation by health care professionals, pharmacists or  
355 pharmacy interns in the assistance program, including a medical review  
356 committee described in section 19a-17b; [and]

357       [(5) "Assistance program" means the program established pursuant  
358 to subsection (b) of this section to provide education, prevention,  
359 intervention, referral assistance, rehabilitation or support services to  
360 health care professionals who have a chemical dependency, emotional  
361 or behavioral disorder or physical or mental illness.]

362       (5) "Pharmacist" has the same meaning as provided in section 20-571;  
363 and

364       (6) "Pharmacy intern" has the same meaning as provided in section  
365 20-571.

366       (b) State or local professional societies or membership organizations  
367 of health care professionals, pharmacists and pharmacy interns, or any  
368 combination thereof, may establish a single assistance program to serve

369 all health care professionals, pharmacists and pharmacy interns,  
370 provided the assistance program (1) operates in compliance with the  
371 provisions of this section and sections 1 to 3, inclusive, of this act, and  
372 (2) includes one or more medical review committees that comply with  
373 the applicable provisions of (A) subsections (c) to (f), inclusive, of this  
374 section, and (B) subsections (b) to (h), inclusive, of section 2 of this act.  
375 The program shall [(A)] (i) be an alternative, voluntary and confidential  
376 opportunity for the rehabilitation of health care professionals, and  
377 persons who have applied to become health care professionals, and  
378 pharmacists and pharmacy interns, and [(B)] (ii) include mandatory,  
379 periodic evaluations of each participant's ability to practice with skill  
380 and safety and without posing a threat to the health and safety of any  
381 person or patient in the health care or pharmacy setting.

382 (c) Prior to admitting a health care professional into the assistance  
383 program, a medical review committee shall (1) determine if the health  
384 care professional is an appropriate candidate for rehabilitation and  
385 participation in the program, and (2) establish the participant's terms  
386 and conditions for participating in the program. No action taken by the  
387 medical review committee pursuant to this subsection shall be  
388 construed as the practice of medicine or mental health care.

389 (d) A medical review committee shall not admit into the assistance  
390 program any health care professional who has pending disciplinary  
391 charges, prior history of disciplinary action or a consent order by any  
392 professional licensing or disciplinary body or has been charged with or  
393 convicted of a felony under the laws of this state, or of an offense that, if  
394 committed within this state, would constitute a felony. A medical  
395 review committee shall refer such health care professional to the  
396 [department] Department of Public Health and shall submit to the  
397 department all records and files maintained by the assistance program  
398 concerning such health care professional. Upon such referral, the  
399 [department] Department of Public Health shall determine if the health  
400 care professional is eligible to participate in the assistance program and  
401 whether such participation should be treated as confidential pursuant  
402 to subsection (h) of this section. The [department] Department of Public

403 Health may seek the advice of professional health care societies or  
404 organizations and the assistance program in determining what  
405 intervention, referral assistance, rehabilitation or support services are  
406 appropriate for such health care professional. If the [department]  
407 Department of Public Health determines that the health care  
408 professional is an appropriate candidate for confidential participation in  
409 the assistance program, the entire record of the referral and  
410 investigation of the health care professional shall be confidential and  
411 shall not be disclosed, except at the request of the health care  
412 professional, for the duration of the health care professional's  
413 participation in and upon successful completion of the program,  
414 provided such participation is in accordance with terms agreed upon by  
415 the department, the health care professional and the assistance program.

416 (e) Any health care professional participating in the assistance  
417 program shall immediately notify the assistance program upon (1) being  
418 made aware of the filing of any disciplinary charges or the taking of any  
419 disciplinary action against such health care professional by a  
420 professional licensing or disciplinary body, or (2) being charged with or  
421 convicted of a felony under the laws of this state, or of an offense that, if  
422 committed within this state, would constitute a felony. The assistance  
423 program shall regularly review available sources to determine if  
424 disciplinary charges have been filed, or disciplinary action has been  
425 taken, or felony charges have been filed or substantiated against any  
426 health care professional who has been admitted to the assistance  
427 program. Upon such notification, the assistance program shall refer  
428 such health care professional to the [department] Department of Public  
429 Health and shall submit to the department all records and files  
430 maintained by the assistance program concerning such health care  
431 professional. Upon such referral, the [department] Department of Public  
432 Health shall determine if the health care professional is eligible to  
433 continue participating in the assistance program and whether such  
434 participation should be treated as confidential in accordance with  
435 subsection (h) of this section. The [department] Department of Public  
436 Health may seek the advice of professional health care societies or

437 organizations and the assistance program in determining what  
438 intervention, referral assistance, rehabilitation or support services are  
439 appropriate for such health care professional. If the [department]  
440 Department of Public Health determines that the health care  
441 professional is an appropriate candidate for confidential participation in  
442 the assistance program, the entire record of the referral and  
443 investigation of the health care professional shall be confidential and  
444 shall not be disclosed, except at the request of the health care  
445 professional, for the duration of the health care professional's  
446 participation in and upon successful completion of the program,  
447 provided such participation is in accordance with terms agreed upon by  
448 the department, the health care professional and the assistance program.

449 (f) A medical review committee shall not admit into the assistance  
450 program any health care professional who is alleged to have harmed a  
451 patient. Upon being made aware of such allegation of harm a medical  
452 review committee and the assistance program shall refer such health  
453 care professional to the [department] Department of Public Health and  
454 shall submit to the department all records and files maintained by the  
455 assistance program concerning such health care professional. Such  
456 referral may include recommendations as to what intervention, referral  
457 assistance, rehabilitation or support services are appropriate for such  
458 health care professional. Upon such referral, the [department]  
459 Department of Public Health shall determine if the health care  
460 professional is eligible to participate in the assistance program and  
461 whether such participation should be provided in a confidential manner  
462 in accordance with the provisions of subsection (h) of this section. The  
463 [department] Department of Public Health may seek the advice of  
464 professional health care societies or organizations and the assistance  
465 program in determining what intervention, referral assistance,  
466 rehabilitation or support services are appropriate for such health care  
467 professional. If the [department] Department of Public Health  
468 determines that the health care professional is an appropriate candidate  
469 for confidential participation in the assistance program, the entire  
470 record of the referral and investigation of the health care professional

471 shall be confidential and shall not be disclosed, except at the request of  
472 the health care professional, for the duration of the health care  
473 professional's participation in and upon successful completion of the  
474 program, provided such participation is in accordance with terms  
475 agreed upon by the department, the health care professional and the  
476 assistance program.

477 (g) The assistance program shall report annually to the appropriate  
478 professional licensing board or commission or, in the absence of such  
479 board or commission, to the Department of Public Health on the number  
480 of health care professionals participating in the assistance program who  
481 are under the jurisdiction of such board or commission or in the absence  
482 of such board or commission, the [department] Department of Public  
483 Health, the purposes for participating in the assistance program and  
484 whether participants are practicing health care with skill and safety and  
485 without posing a threat to the health and safety of any person or patient  
486 in the health care setting. Annually, on or before December thirty-first,  
487 the assistance program shall report such information to the joint  
488 standing committee of the General Assembly having cognizance of  
489 matters relating to public health, in accordance with the provisions of  
490 section 11-4a.

491 (h) (1) All information given or received in connection with any  
492 intervention, rehabilitation, referral assistance or support services  
493 provided by the assistance program pursuant to this section, including  
494 the identity of any health care professional seeking or receiving such  
495 intervention, rehabilitation, referral assistance or support services shall  
496 be confidential and shall not be disclosed (A) to any third person or  
497 entity, unless disclosure is reasonably necessary for the accomplishment  
498 of the purposes of such intervention, rehabilitation, referral assistance  
499 or support services or for the accomplishment of an audit in accordance  
500 with subsection (l) of this section, or (B) in any civil or criminal case or  
501 proceeding or in any legal or administrative proceeding, unless the  
502 health care professional seeking or obtaining intervention,  
503 rehabilitation, referral assistance or support services waives the  
504 confidentiality privilege under this subsection or unless disclosure is



505 otherwise required by law. Unless a health care professional waives the  
506 confidentiality privilege under this subsection or disclosure is otherwise  
507 required by law, no person in any civil or criminal case or proceeding  
508 or in any legal or administrative proceeding may request or require any  
509 information given or received in connection with the intervention,  
510 rehabilitation, referral assistance or support services provided pursuant  
511 to this section.

512 (2) The proceedings of a medical review committee shall not be  
513 subject to discovery or introduced into evidence in any civil action for  
514 or against a health care professional arising out of matters that are  
515 subject to evaluation and review by such committee, and no person who  
516 was in attendance at such proceedings shall be permitted or required to  
517 testify in any such civil action as to the content of such proceedings.  
518 Nothing in this subdivision shall be construed to preclude (A) in any  
519 civil action, the use of any writing recorded independently of such  
520 proceedings; (B) in any civil action, the testimony of any person  
521 concerning such person's knowledge, acquired independently of such  
522 proceedings, about the facts that form the basis for the instituting of  
523 such civil action; (C) in any civil action arising out of allegations of  
524 patient harm caused by health care services rendered by a health care  
525 professional who, at the time such services were rendered, had been  
526 requested to refrain from practicing or whose practice of medicine or  
527 health care was restricted, the disclosure of such request to refrain from  
528 practicing or such restriction; or (D) in any civil action against a health  
529 care professional, disclosure of the fact that a health care professional  
530 participated in the assistance program, the dates of participation, the  
531 reason for participation and confirmation of successful completion of  
532 the program, provided a court of competent jurisdiction has determined  
533 that good cause exists for such disclosure after (i) notification to the  
534 health care professional of the request for such disclosure, and (ii) a  
535 hearing concerning such disclosure at the request of any party, and  
536 provided further, the court imposes appropriate safeguards against  
537 unauthorized disclosure or publication of such information.

538 (3) Nothing in this subsection shall be construed to prevent the

539 assistance program from disclosing information in connection with  
540 administrative proceedings related to the imposition of disciplinary  
541 action against any health care professional referred to the [department]  
542 Department of Public Health by the assistance program pursuant to  
543 subsection (d), (e), (f) or (i) of this section or by the Professional  
544 Assistance Oversight Committee pursuant to subsection (e) of section  
545 19a-12b, as amended by this act.

546 (i) If at any time, (1) the assistance program determines that a health  
547 care professional is not able to practice with skill and safety or poses a  
548 threat to the health and safety of any person or patient in the health care  
549 setting and the health care professional does not refrain from practicing  
550 health care or fails to participate in a recommended program of  
551 rehabilitation, or (2) a health care professional who has been referred to  
552 the assistance program fails to comply with terms or conditions of the  
553 program or refuses to participate in the program, the assistance program  
554 shall refer the health care professional to the [department] Department  
555 of Public Health and shall submit to the department all records and files  
556 maintained by the assistance program concerning such health care  
557 professional. Upon such referral, the [department] Department of Public  
558 Health shall determine if the health care professional is eligible to  
559 participate in the assistance program and whether such participation  
560 should be provided in a confidential manner in accordance with the  
561 provisions of subsection (h) of this section. The [department]  
562 Department of Public Health may seek the advice of professional health  
563 care societies or organizations and the assistance program in  
564 determining what intervention, rehabilitation, referral assistance or  
565 support services are appropriate for such health care professional. If the  
566 [department] Department of Public Health determines that the health  
567 care professional is an appropriate candidate for confidential  
568 participation in the assistance program, the entire record of the referral  
569 and investigation of the health care professional shall be confidential  
570 and shall not be disclosed, except at the request of the health care  
571 professional, for the duration of the health care professional's  
572 participation in and upon successful completion of the program,

573 provided such participation is in accordance with terms agreed upon by  
574 the department, the health care professional and the assistance program.

575 (j) (1) Any physician, hospital or state or local professional society or  
576 organization of health care professionals that refers a physician for  
577 intervention to the assistance program shall be deemed to have satisfied  
578 the obligations imposed on the person or organization pursuant to  
579 subsection (a) of section 20-13d, with respect to a physician's inability to  
580 practice medicine with reasonable skill or safety due to chemical  
581 dependency, emotional or behavioral disorder or physical or mental  
582 illness.

583 (2) Any physician, physician assistant, hospital or state or local  
584 professional society or organization of health care professionals that  
585 refers a physician assistant for intervention to the assistance program  
586 shall be deemed to have satisfied the obligations imposed on the person  
587 or organization pursuant to subsection (a) of section 20-12e, with respect  
588 to a physician assistant's inability to practice with reasonable skill or  
589 safety due to chemical dependency, emotional or behavioral disorder or  
590 physical or mental illness.

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

595 (l) (1) On or before November [1, 2007, and] first, annually,  
596 [thereafter,] the assistance program shall select a person determined to  
597 be qualified by the assistance program and the [department]  
598 Department of Public Health to conduct an audit on the premises of the  
599 assistance program for the purpose of examining quality control of the  
600 program and compliance with all requirements of this section. [On or  
601 after November 1, 2011, the department, with the agreement of the  
602 Professional Assistance Oversight Committee established under section  
603 19a-12b,] The Department of Public Health may waive the audit  
604 requirement, provided (A) the Professional Assistance Oversight

605 Committee established under section 19a-12b, as amended by this act,  
606 has agreed to such waiver, in writing, and (B) the Department of Public  
607 Health has notified the Department of Consumer Protection of such  
608 waiver, in writing.

609 (2) Any audit conducted pursuant to this subsection shall consist of a  
610 random sampling of at least twenty per cent of the assistance program's  
611 files or ten files, whichever is greater. Prior to conducting the audit, the  
612 auditor shall agree in writing [(1)] (A) not to copy any program files or  
613 records, [(2)] (B) not to remove any program files or records from the  
614 premises, [(3)] (C) to destroy all personally identifying information  
615 about health care professionals participating in the assistance program  
616 upon the completion of the audit, [(4)] (D) not to disclose personally  
617 identifying information about health care professionals participating in  
618 the program to any person or entity other than a person employed by  
619 the assistance program who is authorized by such program to receive  
620 such disclosure, and [(5)] (E) not to disclose in any audit report any  
621 personally identifying information about health care professionals  
622 participating in the assistance program.

623 (3) Upon completion of the audit conducted pursuant to this  
624 subsection, the auditor shall submit a written audit report to the  
625 assistance program, the [department] Department of Public Health, the  
626 Professional Assistance Oversight Committee established under section  
627 19a-12b, as amended by this act, and the joint standing committee of the  
628 General Assembly having cognizance of matters relating to public  
629 health, in accordance with the provisions of section 11-4a.

630 Sec. 6. Section 19a-12b of the general statutes is repealed and the  
631 following is substituted in lieu thereof (*Effective October 1, 2023*):

632 (a) The Department of Public Health shall establish a Professional  
633 Assistance Oversight Committee for the assistance program. Such  
634 committee's duties shall include, but not be limited to, overseeing  
635 quality assurance. The oversight committee shall consist of the  
636 following members: (1) Three members selected by the [department]

637 Department of Public Health, who are health care professionals with  
638 training and experience in mental health or addiction services, (2) three  
639 members selected by the assistance program, who are not employees,  
640 board or committee members of the assistance program and who are  
641 health care professionals with training and experience in mental health  
642 or addiction services, and (3) one member selected by the Department  
643 of Mental Health and Addiction Services who is a health care  
644 professional.

645 (b) The assistance program shall provide administrative support to  
646 the oversight committee.

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

650 (d) The oversight committee may request and shall be entitled to  
651 receive copies of files or such other assistance program records it deems  
652 necessary, provided all information pertaining to the identity of any  
653 health care professional shall first be redacted by the assistance  
654 program. No member of the oversight committee may copy, retain or  
655 maintain any such redacted records. If the oversight committee  
656 determines that a health care professional is not able to practice with  
657 skill and safety or poses a threat to the health and safety of any person  
658 or patient in the health care setting, and the health care professional has  
659 not refrained from practicing health care or has failed to comply with  
660 terms or conditions of participation in the assistance program, the  
661 oversight committee shall notify the assistance program to refer the  
662 health care professional to the [department] Department of Public  
663 Health. Upon such notification, the assistance program shall refer the  
664 health care professional to the [department] Department of Public  
665 Health, in accordance with the provisions of subsection (i) of section  
666 19a-12a, as amended by this act.

667 (e) (1) If, at any time, the oversight committee determines that the  
668 assistance program (A) has not acted in accordance with the provisions

669 of this section, [or] section 19a-12a, as amended by this act, or sections 1  
670 and 2 of this act, or (B) requires remedial action based upon the audit  
671 performed under subsection (l) of section 19a-12a, as amended by this  
672 act, or subsection (j) of section 2 of this act, the oversight committee shall  
673 notify the assistance program of such determination, in writing, not later  
674 than thirty days after such determination.

675 (2) The assistance program shall develop and submit to the oversight  
676 committee a corrective action plan addressing such determination not  
677 later than thirty days after the date of such notification. The assistance  
678 program may seek the advice and assistance of the oversight committee  
679 in developing the corrective action plan. Upon approval of the  
680 corrective action plan by the oversight committee, the oversight  
681 committee shall provide a copy of the approved plan to the assistance  
682 program, [and] the [department] Department of Public Health and, if  
683 the approved plan addresses pharmacists or pharmacy interns, the  
684 Department of Consumer Protection.

685 (3) (A) If the assistance program fails to comply with the corrective  
686 action plan, the oversight committee may (i) amend the plan, or (ii)  
687 direct the assistance program to refer some or all of the records of (I) the  
688 health care professionals in the assistance program to the [department]  
689 Department of Public Health for a determination under subparagraph  
690 (B) of this subdivision, or (II) the pharmacists and pharmacy interns in  
691 the assistance program to the Department of Consumer Protection for a  
692 determination under subsection (f) of section 2 of this act.

693 (B) Upon such referral, the [department] Department of Public Health  
694 shall determine if each referred health care professional is eligible for  
695 continued intervention, rehabilitation, referral assistance or support  
696 services and whether participation in such intervention, rehabilitation,  
697 referral assistance or support services should be treated as confidential  
698 in accordance with subsection (h) of section 19a-12a, as amended by this  
699 act. If the [department] Department of Public Health determines that a  
700 health care professional is an appropriate candidate for confidential  
701 participation in continued intervention, referral assistance,

702 rehabilitation or support services, the entire record of the referral and  
703 investigation of the health care professional shall be confidential and  
704 shall not be disclosed, except at the request of the health care  
705 professional, for the duration of the health care professional's  
706 participation in and upon successful completion of the program,  
707 provided such participation is in accordance with terms agreed upon by  
708 the department and the health care professional.

709 (4) Upon written notice to the [department] Department of Public  
710 Health by the oversight committee that the assistance program is in  
711 compliance with a corrective action plan developed pursuant to  
712 subdivision (2) of this subsection, the department may refer health care  
713 professionals to the assistance program for continued intervention,  
714 rehabilitation, referral assistance or support services and shall submit to  
715 the assistance program all records and files concerning such health care  
716 professionals.

717 (f) Records created for, by or on behalf of the oversight committee  
718 shall not be deemed public records and shall not be subject to the  
719 provisions of section 1-210. Such records shall be treated as confidential  
720 in accordance with the provisions of subsection (h) of section 19a-12a,  
721 as amended by this act, and subsection (h) of section 2 of this act.

722 (g) The proceedings of the oversight committee shall not be subject to  
723 discovery or introduced into evidence in any civil action for or against  
724 a health care professional, pharmacist or pharmacy intern arising out of  
725 matters that are subject to evaluation and review by such committee,  
726 and no person who was in attendance at such proceedings shall be  
727 permitted or required to testify in any such civil action as to the content  
728 of such proceedings. Nothing in this subdivision shall be construed to  
729 preclude (1) in any civil action, the use of any writing recorded  
730 independently of such proceedings; (2) in any civil action, the testimony  
731 of any person concerning such person's knowledge, acquired  
732 independently of such proceedings, about the facts that form the basis  
733 for the instituting of such civil action; (3) in any civil action arising out  
734 of allegations of patient harm caused by health care or pharmacy

735 services rendered by a health care professional, pharmacist or pharmacy  
736 intern who, at the time such services were rendered, had been requested  
737 to refrain from practicing or whose practice of medicine, [or] health care  
738 or pharmacy was restricted, the disclosure of such request to refrain  
739 from practicing or such restriction; or (4) in any civil action against a  
740 health care professional, pharmacist or pharmacy intern, disclosure of  
741 the fact that a health care professional, pharmacist or pharmacy intern  
742 participated in the assistance program, the dates of participation, the  
743 reason for participation and confirmation of successful completion of  
744 the program, provided a court of competent jurisdiction has determined  
745 that good cause exists for such disclosure after (A) notification to the  
746 health care professional, pharmacist or pharmacy intern of the request  
747 for such disclosure, and (B) a hearing concerning such disclosure at the  
748 request of any party, and provided further, the court imposes  
749 appropriate safeguards against unauthorized disclosure or publication  
750 of such information.

751 Sec. 7. Subsection (a) of section 19a-12e of the general statutes is  
752 repealed and the following is substituted in lieu thereof (*Effective October*  
753 *1, 2023*):

754 (a) As used in this section:

755 (1) "Assistance program" has the same meaning as provided in  
756 subsection (a) of section 19a-12a, as amended by this act;

757 [(1)] (2) "Health care professional" means any individual licensed or  
758 who holds a permit pursuant to chapter 368v, 370, 372, 373, 375 to 378,  
759 inclusive, 379 to 381b, inclusive, 382a, 383 to 385, inclusive, 388 or 397a  
760 to 399, inclusive; and

761 [(2)] "Assistance program" means the program established pursuant  
762 to section 19a-12a to provide education, prevention, intervention,  
763 referral assistance, rehabilitation or support services to health care  
764 professionals who have a chemical dependency, emotional or  
765 behavioral disorder or physical or mental illness; and]



766 (3) "Hospital" has the same meaning as provided in section 19a-490.

767 Sec. 8. Subsections (b) and (c) of section 20-593 of the general statutes  
768 are repealed and the following is substituted in lieu thereof (*Effective July*  
769 *1, 2025*):

770 (b) A license to practice pharmacy shall expire annually and may be  
771 renewed upon completion of an application on a form approved by the  
772 department, payment of [one hundred dollars] the fee required in  
773 section 20-601, as amended by this act, and completion of continuing  
774 professional education, as required by sections 20-599 and 20-600.

775 (c) The commission shall not grant a renewal license to an applicant  
776 who has not held a license authorized by the commission within five  
777 years of the date of application unless the applicant has passed an  
778 examination satisfactory to the commission and has paid the fee  
779 required in [subsection (b) of this] section 20-601, as amended by this  
780 act.

781 Sec. 9. Section 20-601 of the general statutes is repealed and the  
782 following is substituted in lieu thereof (*Effective July 1, 2025*):

783 The department shall collect the following nonrefundable fees:

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

786 (2) The fee for renewal of a pharmacist license is [the professional  
787 services fee for class A, as defined in section 33-182] one hundred five  
788 dollars. Before the commission grants a license to an applicant who has  
789 not held a license authorized by the commission within five years of the  
790 date of application, the applicant shall pay the fee required in  
791 subdivision (1) of this section. On or before the last day of January,  
792 April, July and October in each year, the commissioner shall transfer  
793 five dollars of each renewal fee collected pursuant to this subdivision to  
794 the pharmacy professional assistance program account established in  
795 section 4 of this act.

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

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

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

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

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

811 (8) The fee for application for registration as a pharmacy intern is  
812 [sixty] sixty-five dollars. On or before the last day of January, April, July  
813 and October in each year, the commissioner shall transfer five dollars of  
814 each fee collected pursuant to this subdivision to the pharmacy  
815 professional assistance program account established in section 4 of this  
816 act.

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

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

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

824 (12) The fee for issuance of a nonresident pharmacy certificate of

825 registration is seven hundred fifty dollars.

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

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

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

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

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

841 (18) The fee for issuance of a temporary permit to practice pharmacy  
 842 is two hundred dollars."

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2023	New section
Sec. 2	October 1, 2023	New section
Sec. 3	October 1, 2023	New section
Sec. 4	October 1, 2023	New section
Sec. 5	October 1, 2023	19a-12a
Sec. 6	October 1, 2023	19a-12b
Sec. 7	October 1, 2023	19a-12e(a)
Sec. 8	July 1, 2025	20-593(b) and (c)
Sec. 9	July 1, 2025	20-601