General Assembly

Amendment

February Session, 2022

LCO No. **5642**

Offered by:
SEN. MARONEY, 14th Dist.
SEN. WITKOS, 8th Dist.
REP. D'AGOSTINO, 91st Dist.
REP. RUTIGLIANO, 123rd Dist.

To: Subst. Senate Bill No. **186** File No. 213 Cal. No. 169

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

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

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 Section 20-631 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) For the purposes of this section:

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

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

(3) "Collaborative drug therapy care plan" means a written document memorializing the outcome of the process through which one or more qualified pharmacists and one or more prescribing practitioners discuss, review and agree on an approach to achieve a patient's desired health outcome;

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

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

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

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

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

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

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

Commission of Pharmacy Practitioners.

[(a)**]** (b) Except as provided in section 20-631b, one or more qualified pharmacists **[**licensed under this chapter who are determined competent in accordance with regulations adopted pursuant to subsection (d) of this section**]** may enter into a **[**written protocol-based**]** collaborative drug therapy management agreement **[**with one or more physicians licensed under chapter 370 or advanced practice registered nurses licensed under chapter 378 to**]** or manage the drug therapy of, and devices prescribed to, individual patients, or a patient population, under a collaborative drug therapy management policy. In order to enter into a **[**written protocol-based**]** collaborative drug therapy management agreement **[**, such physician or advanced practice registered nurse shall have established**]** or collaborative drug therapy care plan, or operate under a collaborative drug therapy management policy, a prescribing practitioner shall first establish a provider-patient relationship with the patient or patients who will receive collaborative drug therapy or devices. Each patient's collaborative drug therapy or device management shall be **[**governed by a written protocol which may include guideline-directed management established by the treating physician or advanced practice registered nurse in consultation with the pharmacist. For purposes of this subsection, a "provider-patient relationship" is a relationship based on (1) the patient making a medical complaint, (2) the patient providing a medical history, (3) the patient receiving a physical examination, and (4) a logical connection existing between the medical complaint, the medical history, the physical examination and any drug prescribed for the patient**]** based on a diagnosis made by such patient's prescribing practitioner or a specific test set forth in a collaborative drug therapy management agreement or collaborative drug therapy management policy.

[(b)**]** (c) A collaborative drug therapy management agreement or collaborative drug therapy management policy may authorize a **[**pharmacist to implement**]** qualified pharmacist or qualified pharmacists to initiate, modify, continue, discontinue or deprescribe a drug therapy, or initiate, continue or discontinue use of, or deprescribe,

a device, that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific or patient population-specific written protocol **[**. Such agreement**]** or collaborative drug therapy care plan, but shall not authorize a qualified pharmacist or qualified pharmacists to establish a port to administer parenteral drugs. A collaborative drug therapy management agreement or collaborative drug therapy management policy may specifically address issues that may arise during a medication reconciliation and concerns related to polypharmacy that enable an authorized qualified pharmacist or qualified pharmacists to **[**implement**]** initiate, modify, continue, discontinue or deprescribe drug therapy. In instances where drug therapy is discontinued or deprescribed, the qualified pharmacist or qualified pharmacists shall notify the **[**treating physician or advanced practice registered nurse**]** prescribing practitioner of such discontinuance or deprescribing **[**no**]** not later than twenty-four hours **[**from the time of such discontinuance or deprescribing**]** after such drug therapy is discontinued or deprescribed. Each written protocol or collaborative drug therapy care plan developed, pursuant to **[**the**]** a collaborative drug therapy management agreement or collaborative drug therapy management policy, shall contain detailed direction concerning the actions that the qualified pharmacist or qualified pharmacists may perform for **[**that**]** the patient **[**. The**]** or patient population. Such written protocol or collaborative drug therapy care plan shall include, but need not be limited to, (1) the specific drug or drugs, therapeutic class of drug or classes of drugs, or devices to be managed by the qualified pharmacist or qualified pharmacists, (2) the terms and conditions under which drug therapy may be **[**implemented**]** initiated, modified, continued, discontinued or deprescribed, or use of a device may be initiated, continued or discontinued, or a device may be deprescribed, (3) the conditions and events upon which the qualified pharmacist is, or qualified pharmacists are, required to notify the **[**physician or advanced practice registered nurse, and**]** prescribing practitioner, (4) the laboratory tests that may be ordered, and (5) a definition of the patient population included in such written protocol or collaborative drug

therapy care plan. All activities performed by the qualified pharmacist or qualified pharmacists in conjunction with the protocol or collaborative drug therapy care plan shall be documented in the patient's medical record **[**. The pharmacist shall report any encounters within the scope of the collaborative drug therapy management agreement within thirty days to the physician or advanced practice registered nurse regarding the patient's drug therapy management or document such information within a shared medical record. The**]** in accordance with the prescribing practitioner's policies or, in the case of a care-giving institution, all applicable care-giving institution policies. Each collaborative drug therapy management agreement, **[**and protocols**]** collaborative drug therapy management policy, written protocol and collaborative drug therapy care plan shall be available for inspection by the **[**Departments**]** Department of Consumer Protection and the Department of Public Health. **[**and Consumer Protection.**]** A copy of the protocol shall be filed in the patient's medical record.

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

[(d)**]** (e) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health, shall (1) adopt regulations, in accordance with chapter 54, concerning competency requirements for participation in a **[**written protocol-based**]** collaborative drug therapy management agreement, **[**described in subsection (a) of this section,**]** the minimum content of the collaborative drug therapy management agreement **[**and the written protocol**]** and such other matters said commissioners deem necessary to carry out the purpose of this section,

and (2) on or after the effective date of this section, amend such regulations to include competency requirements for participation in a collaborative drug therapy management policy or collaborative drug therapy care plan and the minimum content of collaborative drug therapy management policies, collaborative drug therapy care plans and written protocols governing collaborative drug therapy and device management.

Sec. 2. Section 19a-521d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

A medical director of a nursing home facility, as defined in section 19a-521, may establish protocols for a prescription drug formulary system in accordance with guidelines established by the American Society of Health-System Pharmacists and any applicable collaborative drug therapy management agreement or collaborative drug therapy management policy, as **[**described**]** defined in section 20-631, as amended by this act. The medical director of a nursing home facility that implements a prescription drug formulary system may make a substitution for a drug prescribed to a patient of the facility in accordance with the provisions of this section. Prior to making any substitution for a drug prescribed to a patient of the facility in accordance with the facility's protocols, the medical director, or the medical director's designee, shall notify the prescribing practitioner of the medical director's intention to make such substitution. If the prescribing practitioner does not authorize the medical director or the medical director's designee to make such substitution or objects to such substitution, the medical director, or the medical director's designee, shall not make the substitution. Notwithstanding the provisions of this section, a facility, when administering prescription drugs to a patient who receives benefits under a medical assistance program administered by the Department of Social Services, shall consider and administer prescription drugs to such patient in accordance with (1) the department's preferred drug list, developed in accordance with section 17b-274d, (2) prescription drug formularies under Medicare Part D, or (3) the patient's health insurance policy, as the medical director of the

nursing home facility deems appropriate.

Sec. 3. Subsection (b) of section 20-593 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2022*	20-631
Sec. 2	*July 1, 2022*	19a-521d
Sec. 3	*July 1, 2022*	20-593(b)