Prescription Monitoring Program State Profiles - Connecticut

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CONNECTICUT

http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=411378&dcpNav_GID=1881
Xaviel Soto, Program Manager
(860) 713-6073
xaviel.soto@ct.gov

- Status of Program – operational
- Housing Entity – Department of Consumer Protection
- Advisory Commission – yes
- Funding – legislative appropriations
- Drugs Monitored – Schedules II – V and non-controlled/non-scheduled substances
- Who's Required to Report Dispensing Information – pharmacy, outpatient pharmacy in a hospital or institution, and dispenser; dispensers include physicians, dentists, veterinarians, podiatrists, pharmacies, hospitals, scientific investigators or other persons or institutions licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance; marijuana dispensaries
- Exemptions from Reporting – samples of substances dispensed directly to a patient, substances dispensed to hospital inpatients, institutional pharmacies or pharmacist's drug room operated by certain facilities that dispense or administer directly to a patient opioid antagonists for treatment of substance use disorder
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report - yes
- Data Collection Interval – weekly; marijuana dispensaries required to report daily
- Notice to Consumers – no
- Interstate Sharing – with other PMPs and authorized users in other states
- Persons Authorized to Receive Information – law enforcement officials; licensing/regulatory boards; prescribers; dispensers
- Delegates Allowed – no
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers and pharmacists
- Training Required – no
- Mandatory Enrollment – yes; all practitioners who distribute, administer, or dispense controlled substances; all marijuana dispensaries
- Mandatory Access – no

Connecticut General Statutes Annotated (2014)
Title 21A. Consumer Protection
Chapter 420B. Dependency-Producing Drugs
Part I. General Provisions

§ 21a-254. Designation of restricted drugs or substances by regulations. Records required by chapter. Electronic prescription drug monitoring program

(a) The Commissioner of Consumer Protection, after investigation and hearing, may by regulation designate certain substances as restricted drugs or substances by reason of their exceptional danger to health or exceptional potential for abuse so as to require written records of receipt, use and dispensation, and may, after investigation and hearing, remove the designation as restricted drugs or substances from any substance so previously designated.

(b) Each physician, dentist, veterinarian or other person who is authorized to administer or professionally use schedule I substances shall keep a record of such schedule I substances received by him and a record of all such schedule I substances administered, dispensed or professionally used by him. The record of schedule I substances received shall in each case show the date of receipt, the name and address of the person from whom received and the kind and quantity of schedule I substances received. The record of all schedule I substances administered, dispensed or otherwise disposed of shall show the date of administering or dispensing, the name and address of the person to whom, or for whose use, or the owner and species of animal for which, the substances were administered or dispensed and the kind and quantity of substances.

(c) Practitioners obtaining and dispensing controlled substances shall keep a record of all such controlled substances, received and dispensed by them in accordance with the provisions of subsections (f) and (h) of this section.

(d) Manufacturers and wholesalers shall keep records of all controlled substances, compounded, mixed, cultivated or grown, or by any other process produced or prepared, and of all controlled substances received and disposed of by them in accordance with the provisions of subsections (f) and (h) of this section.

(e) Pharmacies, hospitals, chronic and convalescent nursing homes, rest homes with nursing supervision, clinics, infirmaries, freestanding ambulatory surgical centers and laboratories shall keep records of all controlled substances, received and disposed of by them in accordance with the provisions of subsections (f) and (h) of this section, except that hospitals and chronic and convalescent nursing homes using a unit dose drug distribution system may instead keep such records in accordance with the provisions of subsections (g) and (h) of this section, and except that hospitals and freestanding ambulatory surgical centers shall not be required to maintain separate disposition records for schedule V controlled substances or records of administering of individual doses for ultra-short-acting depressants, including but not limited to, Methohexital, Thiamylal and Thiopental.

(f) The form of record to be kept under subsection (c), (d) or (e) of this section shall in each case show the date of receipt, the name and address of the person from whom received, and the kind and quantity of controlled substances received, or, when applicable, the kind and quantity of controlled substances produced or removed from process of manufacture and the date of such production or removal from process of manufacture; and the record shall in each case show the proportion of controlled substances. The record of all controlled substances sold, administered, dispensed or otherwise disposed of shall show the date of selling, administering or dispensing, the name of the person to whom or for whose use, or the owner and species of animal for which, the substances were sold, administered or dispensed, the address of such person or owner in the instance of records of other than hospitals, chronic and convalescent nursing homes, rest homes with nursing supervision and infirmaries, and the kind and quantity of substances. In addition, hospital and infirmary records shall show the time of administering or dispensing, the prescribing physician and the nurse administering or dispensing the substance. Each such record of controlled substances shall be separately maintained apart from other drug records and kept for a period of three years from the date of the transaction recorded.

(g) Hospitals using a unit dose drug distribution system shall maintain a record noting all dispositions of controlled substances from any area of the hospital to other hospital locations. Such record shall include, but need not be limited to, the name, form, strength and quantity of the drug dispensed, the date dispensed and the location within the hospital to which the drug was dispensed. Such dispensing record shall be separately maintained, apart from other drug or business records, for a period of three years. Such hospital shall, in addition, maintain for each patient a record which includes, but need not be limited to, the full name of the patient and a complete description of each dose of medication administered, including the name, form, strength and quantity of the drug administered, the date and time administered and identification of the nurse or practitioner administering each drug dose. Entries for controlled substances shall be specially marked in a manner which allows for ready identification. Such records shall be filed in chronological order and kept for a period of three years.

(h) A complete and accurate record of all stocks of controlled substances on hand shall, on and after July 1, 1981, be prepared biennially within four days of the first day of May of the calendar year, except that a registrant may change this date provided the general physical inventory date of such registrant is not more than six months from the biennial inventory date, and kept on file for three years; and shall be made available to the commissioner or his authorized agents. The keeping of a record required by or under the federal Controlled Substances Act, [FN1] or federal food and drug laws, containing substantially the same information as is specified above, shall constitute compliance with this section, provided each record shall in addition contain a detailed list of any controlled substances lost, destroyed or stolen, the kind and quantity of such substances and the date of the discovery of such loss, destruction or theft and provided such record shall be made available to the commissioner or his authorized agents. All records required by this chapter shall be kept on the premises of the registrant and maintained current and separate from other business records in such form as to be readily available for inspection by the authorized agent at reasonable times. The use of a foreign language, codes or symbols to designate controlled substances or persons in the keeping of any required record is not deemed to be a compliance with this chapter.

(i) Whenever any record is removed by a person authorized to enforce the provisions of this chapter or the provisions of the state food, drug and cosmetic laws for the purpose of investigation or as evidence, such person shall tender a receipt in lieu thereof and the receipt shall be kept for a period of three years.

(j) (1) The commissioner shall, within available appropriations, establish an electronic prescription drug monitoring program to collect, by electronic means, prescription information for schedules II, III, IV and V controlled substances, as defined in subdivision (9) of section 21a-240, that are dispensed by pharmacies, nonresident pharmacies, as defined in section 20-627, outpatient pharmacies in hospitals or institutions or by any other dispenser, as defined in section 21a-240. The program shall be designed to provide information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substances and shall not infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

(2) The commissioner may identify other products or substances to be included in the electronic prescription drug monitoring program established pursuant to subdivision (1) of this subsection.

(3) Each pharmacy, nonresident pharmacy, as defined in section 20-627, outpatient pharmacy in a hospital or institution and dispenser, as defined in section 21a-240, shall report to the commissioner, at least weekly, by electronic means or, if a pharmacy or outpatient pharmacy does not maintain records electronically, in a format approved by the commissioner, the following information for all controlled substance prescriptions dispensed by such pharmacy or outpatient pharmacy: (A) Dispenser identification number; (B) the date the prescription for the controlled substance was filled; (C) the prescription number; (D) whether the prescription for the controlled substance is new or a refill; (E) the national drug code number for the drug dispensed; (F) the amount of the controlled substance dispensed and the number of days' supply of the controlled substance; (G) a patient identification number; (H) the patient's first name, last name and street address, including postal code; (I) the date of birth of the patient; (J) the date the prescription for the controlled substance was issued by the prescribing practitioner and the prescribing practitioner's Drug Enforcement Agency's identification number; and (K) the type of payment.

(4) The commissioner may contract with a vendor for purposes of electronically collecting such controlled substance prescription information. The commissioner and any such vendor shall maintain the information in accordance with the provisions of chapter 400j. [FN2]

(5) The commissioner and any such vendor shall not disclose controlled substance prescription information reported pursuant to subdivision (3) of this subsection, except as authorized pursuant to the provisions of sections 21a-240 to 21a-283, inclusive. Any person who knowingly violates any provision of this subdivision or subdivision (4) of this subsection shall be guilty of a class D felony.

(6) The commissioner shall provide, upon request, controlled substance prescription information obtained in accordance with subdivision (3) of this subsection to the following: (A) The prescribing practitioner who is treating or has treated a specific patient, provided the information is obtained for purposes related to the treatment of the patient, including the monitoring of controlled substances obtained by the patient; (B) the prescribing practitioner with whom a patient has made contact for the purpose of seeking medical treatment, provided the request is accompanied by a written consent, signed by the prospective patient, for the release of controlled substance prescription information; or (C) the pharmacist who is dispensing controlled substances for a patient, provided the information is obtained for purposes related to the scope of the pharmacist's practice and management of the patient's drug therapy, including the monitoring of controlled substances obtained by the patient. The prescribing practitioner or pharmacist shall submit a written and signed request to the commissioner for controlled substance prescription information. Such prescribing practitioner or pharmacist shall not disclose any such request except as authorized pursuant to sections 20-570 to 20-630, inclusive, or sections 21a-240 to 21a-283, inclusive.

(7) No person or employer shall prohibit, discourage or impede a prescribing practitioner or pharmacist from requesting controlled substance prescription information pursuant to this subsection.

(8) The commissioner shall adopt regulations, in accordance with chapter 54, [FN3] concerning the reporting, evaluation, management and storage of electronic controlled substance prescription information.

(9) The provisions of this section shall not apply to (A) samples of controlled substances dispensed by a physician to a patient, or (B) any controlled substances dispensed to hospital inpatients.

(10) The provisions of this section shall not apply to any institutional pharmacy or pharmacist's drug room operated by a facility, licensed under section 19a-495 and regulations adopted pursuant to said section 19a-495, that dispenses or administers directly to a patient opioid antagonists for treatment of a substance use disorder.

Connecticut General Statutes Annotated (2014)
Title 21A. Consumer Protection
Chapter 420B. Dependency-Producing Drugs
Part I. General Provisions

§ 21a-254a. Appointment of prescription drug monitoring working group. Membership

The Commissioner of Consumer Protection shall appoint a prescription drug monitoring working group for the purpose of advising the commissioner on the implementation of the electronic prescription drug monitoring program established pursuant to section 21a-254, including the adoption of regulations by the commissioner. Such advice shall include, but not be limited to, recommendations on how to effectively use the data collected pursuant to such program to detect fraud while protecting the legitimate use of controlled substances. The working group shall include, but not be limited to: (1) A physician, licensed pursuant to chapter 370, [FN1] specializing in internal medicine; (2) a board certified oncologist; (3) a person licensed to perform advanced level nursing practice activities pursuant to subsection (b) of section 20-87a; (4) a representative from an acute care hospital licensed pursuant to chapter 368v; [FN2] (5) a state police officer appointed in accordance with section 29-4; (6) a municipal police chief; (7) a representative from the Division of Criminal Justice; (8) a representative from a hospice licensed by the Department of Public Health or certified pursuant to 42 USC 1395x; (9) a pain management specialist, as defined in section 38a-492i; (10) a pharmacist licensed pursuant to section 20-590, 20-591 or 20-592; and (11) a representative from the Department of Mental Health and Addiction Services.

Connecticut General Statutes Annotated (2014)
Title 21A. Consumer Protection
Chapter 420C. Controlled Substance Registration

§ 21a-317. Registration required

Every practitioner who distributes, administers or dispenses any controlled substance or who proposes to engage in distributing, prescribing, administering or dispensing any controlled substance within this state shall (1) obtain a certificate of registration issued by the Commissioner of Consumer Protection in accordance with the provisions of this chapter, and (2) register for access to the electronic prescription drug monitoring program established pursuant to subsection (j) of section 21a-254. Registration for access to said program shall be in a manner prescribed by said commissioner.

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection
Electronic Prescription Drug Monitoring Program

Sec. 21a-254-3. General requirements

A pharmacy that dispenses schedule II, III, IV, and V controlled substances shall transmit the prescription information for these controlled substances to the department. A hospital pharmacy, long term care facility pharmacy or correctional facility pharmacy shall transmit controlled prescription information for outpatients only.

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection
Electronic Prescription Drug Monitoring Program

Sec. 21a-254-4. Reporting

(a) A pharmacy that maintains prescription information electronically, and that dispenses a schedule II, III, IV, or V controlled substance to a person who is not an inpatient of a hospital, correctional institution or nursing facility, shall transmit electronically to the Drug Control Division of the department the information set forth in the most recent edition of the Electronic Reporting Standard for Prescription Monitoring Programs established by the American Society for Automation in Pharmacy. A pharmacy shall transmit to the department the fields listed in said reporting standard, including, but not limited to, the following:

(1) Drug Enforcement Administration Pharmacy number;

(2) Birth date;

(3) Sex code;

(4) Date prescription filled;

(5) Prescription number;

(6) New-refill code;

(7) Quantity;

(8) Days supply;

(9) National Drug Code number;

(10) Drug Enforcement Administration Prescriber identification number;

(11) Date prescription written;

(12) Number of refills authorized;

(13) Prescription origin code;

(14) Patient last name;

(15) Patient first name;

(16) Patient street address;

(17) State;

(18) Payment code for either cash or third-party provider; and

(19) Drug name.

(b) A copy of the Electronic Reporting Standard for Prescription Monitoring Programs may be obtained from the American Society for Automation in Pharmacy, 492 Norristown Road, Suite 160, Blue Bell, Pennsylvania 19422. Telephone: (610) 825-7783. Website: www.asapnet.org.

(c) A pharmacy that maintains prescription information electronically shall transmit the required information by means of one of the following methods:

(1) Electronic data transmission through a computer modem that can transmit information at a rate of 2400 baud or more;

(2) Computer disc; or

(3) Magnetic tape of the kind that is used to transmit information between computerized systems.

(d) A pharmacy that does not maintain prescription information electronically, and that dispenses a schedule II, III, IV, or V controlled substance to a person who is not an inpatient of a hospital, correctional institution or nursing facility, shall transmit to the Drug Control Division of the department the information set forth in subsection (a) of this section on a paper form provided by the department.

(e)(1) A pharmacy shall transmit to the department the information required pursuant to this section not later than:

(A) The 20th day of the month for all prescriptions dispensed on and between the 1st and the 15th days of the month; and

(B) The 5th day of the following month for all prescriptions dispensed on and between the 16th day and the last day of the month.

(2) If the reporting date falls on weekend or a holiday, a pharmacy shall transmit the required information by the next state of Connecticut workday.

(f) A pharmacy shall transmit the information required pursuant to this section in such a manner as to insure the confidentiality of the information in compliance with all federal and state statutes and regulations, including the federal Health Insurance Portability and Accountability Act of 1996.

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection
Electronic Prescription Drug Monitoring Program

Sec. 21a-254-6. Management of information

The department may provide prescription information obtained from pharmacies to:

(a) Other regulatory, investigative or law enforcement agencies for disciplinary, civil, or criminal purposes;

(b) Practitioners, for the purpose of education in lieu of disciplinary, civil or criminal action;

(c) Practitioners and pharmacists, for the purposes of patient care, drug therapy management and monitoring of controlled substances obtained by the patient; and

(d) Public or private entities, for statistical, research, or educational purposes, provided that the privacy of patients and confidentiality of patient information is not compromised.

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-38. Rights and responsibilities of dispensaries

(a) A dispensary, in good faith, may sell and dispense marijuana to any qualifying patient or primary caregiver that is registered with the department. Except as otherwise provided by sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies, the dispensary dispensing the marijuana shall include the date of dispensing and the dispensary's signature or initials on the dispensary facility's dispensing record log.

(b) All dispensaries shall register with the department to access the prescription monitoring program.

(c) A dispensary shall review a qualifying patient's controlled substance history report within the prescription monitoring program before dispensing any marijuana to the qualifying patient or the qualifying patient's primary caregiver.

(d) A dispensary shall exercise professional judgment to determine whether to dispense marijuana to a qualifying patient or primary caregiver if the dispensary suspects that dispensing marijuana to the qualifying patient or primary caregiver may have negative health or safety consequences for the qualifying patient or the public.

(e) A dispensary may dispense a portion of a qualifying patient's one-month supply of marijuana. The dispensary may dispense the remaining portion of the one-month supply of marijuana at any time except that no qualifying patient or primary caregiver shall receive more than a one-month supply of marijuana in a one-month period.

(f) A dispensary, or dispensary technician, shall require the presentation of a registration certificate together with another valid photographic identification issued to a qualifying patient or primary caregiver, prior to selling marijuana to such qualifying patient or primary caregiver.

(g) A dispensary shall document a qualifying patient's self-assessment of the effects of marijuana in treating the qualifying patient's debilitating medical condition or the symptoms thereof. A dispensary facility shall maintain such documentation electronically for at least three years following the date the patient ceases to designate the dispensary facility and such documentation shall be made available in accordance with section 21a-408-70 of the Regulations of Connecticut State Agencies.

Regulations of Connecticut State Agencies (2014)
Title 21A. Consumer Protection
Department of Consumer Protection (2)
Palliative Use of Marijuana

Sec. 21a-408-50. Dispensary reporting into the prescription monitoring program

(a) At least once per day, a dispensary shall transmit electronically to the Drug Control Division of the department the information set forth in the most recent edition of the Standard for Prescription Monitoring Programs established by the American Society for Automation in Pharmacy, a copy of which may be purchased from the American Society for Automation in Pharmacy on their Internet web site: www.asapnet.org.

(b) A dispensary shall transmit to the department, in a format approved by the department, the fields listed in this subsection, including, but not limited to, the following:

(1) Drug Enforcement Administration Pharmacy number, which shall be populated by a number provided by the department;

(2) Birth date;

(3) Sex code;

(4) Date order filled, which shall be the date marijuana is dispensed;

(5) Order number, which shall be the serial number assigned to each marijuana product dispensed to a patient;

(6) New-refill code;

(7) Quantity;

(8) Days supply;

(9) National Drug Code number, which shall be provided by the department;

(10) Drug Enforcement Administration Prescriber identification number;

(11) Date order written, which shall be the date the written certification was issued;

(12) Number of refills authorized;

(13) Order origin code, which shall be provided by the department;

(14) Patient last name;

(15) Patient first name;

(16) Patient street address;

(17) State;

(18) Payment code for either cash or third-party provider; and

(19) Drug name, which shall be the brand name of the marijuana product.

(c) A dispensary shall transmit the information required pursuant to this section in such a manner as to insure the confidentiality of the information in compliance with all federal and Connecticut state statutes and regulations, including the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.