



General Assembly

**Amendment**

February Session, 2016

LCO No. 4783



Offered by:

REP. RITTER M., 1<sup>st</sup> Dist.

REP. WILLIS, 64<sup>th</sup> Dist.

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To: Subst. House Bill No. 5053

File No. 7

Cal. No. 42

**"AN ACT INCREASING ACCESS TO OVERDOSE REVERSAL DRUGS."**

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

3 "Section 1. Section 17a-714a of the 2016 supplement to the general  
4 statutes is repealed and the following is substituted in lieu thereof  
5 (*Effective from passage*):

6 (a) For purposes of this section, "opioid antagonist" means naloxone  
7 hydrochloride or any other similarly acting and equally safe drug  
8 approved by the federal Food and Drug Administration for the  
9 treatment of drug overdose.

10 (b) A licensed health care professional who is permitted by law to  
11 prescribe an opioid antagonist may prescribe [ ] or dispense [or  
12 administer] an opioid antagonist to any individual to treat or prevent a

13 drug overdose without being liable for damages in a civil action or  
14 subject to criminal prosecution for prescribing [ ] or dispensing [or  
15 administering] such opioid antagonist or for any subsequent use of  
16 such opioid antagonist. A licensed health care professional who  
17 prescribes [ ] or dispenses [or administers] an opioid antagonist in  
18 accordance with the provisions of this subsection shall be deemed not  
19 to have violated the standard of care for such licensed health care  
20 professional.

21 (c) A licensed health care professional may administer an opioid  
22 antagonist to any person to treat or prevent an opioid-related drug  
23 overdose. Such licensed health care professional who administers an  
24 opioid antagonist in accordance with the provisions of this subsection  
25 shall not be liable for damages in a civil action or subject to criminal  
26 prosecution for administration of such opioid antagonist and shall not  
27 be deemed to have violated the standard of care for such licensed  
28 health care professional.

29 ~~[(c)]~~ (d) Any person [ ] who in good faith believes that another  
30 person is experiencing an opioid-related drug overdose may, if acting  
31 with reasonable care, administer an opioid antagonist to such other  
32 person. Any person, other than a licensed health care professional  
33 acting in the ordinary course of such person's employment, who  
34 administers an opioid antagonist in accordance with this subsection  
35 shall not be liable for damages in a civil action or subject to criminal  
36 prosecution with respect to the administration of such opioid  
37 antagonist.

38 (e) Not later than October 1, 2016, each municipality shall amend its  
39 local emergency medical services plan, as described in section 19a-  
40 181b, to ensure that the emergency responder, including, but not  
41 limited to, emergency medical services personnel, as defined in section  
42 20-206jj, or a resident state trooper, who is likely to be the first person  
43 to arrive on the scene of a medical emergency in the municipality is  
44 equipped with an opioid antagonist and such person has received  
45 training, approved by the Commissioner of Public Health, in the

46 administration of opioid antagonists.

47 Sec. 2. (NEW) (*Effective January 1, 2017*) No individual health  
48 insurance policy providing coverage of the type specified in  
49 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the  
50 general statutes delivered, issued for delivery, renewed, amended or  
51 continued in this state that provides coverage for prescription drugs  
52 and includes on its formulary naloxone hydrochloride or any other  
53 similarly acting and equally safe drug approved by the federal Food  
54 and Drug Administration for the treatment of drug overdose shall  
55 require prior authorization for such drug.

56 Sec. 3. (NEW) (*Effective January 1, 2017*) No group health insurance  
57 policy providing coverage of the type specified in subdivisions (1), (2),  
58 (4), (11), (12) and (16) of section 38a-469 of the general statutes  
59 delivered, issued for delivery, renewed, amended or continued in this  
60 state that provides coverage for prescription drugs and includes on its  
61 formulary naloxone hydrochloride or any other similarly acting and  
62 equally safe drug approved by the federal Food and Drug  
63 Administration for the treatment of drug overdose shall require prior  
64 authorization for such drug.

65 Sec. 4. Section 17a-667 of the 2016 supplement to the general statutes  
66 is repealed and the following is substituted in lieu thereof (*Effective*  
67 *October 1, 2016*):

68 (a) There is established a Connecticut Alcohol and Drug Policy  
69 Council which shall be within the Department of Mental Health and  
70 Addiction Services.

71 (b) The council shall consist of the following members: (1) The  
72 Secretary of the Office of Policy and Management, or the secretary's  
73 designee; (2) the Commissioners of Children and Families, Consumer  
74 Protection, Correction, Education, Mental Health and Addiction  
75 Services, Public Health, Emergency Services and Public Protection and  
76 Social Services, Commissioner on Aging, and the Insurance  
77 Commissioner, or their designees; (3) the Chief Court Administrator,

78 or the Chief Court Administrator's designee; (4) the chairperson of the  
79 Board of Regents for Higher Education, or the chairperson's designee;  
80 (5) the president of The University of Connecticut, or the president's  
81 designee; (6) the Chief State's Attorney, or the Chief State's Attorney's  
82 designee; (7) the Chief Public Defender, or the Chief Public Defender's  
83 designee; and (8) the cochairpersons and ranking members of the joint  
84 standing committees of the General Assembly having cognizance of  
85 matters relating to public health, criminal justice and appropriations,  
86 or their designees. The Commissioner of Mental Health and Addiction  
87 Services and the Commissioner of Children and Families shall be  
88 cochairpersons of the council and may jointly appoint up to seven  
89 individuals to the council as follows: (A) Two individuals in recovery  
90 from a substance use disorder or representing an advocacy group for  
91 individuals with a substance use disorder; (B) a provider of  
92 community-based substance abuse services for adults; (C) a provider  
93 of community-based substance abuse services for adolescents; (D) an  
94 addiction medicine physician; (E) a family member of an individual in  
95 recovery from a substance use disorder; and (F) an emergency  
96 medicine physician currently practicing in a Connecticut hospital. The  
97 cochairpersons of the council may establish subcommittees and  
98 working groups and may appoint individuals other than members of  
99 the council to serve as members of the subcommittees or working  
100 groups. Such individuals may include, but need not be limited to: (i)  
101 Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal  
102 police chiefs; (iv) emergency medical services personnel; and (v)  
103 representatives of organizations that provide education, prevention,  
104 intervention, referrals, rehabilitation or support services to individuals  
105 with substance use disorder or chemical dependency.

106 (c) The council shall review policies and practices of state agencies  
107 and the Judicial Department concerning substance abuse treatment  
108 programs, substance abuse prevention services, the referral of persons  
109 to such programs and services, and criminal justice sanctions and  
110 programs and shall develop and coordinate a state-wide, interagency,  
111 integrated plan for such programs and services and criminal sanctions.

112 (d) Such plan shall be amended not later than January 1, 2017, to  
113 contain measurable goals, including, but not limited to, a goal for a  
114 reduction in the number of opioid-induced deaths in the state.

115 Sec. 5. Subsection (h) of section 20-206bb of the 2016 supplement to  
116 the general statutes is repealed and the following is substituted in lieu  
117 thereof (*Effective October 1, 2016*):

118 (h) Notwithstanding the provisions of subsection (a) of this section,  
119 any person [certified by an organization approved by the  
120 Commissioner of Public Health] who maintains certification with the  
121 National Acupuncture Detoxification Association may practice the  
122 five-point auricular acupuncture protocol specified as part of such  
123 certification program as an adjunct therapy for the treatment of alcohol  
124 and drug abuse and other behavioral interventions for which the  
125 protocol is indicated, provided the treatment is performed under the  
126 supervision of a physician licensed under chapter 370 and is  
127 performed in [either] (1) a private freestanding facility licensed by the  
128 Department of Public Health [for the] that provides care or treatment  
129 [of] for substance abusive or dependent persons, [or] (2) a setting  
130 operated by the Department of Mental Health and Addiction Services,  
131 or (3) any other setting where such protocol is an appropriate adjunct  
132 therapy to a substance abuse or behavioral health treatment program.  
133 The Commissioner of Public Health shall adopt regulations, in  
134 accordance with the provisions of chapter 54, to ensure the safe  
135 provision of auricular acupuncture [within private freestanding  
136 facilities licensed by the Department of Public Health for the care or  
137 treatment of substance abusive or dependent persons] in accordance  
138 with the provisions of this subsection.

139 Sec. 6. Subdivision (4) of subsection (a) of section 20-74s of the 2016  
140 supplement to the general statutes is repealed and the following is  
141 substituted in lieu thereof (*Effective October 1, 2016*):

142 (4) "Practice of alcohol and drug counseling" means the professional  
143 application of methods that assist an individual or group to develop an

144 understanding of alcohol and drug dependency problems, define  
145 goals, and plan action reflecting the individual's or group's interest,  
146 abilities and needs as affected by alcohol and drug dependency  
147 problems, and may include, as appropriate (A) conducting a substance  
148 use disorder screening or psychosocial history evaluation of an  
149 individual to document the individual's use of drugs prescribed for  
150 pain, other prescribed drugs, illegal drugs and alcohol to determine  
151 the individual's risk for substance abuse, (B) developing a preliminary  
152 diagnosis for the individual based on such screening or evaluation, (C)  
153 determining the individual's risk for abuse of drugs prescribed for  
154 pain, other prescribed drugs, illegal drugs and alcohol, (D) developing  
155 a treatment plan and referral options for the individual to ensure the  
156 individual's recovery support needs are met, and (E) developing and  
157 submitting an opioid use consultation report to an individual's  
158 primary care provider to be reviewed by the primary care provider  
159 and included in the individual's medical record;

160 Sec. 7. (NEW) (*Effective from passage*) (a) As used in this section:

161 (1) "Opioid drug" has the same meaning as provided in 42 CFR 8.2,  
162 as amended from time to time;

163 (2) "Adult" means a person who is at least eighteen years of age;

164 (3) "Prescribing practitioner" has the same meaning as provided in  
165 section 20-14c of the general statutes;

166 (4) "Minor" means a person who is under eighteen years of age;

167 (5) "Opioid agonist" means a medication that binds to the opiate  
168 receptors and provides relief to individuals in treatment for abuse of or  
169 dependence on an opioid drug;

170 (6) "Opiate receptor" means a specific site on a cell surface that  
171 interacts in a highly selective fashion with an opioid drug;

172 (7) "Palliative care" means specialized medical care to improve the  
173 quality of life of patients and their families facing the problems

174 associated with a life-threatening illness; and

175 (8) "Opioid antagonist" has the same meaning as provided in section  
176 17a-714a of the general statutes.

177 (b) When issuing a prescription for an opioid drug to an adult  
178 patient for the first time for outpatient use, a prescribing practitioner  
179 who is authorized to prescribe an opioid drug shall not issue a  
180 prescription for more than a seven-day supply of such drug, as  
181 recommended in the National Centers for Disease Control and  
182 Prevention's Guideline for Prescribing Opioids for Chronic Pain.

183 (c) A prescribing practitioner shall not issue a prescription for an  
184 opioid drug to a minor for more than a seven-day supply of such drug  
185 at any time. When issuing a prescription for an opioid drug to a minor  
186 for less than a seven-day supply of such drug, the prescribing  
187 practitioner shall discuss the risks associated with use of an opioid  
188 drug, including, but not limited to, the risks of addiction and overdose  
189 associated with opioid drugs and the dangers of taking opioid drugs  
190 with alcohol, benzodiazepines and other central nervous system  
191 depressants, and the reasons why the prescription is necessary with (1)  
192 the minor, and (2) the custodial parent, guardian or other person  
193 having legal custody of the minor if such parent, guardian or other  
194 person is present at the time of issuance.

195 (d) Notwithstanding the provisions of subsections (b) and (c) of this  
196 section, if, in the professional medical judgment of a prescribing  
197 practitioner, more than a seven-day supply of an opioid drug is  
198 required to treat an adult patient's or minor patient's acute medical  
199 condition, as determined by the prescribing practitioner, or is  
200 necessary for the treatment of chronic pain, pain associated with a  
201 cancer diagnoses or for palliative care, then the prescribing practitioner  
202 may issue a prescription for the quantity needed to treat the acute  
203 medical condition, chronic pain, pain associated with a cancer  
204 diagnosis or pain experienced while the patient is in palliative care.  
205 The condition triggering the prescription of an opioid drug for more

206 than a seven-day supply shall be documented in the patient's medical  
207 record and the practitioner shall indicate that an alternative to the  
208 opioid drug was not appropriate to address the medical condition.

209 (e) The provisions of subsections (b), (c) and (d) of this section shall  
210 not apply to medications designed for the treatment of abuse of or  
211 dependence on an opioid drug, including, but not limited to, opioid  
212 agonists and opioid antagonists.

213 Sec. 8. Subdivision (3) of section 21a-240 of the 2016 supplement to  
214 the general statutes is repealed and the following is substituted in lieu  
215 thereof (*Effective October 1, 2016*):

216 (3) "Agent" means an authorized person who acts on behalf of or at  
217 the direction of a manufacturer, distributor, [or] dispenser or  
218 prescribing practitioner. It does not include a common or contract  
219 carrier, public warehouseman, or employee of the carrier or  
220 warehouseman;

221 Sec. 9. Subsection (j) of section 21a-254 of the 2016 supplement to the  
222 general statutes is repealed and the following is substituted in lieu  
223 thereof (*Effective October 1, 2016*):

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

236 (2) The commissioner may identify other products or substances to



237 be included in the electronic prescription drug monitoring program  
238 established pursuant to subdivision (1) of this subsection.

239 (3) Prior to July 1, 2016, each pharmacy, nonresident pharmacy, as  
240 defined in section 20-627, outpatient pharmacy in a hospital or  
241 institution and dispenser shall report to the commissioner, at least  
242 weekly, by electronic means or, if a pharmacy or outpatient pharmacy  
243 does not maintain records electronically, in a format approved by the  
244 commissioner, the following information for all controlled substance  
245 prescriptions dispensed by such pharmacy or outpatient pharmacy:  
246 (A) Dispenser identification number; (B) the date the prescription for  
247 the controlled substance was filled; (C) the prescription number; (D)  
248 whether the prescription for the controlled substance is new or a refill;  
249 (E) the national drug code number for the drug dispensed; (F) the  
250 amount of the controlled substance dispensed and the number of days'  
251 supply of the controlled substance; (G) a patient identification number;  
252 (H) the patient's first name, last name and street address, including  
253 postal code; (I) the date of birth of the patient; (J) the date the  
254 prescription for the controlled substance was issued by the prescribing  
255 practitioner and the prescribing practitioner's Drug Enforcement  
256 Agency's identification number; and (K) the type of payment.

257 (4) [On] (A) Except as provided in this subdivision, on and after July  
258 1, 2016, each pharmacy, nonresident pharmacy, as defined in section  
259 20-627, outpatient pharmacy in a hospital or institution, and dispenser  
260 shall report to the commissioner by electronic means, in a format  
261 approved by the commissioner, the following information for all  
262 controlled substance prescriptions dispensed by such pharmacy or  
263 outpatient pharmacy immediately upon, but in no event [more] later  
264 than [twenty-four hours] the next business day after, dispensing such  
265 prescriptions: [(A)] (i) Dispenser identification number; [(B)] (ii) the  
266 date the prescription for the controlled substance was filled; [(C)] (iii)  
267 the prescription number; [(D)] (iv) whether the prescription for the  
268 controlled substance is new or a refill; [(E)] (v) the national drug code  
269 number for the drug dispensed; [(F)] (vi) the amount of the controlled  
270 substance dispensed and the number of days' supply of the controlled

271 substance; [(G)] (vii) a patient identification number; [(H)] (viii) the  
272 patient's first name, last name and street address, including postal  
273 code; [(I)] (ix) the date of birth of the patient; [(J)] (x) the date the  
274 prescription for the controlled substance was issued by the prescribing  
275 practitioner and the prescribing practitioner's Drug Enforcement  
276 Agency's identification number; and [(K)] (xi) the type of payment.

277 (B) If the electronic prescription drug monitoring program is not  
278 operational, such pharmacy or dispenser shall report the information  
279 described in this subdivision not later than the next business day after  
280 regaining access to such program. For purposes of this subdivision,  
281 "business day" means any day during which the pharmacy is open to  
282 the public.

283 (C) Each veterinarian, licensed pursuant to chapter 384, who  
284 dispenses a controlled substance prescription shall report to the  
285 commissioner the information described in subparagraph (A) of this  
286 subdivision, at least weekly, by electronic means or, if the veterinarian  
287 does not maintain records electronically, in a format approved by the  
288 commissioner.

289 (5) The commissioner may contract with a vendor for purposes of  
290 electronically collecting such controlled substance prescription  
291 information. The commissioner and any such vendor shall maintain  
292 the information in accordance with the provisions of chapter 400j.

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

300 (7) The commissioner shall provide, upon request, controlled  
301 substance prescription information obtained in accordance with  
302 subdivisions (3) and (4) of this subsection to the following: (A) The

303 prescribing practitioner [,] or such practitioner's authorized agent,  
304 [who is also a licensed health care professional,] who is treating or has  
305 treated a specific patient, provided the information is obtained for  
306 purposes related to the treatment of the patient, including the  
307 monitoring of controlled substances obtained by the patient; (B) the  
308 prescribing practitioner with whom a patient has made contact for the  
309 purpose of seeking medical treatment or such practitioner's authorized  
310 agent, provided the request is accompanied by a written consent,  
311 signed by the prospective patient, for the release of controlled  
312 substance prescription information; or (C) the pharmacist who is  
313 dispensing controlled substances for a patient, provided the  
314 information is obtained for purposes related to the scope of the  
315 pharmacist's practice and management of the patient's drug therapy,  
316 including the monitoring of controlled substances obtained by the  
317 patient. The prescribing practitioner, such practitioner's authorized  
318 agent, or the pharmacist shall submit a written and signed request to  
319 the commissioner for controlled substance prescription information.  
320 Such prescribing practitioner or pharmacist shall not disclose any such  
321 request except as authorized pursuant to sections 20-570 to 20-630,  
322 inclusive, or sections 21a-240 to 21a-283, inclusive, as amended by this  
323 act.

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

327 (9) Prior to prescribing greater than a seventy-two-hour supply of  
328 any controlled substance to any patient, the prescribing practitioner or  
329 such practitioner's authorized agent [who is also a licensed health care  
330 professional] shall review the patient's records in the electronic  
331 prescription drug monitoring program established pursuant to this  
332 subsection. Whenever a prescribing practitioner prescribes a controlled  
333 [substances] substance, other than a schedule V nonnarcotic controlled  
334 substance, for the continuous or prolonged treatment of any patient,  
335 such prescriber, or such prescriber's authorized agent, [who is also a  
336 licensed health care professional,] shall review, not less than once

337 every ninety days, the patient's records in such prescription drug  
338 monitoring program. Whenever a prescribing practitioner prescribes a  
339 schedule V nonnarcotic controlled substance, for the continuous or  
340 prolonged treatment of any patient, such prescribing practitioner, or  
341 such prescribing practitioner's authorized agent, shall review, not less  
342 than annually, the patient's records in such prescription drug  
343 monitoring program. If such electronic prescription drug monitoring  
344 program is not operational, such [prescriber] prescribing practitioner  
345 may prescribe greater than a seventy-two-hour supply of a controlled  
346 substance to a patient during the time of such program's inoperability,  
347 provided such [prescriber] prescribing practitioner or such authorized  
348 agent reviews the records of such patient in such program not more  
349 than twenty-four hours after regaining access to such program.

350 (10) (A) A prescribing practitioner may designate an authorized  
351 agent to review the electronic prescription drug monitoring program  
352 and patient controlled substance prescription information on behalf of  
353 the prescribing practitioner. The prescribing practitioner shall ensure  
354 that any authorized agent's access to such program and patient  
355 controlled substance prescription information is limited to the  
356 purposes described in this section and occurs in a manner that protects  
357 the confidentiality of information that is accessed through such  
358 program. The prescribing practitioner and any authorized agent shall  
359 be subject to the provisions of 45 CFR 164.308, as amended from time  
360 to time, concerning administrative safeguards for the protection of  
361 electronic protected health information. A prescribing practitioner may  
362 receive disciplinary action for acts of the authorized agent as provided  
363 in section 21a-322, as amended by this act.

364 (B) Notwithstanding the provisions of subparagraph (A) of this  
365 subdivision, a prescribing practitioner who is employed by or provides  
366 professional services to a hospital shall, prior to designating an  
367 authorized agent to review the electronic prescription drug monitoring  
368 program and patient controlled substance prescription information on  
369 behalf of the prescribing practitioner, (i) submit a request to designate  
370 one or more authorized agents for such purposes and a written

371 protocol for oversight of the authorized agent or agents to the  
372 commissioner, in the form and manner prescribed by the  
373 commissioner, and (ii) receive the commissioner's approval to  
374 designate such authorized agent or agents and of such written  
375 protocol. Such written protocol shall designate either the hospital's  
376 medical director, a hospital department head, who is a prescribing  
377 practitioner, or another prescribing practitioner as the person  
378 responsible for ensuring that the authorized agent's or agents' access to  
379 such program and patient controlled substance prescription  
380 information is limited to the purposes described in this section and  
381 occurs in a manner that protects the confidentiality of information that  
382 is accessed through such program. A hospital medical director, a  
383 hospital department head, who is a prescribing practitioner, or another  
384 prescribing practitioner designated as the person responsible for  
385 overseeing an authorized agent's or agents' access to such program  
386 and information in the written protocol approved by the commissioner  
387 may receive disciplinary action for acts of the authorized agent or  
388 agents as provided in section 21a-322, as amended by this act. The  
389 commissioner may inspect hospital records to determine compliance  
390 with written protocols approved in accordance with this section.

391       [(10)] (11) The commissioner shall adopt regulations, in accordance  
392 with chapter 54, concerning the reporting, evaluation, management  
393 and storage of electronic controlled substance prescription  
394 information.

395       [(11)] (12) The provisions of this section shall not apply to (A)  
396 samples of controlled substances dispensed by a physician to a patient,  
397 or (B) any controlled substances dispensed to hospital inpatients.

398       [(12)] (13) The provisions of this section shall not apply to any  
399 institutional pharmacy or pharmacist's drug room operated by a  
400 facility, licensed under section 19a-495 and regulations adopted  
401 pursuant to said section 19a-495, that dispenses or administers directly  
402 to a patient an opioid agonist for treatment of a substance use disorder.

403 Sec. 10. Section 21a-322 of the general statutes is repealed and the  
404 following is substituted in lieu thereof (*Effective October 1, 2016*):

405 The commissioner may suspend, revoke or refuse to renew a  
406 registration, place a registration on probation, place conditions on a  
407 registration and assess a civil penalty of not more than one thousand  
408 dollars per violation of this chapter, for sufficient cause. Any of the  
409 following shall be sufficient cause for such action by the commissioner:  
410 (1) The furnishing of false or fraudulent information in any application  
411 filed under this chapter; (2) conviction of a crime under any state or  
412 federal law relating to the registrant's profession, controlled substances  
413 or drugs or fraudulent practices, including, but not limited to,  
414 fraudulent billing practices; (3) failure to maintain effective controls  
415 against diversion of controlled substances into other than duly  
416 authorized legitimate medical, scientific, or commercial channels; (4)  
417 the suspension, revocation, expiration or surrender of the practitioner's  
418 federal controlled substance registration; (5) prescribing, distributing,  
419 administering or dispensing a controlled substance in schedules other  
420 than those specified in the practitioner's state or federal registration or  
421 in violation of any condition placed on the practitioner's registration;  
422 (6) suspension, revocation, expiration, surrender or other disciplinary  
423 action taken against any professional license or registration held by the  
424 practitioner; (7) abuse or excessive use of drugs; (8) possession, use,  
425 prescription for use or distribution of controlled substances or legend  
426 drugs, except for therapeutic or other proper medical or scientific  
427 purpose; (9) a practitioner's failure to account for disposition of  
428 controlled substances as determined by an audit of the receipt and  
429 disposition records of said practitioner; [and] (10) failure to keep  
430 records of medical evaluations of patients and all controlled substances  
431 dispensed, administered or prescribed to patients by a practitioner;  
432 (11) failure to establish and implement administrative safeguards for  
433 the protection of electronic protected health information pursuant to 45  
434 CFR 164.308, as amended from time to time; and (12) breach of any  
435 such safeguards by a prescribing practitioner's authorized agent."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17a-714a
Sec. 2	<i>January 1, 2017</i>	New section
Sec. 3	<i>January 1, 2017</i>	New section
Sec. 4	<i>October 1, 2016</i>	17a-667
Sec. 5	<i>October 1, 2016</i>	20-206bb(h)
Sec. 6	<i>October 1, 2016</i>	20-74s(a)(4)
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>October 1, 2016</i>	21a-240(3)
Sec. 9	<i>October 1, 2016</i>	21a-254(j)
Sec. 10	<i>October 1, 2016</i>	21a-322