

Status of Healthcare Legislation Regular Session Update on Rx Related Legislation

- A. The following bills, including filed amendments, are available by clicking on the bill number.
1. [SB 444](#) – An Act Authorizing the Health Care Cabinet to Recommend Methods to Study and Report on Total State-Wide Health Care Spending--This bill passed with an effective date of October 1, 2017. The bill adds to the duties of the Cabinet under subsection (c) of section 19a-725 of the general statutes to advise the Governor on “total state-wide health care spending, including methods to collect, analyze and report health care spending data.”
 2. [SB 445](#) -- An Act Concerning Fairness in Pharmacy and Pharmacy Benefits Managers Contracts. This bill passed as amended by Senate Amendment A ([LCO 7774](#)) and House Amendment A ([LCO 8614](#)) with various effective dates. Section 1 of the bill. From the [OLR bill analysis](#), this bill:
 - prohibits certain pharmacy services contracts from containing a provision prohibiting or penalizing a pharmacist's disclosure of certain information (e.g., therapeutic alternatives or less expensive purchasing methods) to an individual purchasing prescription medication (§ 1);
 - allows indirect purchasers to recover against drug manufacturers for antitrust violations, and allows defendants to avoid duplicative liability if they can prove that the alleged overcharge was passed on by someone else (§ 2);
 - prohibits contracts between a health care provider and certain vendors or agents a health carrier (e.g., insurer or HMO) retains from prohibiting disclosure of (a) billed or allowed amounts, reimbursement rates, or out-of-pocket costs or (b) data related to the all-payer claims database (§ 3);
 - makes changes to hospital electronic health record (EHR) requirements, such as specifically requiring hospitals to send or receive EHRs if requested by a patient or provider under certain conditions (§ 4); and
 - modifies patient notification requirements concerning facility fees charged by hospitals and health systems for outpatient services provided at hospital-based facilities (§ 5).
 - The bill also makes various minor, technical, and conforming changes.
 - *Senate Amendment “A” replaces the original bill (File 519) and adds the provisions on antitrust cases against drug manufacturers, contracts between health care providers and health carriers, surprise billing, facility fees, and hospital electronic health records.
 - *House Amendment “A” removes the provisions in Senate Amendment “A” on (1) surprise billing and (2) changes to annual reporting requirements, definitions, and allowable limits related to facility fees. It also modifies provisions on

notification requirements for facility fees and makes a minor change to the provisions on hospital electronic health records.¹

3. [SB 795](#) -- An Act Establishing the Office Of Health Strategy and Improving the Certificate of Need Program. This bill is expected to be taken up during the budget process.
4. [HB 5077](#) -- An Act Concerning the Return of Prescription Drugs to Pharmacies. This bill passed as amended by House Amendment A ([LCO 6804](#)). The bill is effective from passage. The bill requires the commissioner of Consumer Protection, not later than July 1, 2018, to adopt regulations to allow up to 50 retail pharmacies in the state in the first year and an additional 50 sites in the second year, to accept and dispose of unused prescriptions.
5. [HB 7052](#) – Governor’s Bill –An Act Preventing Prescription Opioid Diversion and Abuse. This bill passed as amended by House Amendment A ([LCO 8124](#)). The bill has various effective dates. The bill –
 - Increases data sharing between state agencies regarding opioid abuse and opioid overdose deaths
 - Facilitates the destruction of unused prescription medication by utilizing registered nurses employed for home health care agencies
 - Increases security of controlled substances prescriptions by requiring scheduled drugs be electronically prescribed
 - Allows patients to file a voluntary non-opioid form in their medical records indicating that they do not want to be prescribed or administered opioid drugs
 - Expands requirements about information regarding provider communications about of the risk and signs of addiction, and the dangers of drug interactions to cover all opioid prescriptions – current law is just for minors
 - Reduces the maximum opioid drug prescription for minors from seven days to five days
 - Requires the Department of Public Health to put information online about how prescribers can obtain certification for suboxone and other medicines to treat opioid use disorder
 - Requires individual and group health insurers to cover medically necessary detox treatment, as defined by American Society of Addiction Medicine (ASAM) criteria
 - Requires alcohol and drug treatment facilities use ASAM criteria for admission guidelines

¹ OLR bill analysis, available at <https://www.cga.ct.gov/2017/BA/2017SB-00445-R02-BA.htm> .