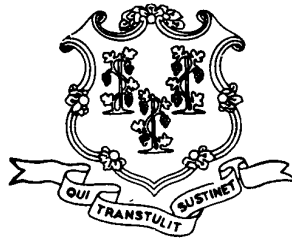


# Connecticut Comprehensive Drug Laws



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Prepared by the

**DEPARTMENT OF CONSUMER PROTECTION**  
**Drug Control Division    Commission of Pharmacy**

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**Sec. 20-570. Short title: Pharmacy Practice Act.** Sections 20-570 to 20-630, inclusive, may be cited as the "Pharmacy Practice Act".

(P.A. 95-264, S. 1; P.A. 99-175, S. 5.)

History: P.A. 99-175 replaced reference to Sec. 20-625 with reference to Sec. 20-630.

**Sec. 20-571. (Formerly Sec. 20-184a). Definitions.** As used in sections 20-570 to 20-630, inclusive, unless the context otherwise requires:

(1) "Administer" means the direct application of a drug or device to the body of a patient or research subject by injection, inhalation, ingestion or any other means;

(2) "Care-giving institution" means an institution that provides medical services and is licensed, operated, certified or approved by the Commissioner of Public Health, the Commissioner of

Developmental Services or the Commissioner of Mental Health and Addiction Services;

(3) "Commission" means the Commission of Pharmacy appointed under the provisions of section 20-572;

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

(5) "Compound" means to combine, mix or put together two or more ingredients pursuant to a prescription and includes the preparation of drugs or devices in anticipation of prescriptions based on routine, regularly-observed prescribing patterns;

(6) "Correctional or juvenile training institution" means a facility for the detention or incarceration of persons convicted or accused of crimes or offenses or for training of delinquent juveniles, including those state facilities under the jurisdiction of the Commissioner of Correction, training schools for delinquent juveniles and any other facilities operated by the state or municipalities for such detention, incarceration or training;

(7) "Device" means instruments, apparatuses and contrivances, including their components, parts and accessories, intended (A) for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals, or (B) to affect the structure or any function of the body of humans or other animals, but does not mean contact lenses;

(8) "Department" means the Department of Consumer Protection;

(9) "Dispense" means those acts of processing a drug or device for delivery or for administration for a patient pursuant to a prescription consisting of: (A) Comparing the directions on the label with the directions on the prescription to determine accuracy; (B) the selection of the drug or device from stock to fill the prescription; (C) the counting, measuring, compounding or preparation of the drug or device; (D) the placing of the drug or device in the proper container; (E) the affixing of the label to the container; and (F) the addition to a written prescription of any required notations. "Dispense" does not include the acts of delivering a drug or device to a patient or of administering the drug or device to the patient;

(10) "Dispensing outpatient facility" means a facility operated by a corporation or municipality which provides medical services to patients on an outpatient basis and which maintains stocks of drugs for dispensing of drugs on a regular basis to patients for use off the premises;

(11) "Drug" means (A) an article recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them, (B) an article intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals, (C) an article, other than food, intended to affect the structure or any function of the body of humans or any other animal, and (D) an article intended for use as a component of any article specified in this subdivision, but does not include a device;

(12) "Institutional pharmacy" means that area within a care-giving institution or within a correctional or juvenile training institution, commonly known as the pharmacy, that is under the direct charge of a pharmacist and in which drugs are stored and dispensed;

(13) "Legend device" means a device that is required by applicable federal or state law to be dispensed pursuant only to a prescription or is restricted to use by prescribing practitioners only or that, under federal law, is required to bear either of the following legends: (A) "RX ONLY" IN ACCORDANCE WITH GUIDELINES ESTABLISHED IN THE FEDERAL FOOD, DRUG AND COSMETIC ACT; or (B) "CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE FOR USE BY OR ON THE ORDER OF A LICENSED VETERINARIAN.";

(14) "Legend drug" means a drug that is required by any applicable federal or state law to be dispensed pursuant only to a prescription or is restricted to use by prescribing practitioners only, or means a drug that, under federal law, is required to bear either of the following legends: (A) "RX ONLY" IN ACCORDANCE WITH GUIDELINES ESTABLISHED IN THE FEDERAL FOOD, DRUG AND COSMETIC ACT; or (B) "CAUTION: FEDERAL LAW RESTRICTS THIS DRUG FOR USE BY OR ON THE ORDER OF A LICENSED VETERINARIAN.";

(15) "Nonlegend drug" means a drug that is not a legend drug;

(16) "Person" means an individual, corporation, business trust, estate trust, partnership, association, joint venture or any other legal or commercial entity;

(17) "Pharmacist" means an individual who is licensed to practice pharmacy under the provisions of section 20-590, 20-591, 20-592 or 20-593, and who is thereby recognized as a health care provider by the state of Connecticut;

(18) "Pharmacy" means a place of business where drugs and devices may be sold at retail and for which a pharmacy license has been issued to an applicant under the provisions of section 20-594;

(19) "Pharmacy intern" means an individual registered under the provisions of section 20-598;

(20) "Pharmacy technician" means an individual who is registered with the department and qualified in accordance with section 20-598a;

(21) "Practice of pharmacy" or "to practice pharmacy" means the sum total of knowledge, understanding, judgments, procedures, securities, controls and ethics used by a pharmacist to assure optimal safety and accuracy in the distributing, dispensing and use of drugs and devices;

(22) "Prescribing practitioner" means an individual licensed by the state of Connecticut, any other state of the United States, the District of Columbia, the Commonwealth of Puerto Rico or any territory or insular possession subject to the jurisdiction of the United States who is authorized to issue a prescription within the scope of the individual's practice;

(23) "Prescription" means a lawful order of a prescribing practitioner transmitted either orally, in

writing or by electronic means for a drug or device for a specific patient;

(24) "Sale" includes barter, exchange or gift or offer and each such transaction made by a person whether as principal proprietor, agent, servant or employee; and

(25) "Substitute" means to dispense without the prescribing practitioner's express authorization a different drug product than the drug product prescribed.

(1969, P.A. 48, S. 1; P.A. 73-211; P.A. 78-310, S. 3; P.A. 85-241, S. 1; P.A. 86-403, S. 42, 132; P.A. 91-27, S. 2; P.A. 95-257, S. 11, 12, 21, 58; 95-264, S. 2; P.A. 98-31, S. 2; 98-120; P.A. 99-175, S. 6; P.A. 00-182, S. 5; June 30 Sp. Sess. P.A. 03-6, S. 146(c), (d); P.A. 04-169, S. 17; 04-189, S. 1; P.A. 07-73, S. 2 (b).)

History: P.A. 73-211 defined "practice of pharmacy"; P.A. 78-310 included persons licensed by another state, the District of Columbia or the Commonwealth of Puerto Rico in definition of "licensed practitioner"; P.A. 85-241 deleted the definition of "administer", redefined "legend drug" to add warning for drugs used by veterinarians and excluded agricultural food supplements from the definition of "medicine"; P.A. 86-403 made technical changes; P.A. 91-27 redefined "written prescription" to include orders described under Sec. 19a-509c; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health and replaced Commissioner and Department of Mental Health with Commissioner and Department of Mental Health and Addiction Services, effective July 1, 1995; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health and replaced Commissioner and Department of Mental Health with Commissioner and Department of Mental Health and Addiction Services, effective July 1, 1995; P.A. 95-264 replaced existing definitions with new definitions; Sec. 20-184a transferred to Sec. 20-571 in 1997; P.A. 98-31 amended Subdiv. (20) to redefine "pharmacy technician"; P.A. 98-120 amended Subdiv. (17) to redefine "pharmacist"; P.A. 99-175 made technical changes, replaced reference to Sec. 20-625 with reference to Sec. 20-630, amended Subdiv. (3) to add reference to Sec. 20-572 and amended Subdivs. (13) and (14) to change wording of required legends on legend devices and legend drugs; P.A. 00-182 amended Subdivs. (13) and (14) to make technical changes to "legend device" and "legend drug" definitions; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Commissioner and Department of Consumer Protection with Commissioner and Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; pursuant to P.A. 07-73 "Commissioner of Mental Retardation" was changed editorially by the Revisors to "Commissioner of Developmental Services", effective October 1, 2007.

**Sec. 20-572. (Formerly Sec. 20-163). Commission of Pharmacy. Appointment and term of members.** There shall be in the department a Commission of Pharmacy which shall consist of six persons appointed by the Governor, subject to the provisions of section 4-9a, four of whom shall be pharmacists each actively engaged in the practice of pharmacy on a full-time basis

during the term of such person's appointment in this state and two of whom shall be public members. At least two of the pharmacist members shall be community retail pharmacists and at least one of the pharmacist members shall be a pharmacist employed on a full-time basis as a pharmacist in a hospital in the state during the term of such pharmacist member's appointment. Members of the commission may be selected from lists of individuals nominated by the Connecticut Pharmacists Association or by other professional associations of pharmacists or pharmacies. Any vacancy on the commission shall be filled by the Governor.

(1949 Rev., S. 4463, 4480; 1969, P.A. 593, S. 14; P.A. 75-30, S. 1, 2; P.A. 77-79; 77-614, S. 196, 610; Nov. Sp. Sess. P.A. 81-11, S. 6, 19; P.A. 82-419, S. 40, 47; P.A. 95-264, S. 3; P.A. 99-175, S. 7.)

History: 1969 act increased membership from five to six, adding member who is hospital-employed licensed pharmacist, increased terms from 5 to 6 years and extended terms of members appointed before June 24, 1969, by 1 year; P.A. 75-30 specified that hospital-employed member be a "practicing" pharmacist on "full-time basis" in "licensed" hospital; P.A. 77-79 limited members to two full terms; P.A. 77-614 placed commission within the department of consumer protection, specified appointment of members by governor, reduced number of licensed pharmacist members from five to four and added two public members, revised appointment provision to delete June first appointment date and 6-year term and deleted reference to filling vacancies from nominees of Pharmaceutical Association, effective January 1, 1979; Nov. Sp. Sess. P.A. 81-11 replaced provision which allowed commission members \$500 per annum and chairman an additional \$1,000 per annum as compensation and allowed reimbursement for their traveling expenses with provision specifying that members receive no compensation but are to be reimbursed for necessary expenses incurred in performing their duties; P.A. 82-419 amended section to provide that appointments are subject to section 4-9a, to delete 10 years' experience requirement, to require that pharmacist members be actively engaged in full-time practice of pharmacy while serving and to require that two pharmacist members be community retail pharmacists; P.A. 95-264 increased number of commissioners from three to four, adding hospital pharmacist member, eliminated requirement for six-person nominee list, permitted members of the commission to be selected from lists of nominees offered by professional associations other than Connecticut Pharmacists Association and deleted redundant provisions re filling vacancies, term limitations and reimbursements; Sec. 20-163 transferred to Sec. 20-572 in 1997; P.A. 99-175 made technical and gender neutral changes.

See title 2c re termination under "Sunset Law".

See Sec. 4-9a for definition of "public member".

See Sec. 4-10 re appointment of board and commission members from lists provided to Governor.

See Secs. 21a-6 to 21a-10, inclusive, re control, powers and duties of boards within the Department of Consumer Protection.

**Sec. 20-573. (Formerly Sec. 20-165). Meetings of commission. Records.** (a) Meetings of the commission for the purpose of conducting business of the commission shall be held at the office of the commission at least six times per calendar year and at such other times and places in each year as the chairperson or a majority of the commission deems necessary.

(b) The commission shall keep a record of its proceedings. Such record shall be made available to the public upon request and shall contain the name and license number of any pharmacist or pharmacy that the commission has recommended formal disciplinary action against. A copy of any such record, certified by the commissioner, shall be admitted as evidence in any civil or criminal action in lieu of the record.

(1949 Rev., S. 4475; P.A. 82-419, S. 41, 47; P.A. 95-264, S. 4; P.A. 99-175, S. 8; P.A. 09-150, S. 2.)

History: P.A. 82-419 amended section to allow calling of meetings by chairperson; P.A. 95-264 required the commission to conduct business at its office at least six times a year and added Subsec. (b) requiring that record of proceedings be kept; Sec. 20-165 transferred to Sec. 20-573 in 1997; P.A. 99-175 made technical changes; P.A. 09-150 amended Subsec. (b) by adding provision re record being made available by request to public and containing certain information when commission has recommended formal disciplinary action.

**Sec. 20-574. (Formerly Sec. 20-164a). General supervision by Commissioner of Consumer Protection.** The commissioner shall exercise general supervision over the operations of the commission pursuant to sections 20-570 to 20-630, inclusive.

(1959, P.A. 412, S. 30; P.A. 77-614, S. 198, 610; P.A. 95-264, S. 5; P.A. 99-175, S. 9.)

History: P.A. 77-614 deleted statement placing commission within consumer protection department "for fiscal and budgetary purposes", effective January 1, 1979; P.A. 95-264 made technical change; Sec. 20-164a transferred to Sec. 20-574 in 1997; P.A. 99-175 made technical changes and replaced reference to Sec. 20-625 with reference to Sec. 20-630.

Commissioner of Consumer Protection has the authority to review the defendant pharmacy's billing records. 53 CA 129.

**Sec. 20-575. Powers and responsibilities.** (a) The commission shall administer and enforce the provisions of sections 20-570 to 20-630, inclusive. The commission has all powers specifically granted in the general statutes, including the powers set forth in sections 21a-7 and 21a-9, and all further powers that are reasonable and necessary to enable the commission to protect the public interest in accordance with the duties imposed by sections 20-570 to 20-630, inclusive.

(b) The commission may compel attendance of witnesses and the production of documents by subpoena and may administer oaths. If any person refuses or fails to appear, testify or produce



any document when so ordered, a judge of the Superior Court may, upon application of the commission, make such order as may be appropriate to enforce this subsection.

(c) The commission may apply to the Superior Court for and the court may, upon hearing and for cause shown, grant a temporary or permanent injunction enjoining any person from violating any provision of sections 20-570 to 20-630, inclusive, or any regulation adopted in accordance with chapter 54 by the commissioner, with the advice and assistance of the commission, pursuant to sections 20-570 to 20-630, inclusive, irrespective of whether an adequate remedy at law exists. The commission also may apply to the Superior Court for, and the court shall have jurisdiction to grant, a temporary restraining order pending a hearing.

(d) An application to the Superior Court under subsection (b) or (c) of this section shall be brought by the Attorney General.

(P.A. 95-264, S. 6; P.A. 99-175, S. 10.)

History: P.A. 99-175 made technical changes, replaced references to Sec. 20-625 with references to Sec. 20-630, amended Subsec. (c) to delete provision requiring department to adopt regulations and to instead require adoption of regulations by commissioner, with advice and assistance of commission and designated provisions re application to Superior Court by the Attorney General as Subsec. (d).

**Sec. 20-576. (Formerly Sec. 20-164). Regulations.** (a) The commissioner may, with the advice and assistance of the commission, adopt regulations, in accordance with chapter 54, to govern the performance of the commission's duties, the practice of pharmacy and the business of retailing drugs and devices. Such regulations may include, but are not limited to, provisions (1) concerning the licensing of any pharmacist or pharmacy, disciplinary action that may be taken against a licensee, the conduct of a pharmacist and the operation of a pharmacy, (2) specifying various classes of pharmacy licenses issued under section 20-594, including, but not limited to, licenses for infusion therapy pharmacies and nuclear pharmacies and specifying requirements for operation of pharmacies under the classes of pharmacy licenses permitted under the regulations, (3) concerning creation and maintenance of prescription records, and (4) concerning registration and activities of pharmacy interns, registered pharmacy technicians and certified pharmacy technicians.

(b) The commissioner shall, with the advice and assistance of the commission, adopt regulations, in accordance with chapter 54, governing (1) the storage and retrieval of prescription information for noncontrolled substances, including refills, by pharmacists through the use of electronic data processing systems or other systems for the efficient storage and retrieval of information, (2) the operation of institutional pharmacies pursuant to chapters 368a and 418, and sections 17a-210 to 17a-273, inclusive, 19a-490 to 19a-520, inclusive, and 20-570 to 20-630, inclusive, and (3) the activities of pharmacy technicians in pharmacies and institutional pharmacies, including ratios of registered pharmacy technicians and certified pharmacy technicians to pharmacists in pharmacies and institutional pharmacies.

(1949 Rev., S. 4464; 1955, S. 2236d; September, 1957, P.A. 11, S. 13; P.A. 75-254, S. 1, 2; P.A. 77-614, S. 197, 610; P.A. 95-264, S. 7; P.A. 98-31, S. 3; P.A. 99-175, S. 11; P.A. 04-208, S. 1.)

History: P.A. 75-254 deleted authority for commission to publish and distribute regulations and to employ attorney to conduct prosecutions for violations of chapter, allowed commission to compel production of documents by subpoena, required annual report to commissioner of consumer protection rather than to governor and required certification of records "by executive secretary to the commission", replacing less specific requirement for certification "by its secretary"; P.A. 77-614 transferred power to adopt regulations from commission to commissioner of consumer protection, retaining commission in advisory role and deleted provision re election of chairman, effective January 1, 1979; P.A. 95-264 added Subsec. (a)(1) to (4), inclusive, and Subsec. (b) re matters subject to regulation; Sec. 20-164 transferred to Sec. 20-576 in 1997; P.A. 98-31 amended Subsec. (a)(4) by adding reference to pharmacy technicians; P.A. 99-175 made technical changes and amended Subsec. (b) to require regulations to be adopted in accordance with chapter 54 and to replace reference to Sec. 20-625 with reference to Sec. 20-630; P.A. 04-208 added references to registered pharmacy technicians and certified pharmacy technicians, effective June 3, 2004.

**Sec. 20-577. (Formerly Sec. 20-179). Employment of inspectors by Commissioner of Consumer Protection; duties. Inspection of correctional, juvenile training and care-giving institutions, dispensing outpatient facilities, institutional and retail pharmacies by commissioner.** (a) The commissioner shall employ inspectors whose duty it shall be to inspect all pharmacies and other places in which drugs and devices are or may be dispensed or retailed, and to report any violations of sections 20-570 to 20-630, inclusive, or other laws relating to drugs and devices and violations of laws regarding pharmacy licenses, nonlegend drug permits, licenses of pharmacists and supervision of pharmacy interns and pharmacy technicians.

(b) The commissioner shall inspect correctional or juvenile training institutions and care-giving institutions throughout the state with respect to the handling of drugs, shall report violations of law and make recommendations for improvements in procedures to the authority responsible for the operation of the institution and shall take such other steps as may be necessary to ensure proper and adequate storage, handling and administration of drugs in such institutions. The commissioner may also inspect dispensing outpatient facilities and institutional pharmacies and take such steps as the commissioner considers appropriate to correct deficiencies found in such facilities or institutional pharmacies with respect to their operation.

(c) The commissioner shall inspect each retail pharmacy not less than once every four years and shall develop a methodology to sample prescriptions dispensed by retail pharmacies for compliance with state laws concerning the dispensing of prescriptions. Such methodology shall be based on the number of prescriptions received by such retail pharmacies.

(1949 Rev., S. 4479; 1969, P.A. 593, S. 15; P.A. 77-614, S. 205, 610; P.A. 95-264, S. 8; P.A. 99-175, S. 12; P.A. 05-212, S. 3.)

History: 1969 act made employment of inspectors mandatory rather than optional, deleted requirement that inspections be made during usual business hours and included inspections of institutional pharmacies; P.A. 77-614 replaced commission of pharmacies with commissioner of consumer protection, effective January 1, 1979; P.A. 95-264 deleted obsolete reference to assistant pharmacist and added Subsec. (b) re commissioner's inspection of correctional, juvenile training and care-giving institutions, dispensing outpatient facilities and institutional pharmacies; Sec. 20-179 transferred to Sec. 20-577 in 1997; P.A. 99-175 made technical and gender neutral changes and amended Subsec. (a) to replace reference to Sec. 20-625 with reference to Sec. 20-630; P.A. 05-212 added Subsec. (c) re inspection of retail pharmacies, effective July 6, 2005.

Annotation to former section 20-179:

Cited. 207 C. 698.

**Sec. 20-578. (Formerly Sec. 21a-306). Information not to be disclosed. Exception.** (a) Information received by the department, the commission or the Department of Public Health, through filed reports or inspection or as otherwise authorized under chapters 418 and 420b and sections 20-570 to 20-630, inclusive, shall not be disclosed publicly in such a manner as to identify individuals or institutions, except: (1) In a proceeding involving the question of licensure or the right to practice, and (2) in a proceeding where the commission has voted in favor of formal disciplinary action against a pharmacist or pharmacy licensed pursuant to this chapter, when such disciplinary action is related to an error in the dispensing of medication. Nothing in this section shall be construed to prohibit the commissioner from disclosing information gained through the inspection of pharmacies and outlets holding permits for the sale of nonlegend drugs if the commissioner considers such disclosure to be in the interest of public health.

(b) Notwithstanding the provisions of subsection (a) of this section, section 21a-265 and chapter 55, the Commissioners of Consumer Protection and Public Health and the authorized agents of said commissioners, in carrying out their duties under subsection (a) of this section, may: (1) Exchange information relating to a license or registration issued by their respective agencies, or (2) exchange investigative information relating to violations of this chapter with each other, with the Chief State's Attorney and with agencies charged with the enforcement of pharmacy or drug laws of the United States, this state and all other jurisdictions.

(1969, P.A. 593, S. 8; P.A. 77-614, S. 323, 610; P.A. 87-204; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; 95-264, S. 9; P.A. 99-175, S. 13; P.A. 07-252, S. 73; P.A. 09-150, S. 1.)

History: P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; Sec. 19-504h transferred to Sec. 21a-306 in 1983; P.A. 87-204 added provision re disclosure of information deemed to be in the interest of public health; P.A. 93-381 authorized substitution of department of public health and addiction services for department of health services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective

July 1, 1995; P.A. 95-264 made technical changes to conform language to similar provisions throughout statutes; Sec. 21a-306 transferred to Sec. 20-578 in 1997; P.A. 99-175 made technical changes and replaced reference to Sec. 20-625 with reference to Sec. 20-630; P.A. 07-252 designated existing provisions as Subsec. (a) and added Subsec. (b) authorizing exchange of information among Commissioners of Consumer Protection and Public Health, the Chief State's Attorney and other agencies charged with enforcing pharmacy or drug laws; P.A. 09-150 amended Subsec. (a) by adding Subdiv. (2) re exemption for information in proceeding where disciplinary action is related to an error in dispensing medication and by making a conforming change.

Annotation to former section 21a-306:

For purposes of statute compliance meetings are not "proceedings" and documents relating to such meetings were exempt from disclosure. 207 C. 698.

**Sec. 20-579. (Formerly Sec. 20-175). Causes for suspension, revocation or refusal to issue or renew licenses, temporary permits and registrations and for assessment of civil penalty.** (a)

The commission may refuse to authorize the issuance of a temporary permit to practice pharmacy, may refuse to authorize the issuance or renewal of a license to practice pharmacy, a license to operate a pharmacy or a registration of a pharmacy intern or pharmacy technician, and may revoke or suspend a license or temporary permit to practice pharmacy, a license to operate a pharmacy, or a registration of a pharmacy intern or a pharmacy technician, and may assess a civil penalty of up to one thousand dollars or take other action permitted in subdivision (7) of section 21a-7 if the applicant or holder of the license, temporary permit or registration: (1) Has violated a statute or regulation relating to drugs, devices or the practice of pharmacy of this state, any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction; (2) has been convicted of violating any criminal statute relating to drugs, devices or the practice of pharmacy of this state, any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction; (3) has been disciplined by, or is the subject of pending disciplinary action or an unresolved complaint before, the duly authorized pharmacy disciplinary agency of any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction; (4) has been refused a license or registration or renewal of a license or registration by any state of the United States, the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or insular possession subject to the jurisdiction of the United States or a foreign jurisdiction based on grounds that are similar to grounds on which Connecticut could refuse to issue or renew such a license or registration; (5) has illegally possessed, diverted, sold or dispensed drugs or devices; (6) abuses or excessively uses drugs, including alcohol; (7) has made false, misleading or deceptive representations to the public or the commission; (8) has maintained exclusive telephone lines to, has maintained exclusive electronic communication with, or has exclusive access to computers located in offices of prescribing practitioners, nursing homes, clinics,

hospitals or other health care facilities; (9) has substituted drugs or devices except as permitted in section 20-619; (10) has accepted, for return to regular stock, any drug already dispensed in good faith or delivered from a pharmacy, and exposed to possible and uncontrolled contamination or substitution; (11) has split fees for professional services, including a discount or rebate, with a prescribing practitioner or an administrator or owner of a nursing home, hospital or other health care facility; (12) has entered into an agreement with a prescribing practitioner or an administrator or owner of a nursing home, hospital or other health care facility for the compounding or dispensing of secret formula or coded prescriptions; (13) has performed or been a party to a fraudulent or deceitful practice or transaction; (14) has presented to the commission a diploma, license or certificate illegally or fraudulently obtained, or obtained from a college or school of pharmacy not approved by the commission; (15) has performed incompetent or negligent work; (16) has falsified a continuing education document submitted to the commission or department or a certificate retained in accordance with the provisions of subsection (d) of section 20-600; (17) has permitted a person not licensed to practice pharmacy in this state to practice pharmacy in violation of section 20-605, to use a pharmacist license or pharmacy display document in violation of section 20-608, or to use words, displays or symbols in violation of section 20-609; or (18) has failed to maintain the entire pharmacy premises, its components and contents in a clean, orderly and sanitary condition.

(b) The commission may refuse to authorize the issuance of a temporary permit to practice pharmacy, may refuse to authorize the issuance or renewal of a license to practice pharmacy, a license to operate a pharmacy or a registration of a pharmacy intern or pharmacy technician, and may revoke or suspend a license or temporary permit to practice pharmacy, a license to operate a pharmacy, or a registration of a pharmacy intern or a pharmacy technician, or take other action permitted in subdivision (7) of section 21a-7 if the commission determines that the applicant or holder of the license, temporary permit or registration has a condition including, but not limited to, physical illness or loss of skill or deterioration due to the aging process, emotional disorder or mental illness, abuse or excessive use of drugs or alcohol that would interfere with the practice of pharmacy, operation of a pharmacy or activities as a pharmacy intern or pharmacy technician, provided the commission may not, in taking action against a license, temporary permit or registration holder on the basis of such a condition, violate the provisions of section 46a-73 or 42 USC Section 12132 of the federal Americans with Disabilities Act.

(1949 Rev., S. 4472; 1961, P.A. 149; 1963, P.A. 243; February, 1965, P.A. 162; 304, S. 2; 1969, P.A. 74; P.A. 73-480, S. 3, 4; P.A. 75-95, S. 2, 3; P.A. 76-166, S. 5, 8; P.A. 77-126, S. 1, 2; 77-614, S. 203, 610; P.A. 82-419, S. 42, 47; P.A. 84-75; P.A. 87-401, S. 3, 4; P.A. 95-264, S. 10; P.A. 98-31, S. 4; P.A. 99-175, S. 14; P.A. 00-182, S. 7.)

History: 1961 act changed technical language, required conviction in Subdiv. (1), added refusal to comply in Subdiv. (3) and added Subdivs. (4) to (16); 1963 act added Subdiv. (17); 1965 acts added Subdiv. (18) and amended Subdiv. (3) by adding "chapter 343 or"; 1969 act added Subdiv. (19) allowing revocation or suspension of license for failure to maintain sanitary conditions; P.A. 73-480 revised Subdiv. (17) to ban advertising or promotion of legend drugs rather than of those bearing cautionary label and made ban more forceful by adding "directly or indirectly, by any means, in any form"; P.A. 75-95 deleted former Subdiv. (17) banning advertising and

renumbered remaining Subdivs.; P.A. 76-166 revised Subdiv. (8) banning drug substitution except as provided in Secs. 20-185b and 20-185c rather than "except on the order of a practitioner legally licensed to prescribe such articles"; P.A. 77-126 deleted Subdiv. (17) banning use on words "discount" or "cut rate" etc. in promotion or advertisement of services, renumbering Subdiv. (18) accordingly; P.A. 77-614 transferred power to make regulations from commission to consumer protection commissioner, retaining commission as advisor, effective January 1, 1979; P.A. 82-419 amended section to eliminate crimes involving moral turpitude, lack of professional integrity, advertising professional superiority and unprofessional conduct as disciplinary grounds and to change grounds of unfitness, incompetence, unskillfulness or gross negligence to performance of grossly incompetent or negligent work; P.A. 84-75 added as a cause for the revocation or suspension of a license access to computers located in offices of practitioners, nursing homes or clinics; P.A. 87-401 made falsification of certificate of approved continuing education units grounds for suspension or revocation of license; P.A. 95-264 replaced existing section with new provisions permitting the suspension, revocation and refusal to issue or renew licenses and registrations; Sec. 20-175 transferred to Sec. 20-579 in 1997; P.A. 98-31 added provisions re pharmacy technicians and made technical changes; P.A. 99-175 made technical changes and amended Subsec. (a) to empower commission to assess \$1,000 civil penalty against persons who violate pharmacy license or registration statutes, rules or regulations; P.A. 00-182 added provisions re temporary permit to practice pharmacy.

See Sec. 19a-70 re violation of regulations governing distribution of biologic products during an emergency as grounds for suspension, revocation or annulment of license.

See Sec. 30-36 re druggist's permit to sell alcoholic beverages.

**Sec. 20-580. (Formerly Sec. 20-167). Revocation or suspension of nonlegend drug permit.** A permit to sell nonlegend drugs issued under section 20-624 may be revoked or suspended by the commission for any violation of the provisions of chapter 419 or of sections 20-570 to 20-630, inclusive, or for any violation of any federal law concerning the sale or offer for sale of any nonlegend drug, or for the violation of any regulation concerning the sale or offer for sale of any nonlegend drugs.

(1949 Rev., S. 4466; 1959, P.A. 270; February, 1965, P.A. 304, S. 1; P.A. 77-614, S. 200, 610; P.A. 95-264, S. 11; P.A. 99-175, S. 15.)

History: 1959 act applied commission's authority to make regulations to sale or offer for sale of compounds, etc. rather than to the grant of a selling permit to an unlicensed pharmacy, specified above provision's application to proprietary or patent medicinal compounds be in the alternative and extended conditions under which permit may be revoked or suspended from violation of commission's regulations to those stated in second sentence; 1965 act added reference to chapter 343; P.A. 77-614 transferred power to make regulations from commission of pharmacy to commissioner of consumer protection, retaining commission as advisor and replaced permittee's right to appeal with right to judicial review, effective January 1, 1979; P.A. 95-264 deleted provisions concerning adoption of regulations re proprietary or patent medicines and substituted

provisions re revocation or suspension of nonlegend drug permits; Sec. 20-167 transferred to Sec. 20-580 in 1997; P.A. 99-175 made a technical change and replaced reference to Sec. 20-625 with reference to Sec. 20-630.

**Sec. 20-581. (Formerly Sec. 20-185). Penalty for violation of Pharmacy Practice Act.**

**Exception.** Any person who violates any provision of sections 20-570 to 20-631, inclusive, and section 20-635 for the violation of which no other penalty has been provided shall be fined not more than five thousand dollars or imprisoned not more than five years or both. For purposes of this section, each instance of patient contact or consultation that is in violation of any provision of sections 20-570 to 20-631, inclusive, and section 20-635 shall be a separate offense. Failure to renew in a timely manner any license issued under said sections is not a violation for purposes of this section.

(1949 Rev., S. 4486; P.A. 84-526, S. 12; P.A. 95-264, S. 12; P.A. 99-175, S. 16; P.A. 05-73, S. 1.)

History: P.A. 84-526 amended section by changing penalty for violation of any provision of Secs. 20-163 to 20-184c, inclusive, to a fine of not more than \$500 or imprisonment of not more than five years, and added provisions that each instance of patient contact or consultation shall constitute a separate offense and failure to renew license in timely manner is not a violation for purposes of section; P.A. 95-264 increased maximum fine from \$500 to \$5,000 for violations of the Pharmacy Practice Act, excluding failure to renew license in a timely manner; Sec. 20-185 transferred to Sec. 20-581 in 1997; P.A. 99-175 made technical changes and replaced references to Sec. 20-625 with references to Sec. 20-630; P.A. 05-73 included references to Secs. 20-631 and 20-635, effective May 31, 2005.

**Sec. 20-582. (Formerly Sec. 20-176). Appeals of decisions of Commission of Pharmacy.** Any person (1) holding a license, permit or registration under sections 20-570 to 20-630, inclusive, who has been disciplined by the commission, or (2) who has been refused a license, permit or registration under said sections or refused a renewal of a license or permit under said sections, may appeal as provided in section 4-183.

(1949 Rev., S. 4473; 1971, P.A. 179, S. 13; 870, S. 61; P.A. 76-436, S. 425, 681; P.A. 77-603, S. 71, 125; 77-614, S. 204, 610; P.A. 78-280, S. 41, 42, 127; P.A. 95-264, S. 13; P.A. 99-175, S. 17.)

History: 1971 acts required that appeals be taken between 12 and 30 days after service rather than on next return day or the "next but one" and replaced superior court with court of common pleas, effective September 1, 1971, except that courts with cases pending retain jurisdiction unless pending matters deemed transferable; P.A. 76-436 replaced court of common pleas with superior court and added references to judicial districts, effective July 1, 1978; P.A. 77-603 replaced appeal provisions, except those concerning venue and privileged status with statement that appeals be in accordance with Sec. 4-183; P.A. 77-614 deleted provisions concerning venue

and privileged status of appeals, effective January 1, 1979; P.A. 78-280 restored venue provision and provision granting appeals privileged status; P.A. 95-264 deleted provisions on where appeals are returnable; Sec. 20-176 transferred to Sec. 20-582 in 1997; P.A. 99-175 added Subdiv. indicators and added references to Secs. 20-570 to 20-630, inclusive.

Annotation to former section 20-176:

Cited. 179 C. 415.

**Sec. 20-583. Where appeals returnable.** An appeal of a decision by the commission to discipline a person licensed to practice pharmacy or registered as a pharmacy intern or pharmacy technician, to refuse a person's application for a license to practice pharmacy or to refuse to register a person as a pharmacy intern or pharmacy technician shall be made returnable to the judicial district in which the person resides or, if the person does not reside in Connecticut, to the judicial district of New Britain. An appeal of a decision by the commission to discipline the holder of a pharmacy license or the holder of a permit to sell nonlegend drugs or to refuse a person's application for such a license or permit appeal shall be made returnable to the judicial district in which the building or store is located, for which the license or permit was sought or in which it was suspended or revoked. All appeals under the provisions of this section shall be treated as privileged and shall be assigned for trial and tried as soon as may be practicable.

(P.A. 88-230, S. 1, 12; P.A. 90-98, S. 1, 2; P.A. 93-142, S. 4, 7, 8; P.A. 95-220, S. 4-6; 95-264, S. 14; P.A. 98-31, S. 5; P.A. 99-215, S. 24, 29.)

History: (Revisor's note: P.A. 88-230, 90-98, 93-142 and 95-220 authorized substitution of "judicial district of Hartford" for "judicial district of Hartford-New Britain" in 1995 public and special acts, effective September 1, 1998); P.A. 98-31 added provisions re pharmacy technicians; P.A. 99-215 replaced "judicial district of Hartford" with "judicial district of New Britain", effective June 29, 1999.

**Secs. 20-584 to 20-589.** Reserved for future use.

## **PART II**

### **LICENSING OF PHARMACISTS AND PHARMACIES.**

#### **REGISTRATION OF PHARMACY INTERNS**

#### **AND PHARMACY TECHNICIANS**

**Sec. 20-590. (Formerly Sec. 20-170). Issuance of license or temporary permit to practice pharmacy; requirements.** (a) The department shall, upon authorization of the commission, issue a license to practice pharmacy as a pharmacist to any individual provided the individual:



- (1) Has submitted a written application on a form approved by the department;
- (2) Has graduated from a college or school of pharmacy approved by the commission with a degree that was, at the time of graduation, an entry level professional pharmacy degree;
- (3) Has the professional experience as a pharmacy intern required by regulations adopted by the commissioner, with the advice and assistance of the commission, in accordance with chapter 54;
- (4) Has successfully passed the examination described under subsection (b) of this section;
- (5) Is eighteen years of age or older at the time of the examination; and
- (6) Has paid the examination fee specified in section 20-601.

(b) The examination for licensure required under subsection (a) of this section shall be given by the commission at least two times each year. The commission shall, with the approval of the commissioner, determine the content and subject matter of each examination, and the place, time and date of administration of the examination.

(c) The Department of Consumer Protection shall, upon authorization of the commission, issue a temporary permit to practice pharmacy to an individual who: (1) Practices under the direct supervision of a licensed pharmacist; (2) has an application for reciprocity on file with the commission; (3) is a licensed pharmacist in good standing in a state or jurisdiction from which such state's pharmacy board or commission of pharmacy grants similar reciprocal privileges to pharmacists licensed in this state; and (4) has no actions pending against such individual's license with any state's pharmacy board or commission of pharmacy.

(d) A temporary permit to practice pharmacy shall expire at the time the individual with the temporary permit is licensed as a pharmacist in this state, or not later than three months from the date of issuance of such temporary permit, whichever occurs first. The Department of Consumer Protection shall not issue more than one temporary permit to practice pharmacy to an individual, but the commission, at its discretion, may authorize one three-month extension of the temporary permit.

(1949 Rev., S. 4469; 1963, P.A. 197, S. 1; 1972, P.A. 127, S. 41; P.A. 76-113, S. 7; P.A. 77-614, S. 202, 610; P.A. 81-361, S. 3, 39; 81-471, S. 69, 71; P.A. 86-392, S. 2, 3; May Sp. Sess. P.A. 92-6, S. 25, 117; P.A. 93-79; P.A. 94-36, S. 7, 42; P.A. 95-264, S. 15; P.A. 99-175, S. 18; P.A. 00-182, S. 8; P.A. 02-82, S. 2; June 30 Sp. Sess. P.A. 03-6, S. 146(d); P.A. 04-169, S. 17; 04-189, S. 1.)

History: 1963 act established license year from April first to March thirty-first; 1972 act reduced minimum age of applicant from 21 to 18, reflecting changed age of majority; P.A. 76-113 deleted requirement that applicant be U.S. citizen; P.A. 77-614 required approval of exam by consumer protection commissioner and replaced regulation "prescribed by ... commission" with regulations "established under this chapter", effective January 1, 1979; P.A. 81-361 amended

section to allow the department rather than commission itself to issue licenses upon the authorization of the commission on and after July 1, 1981, and to require approval of application forms by the department instead of the commission; P.A. 81-471 amended section to establish procedure under which pharmacist licensed in another state and who was eligible for licensure in this state prior to October 22, 1976, by reason of his licensure in such other state may be licensed in this state by examination without regard to accreditation or nonaccreditation of the school of pharmacy which he attended; P.A. 86-392 changed the requirements for licensure for persons who are licensed pharmacists in another state to allow licensure for persons graduating after October 22, 1976, who have practiced for at least five years and to refer to alternative examination in addition to national boards; May Sp. Sess. P.A. 92-6 established an examination fee of \$150; P.A. 93-79 required the commissioner of consumer protection to adopt regulations concerning the licensure of graduates of foreign schools of pharmacy (Revisor's note: In 1995 the term "pharmacy commission" was changed editorially by the Revisors to "commission of pharmacy", where appearing, for consistency with Sec. 20-163); P.A. 94-36 deleted reference to "April first to March thirty-first" license year, effective January 1, 1995; P.A. 95-264 replaced existing provisions re qualifications for license with new provisions setting out the requirements which must be met; Sec. 20-170 transferred to Sec. 20-590 in 1997; P.A. 99-175 made technical changes and amended Subsec. (a)(3) to add provision requiring commissioner to seek advice and assistance of commission in adopting regulations re professional qualifications of pharmacy interns; P.A. 00-182 added Subsec. (c) re issuance of a temporary permit to practice pharmacy and Subsec. (d) re expiration and extension of a temporary permit to practice pharmacy; P.A. 02-82 amended Subsec. (a)(2) to require, as condition of issuance of license to practice pharmacy, a degree from an approved college or school of pharmacy and that the degree, at time of individual's graduation, was an "entry level professional pharmacy degree"; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Department of Consumer Protection with Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

See Sec. 21a-10(b) re staggered schedule for license renewals.

**Sec. 20-591. Graduates of foreign pharmacy schools. Regulations.** (a) An individual who has graduated from a foreign school of pharmacy not approved by the commission may apply for a license to practice pharmacy under this section.

(b) The individual shall comply with the requirements of subdivisions (1), (2), (4), (5) and (6) of subsection (a) of section 20-590 and with regulations adopted as provided in subsection (c) of this section.

(c) The commissioner shall, with the advice and assistance of the commission, adopt regulations in accordance with chapter 54 concerning licensure as a pharmacist of an individual who has graduated from and received an entry-level professional pharmacy degree from a foreign school of pharmacy. The regulations shall include a requirement that such a graduate pass a proficiency test for written and spoken English, a foreign pharmacy graduate equivalency examination and

the examination described in subsection (b) of section 20-590.

(P.A. 95-264, S. 16; P.A. 99-175, S. 19.)

History: P.A. 99-175 made a technical change in Subsec. (a).

**Sec. 20-592. Licensure of individual who is a licensed pharmacist in another state or jurisdiction.** Any individual who is a licensed pharmacist in any other state of the United States, the District of Columbia, the Commonwealth of Puerto Rico or any territory or insular possession subject to the jurisdiction of the United States, may be licensed to practice pharmacy in this state in accordance with regulations adopted under sections 20-570 to 20-630, inclusive, in accordance with chapter 54.

(P.A. 95-264, S. 17; P.A. 99-175, S. 20.)

History: P.A. 99-175 amended Subsec. (a) to delete subsection designation and reference to Subsec. (b) and replace reference to Sec. 20-625 with reference to Sec. 20-630 and deleted Subsec. (b).

**Sec. 20-593. (Formerly Sec. 20-172). Pharmacist license certificate; expiration; renewal; fee; display document.** (a) A license to practice pharmacy issued under the provisions of section 20-590 or under the provisions of section 20-591 or 20-592 and a license to practice pharmacy renewed pursuant to subsections (b) and (c) of this section shall be evidenced by a certificate issued by the department upon authorization of the commission.

(b) A license to practice pharmacy shall expire annually and may be renewed upon completion of an application on a form approved by the department, payment of the fee set forth in section 20-601 and completion of continuing professional education, as required by sections 20-599 and 20-600.

(c) The commission shall not grant a renewal license to an applicant who has not held a license authorized by the commission within five years of the date of application unless the applicant has passed an examination satisfactory to the commission and has paid the fee required in section 20-601.

(d) In addition to the certificate of license to practice pharmacy issued under subsection (a) of this section, the department may issue a document suitable for display indicating that the individual has been issued a certificate of license to practice pharmacy.

(1949 Rev., S. 4471; 1959, P.A. 616, S. 55; June, 1971, P.A. 8, S. 62; 1972, P.A. 223, S. 9; P.A. 79-224, S. 3; P.A. 81-361, S. 5, 39; P.A. 89-251, S. 99, 203; May Sp. Sess. P.A. 92-16, S. 49, 89; P.A. 94-36, S. 8, 42; P.A. 95-264, S. 18; P.A. 99-175, S. 21.)

History: 1959 act increased license fees for pharmacists from \$15 to \$25 and renewal fees from \$2 to \$5 and doubled fees for pharmacists licensed in another state admitted to practice in this state; 1971 act increased fees for pharmacists and pharmacists licensed in another state from \$25 and \$50 respectively to \$150 for both, for renewal from \$5 to \$100 and for renewal not within six months of expiration from \$10 to \$125; 1972 act reduced pharmacists' fees to \$50 and annual renewal to \$15; P.A. 79-224 required payment of fees to state treasurer rather than commission treasurer and introduced intermediate renewal penalty of \$50 for failure to renew within 30 days of expiration; P.A. 81-361 amended section to provide that certificates of licensure are to be issued by the department instead of the commission and that application fees are nonrefundable; P.A. 89-251 increased fee for a pharmacist's license from \$50 to \$100, increased fee for renewal from \$15 to \$30 and increased fee for licensure from another jurisdiction from \$50 to \$100; May Sp. Sess. P.A. 92-16 replaced \$30 renewal fee with professional service fee class established pursuant to Sec. 33-182/; (Revisor's note: In 1995 the term "pharmacy commission" was changed editorially by the Revisors to "commission of pharmacy" for consistency with Sec. 20-163); P.A. 94-36 deleted provision allowing license renewal late fees, effective January 1, 1995; P.A. 95-264 replaced existing provisions re licensure with new provisions concerning license certificates, their expiration, renewal and fee and the issuance of a display document by the department; Sec. 20-172 transferred to Sec. 20-593 in 1997; P.A. 99-175 made technical changes in Subsecs. (a) and (d).

See Sec. 21a-4(c) re fines for late license renewals.

**Sec. 20-594. (Formerly Sec. 20-168). Pharmacy license; application; information required; issuance or renewal of license; expiration. Transfer of pharmacy to new location.** (a) Except as limited by section 20-596, a pharmacist or any other person may apply to the commission for a pharmacy license or for renewal of a pharmacy license.

(b) The applicant shall disclose on the application the name and address of the applicant and the owner of the pharmacy, the name and street and mailing address of the pharmacy and the name, address and license number of the pharmacist who manages the pharmacy. The commissioner may, by regulation adopted with the advice and assistance of the commission, in accordance with chapter 54, require such other information on the application as is necessary for the department to carry out its duties under sections 20-570 to 20-630, inclusive.

(c) The department shall, after receipt of an application under this section, (1) issue, on authorization of the commission, a pharmacy license to an applicant for a new pharmacy on payment of the fee required in section 20-601 and on satisfactory evidence to the commission that the pharmacy will be managed by a pharmacist and will be operated in accordance with the general statutes and the regulations adopted by the commissioner in accordance with chapter 54, and (2) issue a renewal of a pharmacy license to an applicant on payment of the fee required in section 20-601.

(d) Pharmacy licenses shall expire annually. Pharmacy licenses may be renewed on application and payment of the fee required in section 20-601 for a period not to exceed one year.

(e) When a pharmacy is transferred to a new location the pharmacy license for such pharmacy shall terminate. A pharmacy license that has been terminated under this subsection may be renewed under the provisions of subsection (d) of this section and on satisfactory evidence to the commission that the pharmacy will be managed by a pharmacist and will be operated in accordance with the general statutes and the regulations adopted by the commissioner in accordance with chapter 54.

(1949 Rev., S. 4467; 1959, P.A. 616, S. 54; 1967, P.A. 109, S. 4; June, 1971, P.A. 8, S. 61; 1972, P.A. 223, S. 8; P.A. 77-614, S. 201, 610; P.A. 81-361, S. 1, 39; P.A. 89-251, S. 96, 203; P.A. 94-36, S. 6, 42; P.A. 95-264, S. 19; P.A. 99-175, S. 22.)

History: 1959 act raised fee for renewal from \$10 to \$15; 1967 act added "or dentists" to first sentence; 1971 act raised fee for renewal license from \$15 to \$150; 1972 act reduced renewal fee to \$50; P.A. 77-614 replaced regulations of commission with regulations established by consumer protection commissioner, effective January 1, 1979; P.A. 81-361 transferred licensing power from commission to department of consumer protection acting upon commission's authorization; P.A. 89-251 increased the licensing fee from \$200 to \$600 and increased the renewal fee from \$50 to \$150; P.A. 94-36 deleted reference to "September first" license expiration date, effective January 1, 1995; P.A. 95-264 replaced existing provisions re pharmacy licenses with new provisions concerning application for license or renewal of license, information required, issuance or renewal of license, expiration and transfer of pharmacy to new location; Sec. 20-168 transferred to Sec. 20-594 in 1997; P.A. 99-175 made technical changes and amended Subsecs. (c) and (e) to require that adoption of regulations be consistent with chapter 54.

See Sec. 21a-10(b) re staggered schedule for license renewals.

**Sec. 20-595. (Formerly Sec. 20-168a). Pharmacy licenses held by corporations. Notice of change in officers or directors.** Any corporation applying for a new or renewal pharmacy license under the provisions of section 20-594 shall state in the application the names of the officers and directors of the corporation. Notice of any change in such officers or directors shall be given by the corporation to the commission within ten days after the change. Such notice shall be accompanied by the filing fee set forth in section 20-601. Any such corporation that fails to give notice of a change in the officers or directors of the corporation within ten days of the change shall pay the late fee required in section 20-601.

(February, 1965, P.A. 421; P.A. 79-224, S. 1; P.A. 89-251, S. 97, 203; P.A. 95-264, S. 20; P.A. 99-175, S. 23.)

History: P.A. 79-224 imposed \$25 fine for failure to give notice of change in officers or directors or to apply for renewal upon change in location or name; P.A. 89-251 increased fee for notice of change from \$10 to \$30; P.A. 95-264 replaced specific filing and late fees with references to fees

set forth in Sec. 20-601; Sec. 20-168a transferred to Sec. 20-595 in 1997; P.A. 99-175 made technical changes.

**Sec. 20-596. (Formerly Sec. 20-168b). Ownership of pharmacies by prescribing**

**practitioners.** (a) No prescribing practitioner, spouse of a prescribing practitioner, except a spouse who is a pharmacist, or dependent child of a prescribing practitioner shall have an ownership or investment interest in a pharmacy.

(b) The provisions of this section do not apply to a prescribing practitioner or spouse or dependent child of a prescribing practitioner (1) having an ownership or investment interest in a pharmacy prior to July 1, 1993, (2) who inherits an ownership or investment interest in a pharmacy, or (3) who is not required to maintain professional liability insurance pursuant to section 20-11b, provided (A) if the prescribing practitioner reinstates any such professional liability insurance, the prescribing practitioner shall, within thirty days of doing so, notify the Commissioner of Public Health of such reinstatement and divest any interest the prescribing practitioner may have in any pharmacy, or (B) if the interest is owned by the prescribing practitioner's spouse or dependent child, the spouse or child shall divest such interest in any pharmacy. Failure of the prescribing practitioner or the prescribing practitioner's spouse or dependent child to divest any such interest in a pharmacy within thirty days shall result in the prescribing practitioner's license being suspended until such time as the prescribing practitioner or the prescribing practitioner's spouse or dependent child divests such interest in the pharmacy.

(c) As used in this section, "ownership of investment interest" does not include ownership of investment securities by a prescribing practitioner, or the prescribing practitioner's spouse or dependent children, in a publicly-held corporation that is traded on a national exchange or over-the-counter market, provided the investment securities held by the prescribing practitioner, the prescribing practitioner's spouse and the prescribing practitioner's dependent children, in the aggregate, do not exceed one-half of one per cent of the total number of shares issued by the corporation.

(P.A. 93-374, S. 1, 2; P.A. 95-257, S. 12, 21, 58; 95-264, S. 21; 95-271, S. 32; P.A. 99-175, S. 24.)

History: P.A. 93-374 effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 95-264 substituted "prescribing practitioner" for "licensed practitioner"; P.A. 95-271 added Subsec. (b)(3) re exemption for certain individuals required to maintain professional liability insurance under Sec. 20-11b and that failure to divest within 30 days can result in suspension (Revisor's note: A reference to "licensed" practitioner was replaced editorially by the Revisors with "prescribing" practitioner to conform P.A. 95-271 with changes enacted in P.A. 95-264); Sec. 20-168b transferred to Sec. 20-596 in 1997; P.A. 99-175 made technical and gender neutral changes.

**Sec. 20-597. (Formerly Sec. 20-169). Pharmacy to be supervised and managed by pharmacist. Regulations re prescription department. Change in management, ownership or name of pharmacy.**

(a) No place of business may be operated as a pharmacy unless a pharmacy license has been issued for the place of business and unless it is under the direct supervision of a pharmacist on the premises, except that the commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with chapter 54, that specify when a pharmacy may remain open for business during hours when a pharmacist is not present and directly supervising such pharmacy. Such regulations shall include, but not be limited to: (1) A provision requiring that the prescription department be closed and properly secured during times when a pharmacist is not present; (2) the minimum number of hours of operation applicable to the prescription department; (3) requirements for the physical security of the prescription department; (4) requirements for the physical security of legend drugs, controlled substances and legend devices stored in all areas of the pharmacy; and (5) a definition of the term "prescription department".

(b) In addition to the on-premises supervision of a pharmacy required in subsection (a) of this section, a pharmacy shall be managed by a pharmacist practicing at the pharmacy on a full-time basis who is listed as manager in the application for a pharmacy license made under section 20-594 or enrolled with the commission under subsection (c) of this section. The managing pharmacist may also act as the supervising pharmacist. No pharmacist may manage more than one pharmacy at the same time.

(c) The person to whom a pharmacy license has been issued shall immediately notify the commission whenever the pharmacist who manages the pharmacy ceases such management and shall immediately enroll with the commission the name, address and license number of the pharmacist who assumes management of the pharmacy. The notice of change in management of a pharmacy required to be filed with the commission under this section shall be accompanied by the filing fee required in section 20-601. The pharmacist who ceases management of the pharmacy shall also immediately notify the commission of that fact.

(d) The person to whom a pharmacy license has been issued shall immediately notify the commission of a change in ownership of the pharmacy and of a change in name of the pharmacy. The notice shall be accompanied by the filing fee required in section 20-601. Any such person who fails to give the notice of a change in ownership or name of the pharmacy within ten days of the change shall pay the late fee required in section 20-601.

(1949 Rev., S. 4468; 1971, P.A. 385, S. 2; P.A. 79-224, S. 2; P.A. 89-251, S. 98, 203; P.A. 95-72, S. 3; 95-264, S. 22; P.A. 98-211, S. 1; P.A. 99-175, S. 25.)

History: 1971 act rephrased provision re operation of pharmacy by licensed pharmacist and added provisions requiring certain information to be reported to pharmacy commission by owner of pharmacy, pharmacist ceasing to be in charge of pharmacy, etc.; P.A. 79-224 imposed \$25 fine for failure to give notice of change in officers or directors or failure to apply for renewal upon change in location or name; P.A. 89-251 established a \$45 fee for notice of change; (Revisor's note: In 1995 the term "pharmacy commission" was changed editorially by the

Revisors to "commission of pharmacy" for consistency with Sec. 20-163); P.A. 95-72 required commissioner to adopt regulations specifying when a pharmacy may remain open when the pharmacist is not present, deleting prior provision which had permitted assistant pharmacists to assume charge of pharmacy during pharmacist's temporary absence, but failed to take effect, P.A. 95-264 having taken precedence; P.A. 95-264 replaced existing provisions re supervision and management of pharmacy and change in ownership of pharmacy with new provisions concerning supervision and management of pharmacies, notification of Commission of Pharmacy when there is a change of management or change in ownership or name of pharmacy and payment of fees; Sec. 20-169 transferred to Sec. 20-597 in 1997; P.A. 98-211 amended Subsec. (a) by adding provisions re prescription department regulations; P.A. 99-175 amended Subsec. (c) to make technical changes.

**Sec. 20-598. (Formerly Sec. 20-177). Registration of pharmacy interns.** (a) Each individual who is employed by or is serving under the supervision of a pharmacist in a pharmacy or institutional pharmacy for the purpose of obtaining the professional experience required under the provisions of section 20-590 shall register as a pharmacy intern with the commission at the time of commencing employment or service under such supervision. The applicant may not be registered as a pharmacy intern unless the applicant has successfully completed two years of college and is enrolled in a professional program at a school or college of pharmacy, accredited by the American Council on Pharmaceutical Education and approved by the commission, or has completed the requirements for graduation from such a school or college, or, if the applicant is a graduate from a foreign pharmacy school not approved by the commission, has passed a proficiency test for written and spoken English and a foreign pharmacy graduate equivalency examination. The application for registration shall be certified to, under oath, by the applicant.

(b) The fee required in section 20-601 shall accompany an application for registration and an identification number and card shall be issued by the commission to the applicant. The identification number and card shall become void and shall be returned to the commission if the pharmacy intern does not complete the requirements for graduation from, or terminates enrollment at, an accredited and approved school or college of pharmacy.

(1949 Rev., S. 4474; 1959, P.A. 616, S. 56; June, 1971, P.A. 8, S. 63; P.A. 82-70, S. 1, 2; P.A. 89-251, S. 100, 203; P.A. 95-264, S. 23; P.A. 99-175, S. 26.)

History: 1959 act increased fee from \$0.50 to \$5; 1971 act increased fee to \$10; P.A. 82-70 required that pharmacy interns successfully complete two years of college and be enrolled in an accredited program or graduate from such college and be employed in a pharmacy before beginning the internship; and eliminated all references to an apprenticeship; P.A. 89-251 increased the registration fee from \$10 to \$30; P.A. 95-264 replaced provisions on registration of pharmacy interns with new provisions concerning the registration of pharmacy interns; Sec. 20-177 transferred to Sec. 20-598 in 1997; P.A. 99-175 made technical changes.



**Sec. 20-598a. Registration and certification of pharmacy technicians.** (a) No person shall act as a pharmacy technician unless registered with, or certified with, the department.

(b) The department shall, upon authorization of the commission, register as a pharmacy technician any person who presents evidence satisfactory to the department that such person is qualified to perform, under the direct supervision of a pharmacist, routine functions in the dispensing of drugs that do not require the use of professional judgment. The qualifications for registration as a pharmacy technician under this section shall be in accordance with (1) the standards of an institutional pharmacy, a care-giving institution or a correctional or juvenile training institution, in the case of employment in any such pharmacy or institution, or (2) the standards established by regulation adopted by the commissioner in accordance with chapter 54, in the case of employment in a pharmacy. As used in this subsection, "direct supervision" means a supervising pharmacist (A) is physically present in the area or location where the pharmacy technician is performing routine drug dispensing functions, and (B) conducts in-process and final checks on the pharmacy technician's performance.

(c) The department shall, upon authorization of the commission, certify as a pharmacy technician any person who meets the requirements for registration as a pharmacy technician, pursuant to subsection (b) of this section, and who holds a certification from the Pharmacy Technician Certification Board or any other equivalent pharmacy technician certification program approved by the department.

(d) The fee required by section 20-601 shall accompany an application for registration under this section. A registration as a pharmacy technician shall be valid for one year and may be renewed upon application and payment of the fee required by section 20-601.

(P.A. 98-31, S. 1; P.A. 99-175, S. 27; P.A. 04-208, S. 2.)

History: P.A. 99-175 made technical changes in Subsecs. (a) and (b); P.A. 04-208 amended Subsec. (a) by adding "or certified with", added new Subsec. (c) providing for the certification of pharmacy technicians, and relettered existing Subsec. (c) as Subsec. (d), effective June 3, 2004.

**Sec. 20-599. (Formerly Sec. 20-174a). Continuing education: Definitions.** As used in this section and section 20-600:

(1) "Accredited continuing professional education" means any education of pharmacists which is designed to maintain professional competence in the practice of pharmacy and which is provided by an organization, institution or agency approved by the commission. Such education may include, but is not limited to, courses concerning: (A) The social, economic, behavioral, legal, administrative and managerial aspects of health care; (B) the properties and actions of drugs and dosage forms; (C) the etiology, characteristics, therapeutics and prevention of the disease states; (D) the pharmaceutical monitoring and management of patients; and (E) other areas of information unique to specialized types of professional pharmacy practice;

(2) "Certificate of continuing education units" means a document issued to a pharmacist by an organization, institution or agency approved by the commission which offers accredited continuing professional education, which (A) certifies that the pharmacist has satisfactorily completed a specified number of continuing education units, and (B) bears the name of such organization, institution or agency, the title of the program, the dates during which the program was conducted, the number of continuing education units satisfactorily completed and the signature of the director of such organization, institution or agency or the director's authorized agent;

(3) "Continuing education unit" means ten contact hours of participation in accredited continuing professional education;

(4) "Contact hours" means fifty to sixty minutes of participation in accredited continuing professional education;

(5) "Retired pharmacist" means a pharmacist who is at least sixty-two years of age and no longer actively engaged in the practice of pharmacy; and

(6) "Inactive license" means a license that is issued, in the same manner and for the same fee as specified in this chapter for a license to practice pharmacy, to a retired pharmacist which license does not authorize the retired pharmacist to practice pharmacy and on which the word "inactive" is printed or stamped.

(P.A. 87-401, S. 1, 4; P.A. 89-265, S. 1; P.A. 95-264, S. 24; P.A. 99-175, S. 28.)

History: P.A. 89-265 added definitions of "retired pharmacist" and "inactive license" as Subdivs. (6) and (7), renumbering former Subdiv. (6) as (8); P.A. 95-264 deleted definitions of "commission" and "department", renumbering remaining Subdivs. as necessary; Sec. 20-174a transferred to Sec. 20-599 in 1997; P.A. 99-175 made technical and gender neutral changes and added Subpara. indicators in Subdivs. (1) and (2).

**Sec. 20-600. (Formerly Sec. 20-174b). Continuing education: Requirements; renewal of licenses; regulations.** (a) Except as provided in subsections (b), (c), (f) and (g) of this section, the commission shall not authorize the department to renew a license to practice pharmacy as a pharmacist unless the pharmacist applying for the renewal submits a statement signed under the penalty of false statement that the pharmacist has satisfactorily completed not less than fifteen contact hours of accredited continuing professional education in the previous calendar year immediately preceding expiration of the license. Not less than five contact hours of the annual continuing education requirement shall be earned by attendance at a live presentation of an accredited continuing professional education program. At least one of the fifteen contact hours shall be on the subject matter of pharmacy law or drug law.

(b) The provisions of this section shall not apply to a pharmacist who applies for the first renewal of a license to practice pharmacy.

(c) A pharmacist submitting an application for renewal of a license to practice pharmacy, whose license has lapsed and who has not held a license authorized by the commission and issued by the department for more than two years, shall submit a statement signed under the penalty of false statement that the pharmacist has satisfactorily completed the requirements of this section in each of the years in the two-year period prior to the year of the application for renewal.

(d) A pharmacist who applies for renewal of a license to practice pharmacy shall retain all certificates of approved continuing education units for a period of not less than three years after the date on which such license is renewed. A pharmacist shall, upon the request of the department, and to satisfy the results of a random audit, make such certificates available to the department for purposes of verification.

(e) Continuing education units earned in one calendar year shall not be carried forward into the next calendar year for the purpose of fulfilling the subsequent year's accredited continuing professional education requirement for license renewal.

(f) A pharmacist who was unable to comply with the requirements of this section for reasons such as illness, incapacity or other extenuating circumstances may apply for a waiver of the requirements of this section or for an extension of time to fulfill the requirements of this section. A pharmacist who requests such a waiver or extension of time shall submit the request, in writing, to the department with the license renewal application. The department shall forward such a request to the commission for its consideration. If the commission waives the requirements of this section, the commission shall authorize the department to renew the license of such a pharmacist. If the commission extends the time for compliance with the requirements of this section, the commission shall authorize the department to renew the license, subject to the pharmacist's complying with the requirements of this section within the extended time period. If the pharmacist fails to comply with such requirements within the extended time period, the commission shall revoke or suspend the license.

(g) The commission may authorize the department to waive the requirements of this section and renew the license of a retired pharmacist provided the license is designated as an inactive license. A retired pharmacist holding an inactive license shall be required to obtain thirty hours of continuing education, not less than ten hours of which shall be earned by attendance at a live presentation, and apply for and receive a license to practice pharmacy issued pursuant to sections 20-570 to 20-630, inclusive, before the retired pharmacist reenters the active practice of pharmacy.

(h) The commissioner, with the advice and assistance of the commission, may adopt regulations, in accordance with chapter 54, to carry out the provisions of this section.

(P.A. 87-401, S. 2, 4; P.A. 89-265, S. 2; P.A. 95-264, S. 25; P.A. 99-175, S. 29; P.A. 02-48, S. 2; P.A. 05-41, S. 1.)

History: P.A. 89-265 made technical changes in Subsec. (f) and added Subsec. (g) re waiver of

requirements for retired pharmacists obtaining inactive license and relettered the remaining Subsecs; P.A. 95-264 deleted reference to the requirement of 10 hours of continuing education per year before 1990, amended provisions relative to waiver of the requirement, permitted the extension of the time to complete continuing education credits and set the requirements for a retired pharmacist to renew his license; Sec. 20-174b transferred to Sec. 20-600 in 1997; P.A. 99-175 made technical and gender neutral changes and amended Subsec. (g) to replace reference to Sec. 20-625 with reference to Sec. 20-630; P.A. 02-48 amended Subsec. (a) by adding requirement that at least one of the five required contact hours of annual continuing education earned by attendance at a live presentation be on the subject matter of pharmacy law or drug law; P.A. 05-41 amended Subsec. (a) to replace "one of the five" with "one of the fifteen" re contact hours on pharmacy or drug law and delete requirement that such contact hours be earned by attendance at live presentation, effective May 17, 2005.

**Sec. 20-601. Fees.** The department shall collect the following nonrefundable fees:

- (1) The fee for issuance of a pharmacist license is two hundred dollars, payable at the date of application for the license.
- (2) The fee for applying to take the pharmacist license examination required in section 20-590 and in section 20-591 is one hundred ninety dollars, payable at the date of application for the pharmacist license.
- (3) The fee for renewal of a pharmacist license is the professional services fee for class A, as defined in section 33-182*l*. Before the commission grants a license to an applicant who has not held a license authorized by the commission within five years of the date of application, the applicant shall pay the fees required in subdivisions (1) and (2) of this section.
- (4) The fee for issuance of a pharmacy license is seven hundred fifty dollars.
- (5) The fee for renewal of a pharmacy license is one hundred ninety dollars.
- (6) The late fee for an application for renewal of a license to practice pharmacy, a pharmacy license or a permit to sell nonlegend drugs is the amount set forth in section 21a-4.
- (7) The fee for notice of a change in officers or directors of a corporation holding a pharmacy license is sixty dollars for each pharmacy license held. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.
- (8) The fee for filing notice of a change in name, ownership or management of a pharmacy is ninety dollars. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.
- (9) The fee for application for registration as a pharmacy intern is sixty dollars.

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

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

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

(13) The fee for issuance of a nonresident pharmacy certificate of registration is seven hundred fifty dollars.

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

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

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

(17) The fee for issuance of a temporary permit to practice pharmacy is two hundred dollars.

(P.A. 95-264, S. 26; P.A. 98-31, S. 6; P.A. 99-175, S. 30; P.A. 00-182, S. 9; June Sp. Sess. P.A. 09-3, S. 273.)

History: P.A. 98-31 added new Subdivs. (13) and (14) re fees for pharmacy technician registrations; P.A. 99-175 made technical changes, added new Subdiv. (13) to include \$600 fee for issuance of nonresident pharmacy certificate and added new Subdiv. (14) to include \$150 fee for renewal of nonresident pharmacy certificate, renumbering remaining Subdivs. accordingly; P.A. 00-182 changed "shall be" to "is" throughout and added Subsec. (17) re fee for a temporary permit to practice pharmacy; June Sp. Sess. P.A. 09-3 increased fees.

**Secs. 20-602 to 20-604.** Reserved for future use.

### **PART III\***

### **PRACTICE OF PHARMACY**

\*See Sec. 18-81q re return to vendor pharmacies of unused drug products by Department of Correction for repackaging and/or redispensing and reimbursement.

**Sec. 20-605. Practice of pharmacy without license or temporary permit prohibited.** No individual may engage in the practice of pharmacy unless the individual holds a current license or temporary permit to practice pharmacy issued by the department.

(P.A. 95-264, S. 27; P.A. 99-175, S. 31; P.A. 00-182, S. 10.)

History: P.A. 99-175 made a technical change; P.A. 00-182 added "or temporary permit".

**Sec. 20-606. (Formerly Sec. 20-178). Use of the title "pharmacist".** A pharmacist who conforms to the regulations of the commissioner, adopted with the advice and assistance of the commission in accordance with chapter 54, may have, use and exhibit the title "pharmacist" in the practice of pharmacy.

(1949 Rev., S. 4476; P.A. 95-264, S. 28; P.A. 99-175, S. 32.)

History: P.A. 95-264 deleted references to licensed and assistant pharmacists and provisions which had prohibited pharmacist supervising more than one pharmacy and had allowed assistant pharmacist to work under supervision of pharmacist or during his temporary absence; Sec. 20-178 transferred to Sec. 20-606 in 1997; P.A. 99-175 replaced provision requiring adoption of regulations by commission with provision requiring adoption of regulations consistent with chapter 54 by commissioner with advice and assistance of commission.

**Sec. 20-607. (Formerly Sec. 20-173). Certificate of license, temporary permit or registration to be available for inspection.** Each person practicing as a pharmacist, pharmacy intern or pharmacy technician shall at all times have available for inspection by an inspector of the department a current certificate of license or temporary permit to practice pharmacy or a current registration to act as a pharmacy intern or pharmacy technician.

(1949 Rev., S. 4477; P.A. 95-264, S. 29; P.A. 98-31, S. 7; P.A. 99-175, S. 33; P.A. 00-182, S. 11.)

History: P.A. 95-264 deleted reference to licensed or assistant pharmacist, deleted requirement that pharmacist must display certificate in the place he practices and required that a current certificate of license to practice must be available for inspection at all times; Sec. 20-173 transferred to Sec. 20-607 in 1997; P.A. 98-31 added provisions re pharmacy interns and pharmacy technicians; P.A. 99-175 made a technical change; P.A. 00-182 added "or temporary permit".

**Sec. 20-608. (Formerly Sec. 20-174). Use of certificate of license, temporary permit or display document by unlicensed person prohibited.** A pharmacist who permits such pharmacist's certificate of license, temporary permit or display document to be used by an unlicensed person for unlawful use shall be fined one hundred dollars and shall be subject to other disciplinary proceedings within the authority of the commission.

(1949 Rev., S. 4478; P.A. 95-264, S. 30; P.A. 99-175, S. 34; P.A. 00-182, S. 12.)

History: P.A. 95-264 deleted reference to licensed or assistant pharmacist, made prohibition applicable to a display document, eliminated forfeiture as a penalty and substituted disciplinary proceedings as a penalty; Sec. 20-174 transferred to Sec. 20-608 in 1997; P.A. 99-175 made technical and gender neutral changes; P.A. 00-182 added language re temporary permit.

See Sec. 19a-70 re violation of regulations governing distribution of biologic products during an emergency as grounds for suspension, revocation or annulment of a license or certificate.

See Sec. 30-101 re forfeiture of liquor permit and pharmacist's license for allowing on-premises consumption of alcohol.

**Sec. 20-609. (Formerly Sec. 20-184). Pharmacy license to be posted. Business which is not a pharmacy prohibited from using words, displays or symbols indicating it is a pharmacy; exemption.** (a) A pharmacy license shall be conspicuously posted within the pharmacy.

(b) Any person owning, managing or conducting any store, shop or place of business not being a pharmacy who exhibits within or upon the outside of such store, shop or place of business, or includes in any advertisement the words "drug store", "pharmacy", "apothecary", "drug", "drugs", "medicine shop", or any combination of such terms or any other words, displays or symbols indicating that such store, shop or place of business is a pharmacy shall be fined not more than two hundred dollars or imprisoned not more than thirty days or both. The provisions of this subsection shall not apply to any person that provides pharmacy-related services directly to pharmacies or practitioners and does not offer such services and drugs or medical services directly to the public.

(1949 Rev., S. 4485; P.A. 95-264, S. 31; P.A. 07-252, S. 74; P.A. 08-184, S. 29.)

History: P.A. 95-264 inserted provisions as Subsec. (a) requiring pharmacy license to be posted in pharmacy, designated previous provisions as Subsec. (b), clarified the prohibition on use of specified terms, displays or symbols and deleted obsolete provisions prohibiting the use of show bottles and globes; Sec. 20-184 transferred to Sec. 20-609 in 1997; P.A. 07-252 amended Subsec. (b) to exempt from provisions persons who provide pharmacy-related services directly to pharmacies or practitioners and who do not offer drugs or pharmacy or medical services directly to the public; P.A. 08-184 made a technical change in Subsec. (b).

Annotation to former section 20-184:

Cited. 141 C. 288.

**Sec. 20-610. (Formerly Sec. 20-166). Dispensing or retail sale of legend drugs, legend devices and certain other drugs by other than pharmacies and hospitals, prohibited.** (a) No legend drug, legend device or drugs listed in subsection (b) of this section may be dispensed or

sold at retail except (1) in a pharmacy, (2) by a hospital licensed under sections 19a-490 to 19a-503, inclusive, to an employee of the hospital when prescribed by a prescribing practitioner for the employee or the employee's spouse or dependent children, or (3) by such hospital to a retiree of such hospital or the retiree's spouse in accordance with the retiree's retirement or pension plan.

(b) The following drugs may not be sold at retail except as permitted in subsection (a) of this section: (1) Injectable or ingestible antibiotics; (2) injectable biologicals; (3) sulfonamides and their compounds which are designed to be taken into the stomach for systemic action; (4) injectable or ingestible corticosteroids; or (5) camphorated tincture of opium.

(c) Any person who violates any provision of this section shall be fined not less than one hundred dollars nor more than five hundred dollars.

(1949 Rev., S. 4465; 1951, 1955, S. 2237d; 1959, P.A. 616, S. 53; 1963, P.A. 367; February, 1965, P.A. 319; 1967, P.A. 109, S. 3; 555, S. 77; 1971, P.A. 134; June, 1971, P.A. 8, S. 60; 1972, P.A. 223, S. 7; P.A. 73-670, S. 1, 2; P.A. 74-100, S. 1, 2; P.A. 76-286; P.A. 77-614, S. 199, 610; P.A. 79-16; P.A. 81-107; P.A. 85-241, S. 2; P.A. 86-403, S. 41, 132; P.A. 89-251, S. 95, 203; P.A. 94-36, S. 33, 42; P.A. 95-264, S. 32; P.A. 01-65, S. 1, 2.)

History: 1959 act increased permit fee for towns with population of less than 5,000 from \$3 and doubled fee for towns with population of more than 5,000; 1963 act added corticosteroids and mild silver protein to, and deleted argyrol from, provision listing items prohibited from sale; 1965 act added penalty proviso for failure to renew in timely fashion and prohibited issuance of renewal permit until fee and penalty paid; 1967 acts added references to dentist's prescriptions and deleted descriptive references to opium, morphine and codeine content of preparations and compounds and substituted "any controlled drug as defined in section 19-443, except as permitted in sections 20-180 and part II of chapter 359" and added similar reference to "controlled drug" in list of items prohibited for sale by stores or shops not licensed as pharmacies; 1971 acts required permittee for sale of drugs, etc. to be at least 21, allowed imposition of penalty for failure to record change in permittee with commission of pharmacy and doubled permit fees; 1972 act established separate renewal fee of \$10; P.A. 73-670 added exception to prohibition of retail sales except by pharmacist for methadone sold by hospitals; P.A. 74-100 expanded exception to include sales by hospitals to employees for themselves or their dependents; P.A. 76-286 deleted age, citizenship and moral character requirements for permit holders, deleted provision re sales by store not licensed as a pharmacy under special permit, replaced differential fees based on population with single fee of \$35, raised renewal fee from ten to \$25, made penalties \$10 rather than 50% of permit fee, deleted provision allowing appeal by person who has been refused a permit and prohibited sales of "legend drugs" as defined in Sec. 20-184a; P.A. 77-614 replaced commission's regulations with regulations "established under this chapter", effective January 1, 1979; P.A. 79-16 deleted exception re sales of methadone by hospitals; P.A. 81-107 qualified as "injectable" or "ingestible" the antibiotics and corticosteroids which may not be stored, kept, sold or offered for sale by stores or shops other than licensed pharmacies; P.A. 85-241 clarified that the sale of veterinary medicines, poisons or chemicals by permittees is not prohibited and substituted references to licensed practitioners for references to physicians and dentists; P.A. 86-403 made technical change; P.A.



89-251 increased the original fee from \$35 to \$70 and increased the renewal fee from \$25 to \$50; P.A. 94-36 deleted the provision allowing the collection of late license renewal fees, effective January 1, 1995; P.A. 95-264 divided sections into Subsecs., substituted reference to legend drugs for reference to substances used to compound medicine, deleted provisions re sale of patent medicines and specified certain types of drugs to be sold only as permitted in Subsec. (a) in new provision designated as Subsec. (b); Sec. 20-166 transferred to Sec. 20-610 in 1997; P.A. 01-65 amended Subsec. (a) by designating existing exceptions as Subdivs. (1) and (2) and adding new Subdiv. (3) re retirees of hospital, effective June 6, 2001.

See Sec. 21a-4(c) re fines for late license renewals.

**Sec. 20-611. (Formerly Sec. 20-175b). Advertising legend drug prices.** A pharmacist or any person holding a pharmacy license (1) may advertise the price of any legend drug sold at retail based on the prescription of a prescribing practitioner, provided, each such advertisement shall clearly state the period during which the advertised price or prices shall remain in effect and shall not contain any statement indicating that the advertised price or prices are subject to change without notice; and (2) shall disclose, upon request, the price of any such legend drug to any prospective purchaser.

(P.A. 75-95, S. 1, 3; P.A. 95-264, S. 33.)

History: P.A. 95-264 made technical changes and changed references to "drug, medicine or chemical" to "legend drug"; Sec. 20-175b transferred to Sec. 20-611 in 1997.

See chapter 418 re Uniform Food, Drug and Cosmetic Act.

See chapter 419 re retail drug control.

**Sec. 20-612. Only pharmacy may accept prescription for dispensing.** Subject to the provisions of subsection (d) of section 20-614, only a pharmacy shall accept a prescription for dispensing. No employee, personnel or owner of a place of business or establishment not licensed as a pharmacy may accept a prescription for transfer to or for collection for a pharmacy.

(P.A. 95-264, S. 35; P.A. 04-107, S. 2.)

History: P.A. 04-107 amended section so as to make it subject to the provisions of Sec. 20-614(d), which provides for electronic data intermediaries.

**Sec. 20-612a. Confirmation of identification prior to release of controlled substance.**

**Exceptions.** A pharmacist licensed pursuant to this chapter or his or her agent shall require the presentation of valid photographic identification prior to releasing a controlled substance to any

person not known to such pharmacist. The provisions of this section shall not apply in an institutional setting or to a long-term care facility, including, but not limited to, an assisted living facility or a hospital.

(P.A. 06-155, S. 3.)

**Sec. 20-613. (Formerly Sec. 21a-308). Dispensing of drug or legend device pursuant to prescription only; exceptions. Emergency dispensing of drug or device in care-giving, correctional or juvenile training institutions; regulations. Pharmacy technicians.**

**Prescribing practitioner authorized to dispense own prescription, when.** (a) Except as provided in subsections (b) and (d) of this section, a drug or a legend device may be dispensed pursuant to a prescription only in a pharmacy or institutional pharmacy by a pharmacist or by a pharmacy intern when acting under the direct supervision of a pharmacist, or by an individual holding a temporary permit.

(b) In care-giving institutions and correctional or juvenile training institutions in emergency situations when the pharmacist is not available for the dispensing of drugs or devices from the institutional pharmacy, the prescription shall be reviewed by the nursing supervisor or a physician before administration of the drug or device and recorded with the pharmacist in its original form or a copy thereof. After the required review in such emergency situations, the person authorized by the institution may dispense drugs and devices from the institutional pharmacy pursuant to regulations adopted by the commissioner, with the advice and assistance of the commission, in accordance with chapter 54.

(c) A pharmacy technician in a pharmacy or an institutional pharmacy may assist, under the direct supervision of a pharmacist, in the dispensing of drugs and devices. A person whose license to practice pharmacy is under suspension or revocation shall not act as a pharmacy technician.

(d) Nothing in sections 20-570 to 20-630, inclusive, shall prevent a prescribing practitioner from dispensing the prescribing practitioner's own prescriptions to the prescribing practitioner's own patients when authorized within the scope of the prescribing practitioner's own practice and when done in compliance with sections 20-14c to 20-14g, inclusive.

(1969, P.A. 593, S. 18; P.A. 81-200, S. 2; P.A. 91-47, S. 2; P.A. 95-264, S. 34; P.A. 99-175, S. 35; P.A. 00-182, S. 13.)

History: P.A. 81-200 added Subsecs. (f) and (g) specifying the functions which may be performed by supportive personnel and requiring the commissioner of consumer protection to adopt regulations governing the number and activities of such personnel in institutional pharmacies; Sec. 19-504j transferred to Sec. 21a-308 in 1983; P.A. 91-47 authorized supportive personnel in licensed pharmacies to compound and dispense medications and to perform other tasks and provided for the adoption of regulations by the commissioner of consumer protection for supportive personnel in licensed pharmacies; P.A. 95-264 deleted provisions governing

refills, replaced provisions re permissible actions of support personnel with provision re pharmacy technicians, added provision re dispensing of prescriptions by prescribing practitioners, changed references to "drugs" in Subsec. (b) to "drugs and devices" and made technical changes; Sec. 21a-308 transferred to Sec. 20-613 in 1997; P.A. 99-175 made technical and gender neutral changes, amended Subsec. (b) to add provision requiring adoption of regulations to be consistent with chapter 54 and amended Subsec. (d) to replace reference to Sec. 20-625 with reference to Sec. 20-630; P.A. 00-182 amended Subsec. (a) by adding language re individual holding a temporary permit.

**Sec. 20-613a. Requests for controlled substance issued on results of answers to electronic questionnaire. Regulations.** In the absence of a documented patient evaluation that includes a physical examination, any request for a controlled substance issued solely on the results of answers to an electronic questionnaire shall be considered to be issued outside the context of a valid practitioner-patient relationship and not be a valid prescription. The Commissioner of Consumer Protection may adopt regulations, in accordance with chapter 54, concerning such requests for controlled substances. For the purposes of this section, "electronic questionnaire" means any form in an electronic format that may require personal, financial or medical information from a consumer or patient.

(P.A. 05-73, S. 3.)

History: P.A. 05-73 effective May 31, 2005.

**Sec. 20-614. (Formerly Sec. 20-184b). Prescriptions: Form and content. Electronic data intermediaries.** (a) A prescription shall be transmitted in either an oral, written or electronic manner to a pharmacy.

(b) Whenever a pharmacy, or an institutional pharmacy in a hospital dispensing a drug or device for outpatient use or dispensing a drug or device that is prescribed for an employee of the hospital or for the employee's spouse or dependent children, receives an oral or electronically-transmitted prescription, except for a controlled drug, as defined in section 21a-240, a record of such prescription shall be maintained in writing or electronically. The pharmacist or pharmacy intern shall, not later than the end of the business day when the prescription was received, record the prescription on a prescription form or in an electronic record including: (1) The name and address of the prescribing practitioner; (2) the date of the prescription; (3) the name, dosage form, strength, where applicable, and the amount of the drug prescribed; (4) the name and address of the patient or, for veterinary prescriptions, the name and address of the owner and the species of the animal; (5) the directions for use; (6) any required cautionary statements; and (7) the number of times the prescription may be refilled, including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills.

(c) A written prescription shall bear: (1) The written signature of the prescribing practitioner or shall comply with the requirements of section 19a-509c; (2) the address of the practitioner; (3)

the date of the prescription; (4) the name, dosage form, strength, where applicable, and amount of the drug prescribed; (5) the name and address of the patient or, for veterinary prescriptions, the name and address of the owner and the species of the animal; (6) the directions for use; (7) any required cautionary statements; and (8) the number of times the prescription may be refilled, including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills. No written prescription form for a schedule II substance may contain an order for any other legend drug or device.

(d) (1) As used in this subsection, "electronic data intermediary" means an entity that provides the infrastructure that connects the computer systems or other electronic devices utilized by prescribing practitioners with those used by pharmacies in order to facilitate the secure transmission of electronic prescription orders, refill authorization requests, communications and other patient care information between such entities.

(2) An electronic data intermediary may transfer electronically transmitted data between a prescribing practitioner licensed and authorized to prescribe and a pharmacy of the patient's choice, licensed pursuant to this chapter or licensed under the laws of any other state or territory of the United States. Electronic data intermediaries shall not alter the transmitted data except as necessary for technical processing purposes. Electronic data intermediaries may archive copies of only that electronic data related to such transmissions necessary to provide for proper auditing and security of such transmissions. Such data shall only be maintained for the period necessary for auditing purposes. Electronic data intermediaries shall maintain patient privacy and confidentiality of all archived information as required by state and federal law.

(3) No electronic data intermediary shall operate without the approval of the Commissioner of Consumer Protection. An electronic data intermediary seeking approval shall apply to the Commission of Pharmacy in the manner prescribed by the commissioner. The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with the provisions of chapter 54, to establish criteria for the approval of electronic data intermediaries, to ensure that (A) procedures to be used for the transmission and retention of prescription data by an intermediary, and (B) mechanisms to be used by an intermediary to safeguard the confidentiality of such data, are consistent with the provisions and purposes of this section.

(1969, P.A. 48, S. 2; P.A. 75-20; P.A. 77-165, S. 2; P.A. 82-419, S. 43, 47; P.A. 87-589, S. 62, 87; P.A. 95-264, S. 36; P.A. 99-175, S. 36; P.A. 04-107, S. 1; P.A. 05-272, S. 41; P.A. 09-22, S. 1.)

History: P.A. 75-20 deleted requirement that prescriptions, whether oral and then recorded or written, contain narcotic registry number, if applicable, deleted exception for controlled drugs in requirements for written prescriptions and substituted "species" for "breed"; P.A. 77-165 limited to one the number of prescriptions allowed per blank; P.A. 82-419 amended section to allow more than one prescription on a blank except in case of schedule II substance where previously prohibition against multiple prescriptions on a blank was absolute; P.A. 87-589 added "including the use of refill terms "PRN" and "ad lib" in lieu of a specific number of authorized refills"; P.A. 95-264 divided section into Subsecs., adding new provision as Subsec. (a) permitting

electronically transmitted prescriptions, made technical changes and required pharmacies to record electronically transmitted prescriptions; Sec. 20-184b transferred to Sec. 20-614 in 1997; P.A. 99-175 made technical changes and added Subdiv. indicators to Subsec. (b); P.A. 04-107 added Subsec. (d) providing for electronic data intermediaries; P.A. 05-272 amended Subsec. (d)(3) by requiring that regulations adopted by commissioner ensure that procedures and mechanisms are consistent with provisions and purposes of section and by making technical changes, effective July 13, 2005; P.A. 09-22 added requirement in Subsec. (b) re record of prescription being maintained in writing or electronically and made conforming changes, effective July 1, 2009.

**Sec. 20-615. (Formerly Sec. 20-184c). Prescriptions: Pharmacy to assign serial number and maintain records. Transfer of records to another pharmacy.**

(a) An institutional pharmacy dispensing a drug in circumstances described in subsection (g) of this section and a pharmacy shall assign and record a serial number to each prescription that it fills and shall keep all written prescriptions and the record of oral and electronically-transmitted prescriptions required in section 20-614 in numerical order in a suitable file, electronic file or ledger for a period of not less than three years. The records shall indicate the date of filling, the name and address of the prescribing practitioner, the name and address of the patient or the name and address of the owner of an animal for whom the prescription was written and the species of the animal and the name of the pharmacist who dispensed the drug.

(b) A refill of a prescription shall be recorded on the face or back of the original prescription or in an electronic system.

(c) Records maintained under this section shall be made available for inspection upon request of any authorized agent of the commissioner or other person authorized by law.

(d) When a pharmacy closes temporarily or permanently, the pharmacy shall, in the interest of public health, safety and convenience, make its complete prescription records immediately available to a nearby pharmacy and post a notice of this availability on the window or door of the closed pharmacy.

(e) Any violation of this section shall be punishable as provided in section 20-581.

(f) This section shall not apply to records maintained in accordance with regulations adopted pursuant to section 20-576, 21a-244 or 21a-244a.

(g) When an institutional pharmacy in a hospital dispenses a drug or device for outpatient use or dispenses a drug or device that is prescribed for an employee of the hospital or for the employee's spouse or dependent children, the provisions of subsections (a), (b), (c) and (e) of this section shall apply.

(1969, P.A. 29; 1971, P.A. 156; P.A. 77-277, S. 6; 77-614, S. 206, 610; P.A. 95-264, S. 37; P.A. 99-175, S. 37; P.A. 09-22, S. 2.)

History: 1971 act allowed recording of refill on back of original prescription; P.A. 77-277 added Subsec. (b) excepting certain records from provisions of section; P.A. 77-614 replaced agents of commission of pharmacy with agents of consumer protection commissioner as inspectors of records, effective January 1, 1979; P.A. 95-264 added provisions requiring a pharmacy to record a serial number for each prescription it fills, made technical changes and added a new Subsec. (g) re dispensing of drug or device by hospital pharmacy for outpatient use or for hospital employee or family member; Sec. 20-184c transferred to Sec. 20-615 in 1997; P.A. 99-175 amended Subsec. (c) to make technical changes; P.A. 09-22 added "electronic file" and made a technical change in Subsec. (a), added reference to electronic system in Subsec. (b) and replaced provision re inconsistent regulations with reference to Sec. 21a-244a in Subsec. (f), effective July 1, 2009.

Annotation to former section 20-184c:

Cited. 207 C. 698.

**Sec. 20-616. (Formerly Sec. 20-184d). Prescriptions: Refills; transfers.** (a) Except as provided in subsection (b) of this section, a prescription may be refilled only upon the written, oral or electronically-transmitted order of a prescribing practitioner.

(b) A pharmacist may exercise his professional judgment in refilling a prescription that is not for a controlled drug, as defined in section 21a-240, without the authorization of the prescribing practitioner, provided (1) the pharmacist is unable to contact such practitioner after reasonable effort, (2) failure to refill the prescription might result in an interruption of a therapeutic regimen or create patient suffering, and (3) the pharmacist informs the patient or representative of the patient at the time of dispensing that the refill is being provided without such authorization and informs the practitioner at the earliest reasonable time that authorization of the practitioner is required for future refills. Prescriptions may be refilled once pursuant to this subsection for a quantity of drug not to exceed a seventy-two hour supply.

(c) Any prescription that is not for a controlled drug, as defined in section 21a-240, may be transferred orally or electronically between pharmacies, provided:

(1) The prescribing practitioner has authorized the original prescription to be refilled in accordance with subsection (a) of this section;

(2) The pharmacist transferring the prescription shall cancel the original prescription in such pharmacist's records and shall indicate in such records the name of the pharmacy to which the prescription is transferred and the date of the transfer, provided, such cancellation shall not be required in the case of any transfer between pharmacies which electronically access the same prescription records and utilize the same computer or other electronic prescription transfer system; and

(3) The pharmacist receiving the prescription shall indicate in such pharmacist's records, in

addition to any other information required by law, (A) the fact that the prescription has been transferred and the names of the transferring pharmacy and pharmacist, (B) the date of issuance and the prescription number of the original prescription, (C) the date the original prescription was first dispensed, (D) the number of refills authorized by the original prescription and the complete refill record for the prescription as of the date of the transfer, and (E) the number of valid refills remaining as of the date of the transfer.

(P.A. 91-164, S. 1; P.A. 95-264, S. 38; P.A. 97-64, S. 1.)

History: P.A. 95-264 added new Subsec. (a) re refills, designated existing provisions as Subsec. (b) and made technical changes; Sec. 20-184d transferred to Sec. 20-616 in 1997; P.A. 97-64 made technical changes in Subsec. (b) and added Subsec. (c) re transfer of prescriptions.

**Sec. 20-617. (Formerly Sec. 20-184e). Prescriptions: Notation of drug quantities and expiration dates required on labels.** Each pharmacist shall include on the label of each prescription container: (1) The quantity of prescribed drug placed in such container, in addition to any other information required by law; and (2) a prominently printed expiration date based on the manufacturer's recommended conditions of use and storage that can be read and understood by the ordinary individual. The expiration date required pursuant to subdivision (2) of this section shall be no later than the expiration date determined by the manufacturer.

(P.A. 93-94; P.A. 99-49; 99-175, S. 38; P.A. 00-182, S. 3.)

History: Sec. 20-184e transferred to Sec. 20-617 in 1997; P.A. 99-49 made a technical change, added Subdiv. indicators and added provision requiring prescription drug container label to include drug's expiration date; P.A. 99-175 made technical changes and deleted reference to Sec. 20-590; P.A. 00-182 added language re manufacturer's recommended conditions of use and storage and deleted language re customary conditions of purchase, and use and storage and re absence of contrary data.

**Sec. 20-618. (Formerly Sec. 21a-107). Repackaged drugs not considered misbranded, when.** Notwithstanding the provisions of section 21a-106 concerning misbranding of drugs or devices, a drug shall not be considered misbranded when repackaged by a pharmacy or an institutional pharmacy into stock packages for use within the pharmacy or the institutional pharmacy, provided the stock packages contain a label indicating the drug's name, strength, lot number, manufacturer and expiration date, if any.

(P.A. 79-116, S. 2; P.A. 95-264, S. 39.)

History: Sec. 19-226a transferred to Sec. 21a-107 in 1983; P.A. 95-264 made technical changes; Sec. 21a-107 transferred to Sec. 20-618 in 1997.

**Sec. 20-619. (Formerly Sec. 20-185a). Substitution of generic drugs. Regulations.** (a) For the purposes of section 20-579 and this section:

(1) "Brand name" means the proprietary or trade name selected by the manufacturer and placed upon a drug product, its container, label or wrapping at the time of packaging;

(2) "Generic name" means the established name designated in the official United States Pharmacopoeia/National Formulary, official Homeopathic Pharmacopoeia of the United States, or official United States adopted names or any supplement to any of them;

(3) "Therapeutically equivalent" means drug products that are approved under the provisions of the federal Food, Drug and Cosmetics Act for interstate distribution and that will provide essentially the same efficacy and toxicity when administered to an individual in the same dosage regimen; and

(4) "Dosage form" means the physical formulation or medium in which the product is intended, manufactured and made available for use, including, but not limited to, tablets, capsules, oral solutions, aerosol, inhalers, gels, lotions, creams, ointments, transdermals and suppositories, and the particular form of any physical formulation or medium that uses a specific technology or mechanism to control, enhance or direct the release, targeting, systemic absorption, or other delivery of a dosage regimen in the body.

(b) Except as limited by subsections (c) and (e) of this section, unless the purchaser instructs otherwise, the pharmacist may substitute a generic drug product with the same strength, quantity, dose and dosage form as the prescribed drug product which is, in the pharmacist's professional opinion, therapeutically equivalent. When the prescribing practitioner is not reasonably available for consultation and the prescribed drug does not use a unique delivery system technology, the pharmacist may substitute an oral tablet, capsule or liquid form of the prescribed drug as long as the form dispensed has the same strength, dose and dose schedule and is therapeutically equivalent to the drug prescribed. The pharmacist shall inform the patient or a representative of the patient, and the practitioner of the substitution at the earliest reasonable time.

(c) A prescribing practitioner may specify in writing or by a telephonic or other electronic communication that there shall be no substitution for the specified brand name drug product in any prescription, provided (1) in any prescription for a Medicaid, state-administered general assistance, or ConnPACE recipient, such practitioner specifies the basis on which the brand name drug product and dosage form is medically necessary in comparison to a chemically equivalent generic drug product substitution, and (2) the phrase "BRAND MEDICALLY NECESSARY", shall be in the practitioner's handwriting on the prescription form or on an electronically-produced copy of the prescription form or, if the prohibition was communicated by telephonic or other electronic communication that did not reproduce the practitioner's handwriting, a statement to that effect appears on the form. The phrase "BRAND MEDICALLY NECESSARY" shall not be preprinted or stamped or initialed on the form. If the practitioner specifies by telephonic or other electronic communication that did not reproduce the practitioner's handwriting that there shall be no substitution for the specified brand name drug



product in any prescription for a Medicaid, state-administered general assistance, or ConnPACE recipient, written certification in the practitioner's handwriting bearing the phrase "BRAND MEDICALLY NECESSARY" shall be sent to the dispensing pharmacy within ten days.

(d) Each pharmacy shall post a sign in a location easily seen by patrons at the counter where prescriptions are dispensed stating that, "THIS PHARMACY MAY BE ABLE TO SUBSTITUTE A LESS EXPENSIVE DRUG PRODUCT WHICH IS THERAPEUTICALLY EQUIVALENT TO THE ONE PRESCRIBED BY YOUR DOCTOR UNLESS YOU DO NOT APPROVE." The printing on the sign shall be in block letters not less than one inch in height.

(e) A pharmacist may substitute a drug product under subsection (b) of this section only when there will be a savings in cost passed on to the purchaser. The pharmacist shall disclose the amount of the savings at the request of the patient.

(f) Except as provided in subsection (g) of this section, when a pharmacist dispenses a substitute drug product as authorized by subsection (b) of this section, the pharmacist shall label the prescription container with the name of the dispensed drug product. If the dispensed drug product does not have a brand name, the prescription label shall indicate the generic name of the drug product dispensed along with the name of the drug manufacturer or distributor.

(g) A prescription dispensed by a pharmacist shall bear upon the label the name of the drug in the container unless the prescribing practitioner writes "DO NOT LABEL", or words of similar import, on the prescription or so designates in an oral or electronic transmission of the prescription.

(h) Neither the failure to instruct by the purchaser as provided in subsection (b) of this section nor the fact that a sign has been posted as provided in subsection (d) of this section shall be a defense on the part of a pharmacist against a suit brought by any such purchaser.

(i) The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with chapter 54, to carry out the provisions of this section.

(P.A. 76-166, S. 1, 8; P.A. 94-32, S. 1; P.A. 95-264, S. 40; P.A. 99-175, S. 39; June Sp. Sess. P.A. 00-2, S. 42, 53; P.A. 04-76, S. 31.)

History: P.A. 94-32 added definition of "dosage form" and made technical changes; P.A. 95-264 made technical changes in definitions, deleted definition of "substitute" and added Subsecs. (b) to (i) re substitutions; Sec. 20-185a transferred to Sec. 20-619 in 1997; P.A. 99-175 made technical changes and amended Subsec. (i) to add provision requiring adoption of regulations to be consistent with chapter 54; June Sp. Sess. P.A. 00-2 amended Subsec. (c) by adding provisions requiring practitioner to specify basis of medical necessity in prescriptions for assistance recipients, by deleting "NO SUBSTITUTION" phrase requirements and by making conforming and technical changes, effective July 1, 2000; P.A. 04-76 amended Subsec. (c) by deleting references to "general assistance".

**Sec. 20-620. (Formerly Sec. 20-185g). Pharmacist's duties towards Medicaid recipients: To obtain, record and maintain pertinent patient information about the recipient; to undertake a review of the drugs previously dispensed to the recipient and to offer to discuss the drugs to be dispensed and to counsel the recipient on their correct usage. Exception.** (a)

Prior to or simultaneously with dispensing a prescription in accordance with sections 17b-260 to 17b-262, inclusive, and 17b-264 to 17b-285, inclusive, a pharmacist or the designee of the pharmacist shall make a reasonable effort to obtain, record and maintain, in a manner deemed appropriate by the pharmacist, the following information regarding the individual receiving such prescription: (1) Name, address, telephone number, date of birth or age and gender; (2) individual history where significant, including disease states, known allergies and drug reactions; (3) a comprehensive list of drugs and relevant devices dispensed by the pharmacy within the last one hundred eighty days; and (4) the pharmacist's comments relevant to the individual's drug therapy.

(b) Prior to or simultaneously with dispensing a drug to an individual eligible for benefits in accordance with sections 17b-260 to 17b-262, inclusive, and 17b-264 to 17b-285, inclusive, a pharmacist shall undertake a review of drugs dispensed to the individual by the pharmacy during the previous one hundred eighty days. The review shall include screening for potential drug therapy problems due to therapeutic duplication, a contraindication between a drug and a disease, the interaction of one drug with another, incorrect drug dosage or duration of drug treatment, the interaction of a drug and an allergy, clinical abuse or misuse and any other significant clinical issues relating to the appropriate use of drugs. Such review shall be based upon current standards and information consistent with that provided in the following resources: The American Hospital Formulary Service Drug Information, the United States Pharmacopoeia Drug Information, the American Medical Association Drug Evaluations and the peer-reviewed medical literature.

(c) Prior to or simultaneously with dispensing drugs to individuals eligible for benefits in accordance with sections 17b-260 to 17b-262, inclusive, and 17b-264 to 17b-285, inclusive, a pharmacist shall, whenever practicable, offer in person to discuss the drugs to be dispensed and to counsel the client on their usage, except when the person obtaining the prescription is other than the person named on the prescription form or the pharmacist determines it is appropriate to make such offer in writing. Any such written offer shall include an offer to communicate with the client either in person at the pharmacy or by telephone.

(d) The discussion and counseling offered in accordance with subsection (c) of this section shall include information deemed significant by the pharmacist based upon the findings of the review conducted in accordance with subsection (b) of this section, including (1) the name and description of the drug; (2) dosage form, dosage, route of administration and duration of drug therapy; (3) special directions and precautions for preparation, administration and use by the patient; (4) common severe side or adverse effects or interactions and therapeutic contraindications or precautions which the pharmacist deems relevant; (5) techniques for self-monitoring drug therapy; (6) proper storage; (7) prescription refill information; and (8) action to be taken in the event of a missed dose or adverse reaction.

(e) Nothing in this section shall be construed as requiring a pharmacist to provide counseling or

gather information when an individual receiving benefits refuses such counseling or refuses or is unable to provide the information requested. The pharmacist shall document the provision of counseling, a refusal by or the inability of the patient to accept counseling or a refusal by the patient to give information. Records kept pursuant to this subsection shall be maintained for the same length of time as prescription records are maintained pursuant to section 20-615.

(f) The provisions of subsections (c) and (d) of this section shall not apply to a drug dispensed to a patient of a nursing home that is in compliance with the requirements of 42 CFR 483.60.

(May Sp. Sess. P.A. 92-16, S. 41, 89; P.A. 95-264, S. 41.)

History: P.A. 95-264 moved provisions of Subsec. (d) to Subsec. (a), relettering Subsecs. as necessary and made technical changes; Sec. 20-185g transferred to Sec. 20-620 in 1997.

**Sec. 20-621. (Formerly Sec. 20-185h). Relabeling and dispensing of parenteral medication in hospital and nursing home pharmacies: When allowed.** A pharmacist practicing in a hospital pharmacy or nursing home pharmacy may relabel and dispense to a registered inpatient, parenteral medication, except controlled substances, dispensed for another registered patient by a licensed pharmacy if the following requirements are met: (1) The original medication order for the drug is discontinued; (2) the medication is in an unopened tamper-evident package; (3) the medication is not expired; (4) the original patient is not charged for the medication; and (5) upon receipt of the medication by the facility from the licensed pharmacy, it is processed through the hospital's pharmacy or nursing home pharmacy.

(P.A. 93-173, S. 1.)

History: Sec. 20-185h transferred to Sec. 20-621 in 1997.

**Sec. 20-622. (Formerly Sec. 20-180a). Licensed practitioners may authorize medication to be dispensed from a hospital emergency room.** When the therapeutic needs of a patient require that medication be initiated immediately and the services of a licensed pharmacy are not available within a five-mile radius of a hospital emergency room, a person associated with such hospital authorized to dispense medication may dispense up to a twenty-four-hour supply of medication, excluding controlled substances, to such patient. Such dispensing shall be authorized by a verbal order of a licensed practitioner. For purposes of this section, "licensed practitioner" means a physician on the staff of such hospital or other prescribing practitioner associated with such hospital who has examined such patient and determined the patient's therapeutic needs.

(P.A. 93-173, S. 2; P.A. 99-175, S. 40.)

History: Sec. 20-180a transferred to Sec. 20-622 in 1997; P.A. 99-175 made technical and gender neutral changes and deleted reference to Sec. 20-184a.

**Sec. 20-623. Sale of nonlegend drugs. Labels, packaging and contents. Penalty.** (a) No nonlegend drug may be sold at retail except at a pharmacy or at a store that has obtained from the commission a permit to sell nonlegend drugs. Nonlegend drugs shall be labeled and packaged in accordance with state and federal law.

(b) Any person who violates any provision of this section shall be fined not less than one hundred dollars nor more than five hundred dollars.

(P.A. 95-264, S. 42; P.A. 99-175, S. 41.)

History: P.A. 99-175 made a technical change in Subsec. (a).

**Sec. 20-624. Permit to sell nonlegend drugs.** (a) Any person may apply to the commission for a permit to sell nonlegend drugs.

(b) The commission may, in accordance with regulations adopted under sections 20-570 to 20-630, inclusive, in accordance with chapter 54, and on payment of the fee required in section 20-601, issue to an applicant a permit to sell nonlegend drugs for one year.

(c) A permit that has expired under this section may be renewed, on application and payment of the renewal fee and any late fee required in section 20-601.

(d) The holder of a permit to sell nonlegend drugs shall notify the commission of a change of ownership, name or location of the permit premises. Any holder who fails to notify the commission of such change within five days of the change shall pay the late fee required in section 20-601.

(e) Any nonlegend drug permit issued by the commission pursuant to this section is nontransferable.

(P.A. 95-264, S. 43; P.A. 99-175, S. 42.)

History: P.A. 99-175 amended Subsec. (b) to replace reference to Sec. 20-625 with reference to Sec. 20-630 and add provision requiring adoption of regulations to be consistent with chapter 54 and added new Subsec. (e) to specify that nonlegend drug permits issued by commission are nontransferable.

**Sec. 20-625. Nonlegend veterinary drugs.** Nothing in sections 20-570 to 20-630, inclusive, shall be construed to prohibit the sale of veterinary drugs that are nonlegend drugs by any person who holds a permit to sell nonlegend drugs.

(P.A. 95-264, S. 44; P.A. 99-175, S. 43.)

History: P.A. 99-175 replaced reference to Sec. 20-624 with reference to Sec. 20-630.

**Sec. 20-626. Confidentiality of pharmacy records.** (a) No pharmacist or pharmacy shall reveal any records or information concerning the nature of pharmaceutical services rendered to a patient without the oral or written consent of the patient or the patient's agent. If a patient or a patient's agent gives oral consent to release records or information, the pharmacist shall promptly record, in writing or in electronic data base form, the oral consent by listing the patient's name, the name of the patient's agent, if applicable, the date and the nature of the records or information released.

(b) Notwithstanding subsection (a) of this section, a pharmacist or pharmacy may provide pharmacy records or information to the following: (1) The patient; (2) the prescribing practitioner or a pharmacist or another prescribing practitioner presently treating the patient when deemed medically appropriate; (3) a person registered or licensed pursuant to chapter 378 who is acting as an agent for a prescribing practitioner that is presently treating the patient or a person registered or licensed pursuant to chapter 378 providing care to the patient in a hospital; (4) third party payors who pay claims for pharmaceutical services rendered to a patient or who have a formal agreement or contract to audit any records or information in connection with such claims; (5) any governmental agency with statutory authority to review or obtain such information; (6) any individual, the state or federal government or any agency thereof or court pursuant to a subpoena; and (7) any individual, corporation, partnership or other legal entity which has a written agreement with a pharmacy to access the pharmacy's database provided the information accessed is limited to data which does not identify specific individuals.

(P.A. 95-85; P.A. 99-175, S. 44.)

History: P.A. 99-175 amended Subsec. (b) to make technical changes.

Subsec. (a):

Statute is intended to protect information concerning the nature of customer's treatment and not pharmacy's billing practices. 53 CA 129.

Subsec. (b):

Pharmacy required to comply with investigative demand of Commissioner of Consumer Protection. Civil investigative demand determined to be equivalent of subpoena. 53 CA 129.

**Sec. 20-627. Nonresident pharmacy. Definitions. Certificate of registration. Requirements.**

(a) As used in sections 20-627 to 20-630, inclusive, "nonresident pharmacy" means any pharmacy located outside this state which ships, mails or delivers, in any manner, legend devices or legend drugs into this state pursuant to a prescription order.

(b) A nonresident pharmacy shall be registered with the department, upon approval of the commission, and shall:

(1) Disclose annually in a report to the commission the location, names and titles of all principal corporate officers, if applicable, and all pharmacists who are dispensing drugs or devices to residents of this state. A nonresident pharmacy shall file an additional report within thirty days after any change of office, corporate officer or pharmacist.

(2) Submit a statement that the nonresident pharmacy complies with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is licensed as well as comply with all requests for information made by the commission pursuant to this section.

(3) Maintain at all times, a valid unexpired license, permit or registration to conduct such pharmacy in compliance with the laws of the state in which the nonresident pharmacy is located.

(4) Before receiving a certificate of registration from the department, submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which the nonresident pharmacy is located.

(c) A nonresident pharmacy shall, during its regular hours of operation, but not less than six days per week, and for a minimum of forty hours per week, provide a toll-free telephone number to facilitate communication between patients in this state and a pharmacist at such nonresident pharmacy who has access to the patient's records. Such toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

(P.A. 96-127, S. 1; P.A. 99-175, S. 45.)

History: P.A. 99-175 made technical changes, reordered Subsecs., amended Subsec. (a) to delete reference to Sec. 20-184a and deleted former Subsec. (c).

**Sec. 20-628. Shipping, mailing or delivering legend devices or drugs.** No nonresident pharmacy shall engage in the business of shipping, mailing or delivering legend devices or legend drugs in this state unless such nonresident pharmacy has been issued a certificate of registration by the commission and has paid the fee for issuance or renewal of such certificate of registration required in section 20-601. Applications for a certificate of registration as a nonresident pharmacy shall be made on a form furnished by the commission. The commission may require such information as it deems reasonably necessary to carry out the purpose of this section.

(P.A. 96-127, S. 2; P.A. 99-175, S. 46.)

History: P.A. 99-175 made technical changes, deleted reference to Sec. 20-184a and added

provision requiring nonresident pharmacists to pay initial and renewal registration fees as a condition of shipping, mailing or delivering legend devices or drugs in this state.

**Sec. 20-629. Suspension or revocation of certificate.** (a) The commission may deny, revoke or suspend any certificate of registration as a nonresident pharmacy for failure to comply with any requirement of sections 20-627 to 20-630, inclusive.

(b) The commission may deny, revoke or suspend any certificate of registration as a nonresident pharmacy for conduct which causes serious bodily or serious psychological injury to a resident of this state if the commission has referred the matter to the regulatory or licensing agency in the state in which the nonresident pharmacy is located and such regulatory or licensing agency fails to (1) initiate an investigation within forty-five days of referral, (2) complete its investigation within one hundred twenty days of referral, (3) resolve the referral through formal agreement, settlement or decision within one hundred eighty days, or (4) initiate disciplinary proceedings when such proceedings are determined to be necessary in the judgment of the regulatory or licensing agency in the state in which the nonresident pharmacy is located.

(P.A. 96-127, S. 3; P.A. 99-175, S. 47.)

History: P.A. 99-175 made technical changes.

**Sec. 20-630. Advertising.** It shall be unlawful for any nonresident pharmacy which has not been issued a certificate of registration pursuant to section 20-628 to advertise its services in this state, or for any person who is a resident of this state to advertise the pharmacy services of a nonresident pharmacy which has not received a certificate of registration from the commission, with the knowledge that the advertisement will or is likely to induce members of the public in this state to use the pharmacy to dispense prescription orders.

(P.A. 96-127, S. 4; P.A. 99-175, S. 48.)

History: P.A. 99-175 made a technical change.

**Sec. 20-631. Collaborative drug therapy management agreements between pharmacists and physicians. Scope. Pharmacist competency requirements. Regulations.** (a) Except as provided in section 20-631b, one or more 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 to manage the drug therapy of individual patients. In order to enter into a written protocol-based collaborative drug therapy management agreement, such physician shall have established a physician-patient relationship with the patient who will receive collaborative drug therapy. Each patient's collaborative drug

therapy management shall be governed by a written protocol specific to that patient established by the treating physician in consultation with the pharmacist. For purposes of this subsection, a "physician-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.

(b) A collaborative drug therapy management agreement may authorize a pharmacist to implement, modify or discontinue a drug therapy that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific written protocol. In instances where drug therapy is discontinued, the pharmacist shall notify the treating physician of such discontinuance no later than twenty-four hours from the time of such discontinuance. Each protocol developed, pursuant to the collaborative drug therapy management agreement, shall contain detailed direction concerning the actions that the pharmacist may perform for that patient. The protocol shall include, but need not be limited to, (1) the specific drug or drugs to be managed by the pharmacist, (2) the terms and conditions under which drug therapy may be implemented, modified or discontinued, (3) the conditions and events upon which the pharmacist is required to notify the physician, and (4) the laboratory tests that may be ordered. All activities performed by the pharmacist in conjunction with the protocol shall be documented in the patient's medical record. The pharmacist shall report at least every thirty days to the physician regarding the patient's drug therapy management. The collaborative drug therapy management agreement and protocols shall be available for inspection by the Departments of Public Health and Consumer Protection. A copy of the protocol shall be filed in the patient's medical record.

(c) A pharmacist shall be responsible for demonstrating, in accordance with regulations adopted pursuant to subsection (d) of this section, the competence necessary for participation in each drug therapy management agreement into which such pharmacist enters.

(d) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health, shall 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.

(P.A. 02-41, S. 1; P.A. 03-164, S. 1; June 30 Sp. Sess. P.A. 03-6, S. 146(c), (d); P.A. 04-169, S. 17; 04-189, S. 1; P.A. 05-217, S. 1; P.A. 10-117, S. 91.)

History: (Revisor's note: In codifying this section the Revisors editorially changed two references in Subsec. (b) from "pharmacists" to "pharmacist" for consistency); P.A. 03-164 amended Subsec. (a) by designating existing provisions as Subdiv. (1), making a technical change therein, and adding Subdiv. (2) allowing pharmacists employed by nursing home facilities to enter into collaborative drug therapy management agreement, and made conforming changes in Subsec. (c); June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Commissioner and



Department of Consumer Protection with Commissioner and Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 05-217 amended Subsec. (a) by adding Subdiv. (3) allowing hospital pharmacists to enter into collaborative drug therapy management agreements to manage drug therapy of patients receiving outpatient hospital care or services for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart failure or smoking cessation; P.A. 10-117 amended Subsec. (a) by adding exception re Sec. 20-631b, replacing provision re pharmacist eligibility in accordance with Subsec. (c) with provision re pharmacist competency in accordance with regulations adopted pursuant to Subsec. (d), adding provisions requiring and defining physician-patient relationship for purposes of agreement, deleting former Subdiv. (1) designator and deleting provisions therein and former Subdivs. (1) and (2) re pharmacist employed by or under contract with a hospital or nursing home facility, amended Subsec. (c) by requiring demonstration of pharmacist competency in accordance with regulations adopted pursuant to Subsec. (d) and deleting former provisions re competency determination, and amended Subsec. (d) to require Commissioner of Consumer Protection, in consultation with Commissioner of Public Health, to adopt regulations re pharmacist competency requirements for participation in agreements (Revisor's note: In codifying P.A. 10-117, S. 91, a reference to "section 2 of this act" was deemed by the Revisors to be a reference to "section 92 of this act" and therefore cited as "section 20-631b" in Subsec. (a)).

**Sec. 20-631a. Collaborative drug management agreements between pharmacists employed by community pharmacies and one or more physicians. Pilot program.** (a) Not later than January 1, 2006, the Commissioner of Consumer Protection, in consultation with the Commission of Pharmacy, shall establish and operate a two-year pilot program to allow not more than ten pharmacists licensed under this chapter who are determined eligible in accordance with subsection (c) of this section and employed by or under contract with a licensed community pharmacy, to enter into a written protocol-based collaborative drug therapy management agreement with one or more physicians licensed under chapter 370, to manage the drug therapy of individual patients receiving drug therapy for diabetes, asthma, hypertension, hyperlipidemia, osteoporosis, congestive heart failure or smoking cessation, including patients who qualify as targeted beneficiaries under the provisions of Section 1860D-4(c)(2)(A)(ii) of the federal Social Security Act, in accordance with subsections (b) to (d), inclusive, of this section and subject to the approval of the licensed community pharmacy. Each patient's collaborative drug therapy management shall be governed by a written protocol specific to that patient established by the treating physician in consultation with the pharmacist.

(b) A collaborative drug therapy management agreement may authorize a pharmacist to implement, modify or discontinue a drug therapy that has been prescribed for a patient, order associated laboratory tests and administer drugs, all in accordance with a patient-specific written protocol. Each protocol developed, pursuant to the collaborative drug therapy management agreement, shall contain detailed direction concerning the actions that the pharmacist may perform for that patient. The protocol shall include, but need not be limited to, (1) the specific drug or drugs to be managed by the pharmacist, (2) the terms and conditions under which drug

therapy may be implemented, modified or discontinued, (3) the conditions and events upon which the pharmacist is required to notify the physician, and (4) the laboratory tests that may be ordered. All activities performed by the pharmacist in conjunction with the protocol shall be documented in the patient's medical record. The pharmacist shall report to the physician through oral, written or electronic manner regarding the implementation, administration, modification or discontinuation of a drug therapy that has been prescribed for a patient not later than twenty-four hours after such implementation, administration, modification or discontinuation. The collaborative drug therapy management agreement and protocols shall be available for inspection by the Departments of Public Health and Consumer Protection. A copy of the protocol shall be filed in the patient's medical record.

(c) In order to be selected for participation in the program, a pharmacist shall be responsible for demonstrating, in accordance with this subsection, the competence necessary for participation in each drug therapy management agreement into which such pharmacist may enter. The pharmacist's competency shall be determined by the Commission of Pharmacy using criteria based on the continuing education requirements of sections 20-599 and 20-600.

(d) The Commissioner of Consumer Protection and the Commission of Pharmacy shall evaluate the pilot program established under this section and shall submit a report of the commissioner's findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and general law, not later than December 31, 2008, in accordance with the provisions of section 11-4a. Such report shall include an evaluation of the data collected with respect to improved medication management and cost savings, based on patient outcomes.

(e) Records or information collected or maintained pursuant to this section shall not be disclosed pursuant to subsection (a) of section 1-210 for a period of six months from the date such records or information were created or collected and shall not be subject to subpoena or discovery or introduced into evidence in any judicial or administrative proceeding except as otherwise specifically provided by law.

(f) For purposes of this section, "community pharmacy" means a pharmacy licensed under section 20-594 that stores and dispenses legend drugs, as defined by section 20-571, and legend devices, as defined by said section 20-571, and from which related pharmaceutical care services are provided, primarily to noninstitutionalized patients living in a community setting.

(P.A. 05-217, S. 2.)

History: P.A. 05-217 effective July 6, 2005 (Revisor's note: The subsection designator "a" was inserted editorially by the Revisors at the beginning of the section).

**Sec. 20-631b. Collaborative drug therapy management agreements entered into prior to October 1, 2010.** The provisions of section 20-631 in effect on September 30, 2010, shall apply to any written protocol-based collaborative drug therapy management agreement entered into

prior to October 1, 2010.

(P.A. 10-117, S. 92.)

**Sec. 20-632. Regulatory action report re disciplinary action against persons with controlled substance registrations and sanctions against pharmacists or pharmacies.** Not less than once every three months, the Department of Consumer Protection shall compile a regulatory action report that contains information regarding: (1) Any disciplinary action taken by the department against any person with a controlled substance registration, and (2) any sanction by the Commission of Pharmacy against a pharmacy or pharmacist. Such report shall contain the reasons for any such action or sanction and shall be posted on the web site of the department.

(P.A. 05-212, S. 5.)

History: P.A. 05-212 effective July 6, 2005.

**Sec. 20-633. Administration of vaccines by licensed pharmacists. Regulations.** (a) Any person licensed as a pharmacist under part II of this chapter may administer, to an adult, a vaccine, approved by the United States Food and Drug Administration for any of the following purposes: (1) The prevention and control of influenza, (2) the prevention of invasive pneumococcal disease, or (3) the prevention of herpes zoster and its sequelae, provided the administration of any such vaccine is conducted pursuant to the order of a licensed health care provider and in accordance with the regulations established pursuant to subsection (b) of this section.

(b) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health and the Commission of Pharmacy, shall adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section. Such regulations shall (1) require any pharmacist who administers a vaccine to an adult pursuant to this section to successfully complete an immunization training program for pharmacists; (2) define the basic requirements of such training program, which shall include training and instruction in pre-administration education and screening, vaccine storage and handling, subcutaneous and intramuscular injections, recordkeeping, vaccine safety, cardiopulmonary resuscitation, basic cardiac life support and adverse event reporting; (3) identify qualifying training programs, which are accredited by the National Centers for Disease Control Prevention, the Accreditation Council for Pharmacy Education or other appropriate national accrediting body; and (4) establish a system of control and reporting.

(c) For purposes of this section, "adult" means an individual who has attained the age of eighteen years.

(P.A. 05-212, S. 6; P.A. 10-82, S. 1.)

History: P.A. 05-212 effective July 6, 2005; P.A. 10-82 amended Subsec. (a) by deleting "On and after October 1, 2005", replacing provision re administration of influenza vaccine with provision re administration of vaccine approved by U.S. Food and Drug Administration and adding Subdivs. (1) to (3) re types of vaccines that may be administered by licensed pharmacists and amended Subsec. (b) by deleting "Not later than September 1, 2005" and making technical changes.

**Sec. 20-634.** Reserved for future use.

## **PART IV PRESCRIPTION ERROR REPORTING**

**Sec. 20-635. Prescription error reporting. Definitions. Informational signs and statements. Regulations. Nondisclosure of records.** (a) As used in this section:

(1) "Dispensing" means those acts of processing a drug for delivery or for administration for a patient pursuant to a prescription consisting of: (A) Comparing the directions on the label with the directions on the prescription to determine accuracy; (B) the selection of the drug from stock to fill the prescription; (C) the counting, measuring, compounding or preparation of the drug; (D) the placing of the drug in the proper container; (E) the affixing of the label to the container; and (F) the addition to a written prescription of any required notations;

(2) "Drug" means (A) an article recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them, (B) an article intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans, (C) an article, other than food, intended to affect the structure or any function of the body of humans;

(3) "Pharmacy" means a place of business where drugs may be sold at retail and for which a pharmacy license has been issued to an applicant under the provisions of section 20-594. For the purposes of this section, "pharmacy" shall include any areas of an institutional pharmacy where prescription drugs are dispensed to outpatients, employees and retirees;

(4) "Prescribing practitioner" means an individual licensed by the state of Connecticut, any other state of the United States, the District of Columbia, the Commonwealth of Puerto Rico or any territory or insular possession subject to the jurisdiction of the United States who is authorized to issue a prescription within the scope of the individual's practice;

(5) "Prescription" means a lawful order of a prescribing practitioner transmitted either orally, in writing or by electronic means for a drug for a specific patient; and

(6) "Prescription error" means an act or omission of clinical significance relating to the

dispensing of a drug that results in or may reasonably be expected to result in injury to or death of a patient.

(b) Each pharmacy shall display a sign concerning the reporting of prescription errors in a conspicuous location visible to consumers of prescription drugs. The sign shall measure a minimum of eight inches in height and ten inches in length and the lettering shall be in a size and style that allows such sign to be read without difficulty by consumers standing at the pharmacy prescription department distribution counter. The sign shall bear the following statement: "If you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling (Department of Consumer Protection telephone number authorized pursuant to section 21a-2 of the general statutes)".

(c) Each pharmacy that dispenses a prescription to a consumer shall include the following printed statement on the receipt or in the bag or other similar packaging in which the prescription is contained: "If you have a concern that an error may have occurred in the dispensing of your prescription you may contact the Department of Consumer Protection, Drug Control Division, by calling (Department of Consumer Protection telephone number authorized pursuant to section 21a-2 of the general statutes)". The statement shall be printed in a size and style that allows such statement to be read without difficulty by consumers.

(d) The Commissioner of Consumer Protection shall adopt regulations, with the advice and assistance of the Commission of Pharmacy, in accordance with chapter 54, concerning the implementation of a quality assurance program designed to detect, identify and prevent prescription errors in pharmacies. Such regulations shall require that each pharmacy implement a quality assurance program that describes in writing policies and procedures to be maintained in such pharmacy. Such policies and procedures shall include directions for communicating the details of a prescription error to the prescribing practitioner and to the patient, the patient's caregiver or appropriate family member if the patient is deceased or is unable to fully comprehend the communication. Such communication shall describe methods of correcting the prescription error or reducing the negative impact of the error on the patient. Such regulations shall require that records of all reported prescription errors shall be maintained in a manner ready for inspection for a minimum period of three years and that such records shall be made available for inspection by the Commissioner of Consumer Protection within forty-eight hours in any case where the commissioner is investigating a report of a prescription error.

(e) Records collected or maintained pursuant to this section shall not be required to be disclosed pursuant to subsection (a) of section 1-210 for a period of six months from the date such records were created pursuant to subsections (c) and (d) of this section and shall not be subject to subpoena or discovery or introduced into evidence in any judicial proceeding except as otherwise specifically provided by law.

(P.A. 02-48, S. 1; P.A. 03-164, S. 2; June 30 Sp. Sess. P.A. 03-6, S. 146(c), (d); P.A. 04-169, S. 17; 04-189, S. 1.)

History: P.A. 03-164 added Subsec. (e) re disclosure of records; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Commissioner and Department of Consumer Protection with Commissioner and Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Secs. 20-636 to 20-639.** Reserved for future use.

## CHAPTER 417\*

### GENERAL PROVISIONS. PURE FOOD AND DRUGS

#### General Provisions

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**Sec. 21a-64. (Formerly Sec. 19-209). Distribution of drugs and poisons.** Any person who, by himself, his servant or agent, distributes or gives away, in any street or highway or from house to house, any bottle, box, envelope or package containing any liquid medicine, or any pill, powder, tablet or other article, which contains any drug or poison, shall be fined not more than fifty dollars or imprisoned not more than one year or both.

(1949 Rev., S. 3899.)

History: Sec. 19-209 transferred to Sec. 21a-64 in 1983.

**Sec. 21a-65. (Formerly Sec. 19-209a). Sale of hypodermic needles and syringes restricted.**

(a) A licensed manufacturer or licensed wholesaler may sell hypodermic needles and syringes only to the following: (1) To a licensed manufacturer, licensed wholesaler or licensed pharmacy; (2) to a physician, dentist, veterinarian, embalmer, podiatrist or scientific investigator licensed to practice in this state; (3) to a person in charge of a care-giving institution, as defined in subdivision (2) of section 20-571, incorporated college or scientific institution, but only for use by or in such care-giving institution, college or institution for medical or scientific purposes; (4) to a person in charge of a licensed or registered laboratory, but only for use in that laboratory for scientific and medical purposes; (5) to a farmer but only for use on the farmer's own animals or poultry; (6) to a business authorized in accordance with the regulations adopted under section 21a-66 to purchase hypodermic needles and syringes but only for legitimate industrial or medical use within that business; and (7) to a needle and syringe exchange program established pursuant to section 19a-124.

(b) Except as provided in subsection (a) of this section, no licensed manufacturer, licensed wholesaler or licensed pharmacist shall sell and no person shall buy a hypodermic needle or syringe except upon a prescription of a prescribing practitioner, as defined in subdivision (22) of section 20-571, in a quantity greater than ten. Any such prescription shall be retained on file by the seller for a period of not less than three years and shall be accessible to any public officer engaged in the enforcement of this section. Such a prescription shall be valid for one year from the date thereof and purchases and sales may be made thereunder during such period, provided the seller shall confirm the continued need for such sales with such practitioner at least every six months if sales continue to be made thereunder. Hypodermic needles and syringes in a quantity of ten or less without a prescription may be provided or sold at retail only by the following: (1) By a pharmacy licensed in accordance with section 20-594 and in such pharmacy only by a licensed pharmacist or under his direct supervision; (2) by a needle exchange program established pursuant to section 19a-124; and (3) by a health care facility or a licensed health care practitioner for use by their own patients.

(c) At all locations where hypodermic needles and syringes are kept they shall be stored in a manner so as to be available only to authorized personnel and not be openly available to customers or patients. All used, disposable hypodermic needles and used, disposable syringes shall be destroyed. Destruction shall be conducted in a manner which renders such needles and syringes nonrecoverable. Used needles and syringes which have been discarded and are awaiting

destruction shall be securely safeguarded or rendered nonreusable.

(d) Any person who violates any provision of this section shall be fined not more than five hundred dollars or imprisoned not more than one year or both.

(1971, P.A. 489, S. 1-3; P.A. 79-457, S. 2, 4; P.A. 83-115; P.A. 90-214, S. 1, 5; P.A. 92-185, S. 1, 6; May Sp. Sess. P.A. 92-11, S. 65, 70; P.A. 95-264, S. 53; P.A. 99-102, S. 31.)

History: P.A. 79-457 referred to "licensed" manufacturers and wholesalers, replaced "physician licensed to practice medicine and surgery" with "practitioner, as defined in section 20-184a" and "pharmacist" with "pharmacy", allowed sales to osteopaths, scientific investigators and those in charge of "care-giving institutions" as defined in Sec. 19-504a (formerly "hospitals"), added Subdiv. (6) allowing sales to businesses authorized to purchase needles and syringes "only for legitimate industrial or medical use within that business", required confirmation of continued need for sales every six, rather than three, months in Subsec. (b) and added new Subsec. (c) re storage and disposal, redesignating former Subsec. (c) as Subsec. (d); Sec. 19-66a transferred to Sec. 19-209a in 1981; Sec. 19-209a transferred to Sec. 21a-65 in 1983; P.A. 83-115 required destruction of used syringes and needles, required that destruction render them nonrecoverable and required that they be safeguarded or rendered nonreusable while awaiting destruction, replacing provision which required only that they "not be disposed of until they have been rendered nonreusable"; P.A. 90-214 added Subdiv. (7) in Subsec. (a) re needle and syringe exchange program; P.A. 92-185 amended Subsec. (a) to delete provision re sale "without the prescription of a practitioner as defined in section 20-184a", amended Subsec. (b) to limit the requirement of a prescription to the sale and purchase of hypodermic needles or syringes "in a quantity greater than eight" and to add provision that hypodermic needles and syringes in a quantity of eight or less may be provided or sold at retail without a prescription only by a licensed pharmacy, a needle exchange program and a health care facility or licensed health care practitioner, amended Subsec. (c) to require that hypodermic needles and syringes be stored in a manner "so as to be available only to authorized personnel and not be openly available to customers or patients" rather than "to prevent theft or diversion from their lawful use" and to delete provision that the purpose of requiring used needles and syringes awaiting destruction to be safeguarded or rendered nonreusable is "to prevent their theft", and amended Subsec. (d) to delete from the applicability of the penalty "any person who forges or alters a prescription for the purpose of purchasing a hypodermic needle or syringe in violation of the provisions of this section"; May Sp. Sess. P.A. 92-11 amended Subsec. (b) to increase the quantity of needles or syringes that requires a prescription from "greater than eight" to "greater than ten" and to increase from "eight or less" to "ten or less" the quantity of needles or syringes which may be provided or sold at retail without a prescription by specified entities; P.A. 95-264 made technical changes (Revisor's note: The reference in Subsec. (b) to "prescribing practitioner, as defined in subdivision (21) of ..." was changed editorially by the Revisors to "prescribing practitioner, as defined in subdivision (22) of ..."); P.A. 99-102 amended Subsec. (a) by deleting an obsolete reference to osteopathy and making technical changes.



**Sec. 21a-66. (Formerly Sec. 19-209b). Regulations re sale, purchase, handling and disposal of hypodermic needles and syringes.** The Commissioner of Consumer Protection shall adopt regulations in accordance with the provisions of chapter 54 to control the sale, purchase, handling and disposal of hypodermic needles and syringes pursuant to section 21a-65.

(P.A. 79-457, S. 3, 4; P.A. 88-357, S. 21; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-209b transferred to Sec. 21a-66 in 1983; P.A. 88-357 expanded the area to be covered by the regulations to include sale, handling and disposal of hypodermic needle; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-67. (Formerly Sec. 19-209c). Apricot kernels. Labeling requirement.** No person shall sell or offer for sale any apricot kernels unless such kernels are packaged and each package is labeled with a warning that such kernels contain cyanide and that ingestion of such kernels may be fatal.

(P.A. 79-379, S. 6.)

History: Sec. 19-209c transferred to Sec. 21a-67 in 1983.

**Sec. 21a-68. (Formerly Sec. 19-209d). Packaging of veterinary drugs.** Any substance containing aspirin, or a controlled substance as defined in section 21a-240, or a legend drug as defined in section 20-184a, sold or offered for sale in this state and intended to be administered to companion animals in the home shall be packaged in accordance with the requirements established by regulation under the federal Poison Prevention Packaging Act of 1970, 84 Stat. 1670, 15 USC 1471, as amended.

(P.A. 79-288, S. 1.)

History: Sec. 19-209d transferred to Sec. 21a-68 in 1983.

**Sec. 21a-69. (Formerly Sec. 19-209e). "Companion animal" defined by regulation.** The Commissioner of Consumer Protection, with the advice and assistance of the State Board of Veterinary Registration and Examination, shall by regulation adopted in accordance with chapter 54 define the term "companion animals" for the purposes of section 21a-68.

(P.A. 79-288, S. 2, 3; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-209e transferred to Sec. 21a-69 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-70. (Formerly Sec. 19-210). Registration of manufacturers and wholesalers of drugs. Sale of drugs limited.**

(a) **Definitions.** As used in this section: (1) "Wholesaler" or "distributor" means a person, whether within or without the boundaries of the state of Connecticut, who supplies drugs, medical devices or cosmetics prepared, produced or packaged by manufacturers, to other wholesalers, manufacturers, distributors, hospitals, prescribing practitioners, as defined in subdivision (22) of section 20-571, pharmacies, federal, state or municipal agencies, clinics or any other person as permitted under subsection (h) of this section, except that: (A) A retail pharmacy or a pharmacy within a licensed hospital which supplies to another such pharmacy a quantity of a noncontrolled drug or a schedule II, III, IV or V controlled substance normally stocked by such pharmacies to provide for the immediate needs of a patient pursuant to a prescription or medication order of an authorized practitioner, (B) a pharmacy within a licensed hospital which supplies drugs to another hospital or an authorized practitioner for research purposes, (C) a retail pharmacy which supplies a limited quantity of a noncontrolled drug or of a schedule II, III, IV or V controlled substance for emergency stock to a practitioner who is a medical director of a chronic and convalescent nursing home, of a rest home with nursing supervision or of a state correctional institution, and (D) a pharmacy within a licensed hospital that contains another hospital wholly within its physical structure which supplies to such contained hospital a quantity of a noncontrolled drug or a schedule II, III, IV, or V controlled substance normally stocked by such hospitals to provide for the needs of a patient, pursuant to a prescription or medication order of an authorized practitioner, receiving inpatient care on a unit that is operated by the contained hospital shall not be deemed a wholesaler under this section; (2) "manufacturer" means a person whether within or without the boundaries of the state of Connecticut who produces, prepares, cultivates, grows, propagates, compounds, converts or processes, directly or indirectly, by extraction from substances of natural origin or by means of chemical synthesis or by a combination of extraction and chemical synthesis, or who packages, repackages, labels or relabels a container under such manufacturer's own or any other trademark or label any drug, device or cosmetic for the purpose of selling such items. The words "drugs", "devices" and "cosmetics" shall have the meaning ascribed to them in section 21a-92; and (3) "commissioner" means the Commissioner of Consumer Protection.

(b) **Registration of wholesalers and manufacturers of drugs required. Exception. Fees.**

**Expenses.** No wholesaler or manufacturer shall operate as such until he has received a certificate of registration issued by the commissioner, which certificate shall be renewed annually, provided no such certificate shall be required of a manufacturer whose principal place of business is located outside the state, who is registered with the federal Food and Drug Administration or any successor agency and who files a copy of such registration with the commissioner. A fee of one hundred ninety dollars shall be charged for each wholesaler's certificate and renewal thereof and

the fee for a manufacturer's certificate and renewal thereof shall be two hundred eighty-five dollars for manufacturers employing not more than five licensed pharmacists or qualified chemists or both; three hundred seventy-five dollars for manufacturers employing not more than ten licensed pharmacists or qualified chemists or both; and nine hundred forty dollars for manufacturers employing more than ten licensed pharmacists or qualified chemists or both. No such certificate shall be issued to a manufacturer unless such drugs, medical devices or cosmetics are manufactured or compounded under the direct supervision of a licensed pharmacist or a qualified chemist. No certificate of registration shall be issued under this section until the applicant has furnished proof satisfactory to the commissioner that the applicant is equipped as to facilities and apparatus to properly carry on the business described in his application and that the applicant conforms to chapter 418 and regulations adopted thereunder.

(c) **Commissioner's right to deny certificate.** The commissioner shall have the right to deny a certificate of registration if he determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the commissioner shall consider, at a minimum, the following factors:

- (1) Any convictions or regulatory actions involving the applicant under any federal, state or local law relating to drug samples, wholesale or retail drug distribution, or distribution or possession of drugs including controlled substances;
- (2) Any felony convictions of the applicant under federal, state or local laws;
- (3) The applicant's past experience in the manufacture or distribution of drugs;
- (4) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution;
- (5) Suspension, revocation or other sanction by federal, state or local government of any license or registration currently or previously held by the applicant for the manufacture or distribution of any drugs;
- (6) Compliance with licensing or registration requirements under previously granted licenses or registrations;
- (7) Compliance with requirements to maintain or make available to the commissioner or to federal, state or local law enforcement officials those records required by any federal or state statute or regulation;
- (8) Failure to provide adequate control against the diversion, theft and loss of drugs;
- (9) Provision of required security for legend drugs and, in the case of controlled substances, compliance with security requirements for wholesalers set forth in regulations adopted under chapter 420b; and

(10) Compliance with all regulations adopted to enforce the provisions of this section.

(d) **Suspension, revocation or refusal to renew registration.** The commissioner may suspend, revoke or refuse to renew a registration, or may issue a letter of reprimand or place a registrant on probationary status, for sufficient cause. Any of the following shall be sufficient cause for such action:

(1) The furnishing of false or fraudulent information in any application or other document filed with the commissioner;

(2) Any criminal conviction of the registrant under any federal or state statute concerning drugs;

(3) The suspension, revocation or other restriction or penalty issued against a license or registration related to drugs;

(4) Failure to provide adequate control against the diversion, theft and loss of drugs; or

(5) A violation of any provision of any federal or state statute or regulation concerning drugs.

(e) **Compliance with applicable laws.** Wholesalers shall operate in compliance with applicable federal, state and local statutes, regulations and ordinances, including any applicable laws concerning controlled substances, drug product salvaging or reprocessing.

(f) **Inspections and audits.** Wholesalers and manufacturers shall permit the commissioner, or his authorized representatives, to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner.

(g) **Hearings.** Before denying, suspending, revoking or refusing to renew a registration, or before issuing a letter of reprimand or placing a registrant on probationary status, the commissioner shall afford the applicant or registrant an opportunity for a hearing in accordance with the provisions of chapter 54. Notice of such hearing may be given by certified mail. The commissioner may subpoena witnesses and require the production of records, papers and documents pertinent to such hearing.

(h) **Sale of drugs limited. Regulations.** No manufacturer or wholesaler shall sell any drugs except to the state or any political subdivision thereof, to another manufacturer or wholesaler, to any hospital recognized by the state as a general or specialty hospital, to any institution having a full-time pharmacist who is actively engaged in the practice of pharmacy in such institution not less than thirty-five hours a week, to a chronic and convalescent nursing home having a pharmacist actively engaged in the practice of pharmacy based upon the ratio of one-tenth of one hour per patient per week but not less than twelve hours per week, to a practicing physician, podiatrist, dentist, optometrist or veterinarian or to a licensed pharmacy or a store to which a permit to sell nonlegend drugs has been issued as provided in section 20-624. The commissioner may adopt such regulations as are necessary to administer and enforce the provisions of this section.

(i) **Penalty.** Any person who violates any provision of this section shall be fined not more than five hundred dollars or imprisoned not more than six months, or both.

(1949 Rev., S. 3925-3928; 1951, S. 2089d; 1959, P.A. 412, S. 38, 42; 593, S. 1; February, 1965, P.A. 519; 1971, P.A. 115; P.A. 74-298, S. 1, 2; P.A. 75-279, S. 1, 2; P.A. 76-228, S. 1, 2; P.A. 77-73; 77-170; P.A. 78-53, S. 2; 78-310, S. 1, 4; P.A. 79-13; P.A. 84-194, S. 1; P.A. 86-13, S. 1, 4; P.A. 89-251, S. 152, 203; P.A. 92-181, S. 2, 3; P.A. 93-55, S. 8; P.A. 95-264, S. 54; June Sp. Sess. P.A. 00-2, S. 14, 53; June Sp. Sess. P.A. 01-9, S. 25, 131; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; June Sp. Sess. P.A. 09-3, S. 282; P.A. 10-117, S. 72.)

History: 1959 acts created distinction between fees for wholesalers' and manufacturers' certificates in Subsec. (b), adding provisions re manufacturers' certificates; 1965 act deleted "manufacturers" from wholesaler's activities, changed "medical devices" to "proprietary medicines," extended wholesaler to mean person within or without the state, limited reselling to "within the state", confined the meaning of "manufacturer" to a person "within the state" and replaced commissioner of food and drugs with commissioner of consumer protection; 1971 act deleted provision prohibiting issuance of certificate to wholesaler unless drugs, etc. dispensed under direct supervision of licensed pharmacist or qualified chemist; P.A. 74-298 redefined "wholesaler" and "manufacturer" to replace references to bottling, packing and purchase or manufacture of drugs, medicine, cosmetics, etc.; P.A. 75-279 revised sale prohibition in Subsec. (c) to except other manufacturers and wholesalers and podiatrists and to delete dispensary reference and to add provision re adoption of necessary regulations; P.A. 76-228 increased fees in Subsec. (b): For wholesalers, from \$50 to \$75, for manufacturers, from \$75 to \$112.50 for those employing not more than five licensed pharmacists or chemists or both, from \$100 to \$150 for those employing not more than ten and from \$250 to \$375 for those employing more than ten; P.A. 77-73 included manufacturers outside Connecticut as well as those within in Subsec. (a), added proviso re exemption from certificate requirements for those whose principal place of business is outside the state and required proof of proper facilities and equipment and of conformity with chapter 342 in Subsec. (b) and qualified sales to institutions with full-time pharmacists in Subsec. (c) by requiring that pharmacist practice at least 35 hours per week; P.A. 77-170 excepted retail pharmacies and pharmacies within licensed hospitals from definition of "wholesaler" in certain specified circumstances; P.A. 78-53 included schedule III, IV or V controlled substances in exception for retail pharmacies and pharmacies within licensed hospitals added in 1977 act; P.A. 78-310 referred to "manufacturer's certificate" rather than "drug manufacturer's certificate" in Subsec. (b); P.A. 79-13 applied definition of "wholesaler" to "distributor" as well; Sec. 19-210 transferred to Sec. 21a-70 in 1983; P.A. 84-194 amended Subsec. (a) to specifically exclude from the definition of "wholesaler" or "distributor" a retail pharmacy which supplies certain controlled and noncontrolled drugs to medical directors of convalescent nursing homes or rest homes; P.A. 86-13 amended Subsec. (c) to authorize sales to optometrists; P.A. 89-251 amended Subsec. (b) to increase fee for a wholesaler's certificate from \$75 to \$150, for a manufacturer employing not more than five pharmacists or chemists from \$112.50 to \$225, for a manufacturer employing not more than ten pharmacists or chemists, from \$150 to \$300, and for a manufacturer employing more than ten pharmacists or chemists from \$375 to \$750; P.A. 92-181 amended Subsec. (a) to define "commissioner", inserted a new

Subsec. (c) re commissioner's right to deny a certificate and grounds for denying certificate, new Subsec. (d) re commissioner's other powers and what would constitute "sufficient cause" for the commissioner to exercise those powers and new Subsecs. (e), (f) and (g) re duties of wholesalers and the right of the commissioner to enter and inspect premises and delivery vehicles and to audit records and the commissioner's duties with regard to affording the applicant with proper notice and hearing, relettering former Subsecs. (c) and (d) accordingly; P.A. 93-55 made technical change in Subsec. (a); P.A. 95-264 changed "licensed" practitioner to "prescribing" practitioner in Subsec. (a) and changed "proprietary and patent medicines" to "nonlegend drugs" in Subsec. (i) (Revisor's note: The reference in Subsec. (a) to "prescribing practitioner, as defined in subdivision (21) of ..." was changed editorially by the Revisors to "prescribing practitioner, as defined in subdivision (22) of ..."); June Sp. Sess. P.A. 00-2 amended Subsec. (h) to authorize sales of drugs to certain chronic and convalescent nursing homes, effective July 1, 2000; June Sp. Sess. P.A. 01-9 amended Subsec. (a) to add provision re state correctional institution to the definition of "wholesaler" and to make a technical change for purposes of gender neutrality, effective July 1, 2001; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; June Sp. Sess. P.A. 09-3 amended Subsec. (b) to increase fees and made a technical change in Subsec. (i); P.A. 10-117 redefined "wholesaler" or "distributor" in Subsec. (a)(1).

**Sec. 21a-70a. (Formerly Sec. 21a-250a). Distribution of noncontrolled drugs used as emergency stock.** Noncontrolled drugs distributed as emergency stock to a medical director of a chronic and convalescent nursing home or a rest home with nursing supervision shall be supplied in containers which bear labels specifying the name of the drug and its strength, expiration date, lot number and manufacturer. Such noncontrolled drugs distributed as emergency stock shall be limited in type and quantity to those specifically documented and authorized by such medical director for use as emergency stock in such facility.

(P.A. 84-194, S. 2.)

History: Sec. 21a-250a transferred to Sec. 21a-70a in 1987.

**Sec. 21a-70b. Regulation of sales of drugs at flea markets.** (a) As used in this section:

(1) "Flea market" means any location other than a permanent retail store at which space is rented or otherwise made available to others for the conduct of business as transient or itinerant vendors, but does not include the location of (A) any sale by sample, catalog or brochure for future delivery, or (B) any sale or sales presentation pursuant to a prior invitation issued by the owner or legal occupant of the premises; and

(2) "Manufacturer's or distributor's representative" means any person authorized by a manufacturer or distributor of any drug, as defined in section 21a-92, to offer or sell any such

product to the public at retail.

(b) No person, except a manufacturer's or distributor's representative, shall sell, offer for sale or knowingly permit the sale of any drug, as defined in section 21a-92, at any flea market.

(c) Any manufacturer's or distributor's representative, when selling or offering for sale any drug, as defined in section 21a-92, at any flea market shall carry on such representative's person written credentials indicating that such manufacturer's or distributor's representative is authorized by the manufacturer or distributor of such drug to engage in the retail sale of such drug to the public. Such credentials shall be made available for inspection by any interested person upon the request of such person. Such credentials shall include the name of the manufacturer's or distributor's representative and may include the date, if any, on which such credentials expire.

(d) No person shall present credentials required under subsection (c) of this section that are false, misleading or fraudulently obtained.

(e) The Commissioner of Consumer Protection may adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section.

(f) Any person who violates any provision of this section, or any regulation adopted under this section, shall be fined not more than one hundred dollars.

(P.A. 99-98; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-70c. Prescription drug pedigree program. Working group convened.** (a) The Commissioner of Consumer Protection shall convene a working group comprised of the Commissioners of Consumer Protection and Emergency Management and Homeland Security, or their designees, a member of the Commission of Pharmacy, the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to public health, or their designees, and representatives of retail drug establishments, independent pharmacies and pharmaceutical manufacturers. The working group shall be responsible for submitting recommendations to the Governor and to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the development and implementation of a program to authenticate the pedigree of prescription drugs distributed in this state.

(b) For purposes of this section, (1) "authenticate" means to affirmatively verify, before any distribution of a prescription drug occurs, that each transaction listed on the pedigree has occurred; (2) "pedigree" means a document or electronic file containing information that records

each distribution of any given prescription drug, from sale by a pharmaceutical manufacturer, through acquisition and sale by any wholesale distributor or repackager, until final sale to a pharmacy or other person dispensing or administering the prescription drug; and (3) "prescription drug" means any drug, including any biological product, except for blood and blood components intended for transfusion or biological products that are also medical devices required by federal law or regulations, to be dispensed only by a prescription, including finished dosage forms and bulk drug substances subject to Section 503(b) of the federal Food, Drug and Cosmetic Act.

(P.A. 05-272, S. 29.)

History: P.A. 05-272 effective July 13, 2005.

**Sec. 21a-70d. Definitions.** As used in this section and section 21a-70e:

(1) "Biologic" means a biological product, as defined in 42 USC 262(i), as amended from time to time, that is regulated as a drug under the federal Food, Drug and Cosmetic Act, 21 USC 301 et seq.;

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

(3) "Medical device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component, part or accessory, that is: (A) Recognized in the official National Formulary or the United States Pharmacopeia or any supplement thereto; (B) intended for use in the diagnosis of disease or other conditions or in the cure, mitigation, treatment or prevention of disease, in persons or animals; or (C) intended to affect the structure or function of the body of a person or animal, and that does not achieve its primary intended purposes through chemical action within or on such body and that is not dependent upon being metabolized for the achievement of its primary intended purposes; and

(4) "Pharmaceutical or medical device manufacturing company" means any entity that: (A) Is engaged in the production, preparation, propagation, compounding, conversion or processing of prescription drugs, biologics or medical devices, either directly or indirectly, by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis; or (B) is directly engaged in the packaging, repackaging, labeling, relabeling or distribution of prescription drugs, biologics or medical devices. "Pharmaceutical or medical device manufacturing company" does not include a health care provider, physician practice, home health agency, hospital licensed in this state, wholesale drug distributor licensed in this state or a retail pharmacy licensed in this state.

(P.A. 10-117, S. 93.)



**Sec. 21a-70e. Pharmaceutical or medical device manufacturing company. Adoption of code on interaction with health care professionals and comprehensive compliance program.**

**Civil penalty.** (a) On or before January 1, 2011, each pharmaceutical or medical device manufacturing company shall adopt and implement a code that is consistent with, and minimally contains all of the requirements prescribed in, the Pharmaceutical Research and Manufacturers of America's "Code on Interaction with Healthcare Professionals" or AdvaMed's "Code of Ethics on Interactions with Health Care Professionals" as such codes were in effect on January 1, 2010.

(b) Each pharmaceutical or medical device manufacturing company shall adopt a comprehensive compliance program in accordance with the guidelines provided in the "Compliance Program Guidance for Pharmaceutical Manufacturers" dated April, 2003 and issued by the United States Department of Health and Human Services Office of Inspector General.

(c) Upon complaint, the department may investigate an alleged (1) violation of subsection (a) of this section, or (2) failure to conduct any training program or regular audit for compliance with the code adopted pursuant to subsection (a) of this section by a pharmaceutical or medical device manufacturing company. The Commissioner of Consumer Protection may impose a civil penalty of not more than five thousand dollars for any violation of the provisions of this section.

(P.A. 10-117, S. 94.)

**Sec. 21a-71. (Formerly Sec. 19-210a). Sale of food, drug or cosmetic at auction.** No person shall sell any food, drug or cosmetic, as defined by section 21a-92, at an auction, unless such person has notified the Commissioner of Consumer Protection, in writing, of such sale; provided this section shall not apply to the sale of food by any church, parent teacher association, charitable organization as defined by subdivision (1) of section 21a-190a, or any organization of any political party. Such notice shall be given at least seven days prior to such sale and said commissioner may inspect such food, drug or cosmetic and prohibit the sale of the same if it is found to be unfit for human use. This section shall apply to the sale of unclaimed freight.

(February, 1965, P.A. 404; P.A. 93-55, S. 4; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-210a transferred to Sec. 21a-71 in 1983; P.A. 93-55 made technical change, substituting reference to Sec. 21a-190a for reference to Sec. 21a-176; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

# CHAPTER 418\*

## UNIFORM FOOD, DRUG AND COSMETIC ACT

### CHAPTER 418\*

#### UNIFORM FOOD, DRUG AND COSMETIC ACT

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**Sec. 21a-91. (Formerly Sec. 19-211). Short title and legislative intent.** This chapter may be cited as the "Connecticut Food, Drug and Cosmetic Act", and is intended to enact state legislation: (1) Which will safeguard the public health and promote the public welfare by protecting the consuming public from injury by product use and the purchasing public from injury by merchandising deceit, arising from intrastate commerce in food, drugs, devices and cosmetics; (2) which shall be uniform, as provided in this chapter, with the federal Food, Drug and Cosmetic Act and with the Federal Trade Commission Act, to the extent to which it outlaws the false advertisement of food, drugs, devices and cosmetics; and (3) which will promote uniformity of such legislation and its administration and enforcement in and throughout the United States.

(1949 Rev., S. 3929.)

History: Sec. 19-211 transferred to Sec. 21a-91 in 1983.

Annotations to former section 19-211:

Cited. 179 C. 471.

Cited. 15 CS 11. Cited. 29 CS 333.

**Sec. 21a-92. (Formerly Sec. 19-212). Definitions.** For the purposes of this chapter and section 21a-65, the following terms shall have the meanings hereinafter specified:

(1) "Advertisement" means all representations disseminated in any manner or by any means, other than by labeling, for the purpose of inducing, or which are likely to induce, directly or indirectly, the purchase of food, drugs, devices or cosmetics;

(2) (A) "Color additive" means a material which (i) is a dye, pigment or other substance made by a process of synthesis or similar artifice, or extracted, isolated or otherwise derived, with or without intermediate or final change of identity, from a vegetable, animal, mineral or other source, and (ii) when added or applied to a food, drug or cosmetic, or to the human body or any of its parts, is capable, alone or through reaction with other substance, of imparting color thereto, except that the term "color additive" does not include any material exempted by regulation under the federal act, or which the commissioner, by regulation, determines is used, or intended to be used, solely for a purpose or purposes other than coloring; (B) the term "color" includes black,

white and intermediate grays, as well as all other colors; (C) nothing in subparagraph (A) of this subdivision shall be construed to apply to any pesticide chemical, soil or plant nutrient, or other agricultural chemical used, or intended to be used, solely because of its effect in aiding, retarding or otherwise affecting, directly or indirectly, the growth or other natural physiological processes of produce of the soil which thereby affects its color, whether before or after harvest;

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

(4) "Contaminated with filth" applies to any food, drug, device or cosmetic not securely protected from dust or dirt, and as far as may be necessary, by all reasonable means, from all foreign or injurious contaminations;

(5) "Cosmetic" means (A) articles intended to be rubbed, poured, sprinkled or sprayed on, introduced into, or otherwise applied to the human body or any of its parts for cleansing, beautifying, promoting attractiveness or altering the appearance and (B) articles intended for use as a component of any such articles; except that such term shall not include soap;

(6) "Device", except when used in subdivision (15) of this section and in subsection (i) of section 21a-93, subsection (f) of section 21a-102, subsection (c) of section 21a-106 and subsection (c) of section 21a-112, means instruments, apparatus and contrivances, including their components, parts and accessories, intended (A) for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals or (B) to affect the structure or any function of the body of man or other animals;

(7) "Director" means the director of the agricultural experiment station;

(8) "Drug" means (A) articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them; (B) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; (C) articles, other than food, intended to affect the structure or any function of the body of man or any other animal; and (D) articles intended for use as a component of any articles specified in this subdivision; but shall not include devices or their components, parts or accessories;

(9) "Federal act" means the federal Food, Drug and Cosmetic Act, as amended, Title 21 USC 301 et seq.: 52 Stat. 1040 et seq.;

(10) "Food" means (A) articles used for food or drink for man or other animals, and (B) chewing gum, and (C) articles used for components of any such article;

(11) "Food additive" means any substance the intended use of which results or reasonably may be expected to result, directly or indirectly, in its becoming a component or otherwise affecting the characteristics of any food, including any substance intended for use in producing, manufacturing, packing, processing, preparing, treating, packaging, transporting or holding food; and including any source of radiation intended for any such use, if such substance is not

generally recognized, among experts qualified by scientific training and experience to evaluate its safety, as having been adequately shown through scientific procedures or, in the case of a substance used in food prior to January 1, 1958, through either scientific procedures or experience based on common use in food, to be safe under the conditions of its intended use; except that such term does not include (A) a pesticide chemical in or on a raw agricultural commodity; or (B) a pesticide chemical to the extent that it is intended for use or is used in the production, storage or transportation of any raw agricultural commodity; or (C) a color additive; or (D) any substance used in accordance with a sanction or approval granted prior to June 12, 1963, or the federal Food, Drug and Cosmetic Act, the Poultry Products Inspection Act (21 USC 451 et seq.) or the Meat Inspection Act of March 4, 1907, as amended;

(12) "Immediate container" shall not include package liners;

(13) "Intrastate commerce" means any and all commerce within the state of Connecticut and subject to its jurisdiction, and shall include the operation of any business or service establishment;

(14) "Label" means a display of written, printed or graphic matter upon the immediate container of any article, provided a requirement made by or under authority of this chapter that any information or other word or statement appear on the label shall not be considered to be complied with unless such information or other word or statement also appears on the outside container or wrapper, if any, of the retail package of such article, or is easily legible through the outside container or wrapper;

(15) "Labeling" means all labels and other written, printed or graphic matter (A) upon any article or any of its containers or wrappers, or (B) accompanying such article; provided, if an article is alleged to be misbranded because the labeling is misleading, or if an advertisement is alleged to be false because it is misleading, then, in determining whether the labeling or advertisement is misleading, there shall be taken into account, among other things, not only representations made or suggested by statement, word, design, device or sound, or any combination thereof, but also the extent to which the labeling or advertisement fails to reveal facts material in the light of such representations or material with respect to consequences which may result from the use of the article to which the labeling or advertisement relates under the conditions of use prescribed in the labeling or advertisement thereof or under such conditions of use as are customary or usual, and provided the representation of a drug, in its labeling or advertisement, as an antiseptic shall be considered to be a representation that it is a germicide, except in the case of a drug purporting to be, or represented as, an antiseptic for inhibitory use as a wet dressing, ointment or dusting powder or for such other use as involves prolonged contact with the body;

(16) "Natural food" means food (A) which has not been treated with preservatives, antibiotics, synthetic additives, artificial flavoring or artificial coloring and (B) which has not been processed in a manner that makes such food significantly less nutritive. Processing of food by extracting, purifying, heating, fermenting, concentrating, dehydrating, cooling or freezing shall not, of itself, prevent the designation of such food as "natural food";

(17) "New drug" means (A) any drug the composition of which is such that such drug is not generally recognized, among experts qualified by scientific training and experience to evaluate the safety and effectiveness of drugs, as safe and effective for use under the conditions prescribed, recommended or suggested in its labeling or (B) any drug the composition of which is such that such drug, as a result of investigation to determine its safety and effectiveness for use under such conditions, has become so recognized, but which has not, otherwise than in such investigations, been used to a material extent or for a material time under such conditions, except that the provisions of this subsection pertaining to "effectiveness" shall not apply to any drug which (i) was commercially sold or used in the United States on October 9, 1962, (ii) was not a new drug as defined by this subsection prior to the enactment of these provisions, and (iii) was not covered by an effective application under section 21a-110 or under Section 355 of the federal act, when such drug is intended solely for use under conditions prescribed, recommended, or suggested in labeling with respect to such drug on whichever of the above dates is applicable;

(18) "Official compendium" means the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, official National Formulary, or any supplement to any of them;

(19) "Organically grown" means produced through organic farming methods, which involve a system of ecological soil management and mechanical or biological methods to control insects, weeds, pathogens and other pests and which rely on crop rotation, crop residues, composted animal manures, legumes, green manures, composted organic waste or mineral-bearing rocks;

(20) "Person" includes any individual, partnership, corporation, limited liability company or association;

(21) "Pesticide chemical" means any substance which, alone, in chemical combination or in formulation with one or more other substances is an "economic poison" within the meaning of the federal Insecticide, Fungicide and Rodenticide Act, 7 USC 135-135k, and which is used in the production, storage or transportation of raw agricultural commodities;

(22) "Raw agricultural commodity" means any food in its raw or natural state, including all fruits that are washed, colored or otherwise treated in their unpeeled natural form prior to marketing;

(23) The term "safe" has reference to the health of man or animal;

(24) "Sale" means any and every sale and includes (A) manufacture, processing, packing, canning, bottling or any other production, preparation or putting up; (B) exposure, offer or any other proffer; (C) holding, storing or any other possessing; (D) dispensing, giving, delivering, serving or any other supplying; and (E) applying, administering or any other using.

(1949 Rev., S. 3930; 1959, P.A. 412, S. 38, 42; 1963, P.A. 359, S. 1; 1969, P.A. 593, S. 9; P.A. 73-681, S. 24, 29; P.A. 79-379, S. 1; 79-457, S. 1, 4; P.A. 95-79, S. 75, 189; P.A. 98-73, S. 1, 4; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1959 act replaced commissioner of food and drugs with commissioner of consumer protection; 1963 act updated Subsec. (h) to refer to act as amended, changed Subsec. (n) to refer to effectiveness of drugs, adding exceptions to this provision and added Subsecs. (r) through (v); 1969 act redefined "commissioner" to include commissioner of health where chapter applies to practitioner, care-giving institution or juvenile training institution; P.A. 73-681 deleted commissioner of health from definition of "commissioner"; P.A. 79-379 changed alphabetic Subdiv. indicators to numeric indicators and numeric Subpara. indicators to alphabetic indicators, inserted definitions of "color additive", "food additive", "pesticide chemical", "safe" and "raw agricultural commodity" in proper alphabetical order, removing them from end of section, defined "natural food" and "organically grown food" and made minor technical changes; P.A. 79-457 made definitions applicable to Sec. 19-66a (transferred to Sec. 19-209a in 1981); Sec. 19-212 transferred to Sec. 21a-92 in 1983; P.A. 95-79 redefined "person" to include a limited liability company, effective May 31, 1995; P.A. 98-73 amended Subdiv. (19) to revise the definition of "organically grown", effective July 1, 1998; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Annotations to former section 19-212:**

Commissioner has no power to determine whether or not a drug is a "new drug". 15 CS 11.

**Subsec. (c):**

Sale of food contaminated with filth may be enjoined by the commissioner of consumer protection. 31 CS 242.

**Subsec. (h):**

See 31 CS 242, above.

**Sec. 21a-92a. Regulation of organically grown food.** (a) No person may advertise, distribute or sell a food or food supplement described as "organic", "organically grown" or "natural" or described with or by words of similar meaning, unless such food or food supplement complies with the definitions of "organically grown food" or "natural food", as the case may be, as provided in section 21a-92.

(b) Agricultural products or by-products that have been organically grown, as defined in section 21a-92, shall be certified as organically grown annually by the Department of Agriculture or a certification body recognized by the National Organic Standards Board or the United States Department of Agriculture. Organic certification shall include at least one annual site visit by an independent inspector approved by the certification body. Such certification bodies shall issue certification standards which denote approved, regulated and prohibited farming practices and

substances. Certification standards shall be reviewed and updated annually by the certification body. Agricultural products or by-products that have been certified as organically grown shall not be intentionally subjected to prohibited substances and shall not contain residues in excess of five per cent of the United States Environmental Protection Agency's allowable tolerance level caused by unintentional and unavoidable contamination by prohibited substances. Certified organic farming shall be a production system which prohibits the use of synthetically manufactured fertilizers, synthetically manufactured pesticides, synthetically manufactured herbicides, synthetically manufactured fungicides, synthetically manufactured growth regulators, irradiation or transgenic seeds and sewage sludge. Violations of this section shall be reported to the Department of Consumer Protection.

(c) All foods advertised, distributed or sold in violation of this section shall be deemed to be misbranded under section 21a-102.

(P.A. 98-73, S. 2, 4; P.A. 02-51, S. 1; June 30 Sp. Sess. P.A. 03-6, S. 146(d), (f); P.A. 04-169, S. 17; 04-189, S. 1.)

History: P.A. 98-73 effective July 1, 1998; P.A. 02-51 amended Subsec. (b) by transferring certification from the Northeast Organic Farming Association of Connecticut to the Department of Agriculture and changing residue requirement from 1% to 5%; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced separate Departments of Agriculture and Consumer Protection with single Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-93. (Formerly Sec. 19-213). Prohibited acts.** The following acts and the causing thereof shall be prohibited: (a) The sale in intrastate commerce of any food, drug, device or cosmetic that is adulterated or misbranded; (b) the adulteration or misbranding of any food, drug, device or cosmetic in intrastate commerce; (c) the receipt in intrastate commerce of any food, drug, device or cosmetic that is adulterated or misbranded, and the sale thereof in such commerce for pay or otherwise; (d) the introduction or delivery for introduction into intrastate commerce of (1) any food in violation of section 21a-103 or (2) any new drug in violation of section 21a-110; (e) the dissemination within this state, in any manner or by any means or through any medium, of any false advertisement; (f) the refusal to permit (1) entry and the taking of a sample or specimen or the making of an investigation as authorized by section 21a-116, or (2) access to or copying of any record as authorized by section 21a-117; (g) the refusal to permit entry or inspection as authorized by section 21a-118; (h) the giving of a guaranty or undertaking in intrastate commerce, referred to in subsection (c) of section 21a-95, that is false; (i) the forging, counterfeiting, simulating or falsely representing, or, without proper authority, using, any mark, stamp, tag, label or other identification device authorized or required by regulations promulgated under the provisions of this chapter or of the federal act; (j) the alteration, mutilation, destruction, obliteration or removal of the whole or any part of the labeling of a food, drug, device or cosmetic, or the doing of any other act with respect to a food, drug, device or cosmetic, or the labeling or advertisement thereof, which results in a violation of this chapter; (k)



the using in interstate commerce, in the labeling or advertisement of any drug, of any representation or suggestion that an application with respect to such drug is effective under Section 355 of the federal act or under section 21a-110, or that such drug complies with the provisions of either such section; (l) the violation of any provision of section 21a-108; (m) in the case of a prescription drug distributed or offered for sale in this state, the failure of the manufacturer, packer or distributor thereof to maintain for transmittal, or to transmit, to any practitioner licensed by applicable state law to administer such drug who makes written request for information as to such drug, true and correct copies of all printed matter which is required to be included in any package in which that drug is distributed or sold, or such other printed matter as is approved by the commissioner or under the federal act. Nothing in this subsection shall be construed to exempt any person from any labeling requirement imposed by or under other provisions of this chapter unless specifically exempted under the federal act, as effective on April 26, 1974; (n) the using by any person to his own advantage, or revealing, other than to the commissioner or his duly authorized agents or to the courts when relevant in any judicial proceeding under this chapter, of any information acquired under authority of this chapter concerning any method, process, substance or any other subject which as a trade secret is entitled to protection; (o) (1) placing or causing to be placed upon any drug or device or upon the container of any drug or device, with intent to defraud, the trademark, trade name or other identifying mark, imprint or device of another or any likeness thereof; or (2) selling, dispensing, disposing of or causing to be sold, dispensed or disposed of or concealing or keeping in possession, control or custody, with intent to sell, dispense or dispose of, any drug, device or any container thereof transported, received or held for transportation in commerce, with knowledge that the trademark, trade name or other identifying mark, imprint or device of another or any likeness thereof has been placed thereon in a manner prohibited by subdivision (1) hereof; or (3) making, selling, disposing of or causing to be made, sold or disposed of or keeping in possession, control or custody, or concealing, with intent to defraud, any punch, die, plate, stone or other thing designed to print, imprint or reproduce the trademark, trade name or other identifying mark, imprint or device of another or any likeness thereof upon any drug, device or container thereof.

(1949 Rev., S. 3931; 1955, S. 2091d; 1963, P.A. 359, S. 2; 1969, P.A. 593, S. 10; P.A. 74-72, S. 1, 3.)

History: 1963 act added provision in Subsec. (i) for regulations promulgated under the federal act and added Subsecs. (m) through (o); 1969 act replaced "officers or employees of the department of consumer protection" with "his duly authorized agents" in Subsec. (n); P.A. 74-72 clarified construction of Subsec. (m) re exemption from labeling requirements to allow exemptions if "specifically exempted under the federal act, as effective on April 26, 1974"; Sec. 19-213 transferred to Sec. 21a-93 in 1983.

Annotations to former section 19-213:

Cited. 179 C. 471.

Cited. 29 CS 333. Operation of a supermarket which is in repeated violation of this section may

be enjoined by the commissioner of consumer protection pursuant to section 19-214 (21a-94). Sale of adulterated food is forbidden by subsection (a). 31 CS 242. Cited. 40 CS 246.

**Sec. 21a-94. (Formerly Sec. 19-214). Injunction proceedings.** In addition to the remedies hereinafter provided, the commissioner is authorized to apply to the Superior Court for, and such court shall have jurisdiction upon hearing and for cause shown to grant, a temporary or permanent injunction restraining any person from violating any provision of section 21a-93, irrespective of whether or not there exists an adequate remedy at law.

(1949 Rev., S. 3932.)

History: Sec. 19-214 transferred to Sec. 21a-94 in 1983.

Annotations to former section 19-214:

Cited. 179 C. 471.

An action by the commissioner of consumer protection to enjoin violations of section 19-213 (21a-93) is an action by the state of Connecticut in sufficient compliance with section 19-219 (21a-99). 31 CS 242.

**Sec. 21a-95. (Formerly Sec. 19-215). Penalties.** (a) Any person who violates any provision of section 21a-93 shall, on conviction thereof, be imprisoned not more than six months or fined not more than five hundred dollars or both; but, if the violation is committed after a conviction of such person under this subsection has become final, such person shall be imprisoned not more than one year or fined not more than one thousand dollars or both.

(b) Notwithstanding the provisions of subsection (a) of this section, any person who violates any provision of section 21a-93, with intent to defraud or mislead, shall be imprisoned not more than one year or fined not more than one thousand dollars or both.

(c) No person shall be subject to the penalties of subsection (a) of this section for having violated subsection (a) or (c) of section 21a-93 if he establishes a guaranty or undertaking signed by and containing the name and address of the person residing in this state from whom he received the article in good faith, to the effect that such article is not adulterated or misbranded within the meaning of this chapter. In such guaranty this chapter shall be designated by title.

(d) No publisher, radiobroadcast licensee, advertising agency or agency or medium for the dissemination of advertising, except the manufacturer, packer, distributor or seller of the article to which the advertisement relates, shall be subject to the penalties of subsection (a) of this section by reason of his dissemination of any false advertisement, unless he has refused, on the request of the commissioner, to furnish the name and address of the manufacturer, packer, distributor, seller or advertising agency in the United States, who caused him to disseminate such

false advertisement.

(1949 Rev., S. 3933.)

History: Sec. 19-215 transferred to Sec. 21a-95 in 1983.

Annotations to former section 19-215:

Cited. 179 C. 471.

Cited. 15 CS 11. Cited. 29 CS 333.

**Sec. 21a-96. (Formerly Sec. 19-216). Seizures.** (a) Whenever the commissioner or his authorized agent finds, or has probable cause to believe, that any food, drug, device or cosmetic is offered or exposed for sale, or held in possession with intent to distribute or sell, or is intended for distribution or sale in violation of any provision of this chapter, whether it is in the custody of a common carrier or any other person, he may affix to such article a tag or other appropriate marking, giving notice that such article is, or is suspected of being, in violation of this chapter and has been embargoed. Within twenty-one days after an embargo has been placed upon any article, the embargo shall be removed by the commissioner or a summary proceeding for the confiscation of the article shall be instituted by the commissioner. No person shall remove or dispose of such embargoed article by sale or otherwise without the permission of the commissioner or his agent, or, after summary proceedings have been instituted, without permission from the court. If the embargo is removed by the commissioner or by the court, neither the commissioner nor the state shall be held liable for damages because of such embargo if the court finds that there was probable cause for the embargo.

(b) Proceedings before the Superior Court brought in accordance with this section shall be by complaint, verified by affidavit, which may be made on information and belief in the name of the commissioner against the article to be confiscated.

(c) The complaint shall contain: (1) A particular description of the article, (2) the name of the place where the article is located, (3) the name of the person in whose possession or custody the article was found, if such name is known to the person making the complaint or can be ascertained by reasonable effort, and (4) a statement as to the manner in which the article is adulterated or misbranded or the characteristics which render its distribution or sale illegal.

(d) Upon the filing of the verified complaint, the court shall issue a warrant directed to the proper officer to seize and take in his possession the article described in the complaint and bring the same before the court which issued the warrant and to summon the person named in the warrant, and any other person found in possession of the article, to appear at the time and place therein specified.

(e) Any such person shall be summoned by service of a copy of the warrant in the same manner

as a summons issuing out of the court in which the warrant has been issued.

(f) The hearing upon the complaint shall be at the time and place specified in the warrant, which time shall not be less than five days or more than fifteen days from the date of issuing the warrant, but, if the execution and service of the warrant has been less than three days before the return of the warrant, either party shall be entitled to a reasonable continuance. Upon the hearing the complaint may be amended.

(g) Any person who appears and claims the food, drug, device or cosmetic seized under the warrant shall be required to file a claim in writing.

(h) If, upon the hearing, it appears that the article was offered or exposed for sale, or had in possession with intent to distribute or sell, or was intended for distribution or sale, in violation of any provision of this chapter, it shall be confiscated and disposed of by destruction or sale as the court may direct, but no such article shall be sold contrary to any provision of this chapter. The proceeds of any sale, less the legal costs and charges, shall be paid into the State Treasury.

(i) If the article seized is not injurious to health and is of such character that, when properly packed, marked, branded or otherwise brought into compliance with the provisions of this chapter, its sale would not be prohibited, the court may order such article delivered to the owner upon the payment of the costs of the proceedings and the execution and delivery to the state department instituting the proceedings, as obligee, of a good and sufficient bond to the effect that such article will be brought into compliance with the provisions of this chapter under the supervision of said department, and the expenses of such supervision shall be paid by the owner obtaining release of the article under bond.

(j) Whenever the commissioner or any of his authorized agents finds in any room, building, vehicle of transportation, or other structure, any meat, seafood, poultry, vegetable, fruit or other perishable article which is unsound, or contains any filthy, decomposed or putrid substance, or that may be poisonous or deleterious to health or otherwise unsafe, the commissioner, or his authorized agent, shall forthwith condemn or destroy the same, or in any other manner render the same unsalable as a human food.

(k) The commissioner may, after notice and hearing, impose a civil penalty of not more than five hundred dollars for each separate offense on any person who removes any tag or other appropriate marking affixed to an article which has been embargoed or condemned in accordance with the provisions of this section, without the permission of the commissioner or his agent.

(1949 Rev., S. 3934; 1959, P.A. 28, S. 61; P.A. 74-40, S. 1, 2; 74-183, S. 227, 291; P.A. 76-436, S. 196, 681; P.A. 86-339, S. 1; P.A. 07-217, S. 96.)

History: 1959 act deleted references to local justices and town, police or city court or the judges thereof, placing jurisdiction in the circuit court; P.A. 74-40 changed time for removal of embargo or summary proceeding from within 12 to within 21 days of placing embargo in Subsec. (a); P.A.

74-183 replaced circuit court with court of common pleas in Subsec. (b), effective December 31, 1974; P.A. 76-436 deleted Subsec. (b) re jurisdiction of court of common pleas to hear and determine proceedings, redesignated remaining Subsecs. accordingly and clarified that proceedings are before superior court in Subsec. (b) (formerly (c)), effective July 1, 1978; Sec. 19-216 transferred to Sec. 21a-96 in 1983; P.A. 86-339 added Subsec. (k) authorizing commissioner to impose a civil penalty; P.A. 07-217 made a technical change in Subsec. (c), effective July 12, 2007.

Annotation to former section 19-216:

Cited. 179 C. 471.

Annotation to present section:

Cited. 224 C. 29.

**Sec. 21a-97. (Formerly Sec. 19-217). Prosecution for violation. Hearing before report of criminal violation.** (a) Each state's attorney or assistant state's attorney of the Superior Court to whom the commissioner reports any violation of this chapter shall cause appropriate proceedings to be instituted without delay, and to be prosecuted as prescribed by law.

(b) Before any violation of this chapter, except for any violation of subdivision (l) of section 21a-93, is reported by the commissioner to any such attorney for the institution of a criminal proceeding, the person against whom such proceeding is contemplated shall be given appropriate notice and an opportunity to present his views to the commissioner, either orally or in writing, with regard to such contemplated proceeding.

(1949 Rev., S. 3935; 1961, P.A. 517, S. 58; P.A. 74-183, S. 228, 291; P.A. 76-436, S. 197, 681; P.A. 80-291.)

History: 1961 act substituted prosecuting attorney of circuit court for town or city prosecuting attorney; P.A. 74-183 replaced circuit court with court of common pleas in Subsec. (a), effective December 31, 1974; P.A. 76-436 replaced prosecuting attorney with assistant state's attorney and court of common pleas with superior court and deleted "in the proper courts" referring to institution of proceedings in Subsec. (a), effective July 1, 1978; P.A. 80-291 added exception re violations of Sec. 19-213(l) in Subsec. (b); Sec. 19-217 transferred to Sec. 21a-97 in 1983.

Annotations to former section 19-217:

Cited. 179 C. 471.

Cited. 15 CS 11.

**Sec. 21a-98. (Formerly Sec. 19-218). Report of minor violations not required.** Nothing in this chapter shall be construed as requiring the commissioner to report, for the institution of proceedings under this chapter, minor violations of this chapter, whenever he believes that the public interest will be adequately served in the circumstances by a suitable written notice or warning.

(1949 Rev., S. 3936.)

History: Sec. 19-218 transferred to Sec. 21a-98 in 1983.

Annotation to former section 19-218:

Cited. 179 C. 471.

**Sec. 21a-99. (Formerly Sec. 19-219). Proceedings in name of state.** All such proceedings for the enforcement, or to restrain violations, of this chapter shall be by and in the name of the state of Connecticut.

(1949 Rev., S. 3937.)

History: Sec. 19-219 transferred to Sec. 21a-99 in 1983.

Annotation to former section 19-219:

An injunction action by the commissioner of consumer protection brought under section 19-214 (21a-94) is in compliance with this section. 31 CS 242.

**Sec. 21a-100. (Formerly Sec. 19-220). Definitions and standards for food.** Definitions and standards of identity, quality and fill of container and their amendments, now or hereafter adopted under authority of the federal Food, Drug and Cosmetic Act, shall be the definitions of standards of identity, quality and fill of containers in this state. Whenever the commissioner and director agree that such action will promote honesty and fair dealing in the interest of consumers, they, acting jointly may promulgate regulations establishing definitions and standards of identity, quality and fill of container for foods where no federal regulations exist. Temporary permits granted by federal authority for interstate shipment of experimental packs of food varying from the requirements of federal definitions and standards of identity shall be effective in this state under the conditions provided in such permits. In prescribing a definition and standard of identity for any food or class of food in which optional ingredients are permitted, the commissioner and director, acting jointly, shall, for the purpose of promoting honesty and fair dealing in the interest of consumers, designate the optional ingredients which shall be named on the label. The definitions and standards so promulgated shall conform, so far as practicable, to the definitions and standards promulgated under authority of the federal act, the federal Meat Inspection Act or the federal Poultry Inspection Act.

(1949 Rev., S. 3938; 1971, P.A. 169.)

History: 1971 act specified that federal standards shall be adopted by state and that foods without federal standards may be regulated by state, added provision re temporary permits for interstate shipment of experimental foods and replaced standards promulgated by the secretary of health, education and welfare with standards promulgated under federal Food, Drug and Cosmetic Act, Meat Inspection Act and Poultry Inspection Act; Sec. 19-220 transferred to Sec. 21a-100 in 1983.

**Sec. 21a-101. (Formerly Sec. 19-221). Adulterated food.** A food shall be deemed to be adulterated: (a) (1) If it bears or contains any poisonous or deleterious substance which may render it injurious to health; but, if the substance is not an added substance, such food shall not be considered adulterated under this clause if the quantity of such substance in such food would not ordinarily render it injurious to health; or (2) if it bears or contains any added poisonous or added deleterious substance which is unsafe within the meaning of section 21a-104; or (3) if it consists in whole or in part of any diseased, contaminated, filthy, putrid or decomposed substance or if it is otherwise unfit for food; or (4) if it has been produced, prepared, packed or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered diseased, unwholesome or injurious to health; or (5) if it is in whole or in part the product of a diseased animal or of an animal which has died otherwise than by slaughter or which has been fed on the uncooked offal from a slaughterhouse; or (6) if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health; (b) (1) if any valuable constituent has been in whole or in part omitted or abstracted therefrom; or (2) if any substance has been substituted wholly or in part therefor; or (3) if damage or inferiority has been concealed in any manner; or (4) if any substance has been added thereto or mixed or packed therewith so as to increase its bulk or weight, or reduce its quality or strength, or make it appear better or of greater value than it is; (c) if it bears or contains a color additive which is unsafe within the meaning of section 21a-104; (d) if it is confectionery and it bears or contains any alcohol or nonnutritive article or substance except harmless coloring, harmless flavoring, harmless resinous glaze not in excess of four-tenths of one per cent, harmless natural gum or pectin; provided this subsection shall not apply to any confectionery by reason of its containing less than one-half of one per cent by volume of alcohol derived solely from the use of flavoring extracts, or to any chewing gum by reason of its containing harmless nonnutritive masticatory substances; (e) if such food is to be offered for sale at retail as a food product and a retail or wholesale establishment has added any sulfiting agent, including sulfur dioxide, sodium sulfite, sodium bisulfite, potassium bisulfite, sodium metabisulfite or potassium metabisulfite, separately or in combination, to such food.

(1949 Rev., S. 3939; 1963, P.A. 359, S. 3; P.A. 86-322, S. 2.)

History: 1963 act deleted provision in subsection (c) re adulteration when product contains a coal tar color which is not suitable for use in food according to regulations promulgated under section 346(b) of the federal act, substituting reference to color additive unsafe within meaning of Sec.

19-224; Sec. 19-221 transferred to Sec. 21a-101 in 1983; P.A. 86-322 added Subsec. (e) which provided that food offered at retail which contains a sulfiting agent added by a wholesaler or retail is considered adulterated.

Annotation to former section 19-221:

Subsec. (a):

Subdiv. (4): Sale of food adulterated because contaminated with filth may be enjoined by commissioner of consumer protection. 31 CS 242.

**Sec. 21a-102. (Formerly Sec. 19-222). Misbranded food.** A food shall be deemed to be misbranded: (a) If its labeling is false or misleading in any particular. A statement on the label or labeling either directly or indirectly implying that the product is recommended or endorsed by any agency of the federal or state government shall be considered misleading, unless the agency concerned has approved the statement prior to its use; (b) if it is offered for sale under the name of another food; (c) if it is an imitation of another food, unless its label bears, in type of uniform size and prominence, the word "imitation" and, immediately thereafter, the name of the food imitated; (d) if its container is so made, formed or filled as to be misleading; (e) if in package form, unless it bears a label containing (1) the name and place of business of the manufacturer, packer or distributor; and (2) an accurate statement of the quantity of the contents in terms of weight, measure or numerical count; provided, under subdivision (2) of this subsection, reasonable variations shall be permitted, and exemptions as to small packages shall be established by regulations promulgated by the commissioner and director, acting jointly; (f) if any information or other word or statement, required by or under authority of this chapter to appear on the label or labeling, is not prominently placed thereon with such conspicuousness, as compared with other words, statements, designs or devices, in the labeling, and in such terms, as to render it likely to be read and understood by the ordinary individual under customary conditions of purchase and use; (g) if it purports to be or simulates or is represented as a food for which a definition and standard of identity has been prescribed by regulations as provided by section 21a-100, unless (1) it conforms to such definition and standard, and (2) its label bears the name of the food specified in the definition and standard, and, so far as may be required by such regulations, the common names of optional ingredients, other than spices, flavoring and coloring, present in such food; (h) if it purports to be or is represented as (1) a food for which a standard of quality has been prescribed by regulations as provided by section 21a-100 and its quality falls below such standard, unless its label bears, in such manner and form as such regulations specify, a statement that it falls below such standard; or (2) a food for which a standard or standards of fill of container have been prescribed by regulations as provided by section 21a-100, and it falls below the standard of fill of container applicable thereto, unless its label bears, in such manner and form as such regulations specify, a statement that it falls below such standard; (3) a food for which no definition and standard of identity and no standard of quality has been prescribed by regulations as provided by section 21a-100, and it falls below the standard of purity, quality or strength which it purports or is represented to possess; (i) if it is not subject to the provisions of subsection (g) of this section, unless its label bears (1) the common or usual name of the food, if



any, and (2) if it is fabricated from two or more ingredients, the common or usual name of each such ingredient; except that spices, flavorings and colorings, other than those sold as such, may be designated as spices, flavorings and colorings without naming each; provided, to the extent that compliance with the requirements of subdivision (2) of this subsection is impracticable, or results in deception or unfair competition, exemptions shall be established by regulations promulgated by the commissioner and director, acting jointly; (j) if it purports to be or is represented to be for special dietary uses, unless its label bears such information concerning its vitamin, mineral and other dietary properties as is necessary in order fully to inform purchasers as to its value for such uses, as provided by regulations promulgated by the commissioner and director, acting jointly; (k) if it bears or contains any artificial flavoring, artificial coloring, artificial sweetening or chemical preservative, unless it bears labeling stating that fact; provided, to the extent that compliance with the requirements of this subsection is impracticable, exemptions shall be established by regulations promulgated by the commissioner and director, acting jointly.

(1949 Rev., S. 3940; 1951, S. 2092d; 1953, S. 2093d; 1955, S. 2094d.)

History: Sec. 19-222 transferred to Sec. 21a-102 in 1983.

Annotations to former section 19-222:

Cited. 179 C. 471.

Cited. 40 CS 246.

**Sec. 21a-103. (Formerly Sec. 19-223). Emergency permit control.** (a) Whenever the commissioner finds, after investigation, that the distribution in intrastate commerce of any class of food may, by reason of contamination with microorganisms during the manufacture, processing or packing thereof in any locality, be injurious to health, and that such injurious nature cannot be adequately determined after such articles have entered intrastate commerce, he then, and in such case only, shall promulgate regulations providing for the issuance, to manufacturers, processors or packers of such class of food in such locality, of permits to which shall be attached such conditions governing the manufacture, processing or packing of such class of food, for such temporary period of time, as may be necessary to protect the public health; and, after the effective date of such regulations, and during such temporary period, no person shall introduce or deliver for introduction into intrastate commerce any such food manufactured, processed or packed by any such manufacturer, processor or packer unless such manufacturer, processor or packer holds a permit issued by the commissioner as provided by such regulations. Such regulations shall conform, so far as practicable, with those promulgated under Section 344 (a) of the federal act.

(b) The commissioner is authorized to suspend immediately, upon notice, any permit issued under authority of this section, if it is found that any of the conditions of the permit have been violated. The holder of a permit so suspended shall be privileged at any time to apply for the

reinstatement of such permit, and the commissioner shall, immediately, after prompt hearing and an inspection of the factory or establishment, reinstate such permit, if it is found that adequate measures have been taken to comply with and maintain the conditions of the permit, as originally issued or as amended.

(c) Any officer or employee designated by the commissioner shall have access to any factory or establishment, the operator of which holds a permit from the commissioner, for the purpose of ascertaining whether or not the conditions of the permit are being complied with, and denial of access for such inspection shall be ground for suspension of the permit until such access is freely given by the operator.

(1949 Rev., S. 3941.)

History: Sec. 19-223 transferred to Sec. 21a-103 in 1983.

**Sec. 21a-104. (Formerly Sec. 19-224). Tolerances for poisonous ingredients in food.** (a) Any poisonous or deleterious substance added to any food, except where such substance is required in the production thereof or cannot be avoided by good manufacturing practice, shall be deemed to be unsafe for purposes of the application of subdivision (2) of subsection (a) of section 21a-101, but, when such substance is so required or cannot be so avoided, it shall be deemed to be unsafe for purposes of the application of said subdivision unless a tolerance for such substance has been prescribed under the federal act and the quantity of such substance in or on the food is within the tolerance so prescribed, or the substance has been exempted from the requirement of a tolerance under the provisions of the federal act.

(b) A food additive shall, with respect to any particular use or intended use of such additive, be deemed to be unsafe within the meaning of said subdivision, unless it and its use or intended use conform to the terms of an exemption as provided under the federal act, or a regulation issued under the federal act prescribing the conditions under which such additive may be safely used.

(c) Any poisonous or deleterious pesticide chemical, or any pesticide chemical which is not recognized by the commissioner and director, acting jointly, as safe for use, added to a raw agricultural commodity, shall be deemed unsafe within the meaning of said subdivision, unless a tolerance for such pesticide chemical in or on the raw agricultural commodity has been prescribed under the federal act and the quantity of such pesticide chemical in or on the raw agricultural commodity is within the tolerance so prescribed; or the pesticide chemical has been exempted from the requirement of a tolerance under the provisions of the federal act.

(d) A color additive shall with respect to any particular use, for which it is being used or intended to be used or represented as suitable, in or on food or drugs or cosmetics, be deemed unsafe for the purposes of the application of subsection (c) of section 21a-101, subsection (a) (4) of section 21a-105, or subsection (e) of section 21a-111, as the case may be, unless there is in effect, and such color additive and such use are in conformity with, regulation as provided under the federal act, or such color additive and such use conform to the terms of an exception under the federal

act.

(1949 Rev., S. 3942; 1963, P.A. 359, S. 4.)

History: 1963 act deleted provisions re promulgation of regulations by commissioner and director to limit quantities used and added provision in Subsec. (a) re tolerances prescribed under the federal act and Subsecs. (b) through (e); Sec. 19-224 transferred to Sec. 21a-104 in 1983.

**Sec. 21a-104a. Sulfiting agents.** (a) For the purposes of this section:

(1) "Person" means any individual, partnership, firm, association, limited liability company or corporation;

(2) "Sulfiting agent" means any sulfur dioxide, sodium sulfite, sodium bisulfite, potassium bisulfite, sodium metabisulfite or potassium metabisulfite;

(3) "Manufacturer" means any person, firm or corporation which produces or grows food and which packages such food for resale or distribution.

(b) No person who sells, offers for sale or distributes food, other than a manufacturer of food, shall add any sulfiting agent to any food sold, offered for sale or distributed in this state.

(c) Any retailer who displays, sells or offers for sale any bulk display of unpackaged food, including food displayed in any salad bar, which food contains any sulfiting agent, shall prominently display a sign which shall read as follows:

THIS PRODUCT CONTAINS A SULFITING AGENT. SULFITES MAY CAUSE AN ALLERGIC REACTION IN CERTAIN PERSONS, PARTICULARLY ASTHMATICS.

Each letter on such sign shall be not less than one-half inch in height and shall be of the same type, style and color, which color shall contrast clearly with the background of such sign.

(d) Any manufacturer who adds a sulfiting agent to any food or to any ingredient in any food, which sulfiting agent is present in the finished food product, shall include such sulfiting agent as an ingredient of the food in the ingredient statement of the label attached to such food product. Such ingredient statement shall indicate the name of the sulfiting agent and the function of such sulfiting agent.

(P.A. 86-322, S. 1; P.A. 95-79, S. 76, 189.)

History: P.A. 95-79 amended Subsec. (a) to redefine "person" to include a limited liability company, effective May 31, 1995.

**Sec. 21a-105. (Formerly Sec. 19-225). Adulterated drugs and devices.** A drug or device shall be deemed to be adulterated: (a) (1) If it consists, in whole or in part, of any filthy, putrid or decomposed substance; or (2) if it has been produced, prepared, packed or held under insanitary conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health; or (3) if it is a drug and its container is composed, in whole or in part, of any poisonous or deleterious substance which may render the contents injurious to health; or (4) if it is a drug and it bears or contains, for the purposes of coloring only, a color additive which is unsafe within the meaning of section 21a-104; or (5) if it is a drug which has been stored, kept or held under conditions contrary to the cautionary label statements on the package or contrary to the recommendations as stated within the official compendium; or (6) if it has not been manufactured in accordance with good manufacturing practices as defined in the federal Food and Drug Act Parts 211 and 820; (b) if it purports to be, or is represented as, a drug the name of which is recognized in an official compendium, and its strength differs from, or its quality or purity falls below, the standard set forth in such compendium; such determination as to strength, quality or purity to be made in accordance with the tests or methods of assay set forth in such compendium or prescribed by regulations promulgated under Section 351(b) of the federal act, provided no drug defined in an official compendium shall be deemed to be adulterated under this subsection because it differs from the standard of strength, quality or purity therefor set forth in such compendium, if its difference in strength, quality or purity from such standard is plainly stated on its label and provided, whenever a drug is recognized in both the United States Pharmacopoeia and the Homeopathic Pharmacopoeia of the United States, it shall be subject to the requirements of the United States Pharmacopoeia unless it is labeled and offered for sale as a homeopathic drug, in which case it shall be subject to the provisions of the Homeopathic Pharmacopoeia of the United States and not to those of the United States Pharmacopoeia; (c) if it is not subject to the provisions of subsection (b) of this section and its strength differs from, or its purity or quality falls below, that which it purports or is represented to possess; (d) if it is a drug and any substance has been (1) mixed or packed therewith so as to reduce its quality or strength or (2) substituted wholly or in part therefor.

(1949 Rev., S. 3943; 1963, P.A. 359, S. 5; P.A. 74-41, S. 1, 2; P.A. 85-497, S. 1.)

History: 1963 act deleted reference in Subsec. (a)(4) to coal tar color not suitable for use in drugs as provided by regulations promulgated under section 354 of the federal act, substituting color additive unsafe within meaning of Sec. 19-224; P.A. 74-41 added provision ruling that drug is adulterated if stored, kept or held under conditions contrary to label statements or recommendations of the official compendium; Sec. 19-225 transferred to Sec. 21a-105 in 1983; P.A. 85-497 added Subsec. (a)(6) which provides that a drug or device shall be deemed adulterated if it has not been manufactured in accordance with practices defined by the federal Food and Drug Act.

**Sec. 21a-106. (Formerly Sec. 19-226). Misbranded drugs and devices.** A drug or device shall be deemed to be misbranded:

(a) If its labeling is false or misleading in any particular. Any statement on the label or labeling

either directly or indirectly implying that the product is recommended or endorsed by any agency of the federal or state government shall be considered misleading, unless the agency concerned has approved the statement prior to its use, or unless such statement is authorized by Section 357(c) of the federal act;

(b) If in package form, unless it bears a label containing (1) the name and place of business of the manufacturer, packer or distributor, except that the label of a prescription drug packaged after October 1, 1976, shall contain the name and place of business of the manufacturer of the final dosage form of the drug and, if different, the name and place of business of the packer or distributor; and (2) an accurate statement of the quantity of the contents in terms of weight, measure or numerical count, provided reasonable variations shall be permitted and exemptions as to small packages shall be established by regulations promulgated by the commissioner and director, acting jointly, or by regulations issued under the federal act;

(c) If any information or other word or statement, required by or under authority of this chapter to appear on the label or labeling, is not prominently placed thereon with such conspicuousness, as compared with other words, statements, designs or devices in the labeling, and in such terms, as to render it likely to be read and understood by the ordinary individual under customary conditions of purchase and use;

(d) If it is for use by man and contains any quantity of the narcotic or hypnotic substance alpha-eucaine, beta-eucaine, bromal, cannabis, carbromal, chloral, coca, cocaine, codeine, heroin, marijuana, morphine, opium, paraldehyde, peyote or sulphonmethane, or any chemical derivative of any such substance, which derivative has been designated as habit-forming by regulations promulgated under Section 352(d) of the federal act; unless its label bears the name and quantity or proportion of such substance or derivative and in juxtaposition therewith the statement "Warning-may be habit-forming";

(e) (1) If it is a drug, unless (A) its label bears, to the exclusion of any other nonproprietary name, except the applicable systematic chemical name or the chemical formula, (i) the established name, as defined in subdivision (2) of this subsection, of the drug, if such there be, and (ii), in case it is fabricated from two or more ingredients, the established name and quantity of each active ingredient, including the kind and quantity or proportion of any alcohol, and also including, whether active or not, the established name and quantity or proportion of any bromides, ether, chloroform, acetanilid, acetophenetidin, amidopyrine, antipyrine, atropine, hyoscine, hyoscyamine, arsenic, digitalis, digitalis glucosides, mercury, ouabain, strophanthin, strychnine, thyroid, or any derivative or preparation of any such substances, contained therein: Provided the requirement for stating the quantity of the active ingredients, other than those specifically named in this paragraph, shall apply only to prescription drugs packaged prior to July 1, 1980, and provided further, the requirement for stating the quantity or proportion of the active ingredients, other than those specifically named in this paragraph, shall apply to all drugs packaged on or after July 1, 1980, except nonprescription drugs which are also cosmetics; and (B) if it is a prescription drug, unless the established name of such drug or ingredient, as the case may be, on such label (and on any labeling on which a name for such drug or ingredient is used) is printed prominently and in type at least half as large as that used thereon for any proprietary

name or designation for such drug or ingredient. To the extent that compliance with the requirements of clause (A) (ii) or clause (B) is impracticable, exemptions shall be established by regulations promulgated by the commissioner and director, acting jointly, or by regulations issued under the federal act. (2) As used in this subsection (e), the term, "established name", with respect to a drug or ingredient thereof, means (A) the applicable official name designated pursuant to Section 358 of the federal act, or (B), if there is no such name and such drug, or such ingredient, is an article recognized in an official compendium, then the official title thereof in such compendium, or (C) if neither clause (A) nor clause (B) applies, then the common or usual name, if any, of such ingredient. Where clause (B) applies to an article recognized in the United States Pharmacopoeia and in the Homeopathic Pharmacopoeia under different official titles, the official title used in the United States Pharmacopoeia shall apply unless it is labeled and offered for sale as a homeopathic drug, in which case the official title used in the Homeopathic Pharmacopoeia shall apply;

(f) Unless its labeling bears (1) adequate directions for use and (2) such adequate warnings against use in those pathological conditions or by children where its use may be dangerous to health, or against unsafe dosage or methods or duration of administration or application, in such manner and form as are necessary for the protection of users; provided, when any requirement of subdivision (1) of this subsection, as applied to any drug or device, is not necessary for the protection of the public health, the commissioner and director, acting jointly, shall promulgate regulations exempting such drug or device from such requirement; provided further, articles exempted under regulations issued under Section 352(f) of the federal act shall also be exempt from the requirements of this subsection;

(g) If it purports to be a drug the name of which is recognized in an official compendium, unless it is packaged and labeled as prescribed therein; provided the method of packing may be modified with the consent of the commissioner and director, acting jointly, and provided whenever a drug is recognized in both the United States Pharmacopoeia and the Homeopathic Pharmacopoeia of the United States, it shall be subject to the requirements of the United States Pharmacopoeia with respect to packaging and labeling unless it is labeled and offered for sale as a homeopathic drug, in which case it shall be subject to the provisions of the Homeopathic Pharmacopoeia of the United States, and not to those of the United States Pharmacopoeia; provided further, in the event of inconsistency between the requirements of this subsection and those of subsection (e) as to the name by which the drug or its ingredients shall be designated, the requirements of subsection (e) shall prevail;

(h) If it has been found by the commissioner to be a drug liable to deterioration, unless it is packaged in such form and manner, and its label bears a statement of such precautions, as the commissioner and director, acting jointly, by regulations, require as necessary for the protection of public health; provided no such regulations shall be established for any drug recognized in an official compendium until the commissioner has informed the appropriate body charged with the revision of such compendium of the need for such packaging or labeling requirements and such body has failed within a reasonable time to prescribe such requirements;

(i) (1) If it is a drug and its container is so made, formed or filled as to be misleading or (2) if it is

an imitation of another drug or (3) if it is offered for sale under the name of another drug;

(j) If it is dangerous to health when used in the dosage, or with the frequency or duration, prescribed, recommended or suggested in the labeling thereof;

(k) If it is a legend drug, as defined in subdivision (14) of section 20-571, that is not administered, dispensed, prescribed or otherwise possessed or distributed in accordance with federal and state laws and regulations;

(l) If it is a color additive, the intended use of which in or on drugs is for the purpose of coloring only, unless its packaging and labeling are in conformity with such packaging and labeling requirements contained in regulations issued under the federal act;

(m) In the case of any prescription drug distributed or offered for sale in any state, unless the manufacturer, packer or distributor thereof includes in all advertisements and other descriptive printed matter issued or caused to be issued by the manufacturer, packer or distributor with respect to that drug a true statement of (1) the established name, as defined in subsection (e) (2) of this section, printed prominently and in type at least half as large as that used for any trade or brand name thereof, (2) the formula showing quantitatively each ingredient of such drug to the extent required for labels under subsection (e) of this section, and (3) such other information in brief summary relating to side effects, contraindications and effectiveness as required in regulations issued under the federal act unless it is a drug which has been exempted from the labeling provisions of the federal act, as effective on April 26, 1974, or is permitted to be sold without a prescription under the federal act, as effective on said date;

(n) If it is a drug and was manufactured, prepared, propagated, compounded or processed in an establishment in this state not duly registered under section 21a-70;

(o) If it is, or purports to be, or is represented as a drug composed wholly or partly of any kind of penicillin, streptomycin, chlortetracycline, chloramphenicol, bacitracin or any other antibiotic drug, or any derivative thereof, unless (1) it is from a batch with respect to which a certificate or release has been issued pursuant to Section 357 of the federal act, and (2) such certificate or release is in effect with respect to such drug; provided that this subsection shall not apply to any drug or class of drugs exempted by regulations promulgated under Section 357 (c) or (d) of the federal act. For the purpose of this subsection, "antibiotic drug" means any drug intended for use by man containing any quantity of any chemical substance which is produced by a microorganism and which has the capacity to inhibit or destroy microorganisms in dilute solution, and the chemically synthesized equivalent of any such substance.

(1949 Rev., S. 3944; 1951, S. 2095d; 1953, S. 2096d; 1957, P.A. 104; 1963, P.A. 359, S. 6; P.A. 74-72, S. 2, 3; P.A. 76-129; P.A. 79-116, S. 1; P.A. 91-164, S. 2; P.A. 95-264, S. 55; P.A. 00-182, S. 2.)

History: 1963 act, in Subsecs. (a) and (b), added references to statement authorized by section 357(c) of federal act; in Subsec. (e), changed technical language, added references to antipyrine

and thyroid and proviso in Subdiv. (1)(A)(ii), deleted provision for exemptions to be established by regulations promulgated by commissioner and director and added Subdivs. (1)(B) and (2); in Subsec. (f), added proviso re articles exempt under federal regulations; in Subsec. (g) added that Subsec. (e) shall prevail in case of inconsistency and added Subsecs. (l) through (o); P.A. 74-72 exempted from consideration as misbranded, drugs "exempted from the labeling provisions of the federal act ... or permitted to be sold without a prescription under the federal act, as effective on April 26, 1974" in Subsec. (m); P.A. 76-129 added exception re prescription drugs and deleted reference to Subdiv. (2) in Subsec. (b); P.A. 79-116 amended proviso in Subsec. (e)(1) to require statement of active ingredients only for prescription drugs "packaged before July 1, 1980" and to require statement of quantity or proportion of active ingredients for all drugs packaged after that date except for nonprescription drugs which are also cosmetics; Sec. 19-226 transferred to Sec. 21a-106 in 1983; P.A. 91-164 amended Subsec. (k) to include reference to Sec. 20-184d; P.A. 95-264 amended Subsec. (k) to include electronic transmission as a possible means of prescription and deleted provisions re refills of prescriptions for substances covered by the subsection; P.A. 00-182 replaced language in Subsec. (k) re a drug sold at retail containing certain substances with language re a legend drug.

Annotation to former section 19-226:

Cited. 29 CS 333.

**Sec. 21a-107.** Transferred to Chapter 400j, Part III, Sec. 20-618.

**Sec. 21a-108. (Formerly Sec. 19-227). Illegal obtaining or supplying of drugs. Forged labels.**

(1) No person shall obtain or attempt to obtain a drug covered by subsection (k) of section 21a-106 or procure or attempt to procure the administration of such drug: (a) By fraud, deceit, misrepresentation or subterfuge; or (b) by the forgery or alteration of a prescription or of any written order; or (c) by the concealment of a material fact; or (d) by the use of a false statement in any prescription, order or report required by this chapter.

(2) No person shall manufacture, possess, have under his control, sell, prescribe, administer, dispense or compound any drug covered by said subsection, except as authorized in this chapter.

(3) No person shall, for the purpose of obtaining a drug covered by said subsection, falsely assume the title of, or represent himself to be, a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian or other authorized person.

(4) No person shall make or utter any false or forged prescription or false or forged written order.

(5) No person shall affix any false or forged label to a package or receptacle containing any drug covered by said subsection.

(1955, S. 2097d; 1957, P.A. 105.)



History: Sec. 19-227 transferred to Sec. 21a-108 in 1983.

Annotations to former section 19-227:

Cited. 28 CS 21. Cited. 29 CS 333.

**Sec. 21a-109. (Formerly Sec. 19-228). Drugs dispensed on prescription.** A drug dispensed on a written or oral prescription of a practitioner licensed by law to administer such drug, except a drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail, shall, if such drug bears a label containing the name and place of business of the dispenser, the serial number and date of filling or refilling of such prescription, the name of such practitioner licensed by law to administer such drugs and the name of the patient, be exempt from the requirements of section 21a-106, except that no prescription for a legend drug or any derivative of any legend drug, shall be refilled except upon the order of the practitioner licensed by law to administer such drug.

(1949 Rev., S. 3945; 1953, S. 2098d; 1971, P.A. 106; P.A. 82-419, S. 36, 47.)

History: 1971 act required name of patient on drug label for exemption to requirements of Sec. 19-226 to apply; P.A. 82-419 amended section to provide for showing date of filling or refilling prescriptions on labels and to delete references to named substances and insert term "legend drug" in their place; Sec. 19-228 transferred to Sec. 21a-109 in 1983.

**Sec. 21a-110. (Formerly Sec. 19-229). New drugs.** (a) No person shall sell, deliver, offer for sale, hold for sale or give away any new drug unless (1) an application with respect thereto has been approved under Section 355 of the federal act or (2), when not subject to the federal act, unless such drug has been tested and has been found to be safe for use and effective in use under the conditions prescribed, recommended or suggested in the labeling thereof, and prior to selling or offering for sale such drug, there has been filed with the commissioner an application setting forth (A) full reports of investigations which have been made to show whether or not such drug is safe for use and whether such drug is effective in use; (B) a full list of the articles used as components of such drug; (C) a full statement of the composition of such drug; (D) a full description of the methods used in, and the facilities and controls used for, the manufacture, processing and packing of such drug; (E) such samples of such drug and of the articles used as components thereof as the commissioner may require; and (F) specimens of the labeling proposed to be used for such drug.

(b) An application provided for in subdivision (2) of subsection (a) shall become effective on the one hundred eightieth day after the filing thereof, except that, if the commissioner finds, after due notice to the applicant and giving him an opportunity for a hearing, that the drug is not safe or not effective for use under the conditions prescribed, recommended or suggested in the proposed labeling thereof, he shall, prior to the effective date of the application, issue an order

refusing to permit the application to become effective.

(c) This section shall not apply: (1) To a drug intended solely for investigational use by experts qualified by scientific training and experience to investigate the safety and effectiveness of drugs, provided the drug shall be plainly labeled in compliance with regulations issued under Section 355 (i) or 357 (d) of the federal act; or (2) to a drug sold in this state at any time prior to the enactment of this chapter or introduced into interstate commerce at any time prior to the enactment of the federal act; or (3) to any drug which is licensed under Title 42 USC 262; or (4) to any drug subject to subsection (o) of section 21a-106.

(d) An order refusing to permit an application under this section to become effective may be revoked by the commissioner.

(1949 Rev., S. 3946; 1963, P.A. 359, S. 7.)

History: 1963 act substituted application which has been approved for one which has become effective in Subsec. (a)(1), changed technical language, added provisions re effectiveness of drugs, lengthened time for application becoming effective from sixtieth to one-hundred-eightieth day after filing, changed provision re label in Subsec. (c)(1), requiring compliance with federal regulations and added Subsec. (c)(4); Sec. 19-229 transferred to Sec. 21a-110 in 1983.

Annotation to former section 19-229:

Whether a drug is a "new drug" or not is a justiciable issue within the jurisdiction of the court. 15 CS 11.

**Sec. 21a-111. (Formerly Sec. 19-230). Adulterated cosmetics.** A cosmetic shall be deemed to be adulterated: (a) If it bears or contains any poisonous or deleterious substance which may render it injurious to users under the conditions of use prescribed in the labeling thereof, or under such conditions of use as are customary or usual; provided this provision shall not apply to coal-tar hair dye, the label of which bears the following legend conspicuously displayed thereon: "Caution-This product contains ingredients which may cause skin irritation on certain individuals and a preliminary test according to accompanying directions should first be made. This product must not be used for dyeing the eyelashes or eyebrows; to do so may cause blindness", and the labeling of which bears adequate directions for such preliminary testing, and provided, for the purposes of this subsection and subsection (e), the term "hair-dye" shall not include eyelash dyes or eyebrow dyes; (b) if it consists in whole or in part of any filthy, putrid or decomposed substance; (c) if it has been produced, prepared, packed or held under insanitary conditions whereby it may have become contaminated with filth or whereby it may have been rendered injurious to health; (d) if its container is composed, in whole or in part, of any poisonous or deleterious substance which may render the contents injurious to health; or (e) if it is not a hair-dye and it bears or contains a color additive which is unsafe within the meaning of section 21a-104.

(1949 Rev., S. 3947; 1963, P.A. 359, S. 8.)

History: 1963 act deleted provision in Subsec. (e) re regulations promulgated under section 364 of the federal act, substituting reference to Sec. 19-224; Sec. 19-230 transferred to Sec. 21a-111 in 1983.

**Sec. 21a-112. (Formerly Sec. 19-231). Misbranded cosmetics.** A cosmetic shall be deemed to be misbranded: (a) If its labeling is false or misleading in any particular. Any statement on the label or labeling of such cosmetic, either directly or indirectly implying that the product is recommended or endorsed by any agency of the federal or state government, shall be considered misleading, unless such agency has approved such statement prior to such use; (b) if in package form, unless it bears a label containing (1) the name and place of business of the manufacturer, packer or distributor and (2) an accurate statement of the quantity of the contents in terms of weight, measure or numerical count, provided, under subdivision (2) of this subsection, reasonable variations shall be permitted, and exemptions as to small packages shall be established, by regulations prescribed by the commissioner and director, acting jointly; (c) if any information or other word or statement, required by or under authority of this chapter to appear on the label or labeling, is not prominently placed thereon with such conspicuousness, as compared with other words, statements, designs or devices in the labeling, and in such terms, as to render it likely to be read and understood by the ordinary individual under customary conditions of purchase and use; or (d) if its container is so made, formed or filled as to be misleading.

(1949 Rev., S. 3948; 1951, S. 2099d.)

History: Sec. 19-231 transferred to Sec. 21a-112 in 1983.

**Sec. 21a-113. (Formerly Sec. 19-232). False advertisement of food, drugs, devices and cosmetics.** An advertisement of a food, drug, device or cosmetic shall be deemed to be false, if it is false or misleading in any particular. Any statement either directly or indirectly implying that the product is recommended or endorsed by any agency of the federal or state government shall be considered misleading, unless the agency concerned has approved the statement prior to its use.

(1949 Rev., S. 3949; 1951, S. 2100d.)

History: Sec. 19-232 transferred to Sec. 21a-113 in 1983.

**Sec. 21a-114. (Formerly Sec. 19-233). When advertisement of drugs and devices deemed to be false.** The advertisement of a drug or device representing it to have any effect in albuminuria, appendicitis, arteriosclerosis, blood poison, bone disease, Bright's disease, cancer, carbuncles,

cholecystitis, diabetes, diphtheria, dropsy, erysipelas, gallstones, heart and vascular diseases, high blood pressure, mastoiditis, measles, meningitis, mumps, nephritis, otitis media, paralysis, pneumonia, poliomyelitis (infantile paralysis), prostate gland disorders, pyelitis, scarlet fever, sexual impotence, sinus infection, smallpox, tuberculosis, tumors, typhoid, uremia or venereal disease, shall also be deemed to be false; except that no advertisement not in violation of section 21a-113 shall be deemed to be false under this section if it is disseminated only to members of the medical, dental or veterinary profession, or appears only in the scientific periodicals of these professions, or is disseminated only for the purpose of public health education by persons not commercially interested, directly or indirectly, in the sale of such drugs or devices; provided, whenever the commissioner and director, acting jointly, agree that an advance in medical science has made any type of self-medication safe as to any of the diseases named above, the commissioner and director, acting jointly, shall, by regulation, authorize the advertisement of drugs having curative or therapeutic effect for such disease, subject to such conditions and restrictions as the commissioner and director, acting jointly, deem necessary in the interests of public health; and provided this section shall not be construed as indicating that self-medication for diseases other than those named herein is safe or efficacious.

(1949 Rev., S. 3950.)

History: Sec. 19-233 transferred to Sec. 21a-114 in 1983.

**Sec. 21a-115. (Formerly Sec. 19-234). Regulations and hearings. Exemption.** (a) The authority to promulgate regulations for the efficient enforcement of this chapter is vested in the commissioner and director, acting jointly. The provisions of such regulations shall not prohibit the sale of food at a noncommercial function such as an educational, religious, political or charitable organization's bake sale or potluck supper provided the seller maintains such food under the temperature, pH level and water activity level conditions which will inhibit the rapid and progressive growth of infectious or toxigenic microorganisms. For the purposes of this section, a "noncommercial function" means a function where food is sold by a person not regularly engaged in the business of selling such food.

(b) The purpose of this chapter being to promote uniformity of state legislation with the federal act, the commissioner and director, acting jointly, are authorized (1) to adopt, so far as applicable, the regulations from time to time promulgated under the federal act, (2) to make the regulations promulgated under this chapter conform, so far as practicable, with those promulgated under the federal act and (3) to adopt regulations banning the sale or introduction into intrastate commerce of any adulterated food, drug, device or cosmetic, which adversely affects the health or safety of the public.

(c) Hearings authorized or required by this chapter shall be conducted by the commissioner and director, acting jointly, or their authorized representative designated for the purpose.

(d) The commissioner and director, acting jointly, shall hold a public hearing upon a proposal to promulgate any new or amended regulation under this chapter, which requires or prohibits any

practice in intrastate commerce; except in the case of a proposal to adopt an applicable regulation promulgated under the federal act. The commissioner shall give appropriate notice of such hearing. The notice shall state the time and place of the hearing to be held not fewer than ten days after the date of such notice, except in the case of an emergency found by the commissioner. No regulation promulgated under this chapter, by order issued after such hearing, shall take effect prior to the thirtieth day after the date of such order, except in the case of an emergency found by the commissioner.

(e) In the promulgation of regulations under the provisions of this section applicable to prescribing practitioners, care-giving institutions, and correctional and juvenile training institutions, as defined in subdivision (6) of section 20-571, the Commissioner of Consumer Protection shall act in place of the director. Existing regulations shall continue in effect unless superseded by action of said commissioner pursuant to this subsection.

(1949 Rev., S. 3951; 1969, P.A. 593, S. 11; P.A. 73-681, S. 25, 29; P.A. 74-338, S. 20, 94; P.A. 86-322, S. 3; P.A. 95-44, S. 1; 95-264, S. 56; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1969 act added Subsec. (e) re regulation power of commissioner of health re practitioners, care-giving institutions and correctional and juvenile training institutions; P.A. 73-681 replaced commissioner of health with commissioner of consumer protection in Subsec. (e); P.A. 74-338 replaced "commissioners" with "commissioner" in Subsec. (e); Sec. 19-234 transferred to Sec. 21a-115 in 1983; P.A. 86-322 added Subsec. (b)(3) authorizing adoption of regulations banning the sale or introduction into intrastate commerce of adulterated foods, drugs, etc.; P.A. 95-44 prohibited the regulations from prohibiting the sale of food at noncommercial functions and defined "noncommercial function" in Subsec. (a); P.A. 95-264 made technical change in Subsec. (e); June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-116. (Formerly Sec. 19-235). Examinations and investigations.** (a) The commissioner shall cause the investigation and examination of food, drugs, devices and cosmetics subject to this chapter. The commissioner or his authorized representative shall have the right (1) to take a sample or specimen of any such article, for examination under this chapter, upon tendering the market price therefor to the person having such article in custody, and (2) to enter any place or establishment within this state, at reasonable times, for the purpose of taking a sample or specimen of such article, for such examination. Samples or specimens taken under the provisions of this subsection shall be submitted to the agricultural experiment station or to the laboratory services section of the Department of Public Health for examination.

(b) When a sample or specimen of any such article is taken for examination under this chapter, the commissioner shall, upon request, provide a part thereof for examination by any person named on the label of such article or the owner thereof, or his attorney or agent; except that the

commissioner is authorized, by regulations, to make such reasonable exceptions from, and to impose such reasonable terms and conditions relating to, the operation of this subsection as he finds necessary for the proper administration of the provisions of this chapter.

(c) For the purpose of enforcing the provisions of this chapter, pertinent records of any administrative agency of the state government shall be open to inspection by the commissioner or his authorized representative.

(1949 Rev., S. 3952; P.A. 77-614, S. 323, 610; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 03-278, S. 77.)

History: P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; Sec. 19-235 transferred to Sec. 21a-116 in 1983; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 03-278 made technical changes in Subsec. (a), effective July 9, 2003.

Cited. 207 C. 698.

**Sec. 21a-117. (Formerly Sec. 19-236). Records of intrastate shipment.** For the purpose of enforcing the provisions of this chapter, carriers engaged in intrastate commerce, and persons receiving food, drugs, devices or cosmetics in intrastate commerce or holding such articles so received, shall, upon the request of an authorized representative of the commissioner, permit such representative, at reasonable times, to have access to and to copy all records showing the movement in intrastate commerce of any food, drug, device or cosmetic, or the holding thereof during or after such movement, and the quantity, shipper and consignee thereof; and no such carrier or person shall fail to permit such access to, and the copying of, any such records so requested when such request is accompanied by a statement in writing specifying the nature or kind of food, drug, device or cosmetic to which such request relates; provided evidence obtained under this section shall not be used in a criminal prosecution of the person from whom obtained and provided carriers shall not be subject to the other provisions of this chapter by reason of their receipt, carriage, holding or delivery of food, drugs, devices or cosmetics in the usual course of business as carriers.

(1949 Rev., S. 3953.)

History: Sec. 19-236 transferred to Sec. 21a-117 in 1983.

Cited. 207 C. 698.

**Sec. 21a-118. (Formerly Sec. 19-237). Inspections. Right to hearing. Reinspection of food facilities; costs imposed. Suspension or revocation of license for violation of provisions of**

**chapter 417.** (a) For the purpose of enforcing the provisions of chapter 417 and this chapter, the commissioner, or his authorized representative, is authorized (1) to enter, at reasonable times, any factory, warehouse or establishment subject to this chapter, or to enter any vehicle being used to transport or hold food, drugs, devices or cosmetics in intrastate commerce and (2) to inspect, at reasonable times, such factory, warehouse, establishment or vehicle and all pertinent equipment, finished and unfinished materials, containers, labeling and advertisements, records, files and papers therein.

(b) If an inspection reveals a violation of any provision of this chapter concerning a food factory, food warehouse or food establishment, the commissioner shall notify the owner of such factory, warehouse or establishment of any such violation and his right to a hearing under this section by certified mail within fifteen days of the date of such original inspection. Such owner may contest the violations cited in such notice by requesting a hearing in writing by certified mail within fifteen days of the date of receipt of such notice. The commissioner shall grant such a request and conduct a hearing in accordance with the provisions of chapter 54. The cost of all reinspections necessary to determine compliance with any such provision shall be forty dollars an hour and shall be charged to such owner, except that if the first reinspection following the original inspection indicates compliance with such provision no charge shall be made.

(c) If an inspection reveals a violation of any provision of chapter 417 or this chapter concerning any drug or device by any establishment licensed in accordance with the provisions of chapter 417, the commissioner may suspend or revoke the license of such establishment after notice and a hearing conducted in accordance with the provisions of chapter 54.

(1949 Rev., S. 3954; P.A. 80-214; P.A. 85-497, S. 2; May Sp. Sess. P.A. 92-6, S. 42, 117.)

History: P.A. 80-214 added Subsec. (b) re course of action following discovery of violation; Sec. 19-237 transferred to Sec. 21a-118 in 1983; P.A. 85-497 amended Subsec. (a) by authorizing the commissioner of consumer protection to carry out the provisions of this section in the enforcement of the provisions of chapter 417, and by authorizing the commissioner to inspect records, files and papers, and added Subsec. (c), providing for the suspension or revocation of any establishment licensed in accordance with the provisions of chapter 417 which violates any provision of said chapter; May Sp. Sess. P.A. 92-6 amended Subsec. (b) to establish a \$40 per hour charge for reinspection.

Cited. 207 C. 698.

**Sec. 21a-119. (Formerly Sec. 19-238). Publicity.** (a) The commissioner may cause to be published, from time to time, reports summarizing all judgments, decrees and court orders which have been rendered under this chapter, including the nature of the charge and the disposition thereof.

(b) The commissioner may also cause to be disseminated such information regarding food, drugs, devices or cosmetics as the commissioner deems necessary in the interest of public health

and the protection of the consumer against fraud. Nothing in this section shall be construed to prohibit the commissioner and director from collecting, reporting and illustrating the results of their examinations and investigations under this chapter.

(1949 Rev., S. 3955.)

History: Sec. 19-238 transferred to Sec. 21a-119 in 1983.

**Sec. 21a-120. (Formerly Sec. 19-239). Interpretation.** This chapter and the regulations promulgated hereunder shall be so interpreted and construed as to effectuate its general purpose to enact state legislation uniform with the federal act.

(1949 Rev., S. 3956.)

History: Sec. 19-239 transferred to Sec. 21a-120 in 1983.

Annotation to former section 19-239:

Connecticut Food, Drug and Cosmetic Act must be interpreted to be uniform with the Federal Food, Drug and Cosmetic Act. 31 CS 242.

**Secs. 21a-121 to 21a-125.** Reserved for future use.



# **CHAPTER 420b\***

## **DEPENDENCY-PRODUCING DRUGS**

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## PART I\*

### GENERAL PROVISIONS

**Sec. 21a-240. (Formerly Sec. 19-443). Definitions.** The following words and phrases, as used in this chapter, shall have the following meanings, unless the context otherwise requires:

(1) "Abuse of drugs" means the use of controlled substances solely for their stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent prescribed in the course of medical treatment or in a program of research operated under the direction of a physician or pharmacologist;

(2) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by: (A) A practitioner, or, in his presence, by his authorized agent, or (B) the patient or research subject at the direction and in the presence of the practitioner, or (C) a nurse or intern under the direction and supervision of a practitioner;

(3) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common or contract carrier, public warehouseman, or employee of the carrier or warehouseman;

(4) "Amphetamine-type substances" include amphetamine, optical isomers thereof, salts of amphetamine and its isomers, and chemical compounds which are similar thereto in chemical structure or which are similar thereto in physiological effect, and which show a like potential for abuse, which are controlled substances under this chapter unless modified;

(5) "Barbiturate-type drugs" include barbituric acid and its salts, derivatives thereof and chemical compounds which are similar thereto in chemical structure or which are similar thereto in physiological effect, and which show a like potential for abuse, which are controlled substances under this chapter unless modified;

(6) "Bureau" means the Bureau of Narcotics and Dangerous Drugs, United States Department of Justice, or its successor agency;

(7) "Cannabis-type substances" include all parts of any plant, or species of the genus cannabis or any infra specific taxon thereof whether growing or not; the seeds thereof; the resin extracted from any part of such a plant; and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds or resin; but shall not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture or preparation of such mature stalks, except the resin extracted therefrom, fiber, oil or cake, or the sterilized seed of such plant which is incapable of germination. Included are cannabimon, cannabimol, cannabidiol and chemical compounds which are similar to cannabimon, cannabimol or cannabidiol in chemical structure or which are similar thereto in physiological effect, and which show a like potential for abuse, which are controlled substances under this chapter unless modified;

(8) "Controlled drugs" are those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to section 21a-243, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. Specifically excluded from controlled drugs and controlled substances are alcohol, nicotine and caffeine;

(9) "Controlled substance" means a drug, substance, or immediate precursor in schedules I to V, inclusive, of the Connecticut controlled substance scheduling regulations adopted pursuant to section 21a-243;

(10) "Counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization, bears the trademark, trade name or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance;

(11) "Deliver or delivery" means the actual, constructive or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship;

(12) "Dentist" means a person authorized by law to practice dentistry in this state;

(13) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for the delivery;

(14) "Dispenser" means a practitioner who dispenses;

(15) "Distribute" means to deliver other than by administering or dispensing a controlled substance;

(16) "Distributor" means a person who distributes and includes a wholesaler who is a person supplying or distributing controlled drugs which he himself has not produced or prepared to hospitals, clinics, practitioners, pharmacies, other wholesalers, manufacturers and federal, state and municipal agencies;

(17) "Drug" means (A) substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (B) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals; (C) substances, other than food, intended to affect the structure or any function of the body of man or animals; and (D) substances intended for use as a component of any article specified in subparagraph (A), (B) or (C) of this subdivision. It does not include devices or their components, parts or accessories;

(18) "Drug dependence" means a psychoactive substance dependence on drugs as that condition is defined in the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders" of the American Psychiatric Association;

(19) "Drug-dependent person" means a person who has a psychoactive substance dependence on drugs as that condition is defined in the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders" of the American Psychiatric Association;

(20) (A) "Drug paraphernalia" refers to equipment, products and materials of any kind which are used, intended for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing or concealing, or ingesting, inhaling or otherwise introducing into the human body, any controlled substance contrary to the provisions of this chapter including, but not limited to: (i) Kits intended for use or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived; (ii) kits used, intended for use or designed for use in manufacturing, compounding, converting, producing, processing or preparing controlled substances; (iii) isomerization devices used, intended for use in increasing the potency of any species of plant which is a controlled substance; (iv) testing equipment used, intended for use or designed for use in identifying or analyzing the strength, effectiveness or purity of controlled substances; (v) diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose used, intended for use or designed for use in cutting controlled substances; (vi) separation gins and sifters used, intended for use or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana; (vii) capsules and other containers used, intended for use or designed for use in packaging small quantities of controlled substances; (viii) containers and other objects used, intended for use or designed for use in storing or concealing controlled substances; (ix) objects used, intended for use or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil

into the human body, such as: Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with screens, permanent screens, hashish heads or punctured metal bowls; water pipes; carburetion tubes and devices; smoking and carburetion masks; roach clips: Meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand; miniature cocaine spoons, and cocaine vials; chamber pipes; carburetor pipes; electric pipes; air-driven pipes; chillums; bongs or ice pipes or chillers;

(B) "Factory" means any place used for the manufacturing, mixing, compounding, refining, processing, packaging, distributing, storing, keeping, holding, administering or assembling illegal substances contrary to the provisions of this chapter, or any building, rooms or location which contains equipment or paraphernalia used for this purpose;

(21) "Federal Controlled Substances Act, 21 USC 801 et seq." means Public Law 91-513, the Comprehensive Drug Abuse Prevention and Control Act of 1970;

(22) "Federal food and drug laws" means the federal Food, Drug and Cosmetic Act, as amended, Title 21 USC 301 et seq.;

(23) "Hallucinogenic substances" are psychodysleptic substances which assert a confusional or disorganizing effect upon mental processes or behavior and mimic acute psychotic disturbances. Exemplary of such drugs are mescaline, peyote, psilocyn and d-lysergic acid diethylamide, which are controlled substances under this chapter unless modified;

(24) "Hospital", as used in sections 21a-243 to 21a-283, inclusive, means an institution for the care and treatment of the sick and injured, approved by the Department of Public Health or the Department of Mental Health and Addiction Services as proper to be entrusted with the custody of controlled drugs and substances and professional use of controlled drugs and substances under the direction of a licensed practitioner;

(25) "Intern" means a person who holds a degree of doctor of medicine or doctor of dental surgery or medicine and whose period of service has been recorded with the Department of Public Health and who has been accepted and is participating in training by a hospital or institution in this state. Doctors meeting the foregoing requirements and commonly designated as "residents" and "fellows" shall be regarded as interns for purposes of this chapter;

(26) "Immediate precursor" means a substance which the Commissioner of Consumer Protection has found to be, and by regulation designates as being, the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediary used or likely to be used, in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail or limit manufacture;

(27) "Laboratory" means a laboratory approved by the Department of Consumer Protection as proper to be entrusted with the custody of controlled substances and the use of controlled substances for scientific and medical purposes and for purposes of instruction, research or analysis;

(28) "Manufacture" means the production, preparation, cultivation, growing, propagation, compounding, conversion or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance by an individual for his own use or the preparation, compounding, packaging or labeling of a controlled substance: (A) By a practitioner as an incident to his administering or dispensing of a controlled substance in the course of his professional practice, or (B) by a practitioner, or by his authorized agent under his supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale;

(29) "Marijuana" means all parts of any plant, or species of the genus cannabis or any infra specific taxon thereof, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. It does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture or preparation of such mature stalks, except the resin extracted therefrom, fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination. Included are cannabimon, cannabimol or cannabidiol and chemical compounds which are similar to cannabimon, cannabimol or cannabidiol in chemical structure or which are similar thereto in physiological effect, and which show a like potential for abuse, which are controlled substances under this chapter unless modified;

(30) "Narcotic substance" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis: (A) Morphine-type: (i) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate which are similar thereto in chemical structure or which are similar thereto in physiological effect and which show a like potential for abuse, which are controlled substances under this chapter unless modified; (ii) any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (i), but not including the isoquinoline alkaloids of opium; (iii) opium poppy and poppy straw; (B) cocaine-type, coca leaves and any salt, compound, derivative or preparation of coca leaves, and any salt, compound, isomer, derivatives or preparation thereof which is chemically equivalent or identical with any of these substances or which are similar thereto in physiological effect and which show a like potential for abuse, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine;

(31) "Nurse" means a person performing nursing as defined in section 20-87a;

(32) "Official written order" means an order for controlled substances written on a form provided by the bureau for that purpose under the federal Controlled Substances Act;

- (33) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability; it does not include, unless specifically designated as controlled under this chapter, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextro-methorphan) but shall include its racemic and levorotatory forms;
- (34) "Opium poppy" means the plant of the species *papaver somniferum* L., except its seed;
- (35) Repealed by P.A. 99-102, S. 51;
- (36) "Other stimulant and depressant drugs" means controlled substances other than amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenics and morphine-type which are found to exert a stimulant and depressant effect upon the higher functions of the central nervous system and which are found to have a potential for abuse and are controlled substances under this chapter;
- (37) "Person" includes any corporation, limited liability company, association or partnership, or one or more individuals, government or governmental subdivisions or agency, business trust, estate, trust, or any other legal entity. Words importing the plural number may include the singular; words importing the masculine gender may be applied to females;
- (38) "Pharmacist" means a person authorized by law to practice pharmacy pursuant to section 20-590, 20-591, 20-592 or 20-593;
- (39) "Pharmacy" means an establishment licensed pursuant to section 20-594;
- (40) "Physician" means a person authorized by law to practice medicine in this state pursuant to section 20-9;
- (41) "Podiatrist" means a person authorized by law to practice podiatry in this state;
- (42) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing;
- (43) "Practitioner" means: (A) A physician, dentist, veterinarian, podiatrist, scientific investigator or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state; (B) a pharmacy, hospital or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state;
- (44) "Prescribe" means order or designate a remedy or any preparation containing controlled substances;
- (45) "Prescription" means a written, oral or electronic order for any controlled substance or



preparation from a licensed practitioner to a pharmacist for a patient;

(46) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance;

(47) "Registrant" means any person licensed by this state and assigned a current federal Bureau of Narcotics and Dangerous Drug Registry Number as provided under the federal Controlled Substances Act;

(48) "Registry number" means the alphabetical or numerical designation of identification assigned to a person by the federal Drug Enforcement Administration, or other federal agency, which is commonly known as the federal registry number;

(49) "Restricted drugs or substances" are the following substances without limitation and for all purposes: Datura stramonium; hyoscyamus niger; atropa belladonna, or the alkaloids atropine; hyoscyamine; belladonnine; apatropine; or any mixture of these alkaloids such as daturine, or the synthetic homatropine or any salts of these alkaloids, except that any drug or preparation containing any of the above-mentioned substances which is permitted by federal food and drug laws to be sold or dispensed without a prescription or written order shall not be a controlled substance; amyl nitrite; the following volatile substances to the extent that said chemical substances or compounds containing said chemical substances are sold, prescribed, dispensed, compounded, possessed or controlled or delivered or administered to another person with the purpose that said chemical substances shall be breathed, inhaled, sniffed or drunk to induce a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system: Acetone; benzene; butyl alcohol; butyl nitrate and its salts, isomers, esters, ethers or their salts; cyclohexanone; dichlorodifluoromethane; ether; ethyl acetate; formaldehyde; hexane; isopropanol; methanol; methyl cellosolve acetate; methyl ethyl ketone; methyl isobutyl ketone; nitrous oxide; pentochlorophenol; toluene; toluol; trichloroethane; trichloroethylene; 1,4 butanediol;

(50) "Sale" is any form of delivery which includes barter, exchange or gift, or offer therefor, and each such transaction made by any person whether as principal, proprietor, agent, servant or employee;

(51) "State", when applied to a part of the United States, includes any state, district, commonwealth, territory or insular possession thereof, and any area subject to the legal authority of the United States of America;

(52) "State food, drug and cosmetic laws" means the Uniform Food, Drug and Cosmetic Act, section 21a-91 et seq.;

(53) "Ultimate user" means a person who lawfully possesses a controlled substance for his own use or for the use of a member of his household or for administering to an animal owned by him or by a member of his household;

(54) "Veterinarian" means a person authorized by law to practice veterinary medicine in this state;

(55) "Wholesaler" means a distributor or a person who supplies controlled substances that he himself has not produced or prepared to registrants as defined in subdivision (47) of this section;

(56) "Reasonable times" means the time or times any office, care-giving institution, pharmacy, clinic, wholesaler, manufacturer, laboratory, warehouse, establishment, store or place of business, vehicle or other place is open for the normal affairs or business or the practice activities usually conducted by the registrant;

(57) "Unit dose drug distribution system" means a drug distribution system used in a hospital or chronic and convalescent nursing home in which drugs are supplied in individually labeled unit of use packages, each patient's supply of drugs is exchanged between the hospital pharmacy and the drug administration area or, in the case of a chronic and convalescent nursing home between a pharmacy and the drug administration area, at least once each twenty-four hours and each patient's medication supply for this period is stored within a patient-specific container, all of which is conducted under the direction of a pharmacist licensed in Connecticut and, in the case of a hospital, directly involved in the provision and supervision of pharmaceutical services at such hospital at least thirty-five hours each week;

(58) "Cocaine in a free-base form" means any substance which contains cocaine, or any compound, isomer, derivative or preparation thereof, in a nonsalt form.

(1967, P.A. 555, S. 1; 1969, P.A. 391, S. 1; 578, S. 1; 753, S. 1, 2, 38; 1972, P.A. 278, S. 1; 294, S. 42; P.A. 73-137, S. 11-14; 73-291, S. 3; 73-616, S. 61; 73-681, S. 1, 29; P.A. 74-332, S. 4-6; 74-338, S. 36, 94; P.A. 75-176, S. 1; P.A. 77-101, S. 1; 77-614, S. 323, 610; P.A. 80-224, S. 1; P.A. 81-363, S. 1; 81-472, S. 53, 159; P.A. 82-355, S. 1; P.A. 85-613, S. 81, 154; P.A. 87-129, S. 2; 87-373, S. 1; P.A. 90-209, S. 26; P.A. 92-185, S. 2, 6; May Sp. Sess. P.A. 92-11, S. 66, 70; P.A. 93-381, S. 9, 39; P.A. 95-72, S. 2; 95-79, S. 79, 189; 95-257, S. 11, 12, 21, 58; 95-264, S. 57; P.A. 97-248, S. 5, 12; P.A. 99-102, S. 32, 51; June Sp. Sess. P.A. 99-2, S. 5, 72; P.A. 00-182, S. 1; P.A. 03-278, S. 78, 79; June 30 Sp. Sess. P.A. 03-6, S. 146(c), (d); P.A. 04-169, S. 17; 04-189, S. 1; P.A. 06-195, S. 15; P.A. 09-22, S. 3; P.A. 10-32, S. 80.)

History: 1969 acts divided former Subdiv. (6) into Subparas. (a) and (e), inserting new Subparas. (b) to (d), included doctors designated as residents or fellows as interns in Subdiv. (14), redefined "narcotic drugs" to specifically exclude cannabis-type drugs which had previously been included in Subdiv. (18), included cannabis-type drugs as "restricted drugs" in Subdiv. (32) and added Subdiv. (37) defining "podiatrist"; 1972 acts substituted "substances" or "controlled substances" for "drugs" throughout section and specific Federal Controlled Substances Act for federal narcotics laws, redefined "controlled drugs" to delete drugs specifically named in former Subparas. (b) to (d), redefined "dispense", "narcotic drugs", "official written order", "person", "practitioner", "registrant", "registry number", "restricted drugs or substances" and "sale" for greater clarity and detail, deleted definitions of "federal narcotics laws", "manufacturer", and "wholesaler" and defined "administer", "agent", "bureau", "controlled substance", "counterfeit

substance", "deliver or delivery", "dispenser", "distribute", "distributor", "drug", "drug paraphernalia", "Federal Controlled Substances Act", "hospital", "immediate precursor", "manufacture", "marijuana", "opiate", "opium poppy", "poppy straw", "production", "state" and "ultimate user", rearranging and renumbering Subdivs. accordingly; P.A. 73-137 replaced "drugs" with "substances" in terms defined in Subdivs. (4), (7), (23) and (30); P.A. 73-291 deleted repealed Sec. 17-155a as section for which definitions apply; P.A. 73-616 deleted reference to osteopaths' practice of medicine which initially came into being in 1972 but was removed by later 1972 act before enacted; P.A. 73-681 deleted reference to public health council in Subdivs. (8) and (26) and to commissioner of health in Subdiv. (26), replaced department of health with department of consumer protection in Subdiv. (27), defined "factory", "wholesaler" and "reasonable times" and redefined "opiate" to exclude certain drugs; P.A. 74-332 redefined "cannabis-type drugs" and "marijuana" to include any plant of the genus or infraspecific taxon rather than the single plant *Cannabis sativa* L. and included "cannabidiol" in Subdiv. (7) and "cannabinon, cannabinol or cannabidiol" in Subdiv. (29) plus other compounds similar in structure or effect; P.A. 74-338 made technical changes; P.A. 75-176 redefined "registry number"; P.A. 77-101 defined "unit dose drug distribution system"; P.A. 77-614 replaced department of health with department of health services in Subdivs. (24) and (25), effective January 1, 1979; P.A. 80-224 redefined "drug paraphernalia"; P.A. 81-363 amended Subsec. (57) to authorize chronic and convalescent nursing homes to utilize a unit dose drug distribution system; P.A. 81-472 made technical changes; P.A. 82-355 amended Subdiv. (49) by revising the list of volatile substances included; Sec. 19-443 transferred to Sec. 21a-240 in 1983; P.A. 85-613 made technical change; P.A. 87-129 redefined "controlled substance" and substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act; P.A. 87-373 added Subdiv. (58) defining "cocaine in a free-base form"; P.A. 90-209 deleted references to Secs. 17-176, 17-179, 17-183, 17-190, 17-198, 17-199 and 17-201 as sections in which the definitions apply; P.A. 92-185 amended Subdiv. (20) (A) to make technical changes in the numbering and to provide in (ix) that only hypodermic needles, syringes and other objects used to inject controlled substances, "in a quantity greater than eight", are included in the definition of "drug paraphernalia"; May Sp. Sess. P.A. 92-11 amended Subdiv. (20)(A)(ix) to increase the quantity of syringes, needles or other objects used to inject controlled substances that constitute "drug paraphernalia" from "greater than eight" to "greater than ten"; (Revisor's note: In 1993 an obsolete reference in Subdiv. (24) to Sec. 21a-285 was replaced editorially by the Revisors with Sec. 21a-283 to reflect the repeal of Secs. 21a-284 and 21a-285); P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-72 amended Subdiv. (49) to include formaldehyde in the list of restricted substances; P.A. 95-79 redefined "person" to include a limited liability company, effective May 31, 1995; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health and replaced Commissioner and Department of Mental Health with Commissioner and Department of Mental Health and Addiction Services, effective July 1, 1995; P.A. 95-264 amended Subdiv. (38) to make technical change; P.A. 97-248 redefined "drug dependence" in Subdiv. (18) and "drug-dependent person" in Subdiv. (19), effective July 1, 1997; P.A. 99-102 repealed Subdiv. (35) which had defined "osteopath" and amended Subdivs. (40) and (43) by deleting obsolete reference to osteopathy and to Sec. 20-21; June Sp. Sess. P.A. 99-2 amended Subdiv. (20)(A)(ix) by replacing "ten" with "thirty" hypodermic syringes; P.A. 00-182 redefined "restricted drugs or substances" in Subdiv. (49) to

include 1,4 butanediol; P.A. 03-278 made technical changes in Subdivs. (24) and (27), effective July 9, 2003; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Commissioner and Department of Consumer Protection with Commissioner and Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 06-195 redefined "drug paraphernalia" in Subdiv. (20)(A) to exclude equipment, products and material used, intended for use or designed for use in injecting controlled substances into the human body, deleted former Subdiv. (20)(A)(ix) re number of hypodermic syringes, needles and other injecting objects considered drug paraphernalia and redesignated existing Subdiv. (20)(A)(x) as Subdiv. (20)(A)(ix), effective June 7, 2006; P.A. 09-22 redefined "prescription" in Subdiv. (45), effective July 1, 2009; P.A. 10-32 made a technical change in Subdiv. (55), effective May 10, 2010.

Annotations to former section 19-443:

Cited. 163 C. 62.

Cited. 30 CS 267. Cited. 31 CS 130. Cited. 32 CS 324. Cited. 33 CS 186.

Marijuana is a cannabis-type drug within the prohibition of this (act) chapter; Marijuana is within the definition of controlled drugs in this section; "Narcotics" as used in state and federal legislation is a legal not scientific term. 5 Conn. Cir. Ct. 134.

Subdiv. (3):

Cited. 178 C. 704. Cited. 197 C. 67.

Subdiv. (6):

Cited. 169 C. 416.

Subdiv. (13):

Cited. 172 C. 593.

Subdiv. (29):

Cited. 181 C. 562.

Subdiv. (50):

Applied to prosecution under subsection (a) of section 19-480. 166 C. 569. Cited. 172 C. 593. Cited. 178 C. 704. Cited. 197 C. 67.

Cited. 3 CA 339.

Annotations to present section:

Cited. 203 C. 641.

Subdiv. (2):

Subpara. (A) cited. 226 C. 514.

Subdiv. (3):

Cited. 38 CA 815.

Subdiv. (9):

Cited. 43 CA 339.

Subdiv. (11):

Cited. 233 C. 174.

Cited. 38 CA 815.

Subdiv. (13):

Cited. 13 CA 288.

Subdiv. (18):

Cited. 221 C. 595.

Subdiv. (19):

Cited. 221 C. 595.

Legislature, in redefining "drug-dependent person", did not intend to classify all individuals who are medically dependent on prescribed narcotics as drug dependent persons. 77 CA 393.

Subdiv. (20):

Subpara. (A) cited. 212 C. 223. Cited. 227 C. 456. Cited. 228 C. 281.

Cited. 28 CA 575. Language in Subpara. (A) clearly not intended as an exhaustive or exclusive list. 51 CA 126.

Subdiv. (29):

Cited. 12 CA 274. Cited. 28 CA 575.

Subdiv. (30):

Cited. 197 C. 644. Cited. 198 C. 111.

Cited. 12 CA 225. Cited. 43 CA 339.

Subdiv. (43):

Cited. 13 CA 299.

Subdiv. (50):

Cited. 233 C. 174.

Cited. 3 CA 339. Cited. 8 CA 469. Cited. 13 CA 288. Cited. 23 CA 667. Cited. 24 CA 543; Id., 642. Cited. 37 CA 156. Cited. 38 CA 621; Id., 815. Cited. 39 CA 110. Although statutory definition of "sale" is substantially broader than common dictionary definition, court concluded that term was being used, in specific instance in the case, in its ordinary meaning. 87 CA 24.

**Sec. 21a-241. (Formerly Sec. 19-449). Prior regulations continued.** Regulations promulgated under chapter 344 of the general statutes, revision of 1958, as amended, and chapters 344a and 344b of the 1965 supplement thereto, in effect on October 1, 1967, shall, unless clearly in conflict with the provisions of this chapter, continue in effect until superseded by regulations hereunder.

(1967, P.A. 555, S. 79.)

History: Sec. 19-449 transferred to Sec. 21a-241 in 1983.

**Sec. 21a-242. (Formerly Sec. 19-450a). Schedules of controlled substances. Exceptions.** Section 21a-242 is repealed.

(1972, P.A. 278, S. 30; P.A. 73-221, S. 1, 2; 73-616, S. 17, 67; 73-681, S. 2, 29; P.A. 74-338, S. 32, 94; P.A. 75-318; P.A. 77-142; 77-604, S. 48-50, 84; P.A. 78-35, S. 1-7; P.A. 79-12, S. 1-4, 6; P.A. 81-148, S. 1, 4; P.A. 82-355, S. 2; P.A. 83-171, S. 1-3; P.A. 84-498, S. 1-3; P.A. 85-107, S. 1-5; 85-613, S. 126, 154.; P.A. 86-96, S. 1-5, 7; P.A. 87-129, S. 12.)

**Sec. 21a-243. (Formerly Sec. 19-451). Regulations re schedules of controlled substances.** (a) The Commissioner of Consumer Protection shall adopt regulations for the efficient enforcement and operation of sections 21a-244 to 21a-282, inclusive.

(b) The Commissioner of Consumer Protection may, so far as may be consistent with said sections 21a-244 to 21a-282, inclusive, adopt the regulations existing under the federal Controlled Substances Act and pertinent regulations existing under the federal food and drug laws and conform regulations adopted hereunder with those existing under the federal Controlled Substances Act and federal food and drug laws.

(c) The Commissioner of Consumer Protection acting upon the advice of the Commission of Pharmacy, may by regulation designate, after investigation, as a controlled substance, a substance or chemical composition containing any quantity of a substance which has been found to have a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and having a tendency to promote abuse or physiological or psychological dependence or both. Such substances are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant substances, and specifically exclude alcohol, caffeine and nicotine. Substances which are designated as controlled substances shall be classified in schedules I to V by regulations adopted pursuant to subsection (a) of this section.

(d) The Commissioner of Consumer Protection may by regulation change the schedule in which a substance classified as a controlled substance in schedules I to V of the controlled substance scheduling regulations is placed. On or before December 15, 1986, and annually thereafter, the commissioner shall submit a list of all such schedule changes to the chairmen and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health.

(e) A new or amended regulation under this chapter shall be adopted in accordance with the provisions of chapter 54.

(f) In the event of any inconsistency between the contents of schedules I, II, III, IV and V of the controlled substance scheduling regulations and schedules I, II, III, IV and V of the federal Controlled Substances Act, as amended, the provisions of the federal act shall prevail, except when the provisions of the Connecticut controlled substance scheduling regulations place a controlled substance in a schedule with a higher numerical designation, schedule I being the highest designation.

(g) When a drug that is not a controlled substance in schedule I, II, III, IV or V, as designated in the Connecticut controlled substance scheduling regulations, is designated to be a controlled substance under the federal Controlled Substances Act, such drug shall be considered to be controlled at the state level in the same numerical schedule for a period of two hundred forty days from the effective date of the federal classification.

(1967, P.A. 555, S. 7; 737; 1969, P.A. 753, S. 4; 1972, P.A. 278, S. 2; P.A. 73-681, S. 3, 29; P.A.

86-96, S. 6, 7; P.A. 87-129, S. 3; P.A. 99-175, S. 49; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1969 act placed regulation of cannabis-type drugs under consumer protection commissioner's and public health council's joint jurisdiction in Subsec. (a); 1972 act substituted "substance(s)" for "drug(s)" and "Federal Controlled Substances Act" for "federal narcotic laws" and replaced detailed provisions re adoption of regulations with statement that adoption shall be pursuant to Secs. 4-166 to 4-185; P.A. 73-681 placed all regulations under jurisdiction of consumer protection commissioner, deleting reference to public health council; Sec. 19-451 transferred to Sec. 21a-243 in 1983; P.A. 86-96 made numerous technical changes, inserted new Subsec. (d) which allows the commissioner to make schedule changes by regulations, and relettered former Subsec. (d) as (e); P.A. 87-129 substituted reference to Sec. 21a-244 for Sec. 21a-242, repealed by the same act, provided that controlled substances shall be classified in schedules by regulations, and added Subsecs. (f) and (g); P.A. 99-175 made a technical change and increased number of days noncontrolled substances are considered controlled at state level from 120 to 240 days from effective date of federal classification; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

Annotations to former section 19-451:

*Robinson v. California* (370 US 660) does not mean that states may not control use of drugs by suitable penal provisions. 28 CS 153. Cited. 30 CS 367.

Cited. 6 Conn. Cir. Ct. 567.

Annotation to present section:

Subsec. (c):

Cited. 43 CA 339.

**Sec. 21a-244. (Formerly Sec. 19-451a). Regulations re storage and retrieval of prescription information.** The Commissioner of Consumer Protection shall, on or before January 1, 1978, adopt regulations governing the storage and retrieval of prescription information for controlled substances, including refills, by pharmacists through the use of electronic data processing systems or other systems for the efficient storage and retrieval of information.

(P.A. 77-277, S. 1; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-451a transferred to Sec. 21a-244 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer



Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

See Sec. 20-577 re regulations concerning storage and retrieval of prescription information.

**Sec. 21a-244a. Drug records maintained on electronic data processing systems or media systems. Electronic identifiers. Regulations.** (a) The following terms shall have the following meanings when used in this section:

(1) "Drug" means (A) articles recognized in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them; (B) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; (C) articles, other than food, intended to affect the structure or any function of the body of man or any other animal; and (D) articles intended for use as a component of any articles specified in this subdivision; but shall not include devices or their components, parts or accessories;

(2) "Licensed practitioner" means a person licensed by the state of Connecticut, any other state, the District of Columbia or the Commonwealth of Puerto Rico and authorized to prescribe medication within the scope of his practice; and

(3) "Drug record" means a record maintained pursuant to this chapter or chapter 400j, 417, 418 or 420c of drug ordering, drug distribution, receipt of drugs, storage of drugs, disposition of drugs, and orders of drugs issued by a licensed practitioner for a patient.

(b) In lieu of maintaining written drug records required by state or federal law to be kept in the state, such records may be created and maintained on electronic data processing systems or other electronic media systems. If a conflict exists between maintaining a written drug record and maintaining an electronic drug record, the written drug record shall be maintained.

(c) Electronic identifiers, including, but not limited to, electronic codes or signatures, voice prints, retinal prints or handprints may be substituted in lieu of required written signatures or initials.

(d) The Commissioner of Consumer Protection may adopt regulations, in accordance with the provisions of chapter 54, establishing the use of electronic data processing systems or other electronic media systems for maintaining drug records. No such electronic data processing system shall be implemented prior to the adoption of these regulations.

(P.A. 93-98; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; P.A. 09-22, S. 4.)

History: June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189

repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 09-22 redefined "drug record" and made a technical change in Subsec. (a), effective July 1, 2009.

**Sec. 21a-245. (Formerly Sec. 19-452). Manufacture, sale, administering of restricted substances regulated.** No person shall manufacture, possess, have under his control, sell, prescribe, dispense, compound, process, deliver or administer to another person any restricted substance, except as authorized in this chapter and section 10-212a, except that no vendor of the volatile substances enumerated in subdivision (49) of section 21a-240 shall be deemed to have violated the provisions of this chapter insofar as sale, dispensing or delivering of one or more of said volatile substances or compounds containing said chemical substances is concerned, unless he knew or should have known of the improper purpose to which such substance was to be put. Insofar as substances containing said substances are possessed, sold, dispensed, compounded or delivered for licit purposes, i.e., other than to produce a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system by breathing, inhaling, sniffing or drinking, such substances are expressly not restricted and neither the regulatory provisions, including but not limited to record keeping, licensing and the writing of prescriptions nor the criminal sanctions and proscriptions of this chapter shall apply.

(1967, P.A. 555, S. 8; 1969, P.A. 391, S. 2; 723, S. 2; 1972, P.A. 278, S. 3.)

History: 1969 acts added exception re vendors of volatile substances and added reference to Sec. 10-212a; 1972 act substituted "substances" for "drugs" and "restricted" substances for "controlled" drugs; Sec. 19-452 transferred to Sec. 21a-245 in 1983.

Annotations to former section 19-452:

Cited. 165 C. 83. Cited. 166 C. 439. Cited. 169 C. 416. Cited. 171 C. 293. Cited. 172 C. 16; Id., 223; Id., 385. Cited. 176 C. 170.

Cited. 25 CA 472.

Cited. 29 CS 134.

Annotations to present section:

Cited. 192 C. 383.

Cited. 25 CA 472.

**Sec. 21a-246. (Formerly Sec. 19-453). License to manufacture, wholesale, supply, compound, etc. Exception. License fees. License to possess and supply marijuana.** (a) No person within this state shall manufacture, wholesale, repack, supply, compound, mix,

cultivate or grow, or by other process produce or prepare, controlled substances without first obtaining a license to do so from the Commissioner of Consumer Protection and no person within this state shall operate a laboratory for the purpose of research or analysis using controlled substances without first obtaining a license to do so from the Commissioner of Consumer Protection, except that such activities by pharmacists or pharmacies in the filling and dispensing of prescriptions or activities incident thereto, or the dispensing or administering of controlled substances by dentists, podiatrists, physicians or veterinarians, or other persons acting under their supervision, in the treatment of patients shall not be subject to the provisions of this section, and provided laboratories for instruction in dentistry, medicine, nursing, pharmacy, pharmacology and pharmacognosy in institutions duly licensed for such purposes in this state shall not be subject to the provisions of this section except with respect to narcotic drugs and schedule I and II controlled substances. Upon application of any physician licensed pursuant to chapter 370, the Commissioner of Consumer Protection shall without unnecessary delay, license such physician to possess and supply marijuana for the treatment of glaucoma or the side effects of chemotherapy. No person outside this state shall sell or supply controlled substances within this state without first obtaining a license to do so from the Commissioner of Consumer Protection, provided no such license shall be required of a manufacturer whose principal place of business is located outside this state and who is registered with the federal Drug Enforcement Administration or other federal agency, and who files a copy of such registration with the appropriate licensing authority under this chapter.

(b) Such licenses shall expire annually, and may be renewed by application to the licensing authority. The Commissioner of Consumer Protection following a hearing as prescribed in section 21a-275, may revoke or suspend any license granted by him pursuant to this section for violation of the provisions of any statute relative to controlled substances or of any regulation made hereunder. The licensing authority, upon application of any person whose license has been suspended or revoked, may reinstate such license upon a showing of good cause.

(c) The fee for licenses provided pursuant to this section shall be according to the following schedule: For any wholesaler, one hundred ninety dollars per annum; for manufacturers employing not more than five licensed pharmacists or qualified chemists or both, two hundred eighty-five dollars per annum; for manufacturers employing six to ten licensed pharmacists or qualified chemists or both, three hundred seventy-five dollars per annum; for manufacturers employing more than ten licensed pharmacists or qualified chemists or both, nine hundred forty dollars per annum; for laboratories, eighty dollars per annum. A separate fee is required for each place of business or professional practice where the licensee uses, manufactures, stores, distributes, analyzes or dispenses controlled drugs.

(d) Controlled substances which are possessed, kept or stored at an address or location other than the address or location indicated on the registration required by chapter 420c or by federal laws and regulations shall be deemed to be possessed, kept or stored illegally and shall be subject to seizure and forfeited to the state. The following are subject to forfeitures: (1) All controlled substances which have been manufactured, distributed, dispensed or acquired in violation of this chapter; (2) all raw materials, products and equipment of any kind which are used, or intended for use, in manufacturing, compounding, processing, delivering, importing, or exporting any

controlled substance in violation of this chapter; (3) all property which is used, or intended for use, as a container for property described in paragraph (1) or (2); (4) all conveyances, including aircraft, vehicles or vessels, which are used, or intended for use, to transport or in any manner to facilitate the transportation, for the purpose of sale or receipt of property described in paragraph (1) or (2), but (i) no conveyance used by any person as a common carrier is subject to forfeiture under this chapter unless it appears that the owner or other person in charge of the conveyance is a consenting party or privy to a violation of this chapter; (ii) no conveyance is subject to forfeiture under this chapter by reason of any act or omission established by the owner thereof to have been committed or omitted without his knowledge or consent.

(1967, P.A. 555, S. 9; 1969, P.A. 411; 753, S. 5, 6; 1972, P.A. 278, S. 4; P.A. 73-681, S. 4, 29; P.A. 76-355, S. 1, 2; P.A. 77-604, S. 15, 84; P.A. 79-631, S. 9, 111; P.A. 81-148, S. 2, 4; 81-440, S. 4, 7; P.A. 89-251, S. 156, 203; P.A. 94-36, S. 36, 42; P.A. 99-102, S. 33; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; P.A. 06-196, S. 215; June Sp. Sess. P.A. 09-3, S. 289.)

History: 1969 acts provided exemption from licensing provisions for manufacturers whose principal place of business is outside the state under stated conditions and added provisions re cannabis-type drugs in Subsec. (a) and added Subsec. (c) re fee schedule; 1972 act replaced "drugs" with "substances", exempted podiatrists from provisions of section and clarified exemption for health practitioners by specifying it to be inapplicable with respect to narcotic drugs and Schedules I and II controlled substances rather than with respect to restricted drugs, deleted provision re consultation between consumer protection commissioner and public health council re licensing, and required registration with Justice Department, Bureau of Narcotics and Dangerous Drugs rather than with secretary of Department of Health, Education and Welfare in out-of-state manufacturer's exemption; P.A. 73-681 gave exclusive licensing authority to consumer protection commissioner, deleting previous provisions under which health commissioner was responsible for licenses re narcotic or cannabis-type substances, imposed licensing fee for laboratories and required separate fee for each place of business or practice in Subsec. (c) and added Subsec. (d) re seizure and forfeiture; P.A. 76-355 replaced "Justice Department, Bureau of Narcotics and Dangerous Drugs" with "federal drug enforcement agency or other federal agency" in Subsec. (a), set February expiration date for laboratory licenses in Subsec. (b) and increased fees for wholesalers from \$50 to \$75, for manufacturers from \$75 to \$112.50, from \$100 to \$150 or from \$250 to \$375, depending on number of pharmacists and or chemists employed, and for laboratories from \$10 to \$20 in Subsec. (c); P.A. 77-604 and P.A. 79-631 made technical corrections in Subsec. (d); P.A. 81-148 clarified exemption from licensing requirement to include "dispensing" of prescriptions and both "dispensing" and "administering" controlled substances in Subsec. (a); P.A. 81-440 amended Subsec. (a) to authorize the commissioner of consumer protection to license a physician who is licensed in this state to possess and supply marijuana for the treatment of glaucoma or the side effects of chemotherapy; Sec. 19-453 transferred to Sec. 21a-246 in 1983; P.A. 89-251 amended Subsec. (c) to increase the fee for a wholesaler from \$75 to \$150, for manufacturers employing not more than five pharmacists or chemists from \$112.50 to \$225; for manufacturers employing six to ten pharmacists or chemists from \$150 to \$300, for manufacturer's employing more than ten pharmacists or chemists from \$300 to \$750 and for laboratories from \$20 to \$40; P.A. 94-36 deleted the references to the "July first" and "February first" license expiration dates in Subsec.

(b), effective January 1, 1995; P.A. 99-102 amended Subsec. (a) by deleting obsolete reference to osteopathy and making a technical change; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 06-196 made technical changes in Subsec. (a), effective June 7, 2006; June Sp. Sess. P.A. 09-3 amended Subsec. (c) to increase fees.

See chapter 420c re controlled substance registration.

See Sec. 21a-10(b) re staggered schedule for license renewals.

See Sec. 21a-253 re possession of marijuana pursuant to physician's prescription.

Annotation to former section 19-453:

Subsec. (a):

Cited. 188 C. 183.

**Sec. 21a-247. (Formerly Sec. 19-454). Qualifications of applicant for license.** No license shall be issued under section 21a-246 until the applicant therefor has furnished proof satisfactory to the licensing authority (1) that the applicant is of good moral character or, if the applicant is an association or corporation, that the managing officers are of good moral character and (2) that the applicant is equipped as to facilities and apparatus properly to carry on the business described in his application and (3) that the applicant conforms to regulations adopted and promulgated pursuant to section 21a-243. No license shall be granted to any person who has, within five years of the date of application, been convicted of a violation of any law of the United States, or of any state, relating to a controlled drug.

(1967, P.A. 555, S. 10.)

History: Sec. 19-454 transferred to Sec. 21a-247 in 1983.

**Sec. 21a-248. (Formerly Sec. 19-456). Sale or dispensing of controlled drugs by licensed manufacturer or wholesaler. Records; orders. Scope of uses limited.** (a) A licensed manufacturer or wholesaler may sell and dispense controlled drugs to any of the following-named persons, but in the case of schedule II drugs only on official written order: (1) To a manufacturer, wholesaler or pharmacist; (2) to a physician, dentist or veterinarian; (3) to a person in charge of a hospital, incorporated college or scientific institution, but only for use by or in that hospital, incorporated college or scientific institution for medical or scientific purposes; (4) to a person in charge of a laboratory, but only for use in that laboratory for scientific and medical purposes; (5) to any registrant as defined in subdivision (47) of section 21a-240.

(b) A licensed manufacturer or wholesaler may sell controlled drugs only to registrants when permitted under federal and state laws and regulations.

(c) An official written order for any schedule I or II drug shall be signed in triplicate by the person giving such order or by his authorized agent and the original shall be presented to the person who sells or dispenses the drug or drugs named therein as provided by federal laws. If such order is accepted by such person, each party to the transaction shall preserve his copy of such order for a period of three years in such a way as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of this chapter.

(d) The manufacturer or wholesaler shall keep records of all sales and dispensing of controlled drugs and shall comply fully with applicable provisions of the federal controlled drug laws and the federal food and drug laws, and the state food, drug and cosmetic laws in such sale or dispensing of controlled drugs.

(e) Possession or control of controlled drugs obtained as authorized by this section shall be lawful only if obtained in the regular course of the business, occupation, profession, employment or duty of the possessor.

(f) A person in charge of a hospital, incorporated college or scientific institution, or of a laboratory, or in the employ of this state or of any other state, or of any political subdivision thereof, and a master or other proper officer of a ship or aircraft, who obtains controlled drugs under the provisions of this section or otherwise, shall not administer, or dispense, or otherwise use such drugs within this state, except within the scope of his employment or official duty, and then only for scientific or medicinal purposes or for the purposes of research or analysis and subject to the provisions of this chapter.

(1967, P.A. 555, S. 12; 1969, P.A. 753, S. 8, 9; P.A. 73-681, S. 5, 29; P.A. 85-613, S. 59, 154.)

History: 1969 act required official order for sale of cannabis-type drugs in Subsecs. (a) and (c) and changed required period of preservation for order copies from two to three years in Subsec. (c); P.A. 73-681 replaced narcotic and cannabis-type drugs with "Schedule II" drugs and added Subsec. (a)(5), replaced detailed provisions for sale of drugs to government personnel, ship masters, persons in charge of aircraft or persons in foreign countries with statement that sale may be made "only to registrants when permitted under federal and state laws and regulations", replaced "narcotic or cannabis-type" drugs with "Schedule I or II" drugs in Subsec. (c) and referred to "federal laws" or "federal controlled drug laws" in Subsecs. (c) and (d) rather than to "federal narcotic laws"; Sec. 19-456 transferred to Sec. 21a-248 in 1983; P.A. 85-613 made technical change.

Cited. 207 C. 698.

**Sec. 21a-249. (Formerly Sec. 19-457). Prescription requirements.** (a) All prescriptions for controlled drugs shall include (1) the name and address of the patient, or the name and address of the owner of an animal and the species of the animal, (2) whether the patient is an adult or a child, or his specific age, (3) the compound or preparation prescribed and the amount thereof, (4) directions for use of the medication, (5) the name and address of the prescribing practitioner, (6) the date of issuance, and (7) the Federal Registry number of the practitioner. No prescription blank containing a prescription for a schedule II substance shall contain more than one prescription.

(b) Written prescriptions shall be written in ink or in indelible pencil or by typewriter. No duplicate, carbon or photographic copies and no printed or rubber-stamped orders shall be considered valid prescriptions within the meaning of this chapter. No prescription or order for any controlled substance issued by a practitioner to an inanimate object or thing shall be considered a valid prescription within the meaning of this chapter.

(c) Prescriptions for schedule II substances, if in writing, shall be signed by the prescribing practitioner at the time of issuance and previously signed orders for such schedule II substances shall not be considered valid prescriptions within the meaning of this chapter. No practitioner shall prescribe, dispense or administer schedule II sympathomimetic amines as anorectics, except as may be authorized by regulations adopted by the Departments of Public Health and Consumer Protection acting jointly. The Department of Public Health and the Department of Consumer Protection, acting jointly, may adopt regulations, in accordance with chapter 54, allowing practitioners to prescribe, dispense or administer schedule II sympathomimetic amines as anorectics under certain specific circumstances. Nothing in this subsection shall be construed to require a licensed pharmacist to determine the diagnosis of a patient prior to dispensing a prescription for such substances to a patient.

(d) To the extent permitted by the federal Controlled Substances Act, 21 USC 801, as from time to time amended, a prescribing practitioner may issue an oral order or an electronically transmitted prescription order and, except as otherwise provided by regulations adopted pursuant to sections 21a-243, 21a-244 and 21a-244a, such oral order or electronically transmitted prescription order shall be promptly reduced to writing on a prescription blank or a hardcopy printout or created as an electronic record and filed by the pharmacist filling it. For the purposes of subsections (d) and (h) of this section the term "electronically transmitted" means transmitted by facsimile machine, computer modem or other similar electronic device.

(e) To the extent permitted by the federal Controlled Substances Act, in an emergency the dispensing of schedule II substances may be made upon the oral order of a prescribing registrant known to or confirmed by the filling pharmacist who shall promptly reduce the oral order to writing on a prescription blank, provided, in such cases such oral order shall be confirmed by the proper completion and mailing or delivery of a prescription prepared by the prescribing registrant to the pharmacist filling such oral order within seventy-two hours after the oral order has been given. Such prescription of the registrant shall be affixed to the temporary prescription prepared by the pharmacist and both prescriptions shall be maintained on file as required in this chapter.

(f) All prescriptions for controlled substances shall comply fully with any additional requirements of the federal food and drug laws, the federal Controlled Substances Act, and state laws and regulations adopted under this chapter.

(g) Repealed by P.A. 82-419, S. 46, 47.

(h) Except when dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a controlled substance included in schedule III or IV, which is a prescription drug as determined under federal food and drug laws, shall not be dispensed without a written, electronically transmitted or oral prescription of a practitioner. The prescription shall not be filled or refilled more than six months after the date thereof or be refilled more than five times, unless renewed by the practitioner.

(i) A controlled substance included in schedule V shall not be distributed or dispensed other than for a medical purpose.

(j) A pharmacy may sell and dispense controlled substances upon the prescription of a prescribing practitioner, as defined in subdivision (22) of section 20-571.

(k) Pharmacies shall file filled prescriptions for controlled substances separately from other prescriptions. All schedule II prescriptions shall be filed in a separate file or in an electronic file. All schedule III, IV and V prescriptions shall be filed in another separate file or in an electronic file, except as otherwise provided for in regulations adopted pursuant to section 21a-243, 21a-244 or 21a-244a. All written controlled substance prescriptions shall, immediately upon filling, be filed chronologically and consecutively.

(l) Any pharmacy may transfer prescriptions for controlled substances included in schedules III, IV and V to any other pharmacy in accordance with the requirements set forth in the federal Controlled Substances Act 21 USC 801 et seq. and the regulations promulgated thereunder, as from time to time amended.

(m) A practitioner authorized to prescribe controlled substances shall not prescribe anabolic steroids for the sole purpose of enhancing a patient's athletic ability or performance.

(1967, P.A. 555, S. 13; 1969, P.A. 161, S. 1, 2; 1972, P.A. 278, S. 5; P.A. 73-681, S. 6, 29; P.A. 77-165, S. 1; 77-277, S. 3; P.A. 78-310, S. 2, 4; P.A. 82-419, S. 37, 46, 47; P.A. 83-156; P.A. 85-613, S. 60, 154; P.A. 91-224, S. 1; P.A. 93-381, S. 9, 39; P.A. 95-72, S. 1; 95-257, S. 12, 21, 58; 95-264, S. 58; P.A. 97-64, S. 2; P.A. 00-182, S. 4; June 30 Sp. Sess. P.A. 03-6, S. 146(d); P.A. 04-169, S. 17; 04-189, S. 1; P.A. 05-73, S. 2; P.A. 09-22, S. 5.)

History: 1969 act deleted limiting phrase "to the extent permitted by the federal narcotic laws" in Subsec. (e) and deleted reference to compliance with "any additional requirements of federal narcotic laws" in Subsec. (f); 1972 act referred to "substances" rather than "drugs" and to "Schedule II" substances rather than to "Class A" narcotics, limited provisions of Subsec. (e) by



adding "to the extent permitted by the Federal Controlled Substances Act", restated Subsec. (f) to specify compliance with "any additional requirements" of food and drug laws and to specify federal drug law and added Subsecs. (g) to (i); P.A. 73-681 added Subsec. (a)(7) and prohibited issuance of prescription to "inanimate object or thing" in Subsec. (b); P.A. 77-165 referred to "federal registry" number rather than "BNDD" number in Subsec. (a)(7) and required one prescription per prescription blank; P.A. 77-277 added exception re Sec. 19-451a in Subsecs. (d) and (g); P.A. 78-310 added Subsec. (j); P.A. 82-419 amended section to allow more than one prescription on a blank except in case of schedule II substance, repealing Subsec. (g) which had required that filled prescriptions for controlled substances be filed separately, chronologically and consecutively; Sec. 19-457 transferred to Sec. 21a-249 in 1983; P.A. 83-156 added Subsec. (k) requiring filing of filled prescriptions for controlled substances separately, chronologically and consecutively; P.A. 85-613 made technical changes, deleting provision in Subsec. (j) which had required controlled substance prescriptions to be filed chronologically and consecutively; P.A. 91-224 amended Subsec. (c) to prohibit the prescription of Schedule II sympathomimetic amines as anorectics except as authorized by regulation; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-72 amended Subsecs. (d) and (h) to permit the use of electronically transmitted prescriptions; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 95-264 amended Subsec. (j) to change "licensed" practitioner to "prescribing" practitioner (Revisor's note: The reference in Subsec. (j) to "prescribing practitioner, as defined in subdivision (21) of ..." was changed editorially by the Revisors to "prescribing practitioner, as defined in subdivision (22) of ..."); P.A. 97-64 added new Subsec. (l) re transfer of prescriptions; P.A. 00-182 amended Subsec. (l) by replacing reference to 21 CFR 1306.26 with reference to 21 USC 801 et seq. and regulations promulgated thereunder; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Department of Consumer Protection with Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 05-73 added Subsec. (m) re the prescribing of anabolic steroids for the sole purpose of enhancing a patient's athletic ability or performance, effective May 31, 2005; P.A. 09-22 made technical changes in Subsecs. (a) and (b), added reference re schedule II prescriptions in writing in Subsec. (c), added references to Sec. 21a-244a and electronic record in Subsec. (d), replaced reference to federal laws and regulations with reference to the federal Controlled Substances Act in Subsec. (f) and added electronic file requirements and references to Secs. 21a-243 and 21a-244a in Subsec. (k), effective July 1, 2009.

See Sec. 17a-714a re legal protections for licensed health care professionals who prescribe opioid antagonists to drug users.

See Sec. 20-14a re use of generic drug names in prescriptions.

Annotations to former section 19-457:

Cited. 33 CS 66.

Annotation to present section:

Cited. 207 C. 698.

**Sec. 21a-250. (Formerly Sec. 19-458). Rights and duties of pharmacist.** (a) A pharmacist, in good faith, may sell and dispense controlled substances to any person upon a prescription of a physician or dentist, podiatrist, optometrist, veterinarian, physician assistant licensed pursuant to section 20-12b, advanced practice registered nurse, or nurse-midwife to the extent that they are authorized to prescribe such controlled substances. Except as otherwise provided by regulations adopted pursuant to section 21a-244, the person filling or refilling the prescription shall include the date of filling and the person's signature or initials on any prescription for controlled substances, and the prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of three years, so as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of this chapter. The prescription shall not be filled or refilled unless permitted by federal food and drug laws, the federal Controlled Substances Act and regulations adopted under this chapter.

(b) The legal owner of any stock of controlled substances in a pharmacy, upon discontinuance of dealing in such substances, may sell such stock to a manufacturer, distributor, practitioner, wholesaler or pharmacy, but schedule II substances may only be sold on such written order as is required by the federal Controlled Substances Act.

(c) A pharmacist, only upon an official written order, may sell to a registrant the kinds and quantities of aqueous or oleaginous schedule II substances which he has prepared and which are permitted by the federal Controlled Substances Act.

(d) (1) A retail pharmacy or pharmacy within a licensed hospital may distribute small quantities of schedule III, IV or V controlled substances to another pharmacy to provide for the immediate needs of a patient pursuant to a prescription or medication order of a practitioner. As used in this subsection "small quantities" means not more than one ounce of a powder or ointment, not more than sixteen ounces of a liquid and not more than one hundred dosage units of tablets, capsules, suppositories or injectables. (2) A retail pharmacy may distribute, in accordance with state and federal statutes and regulations, a schedule II, III, IV or V controlled substance to a practitioner who has a current federal and state registry number authorizing such practitioner to purchase such controlled substances, and who is the medical director of a chronic and convalescent nursing home, of a rest home with nursing supervision or of a state correctional institution, for use as emergency stock within such facility. Such drugs shall be supplied in containers which bear labels specifying the name of the drug and its strength, expiration date, lot number and manufacturer. Drugs supplied pursuant to this subsection shall be limited in type and quantity to those specifically documented and authorized by such medical director for use as emergency stock in such facility. (3) Pharmacies distributing controlled substances in accordance with the provisions of subdivisions (1) and (2) of this subsection shall keep a written record of such transactions containing the name of the receiving pharmacy, or the name and federal registry number of a medical director, date distributed and name, form, strength and quantity of such

controlled substances distributed. Such records shall be kept on file separately, in accordance with subsection (h) of section 21a-254. Receiving pharmacies or medical directors, shall keep, in a separate file, a written record in accordance with subsections (f) and (h) of section 21a-254.

(1967, P.A. 555, S. 14; 1972, P.A. 278, S. 6; P.A. 73-681, S. 7, 29; P.A. 77-277, S. 4; P.A. 78-53, S. 1; P.A. 82-419, S. 38, 47; P.A. 84-194, S. 3; P.A. 90-211, S. 13, 23; P.A. 96-203, S. 2; P.A. 99-102, S. 34; June Sp. Sess. P.A. 01-9, S. 26, 131.)

History: 1972 act replaced "drugs" and "drugs other than narcotic drugs" with "substances" and "federal narcotic laws" with "Federal Controlled Substances Act", allowed sales to podiatrists in Subsec. (a), allowed sales to distributors, practitioners and pharmacies (rather than pharmacists) in Subsec. (b), specified written order required only for sales of Schedule II substances (previously required for all sales) and deleted reference to orders required by commissioner of health or consumer protection and replaced "narcotic drugs" with "Schedule II substances" in Subsec. (c); P.A. 73-681 specified "aqueous or oleaginous" substances prepared by pharmacist in Subsec. (c); P.A. 77-277 added exception re Sec. 19-451a in Subsec. (a); P.A. 78-53 added Subsec. (d) re interpharmacy sales of small quantities of controlled substances; P.A. 82-419 deleted requirement that pharmacist hand "write" date of filling and initials on prescriptions; Sec. 19-458 transferred to Sec. 21a-250 in 1983; P.A. 84-194 added Subsec. (d)(2) allowing retail pharmacies to distribute certain controlled drugs to convalescent nursing facilities or rest homes under certain circumstances; P.A. 90-211 added references to physician assistant, advanced practice registered nurse and nurse midwife; P.A. 96-203 added optometrists in Subsec. (a) to those providers whose prescriptions can be filled; P.A. 99-102 amended Subsec. (a) by deleting obsolete reference to osteopathy and making a technical change; June Sp. Sess. P.A. 01-9 amended Subsec. (d) to add provision re state correctional institution and to make a technical change for purposes of gender neutrality, effective July 1, 2001.

Subsec. (a):

Central purpose is to ensure prescriptions will be accessible for inspection by law enforcement officials responsible for enforcing criminal drug laws. 259 C. 436.

**Sec. 21a-250a.** Transferred to Chapter 417, Sec. 21a-70a.

**Sec. 21a-251. (Formerly Sec. 19-459). Dispensing of controlled substances by hospitals, infirmaries or clinics.** (a) No controlled substances shall be dispensed or administered by hospitals, infirmaries or clinics except upon written order signed or initialed by the prescribing practitioner or upon an oral order of a prescribing practitioner which shall be confirmed by a written order which shall be signed or initialed by such prescribing practitioner within twenty-four hours after the giving of such oral order for schedule II controlled substances and within seventy-two hours after the giving of such oral order for other controlled substances.

(b) Original and continuing orders for schedule II controlled substances shall be limited to a

period not exceeding seven days from the time the order is entered, but may be extended for additional periods of seven days each by the signing or initialing of the order by a prescribing practitioner.

(c) Original and continuing orders for schedule III, IV or V controlled substances shall be limited in duration as designated in the written order of the prescribing practitioner, but in no case shall such order be effective for more than thirty days.

(d) An original or continuing medication order for a controlled substance in a hospital, as defined in subsection (b) of section 19a-490, or a hospice licensed by the Department of Public Health or certified pursuant to 42 USC Section 1395x, may include a range of doses that may be administered by a physician assistant licensed pursuant to chapter 370, a licensed nurse or an advanced practice registered nurse licensed pursuant to chapter 378 or a nurse-midwife licensed pursuant to chapter 377. Each such hospital or hospice shall establish a written protocol that identifies the specific drugs that may be prescribed in ranges and that lists critical assessment parameters and guidelines to be considered in implementing such orders. The Commissioner of Consumer Protection, with the advice and assistance of the commissioner of any other state health care licensing authority having primary jurisdiction over such hospital or hospice, may require the modification of any protocol to meet the requirements of this subsection. Nothing in this subsection shall be construed to restrict the use of patient administered analgesia through the use of pumps or similar devices.

(1967, P.A. 555, S. 15; 1969, P.A. 753, S. 10; 1972, P.A. 278, S. 7; P.A. 79-52; P.A. 96-203, S. 1; June 18 Sp. Sess. P.A. 97-8, S. 30, 88; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1969 act made seventy-two-hour deadline applicable to controlled nonnarcotic drugs and imposed twenty-four-hour deadline for narcotic drugs in Subsec. (a); 1972 act substituted "substances" for "drugs" and made provisions applicable to infirmaries and clinics; P.A. 79-52 substituted "Schedule II controlled substances" for "narcotic drugs", made Subsec. (b) applicable to original orders in addition to continuing orders and added exception re nonnarcotic drugs and added Subsec. (c); Sec. 19-459 transferred to Sec. 21a-251 in 1983; P.A. 96-203 added Subsec. (d) allowing administration of range of doses of a controlled substance in a hospital or hospice by physician assistant, licensed nurse, advance practice registered nurse or nurse-midwife; June 18 Sp. Sess. P.A. 97-8 deleted seventy-two-hour restriction on continuing orders for nonnarcotic controlled substances in Subsec. (b), effective July 1, 1997; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-252. (Formerly Sec. 19-460). Prescription and dispensing of controlled substances by certain practitioners. Surrender of unused substances by patients.** (a) A physician, in good faith and in the course of the physician's professional practice only, may prescribe,

administer and dispense controlled substances, or may cause the same to be administered by a physician assistant, nurse or intern under the physician's direction and supervision, for demonstrable physical or mental disorders but not for drug dependence except in accordance with state and federal laws and regulations adopted thereunder. Notwithstanding the provisions of this subsection the Department of Consumer Protection may approve protocols allowing the dispensing of take-home doses of methadone, by a registered nurse or licensed practical nurse, to outpatients in duly licensed substance abuse treatment facilities. Such dispensing shall be done pursuant to the order of a licensed prescribing practitioner and using computerized dispensing equipment into which bulk supplies of methadone are dispensed by a pharmacist. The quantity of methadone dispensed by such nurse shall not exceed at any one time that amount allowed under federal or state statutes or regulations governing the treatment of drug dependent patients. The Department of Consumer Protection shall conduct inspections of such treatment facilities to ensure that the computerized dispensing equipment and related dispensing procedures documented in the approved protocols are adhered to.

(b) A dentist, in good faith and in the course of the dentist's professional practice only, may prescribe, administer or dispense controlled substances, or may cause the same to be administered by a nurse under the dentist's direction and supervision, to the extent permitted by the federal Controlled Substances Act, federal food and drug laws and state laws and regulations relating to dentistry.

(c) A podiatrist, in good faith and in the course of the podiatrist's professional practice only, may prescribe, administer and dispense controlled substances in schedules II, III, IV or V, or may cause the same to be administered by a nurse under the podiatrist's direction and supervision, to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws and state laws and regulations relating to podiatry.

(d) A veterinarian, in good faith in the course of the veterinarian's professional practice only, and not for use by a human being, may prescribe, administer and dispense controlled substances, and may cause them to be administered by an assistant or orderly under the veterinarian's direction and supervision, to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws and state laws and regulations relating to veterinary medicine.

(e) An advanced practice registered nurse licensed pursuant to section 20-94a, in good faith and in the course of such nurse's professional practice only, may prescribe, dispense, and administer controlled substances in schedule II, III, IV or V, or may cause the same to be administered by a registered nurse or licensed practical nurse under the advanced practice registered nurse's direction and supervision, to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws and state laws and regulations relating to advanced nursing practice.

(f) A nurse-midwife licensed under chapter 377, in good faith and in the course of the nurse-midwife's professional practice only, may prescribe, dispense, and administer controlled substances in schedules II, III, IV and V, or may cause the same to be administered by a registered nurse or licensed practical nurse under the nurse-midwife's direction and supervision, to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws

and state laws.

(g) A physician assistant licensed pursuant to section 20-12b, in good faith and in the course of the physician assistant's professional practice only, may prescribe, dispense, and administer controlled substances in schedule II, III, IV or V, or may cause the same to be administered by an advanced practice registered nurse, registered nurse, or licensed practical nurse who is acting under a physician's direction, to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws and state laws and regulations relating to physician assistant practice.

(h) An optometrist authorized to practice advanced optometrical care, in good faith and in the course of the optometrist's professional practice only and who is duly authorized by section 20-127, may prescribe, administer or dispense controlled substances in schedule II, III, IV or V to the extent permitted by the federal Controlled Substances Act, the federal food and drug laws and state laws and regulations relating to optometry.

(i) Any person who has obtained directly from a physician, dentist, podiatrist, optometrist, veterinarian, physician assistant, advanced practice registered nurse or nurse-midwife any controlled substance for self-administration or administration to a patient during the absence of such physician, dentist, podiatrist, optometrist, veterinarian, physician assistant, advanced practice registered nurse or nurse-midwife shall return to such physician, dentist, podiatrist, optometrist, veterinarian, physician assistant, advanced practice registered nurse or nurse-midwife any unused portion of such controlled substance, when it is no longer required by the person or the patient, or may surrender such controlled substance to the Commissioner of Consumer Protection for proper disposition.

(1967, P.A. 555, S. 16; 1969, P.A. 578, S. 2; 1972, P.A. 278, S. 8; 294, S. 43; P.A. 73-616, S. 62, 67; 73-681, S. 8, 29; P.A. 85-120, S. 1, 2; P.A. 89-389, S. 14, 22; P.A. 90-211, S. 14, 23; P.A. 91-224, S. 2; P.A. 95-332, S. 5; P.A. 96-70, S. 2; P.A. 99-102, S. 35; June 30 Sp. Sess. P.A. 03-6, S. 146(c), (d); P.A. 04-169, S. 17; 04-189, S. 1.)

History: 1969 act inserted new Subsec. (d) re podiatrists and relettered former Subsecs. (d) and (e) accordingly, adding podiatrists in new Subsec. (f), formerly (d); 1972 acts replaced references to drugs, controlled drugs and narcotic drugs with "controlled substance(s)", amended Subsec. (a) to replace "part III" with "state and federal laws and regulations", amended Subsecs. (b) and (c) to replace "federal narcotic laws" with "Federal Controlled Substances Act", amended Subsecs. (d) and (e) to replace reference to Sec. 20-250 with reference to Federal Controlled Substances Act and food and drug laws and state laws relating to podiatry and required surrender of drugs to health commissioner rather than department in Subsec. (f); P.A. 73-616 made technical changes; P.A. 73-681 specified schedule II, III, IV or V substances in Subsec. (d), replaced incorrect reference to podiatry in Subsec. (e) with "veterinary medicine" and replaced health commissioner with commissioner of consumer protection in Subsec. (f); Sec. 19-460 transferred to Sec. 21a-252 in 1983; P.A. 85-120 amended Subsec. (a) to authorize a physician assistant to administer controlled substances under the direction and supervision of a physician; P.A. 89-389 added Subsecs. (f) and (g), relettered the existing Subsec. (f) as Subsec. (h) and

amended Subsec. (h) to add the references to advanced practice registered nurses and nurse-midwives; P.A. 90-211 amended Subsec. (f) to add language pertaining to the prescribing, dispensing and administering of controlled substances in schedules II and III and removed language pertaining to the prescribing and administering of controlled substances by nurse anesthetists and inserted new Subsec. (h) pertaining to physician assistants, relettering and amending former Subsec. (h) accordingly; P.A. 91-224 amended Subsec. (f) by deleting language requiring a physician to cosign a prescription for a Schedule II or III controlled substance; P.A. 95-332 amended Subsec. (a) to allow the Department of Consumer Protection to approve protocols that permit the dispensing of methadone by a registered nurse or licensed practical nurse; P.A. 96-70 inserted new Subsec. (i) concerning optometrists, relettering existing Subsec. as (j); P.A. 99-102 deleted Subsec. (b) re obsolete reference to osteopathy, relettered the remaining Subsecs., deleted obsolete references to osteopathy in redesignated Subsec. (i) and made technical changes reflecting gender neutrality; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Commissioner and Department of Consumer Protection with Commissioner and Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

See Sec. 17a-714a re legal protections for licensed health care professionals who prescribe opioid antagonists to drug users.

Annotations to former section 19-460:

Cited. 7 CA 403.

Subsec. (a):

Cited. 204 C. 377.

Annotations to present section:

Cited. 7 CA 403. Cited. 17 CA 257.

Subsec. (a):

Cited. 204 C. 156; Id., 377. Cited. 240 C. 799.

Use of "and" does not require that physician do all three acts, i.e. prescribe, administer and dispense, re controlled substances to come within exception provide by subsec. to avoid liability under Sec. 21a-277(b) or 21a-278(b). 82 CA 435.

**Sec. 21a-253. Possession of marijuana pursuant to a prescription by a physician.** Any person may possess or have under his control a quantity of marijuana less than or equal to that quantity supplied to him pursuant to a prescription made in accordance with the provisions of

section 21a-249 by a physician licensed under the provisions of chapter 370 and further authorized by subsection (a) of section 21a-246 by the Commissioner of Consumer Protection to possess and supply marijuana for the treatment of glaucoma or the side effects of chemotherapy.

(P.A. 81-440, S. 5, 7; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-254. (Formerly Sec. 19-461). Designation of restricted drugs or substances by regulations. Records required by chapter. Establishment of electronic prescription drug monitoring program. Pharmacy and outpatient pharmacy controlled substance prescription reporting. Vendor collection of information. Confidentiality. Disclosure of information. Regulations.**

(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, free-standing 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 free-standing 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, 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 and outpatient pharmacies in hospitals or institutions. 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) Each pharmacy and each outpatient pharmacy in a hospital or institution shall report to the commissioner, at least twice monthly, 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.

(3) 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.

(4) The commissioner and any such vendor shall not disclose controlled substance prescription information reported pursuant to subdivision (2) 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 (3) of this subsection shall be guilty of a class D felony.

(5) The commissioner shall provide, upon request, controlled substance prescription information obtained in accordance with subdivision (2) 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.

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

(1967, P.A. 555, S. 17; 1969, P.A. 753, S. 11-13; 1972, P.A. 278, S. 9; P.A. 73-681, S. 9, 29; P.A. 74-338, S. 17, 94; P.A. 77-51; 77-101, S. 2; P.A. 81-148, S. 3, 4; 81-363, S. 2; P.A. 88-357, S. 16; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; P.A. 06-155, S. 1.)

History: 1969 act included cannabis-type drugs as restricted drugs and slightly changed wording in Subsec. (a), deleted phrase re applicability to practitioners "regularly engaged" in dispensing drugs and included applicability with respect to purchasing drugs in Subsec. (c) and deleted reference to charging drugs separately or in connection with other professional services, referred to "controlled" rather than "restricted" drugs in Subsec. (f) record-keeping provisions and required that records be "separately maintained"; 1972 act replaced "drugs" with "substances" throughout section, rephrased Subsec. (a) and added provision re removal of restricted drug designation, replaced "restricted drugs" with "Schedule I drugs" in Subsec. (b), included clinics and infirmaries in Subsec. (e) and made provisions re record-keeping applicable to hospitals applicable to infirmaries as well, required preparation of periodic records rather than preparation on October 1, 1967, and removed exception re records prepared in accordance with Sec. 511(d) of federal food and drug laws, required that records be available to authorized agents of inspecting commissioner and replaced "federal narcotic laws" with "Federal Controlled Substances Act" in Subsec. (f); P.A. 73-681 removed public health council as authority for designating restricted drugs in Subsec. (a), substituted "obtaining" for "purchasing" in Subsec. (c) and replaced provision re waiver of required record-keeping by public health council regulation with provisions re required manner in which records required to be kept on premises and use of foreign languages, codes, symbols in Subsec. (f); P.A. 74-338 deleted "inspecting" with reference to commissioner and referred to authorized "agent" rather than "agency" in Subsec. (f); P.A. 77-51 made Subsecs. (e) and (f) applicable to chronic and convalescent nursing

homes and rest homes with nursing supervision; P.A. 77-101 added reference to Subsec. (h) in Subsecs. (c) to (e), added exceptions in Subsec. (e), inserted new Subsec. (g) re hospitals using unit dose drug distribution systems, designated part of Subsec. (f) as Subsec. (h) and relettered Subsec. (g) as Subsec. (i); P.A. 81-148 amended Subsec. (e) to specifically exclude from record-keeping requirement records re ultra-short-acting depressants and amended Subsec. (h) to clarify the requirements of federal law relating to the taking of inventory of controlled substances; P.A. 81-363 amended Subsec. (e) to authorize chronic and convalescent nursing homes using a unit dose drug distribution system to maintain their records in accordance with the provisions of Subsecs. (g) and (h); Sec. 19-461 transferred to Sec. 21a-254 in 1983; P.A. 88-357 amended Subsec. (e) by adding references to free-standing ambulatory surgical centers; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 06-155 added Subsec. (j) re establishment of electronic prescription drug monitoring program, reporting by pharmacies and outpatient pharmacies in hospitals or institutions, vendor collection of information, disclosure and confidentiality of information and adoption of regulations.

Annotation to former section 19-461:

Cited. 7 CA 403.

Annotation to present section:

Cited. 207 C. 698.

**Sec. 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, 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; (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.

(P.A. 06-155, S. 2.)

**Sec. 21a-255. (Formerly Sec. 19-462). Penalty for failure to make, furnish or keep records, statements or information. General penalty.** (a) Any person who, either as principal or agent, refuses or fails to make, furnish or keep any record, notification, order form, statement, invoice or information required by sections 21a-243 to 21a-282, inclusive, or regulations adopted pursuant to section 21a-244, for the first offense may be fined not more than five hundred dollars and for each subsequent offense may be fined not more than one thousand dollars or imprisoned not more than thirty days or be both fined and imprisoned.

(b) Any person who fails to keep any record required by said sections 21a-243 to 21a-282, inclusive, or said regulations, with an intent to defeat the purpose of this chapter or any person who violates any other provision of said sections, except as to such violations for which penalties are specifically provided in sections 21a-277 and 21a-279, may, for the first offense, be fined not more than one thousand dollars or be imprisoned for not more than two years or be both fined and imprisoned; and for the second and each subsequent offense may be fined not more than ten thousand dollars or be imprisoned not more than ten years or be both fined and imprisoned.

(1967, P.A. 555, S. 18; 1969, P.A. 753, S. 14; 1972, P.A. 278, S. 10; P.A. 77-277, S. 5; P.A. 87-129, S. 4.)

History: 1969 act made imposition of fines and terms of imprisonment optional rather than mandatory and standardized wording and penalties so that penalty in all cases is fine and/or imprisonment; 1972 act replaced reference to repealed Sec. 19-450 with reference to Sec. 19-451; P.A. 77-277 added reference to regulations under Sec. 19-451a; Sec. 19-462 transferred to Sec. 21a-255 in 1983; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act.

Cited. 207 C. 698.

**Sec. 21a-256. (Formerly Sec. 19-463). Labeling of package or container of controlled substances.** (a) When a manufacturer sells or dispenses a controlled substance and when a wholesaler sells, dispenses or distributes a controlled substance in a package prepared by him, he shall securely affix to each package in which that substance is contained a label showing in legible English the name and address of the vendor and the quantity, kind and form of controlled substance contained therein and any additional information required under the federal food and drug laws and the state food, drug and cosmetic laws. No person, except a practitioner dispensing a controlled substance under this chapter, shall alter, deface or remove any label so affixed.

(b) When a pharmacist sells or dispenses any controlled substance on prescription issued by a physician, advanced practice registered nurse, physician assistant, podiatrist, dentist or veterinarian, the pharmacist shall affix, to the container in which such substance is sold or dispensed, a label showing the name and address of the pharmacy for which the pharmacist is lawfully acting, the full name of the patient, or, if the patient is an animal, the name of the owner of the animal and the species of the animal, the last name of the physician, advanced practice

registered nurse, physician assistant, podiatrist, dentist or veterinarian by whom the prescription was written, such directions as may be stated on the prescription, the serial number of the prescription, the date of filling or refilling and any cautionary statement in such prescription as may be required by law.

(c) When aqueous or oleaginous preparations are sold under subsection (c) of section 21a-250, a label shall be affixed to the container containing the preparation which bears the name, address and BNDD numbers of the vendor and vendee, the date of sale, the kind and quantity of substance sold and the serial number of the official written order. No person shall alter, deface or remove any label affixed pursuant to subsection (b) or this subsection.

(1967, P.A. 555, S. 19; 1972, P.A. 278, S. 11; P.A. 73-681, S. 10, 29; P.A. 82-419, S. 39, 47; P.A. 96-19, S. 3; P.A. 99-102, S. 36.)

History: 1972 act replaced "drug" with "substance" throughout section, made Subsec. (b) provisions applicable to podiatrists' prescriptions, required label to include prescription serial number, date of filing and necessary precautionary statements and deleted provision re label requirements for narcotic drugs, and replaced "registry" with "BNDD" numbers in Subsec. (c); P.A. 73-681 specified "aqueous or oleaginous" preparations in Subsec. (c); P.A. 82-419 amended Subsec. (b) to permit physician's last name only, rather than full name, on label and to change date of filing to date of filling or refilling; Sec. 19-463 transferred to Sec. 21a-256 in 1983; P.A. 96-19 expanded reference to prescriptions by physicians in Subsec. (b) to include advanced practice registered nurses and physician assistants; P.A. 99-102 amended Subsec. (b) by deleting obsolete references to osteopathy and making technical changes.

**Sec. 21a-257. (Formerly Sec. 19-464). Person receiving narcotic drug to keep it in original container.** A person to whom or for whose use any narcotic drug has been prescribed, sold or dispensed by a physician, dentist, pharmacist or other person authorized under the provisions of section 21a-248, and the owner of any animal for which any such drug has been prescribed, sold or dispensed may lawfully possess it only in the container in which it was delivered to the recipient by the person selling or dispensing the same except as may be authorized by regulations adopted hereunder.

(1967, P.A. 555, S. 20; 1969, P.A. 753, S. 15; P.A. 99-102, S. 37.)

History: 1969 act referred to "narcotic" rather than "controlled" drugs; Sec. 19-464 transferred to Sec. 21a-257 in 1983; P.A. 99-102 deleted obsolete reference to osteopathy and made a technical change.

Annotations to former section 19-464:

Defendant held to have burden of proving he had drug in container in which it was delivered to him by person dispensing it. 148 C. 57.

Cited. 7 CA 403.

Cited. 6 Conn. Cir. Ct. 584.

**Sec. 21a-258. (Formerly Sec. 19-465). Exceptions concerning possession and control.** The provisions of this part restricting the possession and control of controlled substances shall not apply to common carriers or to warehousemen, while engaged in lawfully transporting or storing such substances, or to any employee of the same acting within the scope of his employment; or to public officers or employees in the performance of their official duties requiring possession or control of controlled substances; or to temporary incidental possession by employees or agents of persons lawfully entitled to possession or by persons whose possession is for the purpose of aiding public officers in performing their official duties.

(1967, P.A. 555, S. 21; 1972, P.A. 278, S. 12.)

History: 1972 act substituted "substances" for "drugs"; Sec. 19-465 transferred to Sec. 21a-258 in 1983.

Annotation to former section 19-465:

Cited. 7 CA 403.

**Sec. 21a-259. (Formerly Sec. 19-466). Common nuisances. Receivership of rental housing property development.** (a) As used in this section, "rental housing property development" means any privately owned multifamily dwelling consisting of not less than six units which are not owner-occupied and which has at least one unit available for rent. Any store, shop, warehouse, dwelling house, building, rental housing property development, vehicle, boat, aircraft or any place whatever, other than as authorized by law, which is frequently resorted to by drug-dependent persons for the purpose of using controlled substances or which is used for the illegal keeping or selling of the same, shall be deemed a common nuisance.

(b) Any such rental housing property development deemed a common nuisance under subsection (a) of this section may be subject to an action for private receivership by the Chief State's Attorney, a deputy chief state's attorney, a state's attorney or an assistant or deputy assistant state's attorney on behalf of all the tenants occupying such development by applying to the superior court for the judicial district where the property is situated for an order requiring the owner and any mortgagees or lienors of record to show cause why a receiver of rents, issues and profits should not be appointed and why said receiver should not remove or remedy such common nuisance and obtain a lien in favor of such tenants, having priority with respect to all existing mortgages or liens, to secure payment of the costs incurred by the receiver in removing or remedying such common nuisance. Such application shall contain (A) proof by affidavit that an order of the proper authority has been issued and served on the owner, mortgagees and lienors; and (B) a plan to manage and operate such property following the appointment of a

receiver of rents, issues and profits.

(1967, P.A. 555, S. 22; 1972, P.A. 278, S. 13; P.A. 97-161.)

History: 1972 act substituted "substances" for "drugs"; Sec. 19-466 transferred to Sec. 21a-259 in 1983; P.A. 97-161 designated existing provisions as Subsec. (a) and amended said Subsec. by defining "rental housing property development" and adding such entity to places deemed a common nuisance, and added new Subsec. (b) re procedure for the appointment of a receiver for a rental housing property development deemed a common nuisance.

**Sec. 21a-260. (Formerly Sec. 19-467a). Narcotics control section in Department of Consumer Protection.** The narcotics control section of the Department of Public Health shall be merged into the Department of Consumer Protection.

(P.A. 73-681, S. 28, 29; P.A. 77-614, S. 323, 610; P.A. 80-306; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; June 30 Sp. Sess. P.A. 03-6, S. 146(d); P.A. 04-169, S. 17; 04-189, S. 1.)

History: P.A. 77-614 replaced department of health with department of health services, effective January 1, 1979; P.A. 80-306 deleted reference to "drugs division" of consumer protection department and deleted obsolete reference to transfer of personnel in same pay grade and classification; Sec. 19-467a transferred to Sec. 21a-260 in 1983; P.A. 93-381 replaced department of health services with department of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Department of Consumer Protection with Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-261. (Formerly Sec. 19-468). Inspection of records. Entry on premises. Warrants and arrests.** (a) Every person required by section 21a-254 to prepare or obtain and keep records of controlled substances, and any carrier maintaining records with respect to any shipment containing any controlled substance, and every person in charge, or having custody, of such records shall, upon request of the Commissioner of Consumer Protection and his authorized agents, permit said commissioner and his authorized agents at reasonable times to have access to and copy such records.

(b) For the purposes of verification of such records and of the enforcement of this part, said commissioner and his agents, are authorized to enter, at reasonable times, any place, clinic, infirmary, correctional institution, care-giving institution, pharmacy, drug room, office, hospital, laboratory, factory, warehouse, establishment or vehicle in which any controlled substance is held, manufactured, compounded, processed, sold, delivered or otherwise disposed of and to inspect, within reasonable limits and in a reasonable manner, such place, clinic, infirmary,



correctional institution, care-giving institution, pharmacy, drug room, office, hospital, laboratory, factory, warehouse, establishment or vehicle, and all pertinent equipment, finished and unfinished material, containers and labeling, and all things therein including records, files, papers, processes, controls and facilities, and to inventory any stock of any such controlled substance therein and obtain samples of any such substance, any labels or containers for such substance and of any finished and unfinished material.

(c) No inspection authorized by subsection (b) shall extend to (1) financial data, (2) sales data other than shipment data, (3) pricing data, (4) personnel data or (5) research data and secret processes or apparatus.

(d) The Commissioner of Consumer Protection and his authorized agents are authorized and empowered to obtain and serve search warrants and arrest warrants; to seize contraband controlled substances; and to make arrests without warrant for offenses under sections 21a-243 to 21a-282, inclusive, if the offense is committed in their presence or, in the case of a felony, if they have probable cause to believe that the person so arrested has committed, or is committing, such offense. The commissioner and his authorized agents when executing the powers authorized pursuant to this subsection, except when using deadly physical force, shall be deemed to be acting in the capacity of a peace officer as defined in subsection (9) of section 53a-3.

(1967, P.A. 555, S. 24; 1972, P.A. 278, S. 15; P.A. 73-681, S. 11, 29; P.A. 74-338, S. 18, 94; P.A. 84-190; P.A. 87-129, S. 5; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1972 act substituted "substance(s)" for "drug(s)", allowed inspection of any place, clinic, infirmary, correctional institution, care-giving institution, pharmacy or drug room in Subsec. (b) and replaced reference to repealed Sec. 19-450 with reference to Sec. 19-451 in Subsec. (d); P.A. 73-681 removed equal powers formerly held by commissioner of health under section; P.A. 74-338 made technical correction; Sec. 19-468 transferred to Sec. 21a-261 in 1983; P.A. 84-190 amended Subsec. (d) by providing that the commissioner and his authorized agents when executing their authorized powers, except the use of deadly physical force, are deemed to be acting in the capacity of peace officers; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

Cited. 207 C. 698.

**Sec. 21a-262. (Formerly Sec. 19-469). Commissioner's authority and duties re controlled substances. When seizing authority may destroy. Disposal by long-term care facilities and outpatient surgical facilities.** (a) The Commissioner of Consumer Protection may receive, take into custody or destroy excess or undesired controlled substances and may in his discretion deliver, upon application, to any hospital, laboratory, incorporated college, scientific institution or any state or municipal agency or institution not operated for private gain, any controlled

substances that have come into his custody by authority of this section. In the case of a care-giving or correctional or juvenile training institution having an institutional pharmacy, the Commissioner of Consumer Protection shall deliver such controlled substances only to the licensed pharmacist in charge of such pharmacy. The Commissioner of Consumer Protection may receive and take into custody excess or undesired controlled substances from pharmacists, manufacturers and wholesalers or any other registrant. Said commissioner shall keep a full and complete record of all substances received and of all substances disposed of, showing the exact kinds, quantities and forms of such substances, the persons from whom received and to whom delivered, by whose authority received, delivered and destroyed, and the dates of the receipt, disposal or destruction. Controlled substances and preparations shall at all times be properly safeguarded and securely kept. Minimum security and safeguard standards for the storage, manufacture, sale or distribution of all controlled substances shall be established by regulations adopted hereunder. Controlled substances seized or held as contraband or controlled substances, the title to which cannot be resolved, which controlled substances are not held by law enforcement agencies or court officials as evidence in criminal proceedings, shall be, upon the order of the court, destroyed by the seizing authority or delivered to the Commissioner of Consumer Protection as soon as possible upon resolution of the case or upon ascertaining the status of the unclaimed substance. The agent of the Commissioner of Consumer Protection shall issue a receipt for all such substance obtained. Any loss, destruction or theft of controlled substances shall be reported by a registrant within seventy-two hours to the Commissioner of Consumer Protection as follows: (1) Where, through breakage of the container or other accident, otherwise than in transit, controlled substances are lost or destroyed, the person having title thereto shall make a signed statement as to the kinds and quantities of controlled substances lost or destroyed and the circumstances involved, and immediately forward the statement to the Commissioner of Consumer Protection. A copy of such statement shall be retained by the registrant; (2) where controlled substances are lost by theft, or otherwise lost or destroyed in transit, the consignee shall, immediately upon ascertainment of the occurrence, file with the Commissioner of Consumer Protection a signed statement of the facts, including a list of the controlled substances stolen, lost or destroyed and documentary evidence that the local authorities were notified. A copy of the statement shall be retained by the registrant. As used in this section, "care-giving institution", "correctional or juvenile training institution", "institutional pharmacy" and "pharmacist" shall have the same meaning as used in section 20-571.

(b) For each long-term care facility, two or more of the following persons may jointly dispose of excess stock of controlled substances: A nursing home administrator, a pharmacist consultant, a director of nursing services or an assistant director of nursing services. Such facility shall maintain documentation of any such destruction and disposal for a period of three years and such documentation shall be maintained in a separate log and on a form prescribed by the department.

(c) For each outpatient surgical facility, as defined in section 19a-493b, two or more of the following persons may jointly dispose of excess stock of controlled substances: An administrator, a clinical director or chief of staff, or a nursing supervisor. Such facility shall maintain documentation of any such destruction and disposal for a period of three years and such documentation shall be maintained in a separate log and on a form prescribed by the department.

(1967, P.A. 555, S. 25; 1969, P.A. 593, S. 13; 1972, P.A. 278, S. 16; P.A. 73-681, S. 12, 29; P.A. 76-77, S. 6; P.A. 84-44, S. 2; P.A. 92-181, S. 1, 3; P.A. 95-264, S. 59; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; P.A. 05-212, S. 4.)

History: 1969 act required that controlled drugs be delivered only to licensed pharmacist where pharmacy is in care-giving, correctional or juvenile training institution; 1972 act substituted "substances" for "drugs"; P.A. 73-681 transferred powers of health commissioner to commissioner of consumer protection and added provisions re delivery of controlled substances held by law enforcement or court officials, etc. and re reports of loss, destruction or theft of controlled substances; P.A. 76-77 allowed destruction of controlled substances upon court order as alternative to delivery to commissioner of consumer protection; Sec. 19-469 transferred to Sec. 21a-262 in 1983; P.A. 84-44 deleted reference to controlled substances held by law enforcement agencies or court officials as evidence in criminal proceedings and added provision re controlled substances which are not held by law enforcement agencies or court officials as evidence in court proceedings; P.A. 92-181 provided that the commissioner could deliver controlled substances to any state or municipal agency not operated for private gain; P.A. 95-264 added definition of care-giving, correctional and juvenile training institutions, institutional pharmacy and pharmacist; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 05-212 designated existing provisions as Subsec. (a) and added Subsecs. (b) and (c) re disposal by long-term care facilities and by outpatient surgical facilities, respectively, effective July 6, 2005.

**Sec. 21a-263. (Formerly Sec. 19-469a). Power of commissioner to receive and destroy drug paraphernalia. Records.** The Commissioner of Consumer Protection may receive, take into custody or destroy any drug paraphernalia as defined in subdivision (20) of section 21a-240. Said commissioner shall keep a full and complete record of all drug paraphernalia received and disposed of, showing the exact kinds, quantities and forms of such drug paraphernalia, the persons from whom received, by whose authority received and destroyed, and the dates of the receipt or destruction. Drug paraphernalia held by law enforcement agencies or court officials as evidence in criminal proceedings, or drug paraphernalia seized or held as contraband shall be destroyed upon the order of the court by the seizing authority or delivered to the Commissioner of Consumer Protection as soon as possible upon termination of the proceedings or resolution of the case.

(P.A. 80-224, S. 4; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-469a transferred to Sec. 21a-263 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-264. (Formerly Sec. 19-470). Notice to licensing boards of violations by licensees.**

On the conviction of any person of the violation of any provision of this part, a copy of the judgment and sentence and of the opinion of the court, if any opinion is filed, shall be sent by the clerk of the court, or by the judge, to the board or officer, if any, by whom such person has been licensed or registered to practice his profession or to carry on his business and the court may, in its discretion, recommend to the licensing or registering board or officer that the license or registration of such person to practice his profession or to carry on his business be suspended or revoked. On the application of any person whose license or registration has been so suspended or revoked, such board or officer may, for good cause shown, reinstate such license or registration.

(1967, P.A. 555, S. 26.)

History: Sec. 19-470 transferred to Sec. 21a-264 in 1983.

**Sec. 21a-265. (Formerly Sec. 19-471). Inspection of prescriptions, orders, records and stocks restricted to government officers and third-party payors. Confidentiality.**

Prescriptions, orders and records required by sections 21a-243 to 21a-282, inclusive, and stocks of controlled substances shall be open for inspection only to federal, state, county and municipal officers, whose duty it is to enforce the laws of this state or of the United States relating to controlled substances, and to third party payors having a formal agreement or contract to audit such prescriptions, orders and records in connection with claims submitted to such payors. No such officer or third party payor having knowledge by virtue of his office of any such prescription, order or record shall divulge such knowledge, except in connection with a civil action or criminal prosecution in court or before a licensing or registration board or officer, to which action, prosecution or proceeding the person to whom such prescriptions, orders or records relate is a party.

(1967, P.A. 555, S. 27; 1972, P.A. 278, S. 17; P.A. 73-203; P.A. 87-129, S. 6.)

History: 1972 act substituted "substances" for "drugs" and replaced reference to repealed Sec. 19-450 with reference to Sec. 19-451; P.A. 73-203 required that prescriptions, orders, etc. be open to inspection by third party payors having formal agreement or contract to perform audit and specified that information is to be divulged in connection with civil actions or criminal prosecutions; Sec. 19-471 transferred to Sec. 21a-265 in 1983; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act.

Cited. 207 C. 698. Law enforcement officials allowed access to prescription records for controlled substances upon consent of pharmacist in possession of those records, without the need for search warrant or defendant's prior consent. Absent search warrant, no requirement for pharmacist to comply with request by law enforcement officials to review prescription records in pharmacist's possession. 259 C. 436.

**Sec. 21a-266. (Formerly Sec. 19-472). Prohibited acts.** (a) No person shall obtain or attempt to obtain a controlled substance or procure or attempt to procure the administration of a controlled substance (1) by fraud, deceit, misrepresentation or subterfuge, or (2) by the forgery or alteration of a prescription or of any written order, or (3) by the concealment of a material fact, or (4) by the use of a false name or the giving of a false address.

(b) Information communicated to a practitioner in an effort unlawfully to procure a controlled substance, or unlawfully to procure the administration of any such substance, shall not be deemed a privileged communication.

(c) No person shall wilfully make a false statement in any prescription, order, report or record required by this part.

(d) No person shall, for the purpose of obtaining a controlled substance, falsely assume the title of, or claim to be, a manufacturer, wholesaler, pharmacist, physician, dentist, veterinarian, podiatrist or other authorized person.

(e) No person shall make or utter any false or forged prescription or false or forged written order.

(f) No person shall affix any false or forged label to a package or receptacle containing controlled substances.

(g) No person shall alter an otherwise valid written order or prescription except upon express authorization of the issuing practitioner.

(h) No person who, in the course of treatment, is supplied with controlled substances or a prescription therefor by one practitioner shall, knowingly, without disclosing such fact, accept during such treatment controlled substances or a prescription therefor from another practitioner with intent to obtain a quantity of controlled substances for abuse of such substances.

(i) The provisions of subsections (a), (d) and (e) shall not apply to manufacturers of controlled substances, or their agents or employees, when such manufacturers or their authorized agents or employees are actually engaged in investigative activities directed toward safeguarding of the manufacturer's trademark, provided prior written approval for such investigative activities is obtained from the Commissioner of Consumer Protection.

(1967, P.A. 555, S. 28; 1972, P.A. 278, S. 18; P.A. 73-681, S. 13, 29; P.A. 99-102, S. 38; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1972 act substituted "substance(s)" for "drug(s)" and included "podiatrist" in Subsec. (d); P.A. 73-681 added proviso re prior written approval for investigative activities in Subsec. (i); Sec. 19-472 transferred to Sec. 21a-266 in 1983; P.A. 99-102 amended Subsec. (d) by deleting obsolete reference to osteopathy and making a technical change; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess.

P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

Annotation to former section 19-472:

Defendant in obtaining prescription for narcotics from physician concealed fact he was a drug addict; held to be a violation of predecessor section 19-261. 148 C. 57.

Annotations to present section:

Cited. 223 C. 618.

Cited. 24 CA 662; judgment reversed, see 223 C. 618.

**Sec. 21a-267. (Formerly Sec. 19-472a). Prohibited acts re drug paraphernalia.** (a) No person shall use or possess with intent to use drug paraphernalia, as defined in subdivision (20) of section 21a-240, to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal, or to ingest, inhale or otherwise introduce into the human body, any controlled substance as defined in subdivision (9) of section 21a-240. Any person who violates any provision of this subsection shall be guilty of a class C misdemeanor.

(b) No person shall deliver, possess with intent to deliver or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal, or to ingest, inhale or otherwise introduce into the human body, any controlled substance. Any person who violates any provision of this subsection shall be guilty of a class A misdemeanor.

(c) Any person who violates subsection (a) or (b) of this section in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school and who is not enrolled as a student in such school shall be imprisoned for a term of one year which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of subsection (a) or (b) of this section.

(P.A. 80-224, S. 3; P.A. 89-256, S. 3; P.A. 90-214, S. 2, 5; P.A. 92-185, S. 3, 6; June Sp. Sess. P.A. 92-1, S. 3; P.A. 06-195, S. 16.)

History: Sec. 19-472a transferred to Sec. 21a-267 in 1983; P.A. 89-256 amended Subsec. (b) to increase the penalty from a class C to a class A misdemeanor and added Subsec. (c) re an additional nonsuspendable term of imprisonment of one year for any person who violates Subsec. (a) or (b) near a school and is not enrolled as a student in such school; P.A. 90-214 added Subsec. (d) re needle and syringe exchange program; P.A. 92-185 deleted Subsec. (d) re applicability of Subsecs. (a) and (b) to the needle and syringe exchange program; June Sp. Sess.

P.A. 92-1 amended Subsec. (c) to increase the proximity distance to school property from 1,000 to 1,500 feet; P.A. 06-195 amended Subsecs. (a) and (b) by deleting "inject" in conformity with redefinition of "drug paraphernalia" in Sec. 21a-240, effective June 7, 2006.

See Sec. 21a-270 re factors considered in considering materials to be drug paraphernalia.

See Sec. 21a-283a re authority of court to depart from prescribed mandatory minimum sentence.

Cited. 212 C. 223. Cited. 224 C. 494. Cited. 239 C. 235. Holdings in *State v. Januszewski*, 182 C. 142, and *State v. Hart*, 221 C. 595, that Sec. 21a-278(b) creates an exception for drug-dependent persons within meaning of section, upheld; holding in *State v. Hart*, 221 C. 595, that defendant must prove the exception of drug dependency by a preponderance of the evidence, upheld; requirement that defendant prove drug dependency by a preponderance of the evidence is not unconstitutional. 290 C. 24; judgment superseded, see *Id.*, 602.

Subsec. (a):

Cited. 207 C. 35. Cited. 216 C. 185. Cited. 219 C. 557. Cited. 230 C. 372.

Cited. 9 CA 667. Cited. 10 CA 347. Cited. 11 CA 47. Cited. 12 CA 225. Cited. 13 CA 288. Cited. 14 CA 356. Cited. 17 CA 556; *Id.*, 635. Cited. 20 CA 183; *Id.*, 321. Cited. 22 CA 40; judgment reversed and case remanded to appellate court for consideration of defendant's remaining claims, see 219 C. 577; *Id.*, 431. Cited. 23 CA 123. Cited. 26 CA 553. Cited. 28 CA 575. Cited. 29 CA 694. Cited. 31 CA 443. Cited. 32 CA 267. Cited. 39 CA 369. Cited. 43 CA 339.

Subsec. (b):

Cited. 10 CA 532.

Subsec. (c):

Testimony that conduct occurred within 1500 feet of a "public school" was insufficient to support finding that conduct occurred within 1500 feet of "an elementary or secondary school" because there are public schools that are neither elementary nor secondary schools. 113 CA 731.

**Sec. 21a-268. (Formerly Sec. 19-473). Misrepresentation of substance as controlled substance. Exemption.** (a) Any person who knowingly delivers or attempts to deliver a noncontrolled substance (1) upon the express representation that such substance is a controlled substance or (2) under circumstances which would lead a reasonable person to believe that such substance is a controlled substance, shall be guilty of a class D felony.

(b) The provisions of subsection (a) of this section shall not apply to any transaction in the ordinary course of business by any licensed practitioner or licensed pharmacist.

(1967, P.A. 109, S. 2; 555, S. 29; 1972, P.A. 278, S. 19; P.A. 81-199; P.A. 82-472, S. 68, 183.)

History: 1972 act substituted "substance" for "drug" and "licensed practitioner" for "physician or dentist"; P.A. 81-199 replaced previous provisions re fraudulent sale, dispensing etc. of noncontrolled substances with more detailed provisions and imposed specific penalty where previously such conduct was stated to be "a violation of this chapter"; P.A. 82-472 made technical correction; Sec. 19-473 transferred to Sec. 21a-268 in 1983.

Annotations to former section 19-473:

Cited. 2 CA 513. Cited. 8 CA 248.

Annotations to present section:

Cited. 2 CA 513. Cited. 8 CA 248.

**Sec. 21a-269. (Formerly Sec. 19-474). Burden of proof of exception, excuse, proviso or exemption.** In any complaint, information or indictment, and in any action or proceeding brought for the enforcement of any provision of this part, it shall not be necessary to negative any exception, excuse, proviso or exemption contained in said section, and the burden of proof of any such exception, excuse, proviso or exemption shall be upon the defendant.

(1967, P.A. 555, S. 30.)

History: Sec. 19-474 transferred to Sec. 21a-269 in 1983.

Annotations to former section 19-474:

Defendant held to have burden of proving that tablets found in his possession, which he had obtained by prescription, were in container in which he received them. 148 C. 57. Cited. 163 C. 62. Where defendant offered no evidence of a license to sell narcotics but requested a charge to jury, no charge need have been given, but charge stating exemption and its inapplicability was a correct statement of law and in no way prejudicial. 164 C. 224. Determination of defendant's status as a person who is not drug-dependent under Sec. 19-480a(b), now Sec. 21a-278(b), is an exemption under this statute and examination of language of both statutes leads to conclusion that burden of producing evidence of drug dependency initially rests on defendant. 182 C. 142.

Cited. 7 CA 403. Cited. 17 CA 257. Cited. 19 CA 668. Cited. 20 CA 386. Cited. 27 CA 596; Id., 713.

Annotations to present section:

Cited. 197 C. 67. Cited. 221 C. 595.



Cited. 7 CA 403. Cited. 17 CA 257. Cited. 19 CA 668. Cited. 20 CA 386. Cited. 27 CA 596; Id., 713. Cited. 32 CA 724; Id., 842. Cited. 35 CA 360; Id., 609. Cited. 41 CA 604.

**Sec. 21a-270. (Formerly Sec. 19-474a). Drug paraphernalia: Factors to be considered by court or other authority in determination.** In determining whether any object or material listed in subdivision (20) of section 21a-240 shall be deemed "drug paraphernalia", a court or other authority shall, in addition to all other logically relevant factors, consider the following:

- (1) Statements by an owner or by anyone in control of the object concerning its use;
- (2) The proximity of the object to any controlled substances;
- (3) The existence of any residue of controlled substances on the object;
- (4) Evidence of the intent of an owner, or of anyone in control of the object, to deliver it to persons whom he knows, or should reasonably know, intend to use the object to facilitate a violation of this section, subdivision (20) of section 21a-240, and sections 21a-263, 21a-267 and 21a-271;
- (5) Instructions, oral or written, provided with the object concerning its use with a controlled substance;
- (6) Descriptive materials accompanying the object which explain or depict its use with a controlled substance;
- (7) National and local advertising concerning its use;
- (8) The manner in which the object is displayed for sale;
- (9) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a licensed distributor or dealer of tobacco products;
- (10) Evidence of the ratio of sales of the object to the total sales of the business enterprise;
- (11) The existence and scope of legitimate uses for the object in the community;
- (12) Expert testimony concerning its use.

(P.A. 80-224, S. 2; P.A. 84-233.)

History: Sec. 19-474a transferred to Sec. 21a-270 in 1983; P.A. 84-233 replaced "Direct evidence" with "Evidence" in Subdivs. (4) and (10).

See Sec. 21a-267 re prohibited acts with respect to drug paraphernalia.

**Sec. 21a-271. (Formerly Sec. 19-474b). Severability of provisions concerning drug paraphernalia.** If any section, part, clause or phrase in subdivision (20) of section 21a-240, section 21a-263, 21a-267, 21a-270 or this section, is for any reason held to be invalid or unconstitutional, sections, parts, clauses and phrases in said sections not held to be invalid or unconstitutional shall not be affected and shall remain in full force and effect.

(P.A. 80-224, S. 5.)

History: Sec. 19-474b transferred to Sec. 21a-271 in 1983.

**Sec. 21a-272. (Formerly Sec. 19-475). Preparations which may be sold and dispensed.**

**Exceptions.** (a) The following preparations may be sold at retail in pharmacies and dispensed by hospitals, dentists, veterinarians and physicians without a prescription or written order, in quantities of not more than the amounts stated to any one person, or for the use of any one person or animal within forty-eight consecutive hours: (1) Four fluid ounces of Stokes expectorant, (2) four fluid ounces of Brown mixture, (3) eight fluid ounces of any preparation which contains camphorated tincture of opium or the opium equivalent not to exceed 16.2 mg. of opium in one fluid ounce and from which the camphorated tincture of opium or the opium equivalent cannot be easily extracted.

(b) The exceptions authorized by this section shall be subject to the following conditions: (1) That the medicinal preparation administered, dispensed or sold shall contain, in addition to the morphine-type substance in it some drug or drugs conferring upon it medicinal qualities other than those possessed by the morphine-type substance alone; and (2) that such preparation shall be administered, dispensed and sold in good faith as a medicine and not for the purpose of evading the provisions of this part; and (3) that the purchaser of such preparations shall not purchase or attempt to obtain such preparations for the purpose of sustaining or satisfying a dependency upon controlled drugs; provided no vendor shall be deemed to have violated this subdivision unless he knew or should have known of such improper purpose; and (4) that the seller keep a schedule V record, as required by the Commissioner of Consumer Protection, of the full name and address of the person purchasing the medicinal preparation, in the handwriting of the purchaser, the name and quantity of the preparation sold and the time and date of sale; and (5) that whenever a pharmacist sells or dispenses any schedule V substance which, under the provisions of this section, is excepted from prescriptions or written orders, the pharmacist shall securely affix to each package in which such drug is contained a label showing the name and address of the pharmacy. No person shall alter, deface or remove any label so affixed and no person shall have under his control or in his possession any such drug if not so labeled; and (6) that no provisions of this section shall be construed to permit the purchase, within any forty-eight-hour period by any one person or for use of any one person or animal of more than one excepted schedule V preparation specified in subsection (a) or in more than the maximum

amounts allowed under subsection (a) except as authorized by other provisions of this part.

(c) (1) The Commissioner of Consumer Protection may, by regulation, exempt from the application of said sections to such extent as he determines to be consistent with the public welfare, pharmaceutical preparations containing schedule V substances found by said commissioner, after due notice and opportunity for hearing: (A) To possess no liability for drug abuse and dependency sufficient to warrant imposition of all of the requirements of said sections, and (B) not to permit recovery of a controlled substance having such liability for drug abuse and dependence with such relative technical simplicity and degree of yield as to create a risk of improper use. (2) In exercising the authority granted in subdivision (1) the Commissioner of Consumer Protection, by regulation pursuant to section 21a-243 and without special findings, may grant exempt status to such pharmaceutical preparations as are determined to be exempt under the federal Controlled Substances Act and regulations and permit the administering, dispensing or selling of such preparations under the same conditions as permitted by the federal regulations dealing therewith.

(d) After due notice and hearing, the Commissioner of Consumer Protection may determine that a pharmaceutical preparation exempted from the oral or written prescription requirement under the provisions of this section does possess a potential for drug abuse and dependence and may, by regulation pursuant to section 21a-243, withdraw the prior exemption. Such determination shall be final, and, after the expiration of a period of six months from the date of issuance of the regulation, the exempt status shall cease to apply to the particular pharmaceutical preparation.

(1967, P.A. 555, S. 31; 1972, P.A. 278, S. 20; P.A. 73-681, S. 14, 29; P.A. 79-12, S. 5, 6; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1972 act deleted permission to sell without prescription up to one-half ounce of camphorated tincture of opium (paregoric) and up to four fluid ounces of preparation containing not more than two grains of papaverine or its salts per fluid ounce and allowed such sales for up to eight fluid ounces of camphorated tincture of opium or its equivalent as specified in Subsec. (a)(3), substituted "substance(s)" for "drugs(s)", "Schedule V" substance for "morphine-type" drug and "Federal Controlled Substances Act" for "federal narcotic laws"; P.A. 73-681 replaced public health council with commissioner of consumer protection; P.A. 79-12 deleted permission to sell without prescription up to four fluid ounces of preparation containing not more than two grains of noscapine or its salts per fluid ounce; Sec. 19-475 transferred to Sec. 21a-272 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

Subsec. (a):

Cited. 21 CA 403.

**Sec. 21a-273. (Formerly Sec. 19-476). Substances exempt under federal law.** (a) No prescription or written order shall be required for those controlled substances and preparations which are permitted by federal food and drug laws to be sold or dispensed without a prescription or written order to the extent that the person selling or dispensing such controlled substances and preparations is authorized by licensure of the state of Connecticut to so sell or dispense.

(b) If, after due notice and hearing, the Commissioner of Consumer Protection determines that any pharmaceutical preparation exempted from the oral or written prescription requirement under the provisions of subsection (a) of this section does possess a degree of liability for drug abuse or dependence that, in his opinion is likely to result in abuse, he shall, by regulation pursuant to section 21a-243, so state. The determination shall be final and, after the expiration of a period of six months from the date of publication of the regulation, the exempt status shall cease to apply to the particular pharmaceutical preparation.

(1967, P.A. 555, S. 32; 1972, P.A. 278, S. 21; P.A. 73-681, S. 15, 29; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1972 act substituted "substances" for "drugs"; P.A. 73-681 replaced public health council with commissioner of consumer protection in Subsec. (b); Sec. 19-476 transferred to Sec. 21a-273 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-274. (Formerly Sec. 19-477). Cooperation in enforcement of law.** (a) The Commissioners of Public Health and Consumer Protection and their authorized agents, police officers within their respective jurisdictions and all state's attorneys and prosecuting attorneys shall cooperate with each other and with other agencies charged with the enforcement of the laws of the United States, of this state and all other jurisdictions relative to controlled substances.

(b) Notwithstanding the provisions of section 21a-265 and chapter 55 said commissioners and their authorized agents may, in carrying out their duties under subsection (a), (1) exchange information relating to the issuance, suspension or revocation of a license issued by their respective agencies, or (2) exchange investigative information relating to violations of this chapter with each other, with state's attorneys and with other agencies charged with the enforcement of the laws of the United States, and of this state and all other jurisdictions relative to controlled substances.

(1967, P.A. 555, S. 33; 1972, P.A. 278, S. 29; P.A. 77-614, S. 323, 610; P.A. 79-117, S. 1, 2; P.A. 82-355, S. 3; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58.)

History: 1972 act substituted "substances" for "drugs"; P.A. 77-614 replaced commissioner of health with commissioner of health services, effective January 1, 1979; P.A. 79-117 added Subsec. (b); P.A. 82-355 amended Subsec. (b) to authorize exchange of investigative

information; Sec. 19-477 transferred to Sec. 21a-274 in 1983; P.A. 93-381 replaced commissioner of health services with commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995.

**Sec. 21a-274a. Drug enforcement grant program. Safe neighborhoods grant program.**

**Community mobilization antidrug grant program.** (a) There is established a drug enforcement grant program which shall be administered by the Office of Policy and Management. Grants may be made to municipalities, the Department of Public Safety and the Division of Criminal Justice for the purpose of enforcing federal and state laws concerning controlled substances, undertaking crime prevention activities related to the enforcement of such laws, substance abuse prevention education or training related to such enforcement or education activities. The Secretary of the Office of Policy and Management shall adopt regulations in accordance with chapter 54 for the administration of this subsection, including the establishment of priorities, program categories, eligibility requirements, funding limitations and the application process. Such regulations shall provide that the costs of a community-based police program, as defined in the regulations, may be paid from a grant made under this section.

(b) There is established a safe neighborhoods grant program which shall be administered by the Office of Policy and Management. Grants may be made, on a competitive basis, to the cities of Bridgeport, Danbury, Hartford, Meriden, Middletown, New Britain, New Haven, New London, Norwalk, Norwich, Stamford, Waterbury and Windham, and to the Police Officer Standards and Training Council for the purpose of (1) improving public safety in urban neighborhoods through programs which increase police presence by hiring additional police officers and establishing police substations for those neighborhoods, (2) involving residents in crime prevention activities, including security enhancements to neighborhood residences and business establishments and (3) improving public safety in urban neighborhoods through programs which increase police presence by increasing the hours worked by police officers during times when such increased presence is most needed to deter and control illegal use of firearms in those neighborhoods where there has been a high incidence of illegal use of firearms in the commission of crime. A grantee shall use the grant to increase police presence within the grantee's safe neighborhoods project area and, with the approval of the Office of Policy and Management, a grantee may use such grant to temporarily increase police presence in high crime areas outside such project area. The Secretary of the Office of Policy and Management shall adopt regulations in accordance with chapter 54 for the administration of this section. Such regulations shall include provisions for the establishment of programs, the allocation of funds and the application process. For purposes of this subsection, the term "safe neighborhoods project area" means a single neighborhood within a municipality selected by the municipality to be eligible for a safe neighborhoods grant.

(c) There is established a community mobilization antidrug grant program which shall be administered by the Department of Mental Health and Addiction Services, in consultation with the Office of Policy and Management. Grants may be made to municipalities for the purpose of community mobilization activities intended to reduce the utilization of illegal drugs.

(d) Funds appropriated for the purposes of this section shall be used only for grants to eligible municipalities and state agencies, and may not be used for administrative purposes by the Office of Policy and Management or the Department of Mental Health and Addiction Services.

(P.A. 90-261, S. 15, 19; P.A. 91-155; P.A. 92-157, S. 2; P.A. 93-264, S. 1, 2; 93-381, S. 9, 39; July 13 Sp. Sess. P.A. 94-1, S. 1, 9; P.A. 95-108, S. 13; 95-257, S. 5, 58; 95-330, S. 1; P.A. 09-2, S. 5.)

History: P.A. 91-155 added requirement that regulations authorize the costs of community-based police programs to be paid from a grant made under this section; P.A. 92-157 added Subsecs. (b) and (c) establishing the community mobilization antidrug grant program; P.A. 93-264 inserted new Subsec. (b) establishing the safe neighborhoods grant program and relettered the remaining Subsecs. accordingly, effective July 1, 1993; P.A. 93-381 replaced Connecticut alcohol and drug abuse commission with department of public health and addiction services, effective July 1, 1993; July 13 Sp. Sess. P.A. 94-1 amended Subsec. (b) to add Windham as a city eligible for a grant and to add Subdiv. (3) re increase in number of hours worked by police officers when increased police presence is needed to deter illegal firearms use, effective July 15, 1994; P.A. 95-108 amended Subsec. (b) to rename Municipal Police Training Council as Police Officer Standards and Training Council; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Mental Health and Addiction Services, effective July 1, 1995; P.A. 95-330 amended Subsec. (b) to specify that a grantee shall use the grant to increase police presence within the project area and, with the approval of the Office of Policy and Management, may use the grant to temporarily increase police presence in high crime areas outside the project area, and amended Subsec. (b) to define "safe neighborhood project area"; P.A. 09-2 eliminated reference to state-wide narcotics task force in Subsec. (a), effective April 1, 2009.

**Sec. 21a-275. (Formerly Sec. 19-478). Revocation or suspension of licenses by**

**commissioner.** (a) If the Commissioner of Consumer Protection has reasonable cause to believe that a person licensed by him under section 21a-246, or any licensed practitioner, is violating or has violated any provision of sections 21a-243 to 21a-282, inclusive, relative to controlled substances, he may hold a hearing as to such violation upon reasonable notice and give opportunity to be heard to such licensee or practitioner.

(b) The commissioner may subpoena witnesses and papers on his own behalf and, if requested by the practitioner or licensee, may subpoena witnesses and papers in his behalf, may administer oaths, may compel the testimony of witnesses, may examine witnesses and may issue commissions to take testimony and testimony so taken and sworn to shall be admissible at such hearing. At such hearing the practitioner or licensee shall be entitled to representation by counsel.

(c) If the commissioner after a hearing finds that a person is violating or has violated any provision of sections 21a-243 to 21a-282, inclusive, he may revoke or suspend any license issued

by him and forward his findings and the record upon which they are based to any other authority licensing such person with a recommendation that disciplinary action be taken.

(1967, P.A. 555, S. 34; 1969, P.A. 753, S. 17; 1972, P.A. 278, S. 22; P.A. 73-681, S. 16, 29; P.A. 74-338, S. 19, 94; P.A. 87-129, S. 7; P.A. 88-364, S. 28, 123; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1969 act added reference to cannabis-type drugs in Subsec. (a); 1972 act substituted "substances" for "drugs" and replaced reference to repealed Sec. 19-450 with reference to Sec. 19-451; P.A. 73-681 substituted "any licensed practitioner" for "pharmacist", deleted exclusion for violations relative to narcotic or cannabis-type substances, deleted reference to hearings held by commissioner of health and removed obsolete provision re cooperation between consumer protection and health commissioners to avoid duplication of hearings; P.A. 74-338 made technical correction in Subsec. (c); Sec. 19-478 transferred to Sec. 21a-275 in 1983; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act; P.A. 88-364 made technical change in Subsec. (c); June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

Cited. 207 C. 698.

**Sec. 21a-276. (Formerly Sec. 19-479). Discretion of commissioner to issue warning.** Nothing in sections 20-50, 20-576, 20-577, subdivision (3) of section 21a-92, subsection (e) of section 21a-115, sections 21a-240, 21a-243 to 21a-279, inclusive, and 21a-283, shall be construed as requiring the Commissioner of Consumer Protection to institute criminal or administrative action pursuant to said sections for violations thereof. In lieu of instituting criminal or administrative action pursuant to said sections, said commissioner may protect the public interest by serving suitable written notice or warning to the offending party or parties.

(1967, P.A. 555, S. 35; 1972, P.A. 278, S. 23; P.A. 73-681, S. 17, 29; P.A. 79-379, S. 4; P.A. 86-403, S. 46, 132; P.A. 87-129, S. 8; P.A. 88-364, S. 29, 123; P.A. 95-264, S. 60; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1972 act replaced reference to repealed Sec. 19-450 with reference to Sec. 19-451; P.A. 73-681 removed references to actions instituted by commissioner of health; P.A. 79-379 replaced "subsection (b)" with "subdivision (3)" of Sec. 19-212; Sec. 19-479 transferred to Sec. 21a-276 in 1983; P.A. 86-403 made technical change; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act; P.A. 88-364 made technical change in section; P.A. 95-264 made technical changes; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-277. (Formerly Sec. 19-480). Penalty for illegal manufacture, distribution, sale, prescription, dispensing.**

(a) Any person who manufactures, distributes, sells, prescribes, dispenses, compounds, transports with the intent to sell or dispense, possesses with the intent to sell or dispense, offers, gives or administers to another person any controlled substance which is a hallucinogenic substance other than marijuana, or a narcotic substance, except as authorized in this chapter, for a first offense, shall be imprisoned not more than fifteen years and may be fined not more than fifty thousand dollars or be both fined and imprisoned; and for a second offense shall be imprisoned not more than thirty years and may be fined not more than one hundred thousand dollars, or be both fined and imprisoned; and for each subsequent offense, shall be imprisoned not more than thirty years and may be fined not more than two hundred fifty thousand dollars, or be both fined and imprisoned.

(b) Any person who manufactures, distributes, sells, prescribes, dispenses, compounds, transports with intent to sell or dispense, possesses with intent to sell or dispense, offers, gives or administers to another person any controlled substance, except a narcotic substance, or a hallucinogenic substance other than marijuana, except as authorized in this chapter, may, for the first offense, be fined not more than twenty-five thousand dollars or be imprisoned not more than seven years or be both fined and imprisoned; and, for each subsequent offense, may be fined not more than one hundred thousand dollars or be imprisoned not more than fifteen years, or be both fined and imprisoned.

(c) No person shall knowingly possess drug paraphernalia in a drug factory situation as defined by subdivision (20) of section 21a-240 for the unlawful mixing, compounding or otherwise preparing any controlled substance for purposes of violation of this chapter.

(d) As an alternative to the sentences specified in subsections (a) and (b) of this section, the court may sentence the person to the custody of the Commissioner of Correction for an indeterminate term not to exceed three years or the maximum term specified for the offense, whichever is the lesser, and, at any time within such indeterminate term and without regard to any other provision of law regarding minimum term of confinement, the Commissioner of Correction may release the convicted person so sentenced subject to such conditions as he may impose including, but not limited to, supervision by suitable authority. At any time during such indeterminate term, the Commissioner of Correction may revoke any such conditional release in his discretion for violation of the conditions imposed and return the convicted person to a correctional institution.

(1967, P.A. 555, S. 36; 1969, P.A. 753, S. 18; 1972, P.A. 278, S. 24; P.A. 73-681, S. 26, 29; P.A. 74-332, S. 2, 6; P.A. 75-567, S. 65, 80; P.A. 84-170; P.A. 85-613, S. 61, 154; P.A. 87-373, S. 4.)

History: 1969 act made provision applicable to persons possessing drugs with intent to sell or dispense and included cannabis-type drugs, made penalty optional rather than mandatory and allowed fine and/or imprisonment for subsequent offenses, previously wording required imposition of both, and added Subsec. (c) re indeterminate sentence; 1972 act substituted "substance" for "drug", made provisions applicable to persons distributing controlled substances, made Subsec. (a) specifically applicable to hallucinogenic or amphetamine-type substances as well as to narcotic and cannabis-type substances, made Subsec. (b) applicable to controlled



substances other than those in Subsec. (a) and allowed indeterminate sentencing for violations of Subsec. (a) as well as of Subsec. (b); P.A. 73-681 inserted new Subsec. (c) re possession of drug paraphernalia and relettered former Subsec. (c) as Subsec. (d); P.A. 74-332 specified hallucinogenic substances "other than marijuana" and deleted references to "amphetamine- and cannabis-type substances" in Subsecs. (a) and (b), deleted minimum imprisonment terms of 5 years for first offense and 10 years for subsequent offenses in Subsec. (a), increased maximum terms from 10 to 15 years for first offense and from 15 (second offense) or 25 (third or more offense) years to 30 years for all offenses beyond the first and allowed imposition of both fine and imprisonment and increased maximum terms in Subsec. (b) from 2 to 7 years for first offense and from 10 to 15 years for subsequent offenses; P.A. 75-567 made slight change to wording of Subsec. (b) for clarity, substituting "except" for "other than"; Sec. 19-480 transferred to Sec. 21a-277 in 1983; P.A. 84-170 amended Subsec. (a) by increasing fine for sale of controlled substance which is a hallucinogenic substance other than marijuana, or a narcotic substance from \$3,000 to \$50,000 for the first offense and \$5,000 to \$100,000 for each subsequent offense; and amended Subsec. (b) by increasing fine for sale of controlled substance except a narcotic substance or a hallucinogenic substance, other than marijuana from \$1,000 to \$25,000 for the first offense and from \$5,000 to \$100,000 for each subsequent offense; P.A. 85-613 made technical change; P.A. 87-373 amended Subsec. (a) by adding a penalty for a second offense and increased the fine for a subsequent offense from \$100,000 to \$250,000.

Annotations to former section 19-480:

Drug possession not lesser included offense, when. 163 C. 62. Cited. Id., 105, 242. Cited. 204 C. 585.

Cited. 3 CA 339.

Section's intention was to prohibit the sale of marijuana. 31 CS 130. Classification of marijuana with dangerous psychoactive drugs, amphetamines and barbiturates, is irrational, unreasonable and in violation of equal protection clauses of state and federal constitutions. 32 CS 324.

Subsec. (a):

Conclusions reached by trial court as to impartiality of jurors are tested by the findings. Defendant must raise a contention of bias from the realm of speculation to the realm of fact "to rebut the finding". 161 C. 526. Venireman who was former police officer properly not excused for cause. 164 C. 224. Cited. 165 C. 83; Id., 599. Cited. 166 C. 268; Id., 569. Cited. 168 C. 395; Id., 520. Cited. 169 C. 322. Cited. 172 C. 18; Id., 593. Cited. 169 C. 692. Cited. 170 C. 12; Id., 206; Id., 469. Cited. 171 C. 18; Id., 600. Cited. 172 C. 223; Id., 385. Cited. 173 C. 197; Id., 344; Id., 431. Cited. 174 C. 405. Cited. 176 C. 170. Cited. 177 C. 391. Cited. 178 C. 422; Id., 704. Cited. 179 C. 121; Id., 239. Cited. 182 C. 335. Cited. 186 C. 437. Cited. 187 C. 335; Id., 469. Cited. 192 C. 388; Id., 488. Cited. 194 C. 1; Id., 331. Cited. 195 C. 70. Cited. 197 C. 67. Cited. 199 C. 591. Cited. 200 C. 82; Id., 412. Cited. 201 C. 505. Cited. 202 C. 541.

Cited. 3 CA 400. Cited. 5 CA 207. Cited. 6 CA 546. Cited. 7 CA 354; Id., 403. Cited. 8 CA 63;

judgment reversed, see 204 C. 585; Id., 248.

Cited. 29 CS 134; Id., 333. Cited. 30 CS 211. Narcotic substance includes cocaine. Id., 267.

Cited. 6 Conn. Cir. Ct. 574.

Subsec. (b):

Cited. 166 C. 126. Cross-examination of defendant on his knowledge of the drug he was charged with selling is proper when the matter was opened by questions on direct examination. 167 C. 379. Cited. 169 C. 416. Classification of marijuana, for penalty purposes, with substances generally considered more harmful is not so irrational and unreasonable as to violate equal protection clauses of U.S. and Connecticut constitutions. 171 C. 600. Cited. 179 C. 522. Factual basis for defendant's guilty plea insufficient since it did not reveal either the element of possession or the element of intent to sell or dispense. 180 C. 702. Cited. 181 C. 562. Cited. 186 C. 437. Cited. 194 C. 18. Cited. 202 C. 541.

Cited. 5 CA 207. Cited. 6 CA 546.

Evidence must show a relation between the amount of drugs and the prohibition of the statute. 6 Conn. Cir. Ct. 565, 571.

Subsec. (c):

Cited. 7 CA 477.

Annotations to present section:

Cited. 206 C. 90. Cited. 211 C. 258. Cited. 212 C. 195. Cited. 220 C. 6. Cited. 224 C. 253; Id., 322. Cited. 225 C. 650. Cited. 227 C. 32. Cited. 229 C. 385. Cited. 233 C. 174. Cited. 235 C. 477. Cited. 238 C. 692.

Cited. 7 CA 660. Cited. 22 CA 567. Cited. 23 CA 571. Cited. 25 CA 21; Id., 318. Cited. 26 CA 779. Cited. 27 CA 596. Cited. 28 CA 34; Id., 126. Cited. 32 CA 724. Cited. 33 CA 432. Cited. 34 CA 166; Id., 595. Cited. 38 CA 815. Cited. 42 CA 640. Cited. 45 CA 282. Cited. 46 CA 321.

Subsec. (a):

Cited. 197 C. 644. Cited. 199 C. 354. Cited. 204 C. 156. Cited. 206 C. 81. Cited. 207 C. 35. Cited. 209 C. 1; Id., 98; Id., 423. Cited. 210 C. 480. Cited. 212 C. 485. Cited. 216 C. 185; Id., 402. Cited. 218 C. 239. Cited. 220 C. 38. Cited. 221 C. 595. Cited. 224 C. 347; Id., 593; Id., 627. Cited. 227 C. 456. Cited. 228 C. 59; Id., 281. Cited. 235 C. 405; Id., 539. Cited. 236 C. 216. Cited. 237 C. 81. Cited. 238 C. 380. Cited. 240 C. 799. Violation of Sec. 21a-279(a) is a lesser included offense in section since no element in possession charge is not included in charge of possession with intent to sell, where information alleges crimes committed on same date, at same

location and with same narcotic. 288 C. 345.

Cited. 7 CA 265. Cited. 8 CA 317; Id., 330; Id., 361. Cited. 9 CA 667. Cited. 10 CA 7; Id., 532. Cited. 11 CA 11; Id., 47; Id., 540; judgment reversed, see 209 C. 1. Cited. 12 CA 225; Id., 274; Id., 313. Cited. 13 CA 288. Cited. 14 CA 134; Id., 356; Id., 536; Id., 574; Id., 605. Cited. 15 CA 328; Id., 589. Cited. 16 CA 89; Id., 142; Id., 148; Id., 245; Id., 272; Id., 518. Cited. 17 CA 108; Id., 142; Id., 257; Id., 273; Id., 677. Cited. 18 CA 32; Id., 820. Cited. 19 CA 640; Id., 668. Cited. 20 CA 137; Id., 190; Id., 395. Cited. 21 CA 48; Id., 162; Id., 519; Id., 622. Cited. 22 CA 458; Id., 557; Id., 601. Cited. 23 CA 495; Id., 532; Id., 592; Id., 602; Id., 667; Id., 746; judgment reversed, see 221 C. 595; Id., 823. Cited. 24 CA 543; Id., 811. Cited. 25 CA 3; Id., 99; Id., 354. Cited. 26 CA 94; Id., 103; Id., 259. Cited. 27 CA 128; Id., 248. Cited. 28 CA 508; Id., 638. Cited. 29 CA 359; Id., 584; Id., 843. Cited. 30 CA 9; Id., 783. Cited. 31 CA 548. Cited. 33 CA 253; Id., 409. Cited. 34 CA 236; Id., 411; Id., 717; see 37 CA 509. Cited. 35 CA 107; Id., 360. Cited. 36 CA 161; Id., 488; Id., 546. Cited. 37 CA 205; Id., 509; Id., 561; judgment reversed, see 236 C. 216. Cited. 38 CA 588; Id., 621. Cited. 39 CA 110; Id., 369; Id., 550. Cited. 40 CA 288. Cited. 41 CA 180; Id., 604. Cited. 43 CA 448; Id., 555. Cited. 45 CA 110. Cited. 46 CA 791. Time not an essential element of the crime but may become material if defendant raises an alibi defense. 49 CA 323. Conviction for both possession and sale of narcotics does not violate prohibition against double jeopardy. 53 CA 661. Section is a lesser included offense of Sec. 21a-278(b), and where two convictions arose out of same act or transaction and were substantially identical, multiple punishments were improper. 60 CA 534. Defendant's conviction for sale of narcotic substance vacated where there was no evidence presented to support finding that the substance transferred was crack cocaine. 64 CA 596. There was sufficient evidence to prove beyond a reasonable doubt that defendant knowingly entered into conspiracy to possess a narcotic substance with intent to sell. 75 CA 223. Conviction of both possession of at least one-half gram of crack cocaine with intent to sell under Sec. 21a-278 and possession of powder cocaine with intent to sell under this section does not constitute double jeopardy. Id. The quantity of drugs is not sole dispositive factor in determining whether defendant had intent to sell; rather, intent is determined from the cumulative weight of circumstantial evidence and reasonable and logical inferences derived therefrom. 78 CA 659. Defendant was in constructive possession of cocaine when it was found in plain view on the floor of backseat of vehicle where defendant's feet had been when police officer first approached vehicle, and there was sufficient evidence of defendant's intent to sell narcotics where he had in his constructive possession forty-three individually packaged bags of various forms of cocaine, he was arrested in an area known for drug activity, he did not have any drug paraphernalia on his person to indicate personal use of drugs, and cash in small denominations and a cellular telephone were present in the vehicle. 110 CA 778. There was insufficient evidence that it was defendant who had hidden narcotics and insufficient evidence to buttress an inference of dominion and control by defendant; evidence was insufficient to show that defendant had requisite intent to sell narcotics. 123 CA 690.

Subsec. (b):

Cited. 205 C. 560. Cited. 230 C. 372; Id., 385; see also 37 CA 801. Cited. 236 C. 561. Cited. 239 C. 427.

Cited. 6 CA 505. Cited. 8 CA 158. Cited. 10 CA 7. Cited. 11 CA 251; Id., 632. Cited. 12 CA 274. Cited. 14 CA 388. Cited. 17 CA 257. Cited. 18 CA 406. Cited. 19 CA 195. Cited. 20 CA 386. Cited. 27 CA 171. Cited. 30 CA 340; Id., 550; Id., 783. Cited. 31 CA 278; judgment reversed, see 230 C. 385; see also 37 CA 801; Id., 443. Cited. 32 CA 267. Cited. 34 CA 411. Cited. 37 CA 156; Id., 801. Cited. 38 CA 29. Cited. 42 CA 17.

Subsec. (c):

Cited. 214 C. 692. Cited. 227 C. 456. Cited. 228 C. 281.

Cited. 8 CA 111. Cited. 10 CA 7; Id., 561. Cited. 20 CA 321. Cited. 21 CA 162. Cited. 22 CA 10. Cited. 33 CA 253.

**Sec. 21a-278. (Formerly Sec. 19-480a). Penalty for illegal manufacture, distribution, sale, prescription or administration by non-drug-dependent person.** (a) Any person who manufactures, distributes, sells, prescribes, dispenses, compounds, transports with the intent to sell or dispense, possesses with the intent to sell or dispense, offers, gives or administers to another person one or more preparations, compounds, mixtures or substances containing an aggregate weight of one ounce or more of heroin or methadone or an aggregate weight of one-half ounce or more of cocaine or one-half ounce or more of cocaine in a free-base form, or a substance containing five milligrams or more of lysergic acid diethylamide, except as authorized in this chapter, and who is not, at the time of such action, a drug-dependent person, shall be imprisoned for a minimum term of not less than five years or more than twenty years; and, a maximum term of life imprisonment. The execution of the mandatory minimum sentence imposed by the provisions of this subsection shall not be suspended, except the court may suspend the execution of such mandatory minimum sentence if at the time of the commission of the offense (1) such person was under the age of eighteen years, or (2) such person's mental capacity was significantly impaired, but not so impaired as to constitute a defense to prosecution.

(b) Any person who manufactures, distributes, sells, prescribes, dispenses, compounds, transports with the intent to sell or dispense, possesses with the intent to sell or dispense, offers, gives or administers to another person any narcotic substance, hallucinogenic substance other than marijuana, amphetamine-type substance, or one kilogram or more of a cannabis-type substance, except as authorized in this chapter, and who is not, at the time of such action, a drug-dependent person, for a first offense shall be imprisoned not less than five years or more than twenty years; and for each subsequent offense shall be imprisoned not less than ten years or more than twenty-five years. The execution of the mandatory minimum sentence imposed by the provisions of this subsection shall not be suspended, except the court may suspend the execution of such mandatory minimum sentence if at the time of the commission of the offense (1) such person was under the age of eighteen years, or (2) such person's mental capacity was significantly impaired, but not so impaired as to constitute a defense to prosecution.

(1971, P.A. 812, S. 1; 1972, P.A. 278, S. 25; P.A. 73-137, S. 10; P.A. 74-332, S. 1, 6; P.A. 87-373, S. 2; P.A. 01-195, S. 92, 181; P.A. 05-248, S. 8; P.A. 06-196, S. 254; P.A. 07-217, S. 97.)

History: 1972 act substituted "substance" for "drug" and made provisions applicable to distributors and to hallucinogenic or amphetamine-type drugs; P.A. 73-137 substituted "such action" for "his arrest" and added proviso re life imprisonment penalty; P.A. 74-332 applied Subsec. (a) to substances containing specified amounts of heroin, methadone, cocaine or LSD, imposing minimum term of 5 to 20 years and maximum term of life imprisonment and added provisions re suspension of minimum term and added Subsec. (b) applicable to hallucinogenic, narcotic, amphetamine- or cannabis-type substances formerly dealt with in Subsec. (a), reducing minimum term for first offense from 10 to 5 years, replacing 15-year minimum and 30-year maximum for second offense and 35-year sentence for third or more offenses with 10-year minimum and 25-year maximum sentence for all offenses beyond the first and added provisions re suspension of minimum sentence; Sec. 19-480a transferred to Sec. 21a-278 in 1983; P.A. 87-373 amended Subsec. (a) to make provisions applicable to an aggregate weight of one-half gram or more of cocaine in a free-base form; P.A. 01-195 made technical changes in Subsecs. (a) and (b), effective July 11, 2001; P.A. 05-248 amended Subsec. (a) to decrease from one ounce to one-half ounce the minimum aggregate weight of cocaine and increase from one-half gram to one-half ounce the minimum aggregate weight of cocaine in a free-base form that subjects a person to the penalties of said Subsec.; P.A. 06-196 made technical changes in Subsec. (a), effective June 7, 2006; P.A. 07-217 made technical changes in Subsec. (b), effective July 12, 2007.

See Sec. 21a-283a re authority of court to depart from prescribed mandatory minimum sentence.

Annotations to former section 19-480a:

Cited. 166 C. 439; Id., 620. This statute on its face does not violate the constitutional prohibition against cruel and unusual punishment. 167 C. 328. Cited. 172 C. 16. Cited. 182 C. 142. Cited. 186 C. 26. Cited. 191 C. 360. Cited. 192 C. 383. Cited. 194 C. 589. Cited. 199 C. 359. Cited. 201 C. 605. Cited. 204 C. 377.

Subsec. (a):

Order directing defendant to submit to drug dependency examination is interlocutory and not appealable until conviction and final judgment. 180 C. 290. Cited. 194 C. 612. Cited. 197 C. 67. Cited. 200 C. 412.

Subsec. (b):

Cited. 179 C. 239; Id., 522. Question of burden of drug dependency is one of first impression; held: That proof of drug dependency constitutes an exemption under Sec. 19-474 and that burden of producing some substantial evidence of drug dependency rests initially on defendant. 182 C. 142. Cited. 187 C. 469. Cited. 188 C. 183. Cited. 197 C. 67.

Annotations to present section:

Cited. 191 C. 360. Cited. 192 C. 383. Cited. 194 C. 589. Cited. 204 C. 377. Cited. 212 C. 195. Cited. 221 C. 595. Cited. 224 C. 322. Cited. 227 C. 32. Cited. 231 C. 514; Id., 941. Cited. 235 C. 477; Id., 487.

Cited. 9 CA 686. Cited. 13 CA 69. Cited. 19 CA 195. Cited. 26 CA 779. Cited. 27 CA 713. Cited. 32 CA 724. Cited. 35 CA 609. Cited. 36 CA 488; Id., 631. Cited. 41 CA 604. Cited. 42 CA 640. Defendant could not be convicted on one set of facts of both possession of narcotics by a person who is not drug-dependent and simple possession of narcotics and court ordered one sentence vacated. 60 CA 436.

Subsec. (a):

Cited. 200 C. 412. Cited. 211 C. 258. Institution of definite sentencing scheme for any felony under Sec. 53a-35a implicitly repealed indeterminate sentencing aspect of this section. 214 C. 378. Cited in error as Sec. 21-278(a). 227 C. 32. Cited. 237 C. 81. Cited. 239 C. 427.

Cited. 10 CA 561. Cited. 11 CA 47. Cited. 15 CA 161. Cited. 16 CA 518. Cited. 18 CA 104. Cited. 30 CA 783. Cited. 45 CA 110. Design and effect of statute discussed, conviction for both possession and sale of narcotics does not violate prohibition against double jeopardy. 53 CA 661. Conviction of both possession of at least one-half gram of crack cocaine with intent to sell under this section and possession of powder cocaine with intent to sell under Sec. 21a-277 does not constitute double jeopardy. 75 CA 223. Evidence was sufficient to support conviction of possession with intent to sell. Id.

Subsec. (b):

Cited. 205 C. 560. Cited. 211 C. 258. Cited. 214 C. 378; Id., 692. Cited. 215 C. 667. Cited. 216 C. 150, see also 26 CA 423, 27 CA 291, 223 C. 902, and 225 C. 10, reversing judgment. Cited. 217 C. 811. Cited. 218 C. 458. Cited. 219 C. 529; Id., 752. Cited. 220 C. 6; Id., 628. Cited. 221 C. 518. Defendant bears burden of proving by preponderance of evidence that she was drug-dependent. Id., 595. Cited. Id., 925. Cited. 223 C. 283; Id., 461; Id., 703. Cited. 224 C. 253. Cited. 225 C. 650. Cited. 226 C. 514. Cited. 229 C. 60. Cited. 236 C. 176. Cited. 238 C. 380. Cited. 239 C. 629. Cited. 241 C. 322; Id., 650. Holdings in *State v. Januszewski*, 182 C. 142, and *State v. Hart*, 221 C. 595, that Subsec. creates an exception for drug-dependent persons within meaning of Sec. 21a-269 and the absence of drug dependency is not an element of the offense, upheld; holding in *State v. Hart*, 221 C. 595, that defendant must prove the exception of drug dependency by a preponderance of the evidence, upheld; requirement that defendant prove drug dependency by a preponderance of the evidence is not unconstitutional. 290 C. 24; judgment superseded, see Id., 602. Jury could reasonably conclude that defendant, who was not in exclusive possession of a vehicle containing narcotics, knew about and had control over narcotics found in the vehicle's center console from evidence that defendant closed the center console as police approached the vehicle and that a plastic bag, later determined to contain cocaine, was observed protruding from the corner of the console, and evidence that defendant was a narcotics dealer further supported the inference that defendant possessed the narcotics. 296 C. 62.

Cited. 7 CA 588. Cited. 8 CA 469. Cited. 10 CA 347. Cited. 11 CA 140. Cited. 13 CA 40. Cited. 14 CA 146; Id., 807. Cited. 15 CA 519, see also 27 CA 291, 223 C. 902, and 225 C. 10, reversing judgment. Cited. 16 CA 18. Cited. 17 CA 104; Id., 114; Id., 556; Id., 635. Cited. 18 CA 175; Id., 184; Id., 716. Cited. 19 CA 265; Id., 277; Id., 478; judgment reversed, see 216 C. 150, see also 27 CA 291 and 225 C. 10, reversing judgment, 223 C. 902, and 225; Id., 626; Id., 640; 668. Cited. 20 CA 168; judgment reversed, see 215 C. 667; Id., 183; Id., 290; Id., 386; Id., 824. Cited. 21 CA 235; Id., 474; Id., 506; Id., 519. Cited. 22 CA 1; Id., 62; judgment reversed, see 219 C. 529; Id., 303; Id., 567; Id., 665. Cited. 23 CA 358; Id., 392; Id., 426; Id., 543; Id., 559; Id., 571; Id., 592; Id., 667; Id., 746; judgment reversed, see 221 C. 595. Cited. 24 CA 158; Id., 347; Id., 642; Id., 670; Id., 678. Cited. 25 CA 3; Id., 318; Id., 575. Cited. 26 CA 86; Id., 94; Id., 259; Id., 423, see also 27 CA 291, 223 C. 902 and 225 C. 10 et seq., reversing judgment; Id., 472; Id., 667. Cited. 27 C. 171; Id., 307; Id., 558; Id., 596. Cited. 28 CA 126; Id., 575. Cited. 29 CA 304; Id., 359; Id., 584; Id., 675; Id., 694. Cited. 30 CA 9; Id., 470; Id., 654; Id., 712; Id., 783. Cited. 31 CA 548. Cited. 32 CA 84; Id., 505; Id., 811; Id., 831; Id., 842. Cited. 33 CA 253; Id., 409; Id., 509; Id., 647. Cited. 34 CA 141; Id., 191; Id., 492; Id., 501; Id., 629. Cited. 35 CA 360. Cited. 36 CA 672. Cited. 37 CA 355; Id., 360; Id., 456; judgment reversed, see 236 C. 176; Id., 491. Cited. 38 CA 29; Id., 536. Cited. 39 CA 526; Id., 550. Cited. 41 CA 47; Id., 772. Cited. 42 CA 1; Id., 264; Id., 500; Id., 537; judgment reversed, see 241 C. 650; Id., 687; Id., 751. Cited. 43 CA 339. Cited. 45 CA 207; Id., 679. Court declines to distinguish prior case on due process challenge to unitary adjudication of sale of narcotics and drug dependency. 47 CA 86. Cited re admission of, and sufficiency of, evidence re conviction. 51 CA 824. Defendant's claim of drug dependency discussed and rejected. 62 CA 102. Trial court improperly failed to provide definition of "drug dependency" in accordance with the term's statutory definition or otherwise in its instructions to jury. 69 CA 505. Circumstantial evidence at trial provided adequate evidentiary basis for jury to find that substance at issue was LSD, which evidence included court's definition and description of LSD, defendant's statement re substance and manner of ingestion and effect of substance on person who ingested it. 85 CA 575. Defendant failed to demonstrate that his two convictions under section, resulting from searches on the same day, constituted double jeopardy because defendant was found with one stash of cocaine in his pocket, and a later search of his home found another stash of different purity, reflecting different purposes related to the cocaine. Defendant did not demonstrate a due process violation regarding jury instruction on nonexclusive possession of premises where narcotics were found. 93 CA 548. Circumstantial evidence that defendant picked up package and was engaged in illicit activity was insufficient to support conviction of possession of marijuana and possession with the intent to sell marijuana when essential element of offense, knowledge of the character of the illegal substance, was lacking. 98 CA 458. Evidence sufficient to show defendant possessed requisite knowledge for conviction under the statute. 110 CA 245.

**Sec. 21a-278a. Penalty for illegal manufacture, distribution, sale, prescription or administration.** (a) Any person eighteen years of age or older who violates section 21a-277 or 21a-278, and who is not, at the time of such action, a drug-dependent person, by distributing, selling, prescribing, dispensing, offering, giving or administering any controlled substance to another person who is under eighteen years of age and is at least two years younger than such

person who is in violation of section 21a-277 or 21a-278, shall be imprisoned for a term of two years, which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of section 21a-277 or 21a-278.

(b) Any person who violates section 21a-277 or 21a-278 by manufacturing, distributing, selling, prescribing, dispensing, compounding, transporting with the intent to sell or dispense, possessing with the intent to sell or dispense, offering, giving or administering to another person any controlled substance in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school, a public housing project or a licensed child day care center, as defined in section 19a-77, that is identified as a child day care center by a sign posted in a conspicuous place shall be imprisoned for a term of three years, which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of section 21a-277 or 21a-278. To constitute a violation of this subsection, an act of transporting or possessing a controlled substance shall be with intent to sell or dispense in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school, a public housing project or a licensed child day care center, as defined in section 19a-77, that is identified as a child day care center by a sign posted in a conspicuous place. For the purposes of this subsection, "public housing project" means dwelling accommodations operated as a state or federally subsidized multifamily housing project by a housing authority, nonprofit corporation or municipal developer, as defined in section 8-39, pursuant to chapter 128 or by the Connecticut Housing Authority pursuant to chapter 129.

(c) Any person who employs, hires, uses, persuades, induces, entices or coerces a person under eighteen years of age to violate section 21a-277 or 21a-278 shall be imprisoned for a term of three years, which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of section 21a-277 or 21a-278.

(P.A. 87-373, S. 3; P.A. 89-256, S. 1; P.A. 92-82; P.A. 94-233, S. 1.)

History: P.A. 89-256 amended Subsec. (b) to increase the additional, nonsuspendable term of imprisonment from 2 to 3 years for the illegal sale of controlled substances near school grounds and amended Subsec. (c) to increase the additional, nonsuspendable term of imprisonment from 2 to 3 years for using a minor to commit drug offenses; P.A. 92-82 amended Subsec. (b) to increase the proximity distance to school property from 1,000 to 1,500 feet, to make the enhanced penalty applicable to transactions in or near a public housing project and to define "public housing project"; P.A. 94-233 amended Subsec. (b) to remove the exception for drug-dependent persons and make the enhanced penalty applicable to transactions in or near a licensed child day care center that is identified as a child day care center by a sign posted in a conspicuous place.

See Sec. 21a-283a re authority of court to depart from prescribed mandatory minimum sentence.

Cited. 32 CA 724. Cited. 35 CA 609. Evidence that was sufficient to prove violation of Sec. 21a-278 was, in this case, sufficient to prove violation of section. 85 CA 575.



Subsec. (a):

Cited. 20 CA 694.

Subsec. (b):

Cited. 231 C. 941. Cited. 235 C. 477. Cited. 239 C. 427. Cited. 241 C. 650. The state, through the testimony of police officers that the sale of narcotics took place within 1500 feet of a high school, satisfied its burden of proof that the school was an operating secondary school within the meaning of section. 289 C. 496. Evidence that included large quantity of drugs found in defendant's vehicle, money strewn on passenger seat and fact that officers stopped defendant within 1500 feet of a public housing project which is known for heavy drug trafficking was insufficient to establish defendant had requisite intent to sell drugs within 1500 feet of the public housing project. 297 C. 621.

Cited. 38 CA 621. Cited. 42 CA 500; Id., 537; judgment reversed, see 241 C. 650; Id., 640. Cited. 43 CA 339. Is a separate substantive offense from Sec. 21a-278(b). 58 CA 592. Legislature intended possession with intent to sell within 1500 feet of school and sale within 1500 feet of school to be separate crimes. 66 CA 118. Evidence presented, i.e. testimony of expert witness that distance between school and boundary line of property on which the sale of narcotics took place was 1430 feet and a photograph of the property with the point of sale indicated, was sufficient to support jury's finding that sale of narcotics was within 1500 feet of property on which a public elementary school was located. 67 CA 643. Does not require use of certain language to meet requirement of being "identified as a child day care center by a sign posted in a conspicuous place"; whether a posted sign satisfies statute is a question of fact. 70 CA 255. Conviction for conspiracy to sell a controlled substance to within 1500 feet of a public housing project reversed where trial court instructed that jury must find that conspiracy occurred within 1500 feet of public housing project. The law is not concerned with where the plan was hatched, but with where the conspirators proposed to carry out its unlawful purpose. 73 CA 386. Trial court properly determined that defendant possessed narcotics with intent to sell within 1500 feet of a school where defendant, upon being confronted by police, transferred drugs to a passenger in a motor vehicle. Defendant's actual transfer of drugs to the passenger was in and of itself evidence of intent to sell. 101 CA 167. Dissenting opinion: Intent to sell, without evidence of intent to sell at a location within a school zone, is not sufficient to find defendant guilty under statute. Handing a package of narcotics to a motor vehicle passenger with instructions that she "hold it" was not a sufficient act from which jury could infer that defendant intended to sell or dispense at that moment. Id. In enacting Subsec., the legislature intended to create a separate substantive offense and not merely a penalty enhancement provision. 112 CA 349. Testimony that conduct occurred within 1500 feet of a "public school" was insufficient to support finding that conduct occurred within 1500 feet of "an elementary or secondary school" because there are public schools that are neither elementary nor secondary schools. 113 CA 731. Section is not impermissibly vague because it provides adequate notice that the act of agreeing to distribute drugs while in the protected area, even though the drugs might be distributed outside the protected area, is enough for a conviction for either conspiring or attempting to distribute drugs

under the section. 124 CA 9.

Subsec. (c):

Cited. 25 CA 21. Cited. 32 CA 831.

**Sec. 21a-279. (Formerly Sec. 19-481). Penalty for illegal possession. Alternative sentences.**

(a) Any person who possesses or has under his control any quantity of any narcotic substance, except as authorized in this chapter, for a first offense, may be imprisoned not more than seven years or be fined not more than fifty thousand dollars, or be both fined and imprisoned; and for a second offense, may be imprisoned not more than fifteen years or be fined not more than one hundred thousand dollars, or be both fined and imprisoned; and for any subsequent offense, may be imprisoned not more than twenty-five years or be fined not more than two hundred fifty thousand dollars, or be both fined and imprisoned.

(b) Any person who possesses or has under his control any quantity of a hallucinogenic substance other than marijuana or four ounces or more of a cannabis-type substance, except as authorized in this chapter, for a first offense, may be imprisoned not more than five years or be fined not more than two thousand dollars or be both fined and imprisoned, and for a subsequent offense may be imprisoned not more than ten years or be fined not more than five thousand dollars or be both fined and imprisoned.

(c) Any person who possesses or has under his control any quantity of any controlled substance other than a narcotic substance, or a hallucinogenic substance other than marijuana or who possesses or has under his control less than four ounces of a cannabis-type substance, except as authorized in this chapter, for a first offense, may be fined not more than one thousand dollars or be imprisoned not more than one year, or be both fined and imprisoned; and for a subsequent offense, may be fined not more than three thousand dollars or be imprisoned not more than five years, or be both fined and imprisoned.

(d) Any person who violates subsection (a), (b) or (c) of this section in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school and who is not enrolled as a student in such school or a licensed child day care center, as defined in section 19a-77, that is identified as a child day care center by a sign posted in a conspicuous place shall be imprisoned for a term of two years, which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of subsection (a), (b) or (c) of this section.

(e) As an alternative to the sentences specified in subsections (a) and (b) and specified for a subsequent offense under subsection (c) of this section, the court may sentence the person to the custody of the Commissioner of Correction for an indeterminate term not to exceed three years or the maximum term specified for the offense, whichever is the lesser, and at any time within such indeterminate term and without regard to any other provision of law regarding minimum term of confinement, the Commissioner of Correction may release the convicted person so

sentenced subject to such conditions as he may impose including, but not limited to, supervision by suitable authority. At any time during such indeterminate term, the Commissioner of Correction may revoke any such conditional release in his discretion for violation of the conditions imposed and return the convicted person to a correctional institution.

(f) To the extent that it is possible, medical treatment rather than criminal sanctions shall be afforded individuals who breathe, inhale, sniff or drink the volatile substances defined in subdivision (49) of section 21a-240.

(1967, P.A. 555, S. 37; 1969, P.A. 391, S. 4; 753, S. 19; 1972, P.A. 278, S. 26; P.A. 74-332, S. 3, 6; P.A. 83-141; P.A. 85-613, S. 62, 154; P.A. 89-256, S. 2; June Sp. Sess. P.A. 92-1, S. 4; P.A. 94-233, S. 2.)

History: 1969 acts made imposition of imprisonment optional rather than mandatory, added \$10,000 fine for third or more offense thus allowing imposition of fine and/or imprisonment and added Subsecs. (c) and (d) re indeterminate terms and medical treatment; 1972 act substituted "substance" for "drug" and corrected reference to Sec. 19-443 in Subsec. (d); P.A. 74-332 increased maximum term for first offense in Subsec. (a) from five to seven years, inserted new Subsec. (b) re hallucinogenic substances other than marijuana and cannabis-type substances, relettering remaining Subsecs. and revising them to reflect new Subsec. provisions, and imposed fine and imprisonment for subsequent offenses in Subsec. (c), formerly (b); Sec. 19-481 transferred to Sec. 21a-279 in 1983; P.A. 83-141 amended Subsec. (a) by increasing the maximum fine from \$3,000 to \$50,000 for a first offense, from \$5,000 to \$100,000 for a second offense and from \$10,000 to \$250,000 for a subsequent offense; P.A. 85-613 made technical change; P.A. 89-256 inserted a new Subsec. (d) re an additional, nonsuspendable term of imprisonment of two years for any person who violates Subsecs. (a), (b) or (c) near a school and is not enrolled as a student in such school, relettered the remaining Subsecs. accordingly and made technical changes to Subsecs. (c) and (e); June Sp. Sess. P.A. 92-1 amended Subsec. (d) to increase the proximity distance to school property from 1,000 to 1,500 feet; P.A. 94-233 amended Subsec. (d) to add make enhanced penalty applicable to a person who possesses controlled substances in or near a licensed child day care center that is identified as a child day care center by a sign posted in a conspicuous place.

See Sec. 21a-283a re authority of court to depart from prescribed mandatory minimum sentence.

See Sec. 53a-39c re eligibility for community service labor program.

Annotations to former section 19-481:

Cited. 162 C. 216, 309. Cited. 163 C. 104. Cited. 165 C. 83. Cited. 166 C. 126. Cited. 168 C. 623. Cited. 169 C. 322.

Cited. 28 CS 21; 29 CS 87. Narcotic substance includes cocaine. 30 CS 267.

Motion to quash denied where bill of particulars and information sufficiently alleged crimes

charged hereunder. 5 Conn. Cir. Ct. 134.

Subsec. (a):

Cited. 170 C. 469. Cited. 171 C. 293. Cited. 172 C. 172; Id., 223; Id., 414. Possession requires that defendant had exercised dominion and control over substance and had knowledge of its presence and narcotic character; but since defendant made no request to charge and took no exception, no error found in instruction to jury that defendant must have "knowledge of the fact that these items were there." Id., 593. Cited. 173 C. 431. Cited. 174 C. 153. Cited. 178 C. 422; Id., 704. Cited. 179 C. 239. Cited. 182 C. 335. Cited. 185 C. 104. Cited. 186 C. 26. Cited. 187 C. 292. Cited. 189 C. 35. Cited. 194 C. 331; Id., 589; Id., 612. Cited. 195 C. 70; Id., 624. Cited. 196 C. 471. Cited. 197 C. 67; Id., 219; to the extent that *State v. Kimbro* stands for proposition that exercise of discretion by magistrate is reviewable only according to fixed analytical standards, overruled, see 219 C. 529. Court determined that legislature did not intend to authorize dual convictions for simultaneous possession of cocaine and heroin; multiple convictions under statute and double jeopardy clause discussed. 198 C. 111. Cited. 200 C. 82. Cited. 201 C. 505.

Cited. 1 CA 275. Cited. 2 CA 605. Cited. 7 CA 367. Court declined to review claim that statute was unconstitutionally vague. 7 CA 403. Cited. Id., 477; Id., 588.

Sentence under this subsection must be in accordance with chapter 952. 31 CS 350.

Subsec. (b):

Cited. 167 C. 379. Cited. 179 C. 522. Cited. 182 C. 142; Id., 335. Cited. 185 C. 104.

Cited. 5 CA 496. Cited. 7 CA 477; Id., 588.

Subsec. (c):

Cited. 188 C. 183. Cited. 194 C. 612. Cited. 195 C. 624. Cited. 197 C. 50. Cited. 199 C. 591. Cited. 205 C. 437.

Cited. 2 CA 605. Cited. 5 CA 552. Cited. 6 CA 247. Cited. 7 CA 477.

Cited. 33 CS 129. Cited. 38 CS 374.

Annotations to present section:

Cited. 197 C. 644. Cited. 206 C. 90. Cited. 212 C. 223. Cited. 219 C. 529. Cited. 229 C. 285. Cited. 242 C. 296.

Cited. 1 CA 275. Cited. 13 CA 69; Id., 175; Id., 708. Cited. 17 CA 102. Cited. 22 CA 118. Cited. 26 CA 779. Cited. 33 CA 409. Cited. 41 CA 694. Cited. 45 CA 207; Id., 282. Defendant could not be convicted on one set of facts of both possession of narcotics by a person who is not drug-

dependent and simple possession of narcotics and court ordered one sentence vacated. 60 CA 436.

Subsec. (a):

Cited. 197 C. 620. Court determined that legislature did not intend to authorize dual convictions for simultaneous possession of cocaine and heroin; multiple convictions under statute and double jeopardy clause discussed. 198 C. 111. Cited. 199 C. 354, 355. Cited. 204 C. 654. Cited. 207 C. 35. Cited. 209 C. 1; Id., 23. Cited. 212 C. 485. Cited. 219 C. 557. Cited. 220 C. 628. Cited. 224 C. 163; Id., 494. Cited. 226 C. 514. Cited. 236 C. 216. Cited. 237 C. 81. Violation of section is a lesser included offense in Sec. 21a-277(a) since no element in possession charge is not included in charge of possession with intent to sell, where information alleges crimes committed on same date, at same location and with same narcotic. 288 C. 345.

Cited. 2 CA 605. Cited. 7 CA 588. Cited. 8 CA 111. Cited. 9 CA 185; Id., 667. Cited. 10 CA 7; Id., 532; Id., 561; Id., 667. Cited. 11 CA 11; Id., 47; Id., 540; judgment reversed, see 209 C. 1. Cited. 12 CA 225; Id., 274. Cited. 14 CA 536. Cited. 16 CA 245; Id., 518. Cited. 17 CA 556. Cited. 18 CA 32; Id., 104. Cited. 20 CA 241; Id., 321; Id., 336. Cited. 21 CA 568. Cited. 22 CA 40; judgment reversed and case remanded to appellate court for consideration of defendant's remaining claims; Id., 303; Id., 431; Id., 601. Cited. 23 CA 50; Id., 123; Id. 602; Id., 667; Id., 746; judgment reversed, see 221 C. 595. Cited. 24 CA 158; Id., 543; Id., 697. Cited. 25 CA 354; Id., 472. Court declined to require any minimum amount or usability requirement before conviction may be had. Id., 624. Cited. 26 CA 553; Id., 667; Id., 698. Cited. 27 CA 741. Cited. 29 CA 675; Id., 694; Id., 801; judgment reversed, see 229 C. 285; Id., 843. Cited. 30 CA 712. Cited. 31 CA 178. Cited. 32 CA 811. Cited. 33 CA 432. Cited. 34 CA 191; Id., 629. Cited. 37 CA 355. Cited. 38 CA 85; Id., 536. Cited. 39 CA 110. Cited. 40 CA 762. Cited. 41 CA 604; Id., 746. Cited. 42 CA 687. Cited. 43 CA 801. Cited. 46 CA 791. Conviction for both possession and sale of narcotics does not violate prohibition against double jeopardy. 53 CA 661. Conviction of possession of narcotics and possession of narcotics with intent to sell violated defendant's right against double jeopardy. 78 CA 659. Conviction reversed because court failed to instruct jury on nonexclusive possession after jury explicitly requested instruction, and evidence was insufficient to prove element of control necessary for conviction. 116 CA 710.

Cited. 41 CS 454.

Subsec. (b):

Cited. 224 C. 593. Cited. 240 C. 365.

Cited. 7 CA 588. Cited. 10 CA 7. Cited. 14 CA 445. Cited. 20 CA 808. Cited. 22 CA 62; judgment reversed and case remanded to appellate court with direction to reverse judgment of trial court and to remand case to trial court for further proceedings, see 219 C. 529. Cited. 38 CA 29.

Subsec. (c):

Cited. 207 C. 35. Cited. 216 C. 185. Cited. 220 C. 38. Cited. 221 C. 518. Cited. 230 C. 385; see also 37 CA 801. Cited. 236 C. 561. Cited. 240 C. 489.

Cited. 2 CA 605. Cited. 5 CA 441. Cited. 6 CA 394. Cited. 8 CA 158. Cited. 9 CA 15; Id., 667. Cited. 10 CA 532; Id., 561. Cited. 12 CA 225; Id., 274. Cited. 14 CA 356; Id., 388. Cited. 15 CA 251. Cited. 17 CA 108; Id., 142; Id., 635. Cited. 18 CA 819. Cited. 19 CA 296. Cited. 20 CA 183; Id., 321. Cited. 22 CA 10. Cited. 24 CA 678. Cited. 26 CA 667. Cited. 28 CA 575. Cited. 29 CA 843. Cited. 30 CA 550. Cited. 31 CA 278; judgment reversed, see 230 C. 385.; see also 37 CA 801. Cited. 32 CA 811. Cited. 33 CA 432. Cited. 37 CA 801. Cited. 39 CA 175; Id., 526. Cited. 42 CA 640. Cited. 45 CA 679. Possession of illegal substance requires accused to have had knowledge of the character of the drug and its presence, and to have exercised dominion and control over it. 63 CA 284.

Subsec. (d):

Cited. 45 CA 679. Legislature intended for this Subsec. to impose cumulative punishment. 50 CA 1.

**Sec. 21a-280. (Formerly Sec. 19-481a). Breathing of anesthesia not violation.** The breathing, inhalation, sniffing or drinking of anesthesia for medical or dental purposes under the direction of a physician or dentist, acting in the course of his professional practice, is determined to be a licit purpose and not in contravention of the provisions of this chapter.

(1969, P.A. 391, S. 3.)

History: Sec. 19-481a transferred to Sec. 21a-280 in 1983.

Annotations to former section 19-481a:

It was proper for jury to have before it evidence indicating defendant's own use of narcotics since there is nothing in the statute to support claim that possession becomes legal when drug is for personal use. 159 C. 521. Cited. 160 C. 140.

Cited. 30 CS 211.

Cited. 6 Conn. Cir. Ct. 548.

**Sec. 21a-281. (Formerly Sec. 19-481b). Presumption of psychological dependence on volatile substances.** One who is found to have inhaled or to be under the influence of one or more of the volatile substances enumerated in subdivision (49) of section 21a-240 shall be presumed to be psychologically dependent upon such volatile substance or substances.

(1969, P.A. 391, S. 5; 1972, P.A. 278, S. 27; P.A. 85-613, S. 63, 154.)

History: 1972 act corrected reference to Sec. 19-443; Sec. 19-481b transferred to Sec. 21a-281 in 1983; P.A. 85-613 made technical change.

Annotations to former section 19-481b:

Cited. 30 CS 211.

Cited. 6 Conn. Cir. Ct. 548.

**Sec. 21a-282. (Formerly Sec. 19-482). No prosecution where federal action has been taken.**

No person shall be prosecuted for a violation of any provision of sections 21a-243 to 21a-282, inclusive, if such person has been acquitted or convicted under the federal Controlled Substances Act or under the federal food and drug laws for the same act or omission which, it is alleged, constitutes a violation of said sections.

(1967, P.A. 555, S. 39; 1972, P.A. 278, S. 28; P.A. 87-129, S. 9.)

History: 1972 act replaced reference to repealed Sec. 19-450 with reference to Sec. 19-451 and replaced "federal narcotic laws" with "Federal Controlled Substances Act"; Sec. 19-482 transferred to Sec. 21a-282 in 1983; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act.

**Sec. 21a-283. (Formerly Sec. 19-483). Analytical tests for presence of controlled drugs or alcohol. Standards and procedures. Convictions constituting prior offense. Imposition of cost when analysis performed.** (a) The Division of Scientific Services within the Department of Public Safety shall have primary responsibility for analysis of materials believed to contain controlled drugs, or of blood or urine believed to contain alcohol, for purposes of criminal prosecutions pursuant to this chapter; provided nothing herein shall be construed to preclude the use for such analyses of the services of other qualified toxicologists, pathologists and chemists, whether employed by the state or a municipality or a private facility or engaged in private practice, if such toxicologists, pathologists and chemists are engaged in operation of or employed by laboratories licensed by the Commissioner of Public Health or the Commissioner of Consumer Protection pursuant to section 21a-246. A laboratory of the United States Bureau of Narcotics is not required to be licensed under this section if it is approved by the Division of Scientific Services within the Department of Public Safety.

(b) The Division of Scientific Services within the Department of Public Safety shall establish the standards for analytical tests to be conducted with respect to controlled drugs, or with respect to body fluids believed to contain alcohol, by qualified professional toxicologists and chemists operating under the division's direction and shall have the general responsibility for supervising such analytical personnel in the performance of such tests. The original report of an analysis

made by such analytical personnel of the Division of Scientific Services or by a qualified toxicologist, pathologist or chemist of a laboratory of the United States Bureau of Narcotics shall be signed and dated by the analyst actually conducting the tests and shall state the nature of the analytical tests or procedures, the identification and number of samples tested and the results of the analytical tests. A copy of such report certified by the analyst shall be received in any court of this state as competent evidence of the matters and facts therein contained at any hearing in probable cause, pretrial hearing or trial. If such copy is to be offered in evidence at a trial, the attorney for the state shall send a copy thereof, by certified mail, to the attorney of the defendant who has filed an appearance of record or, if there is no such attorney, to the defendant if such defendant has filed an appearance pro se, and such attorney or defendant, as the case may be, shall, within five days of the receipt of such copy, notify the attorney for the state, in writing, if such attorney or defendant intends to contest the introduction of such certified copy. No such trial shall commence until the expiration of such five-day period and, if such intention to contest has been filed, the usual rules of evidence shall obtain at such trial.

(c) In the case of any person charged with a violation of any provision of sections 21a-243 to 21a-279, inclusive, who has been previously convicted of a violation of the laws of the United States or of any other state, territory or the District of Columbia, relating to controlled drugs, such previous conviction shall, for the purpose of sections 21a-277 and 21a-279, be deemed a prior offense.

(d) In addition to any fine, fee or cost that may be imposed pursuant to any provision of the general statutes, the court shall impose a cost of fifty dollars upon any person convicted of a violation of this chapter if an analysis of a controlled substance in relation to the conviction was performed by or at the direction of the chief toxicologist of the Department of Public Health or the Division of Scientific Services within the Department of Public Safety. Any cost imposed under this subsection shall be credited to the appropriation for the Department of Public Safety and shall not be diverted for any other purpose than the provision of funds for the Division of Scientific Services.

(1967, P.A. 555, S. 38; 1969, P.A. 753, S. 20; 1971, P.A. 164; P.A. 73-681, S. 18, 29; P.A. 74-186, S. 6, 12; P.A. 77-614, S. 323, 610; P.A. 87-129, S. 10; P.A. 90-261, S. 13; P.A. 93-381, S. 9, 39; P.A. 95-257, S. 12, 21, 58; P.A. 99-218, S. 8, 16; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: 1969 act made previous provisions Subsec. (c) and added Subsecs. (a) and (b) re duties of chief toxicologist; 1971 act amended Subsec. (b) to replace "blood or urine" with "body fluids", to add reference to analyses made by qualified toxicologists, pathologists or chemists of U.S. Bureau of Narcotics laboratories, to allow use of report copies certified by analyst as evidence in any court proceeding, replacing provision re use of report in conjunction with testimony of health department toxicologist, and added provision detailing use of report copies and obtaining them; P.A. 73-681 added reference to laboratories licensed by commissioner of consumer protection in Subsec. (a); P.A. 74-186 specified that Bureau of Narcotics laboratories need not be licensed if approved by chief toxicologist in Subsec. (a); P.A. 77-614 replaced department and commissioner of health with department and commissioner of health services,



effective January 1, 1979; Sec. 19-483 transferred to Sec. 21a-283 in 1983; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act; P.A. 90-261 amended Subsec. (b) to make technical changes and added Subsec. (d) re the imposition of a \$50 cost upon certain convicted persons when an analysis of a controlled substance was performed and the crediting of such cost to the appropriation for the department of health services for the purpose of providing funds for the chief toxicologist; P.A. 93-381 replaced department and commissioner of health services with department and commissioner of public health and addiction services, effective July 1, 1993; P.A. 95-257 replaced Commissioner and Department of Public Health and Addiction Services with Commissioner and Department of Public Health, effective July 1, 1995; P.A. 99-218 replaced the chief toxicologist of the Department of Public Health with the Division of Scientific Services within the Department of Public Safety, and, in Subsec. (d), added the division as a source of an analysis of a controlled substance, effective July 1, 1999; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

Annotations to former section 19-483:

Cited. 169 C. 692. Testimony of chief toxicologist, based partly on personal observation and partly on test by chemist under his supervision, properly admitted. 172 C. 593.

Subsec. (b):

Objection must be raised in court. Effective date of 1971 amendment. 166 C. 439. The use in evidence of the report of the toxicologist in lieu of personal testimony is allowed unless the defendant, having been notified in accordance with the procedure under the statute, objects in writing to the use of the report. 168 C. 395. Cited. *Id.*, 520. Written report is admissible in lieu of testimony of analyst when there has been compliance with requirements of this section. 169 C. 416. Failure of state to comply with mailing provision of this subsection did not require granting of a new trial. 172 C. 16. Cited. 181 C. 562.

**Sec. 21a-283a. Court authorized to depart from imposing mandatory minimum sentence.**

Notwithstanding any provision of the general statutes, when sentencing a person convicted of a violation of any provision of this chapter, except a violation of subsection (a) or (c) of section 21a-278a, for which there is a mandatory minimum sentence, which did not involve the use, attempted use or threatened use of physical force against another person or result in the physical injury or serious physical injury of another person, and in the commission of which such person neither was armed with nor threatened the use of or displayed or represented by word or conduct that such person possessed any firearm, deadly weapon or dangerous instrument, as those terms are defined in section 53a-3, the court may, upon a showing of good cause by the defendant, depart from the prescribed mandatory minimum sentence, provided the provisions of this section have not previously been invoked on the defendant's behalf and the court, at the time of sentencing, states in open court the reasons for imposing the particular sentence and the specific

reason for imposing a sentence that departs from the prescribed mandatory minimum sentence.

(P.A. 01-99, S. 1, 2; P.A. 04-234, S. 36; 04-257, S. 136.)

History: P.A. 01-99 effective July 1, 2001; P.A. 04-234, Sec. 36 repealed section, effective June 8, 2004; P.A. 04-257 subsequently preserved section by repealing Sec. 36 of P.A. 04-234, effective June 14, 2004.

The words "have not previously been invoked" are plain and unambiguous and are temporally related to the time of sentencing. 291 C. 373.

**Secs. 21a-284 and 21a-285. (Formerly Secs. 19-484 and 19-485). Suspension of prosecution for treatment for drug dependence; dismissal of charges. Order for treatment in addition to penalties on conviction; penalty for unauthorized departure from hospital.** Sections 21a-284 and 21a-285 are repealed.

(1967, P.A. 555, S. 40, 41; 1969, P.A. 753, S. 21-24; 1971, P.A. 871, S. 94; P.A. 79-585, S. 2, 3, 15; P.A. 86-371, S. 32, 33, 45; P.A. 89-390, S. 36, 37.)

**Secs. 21a-286 to 21a-300.** Reserved for future use.

## **PART II**

### **INSTITUTIONAL PHARMACIES AND PHARMACISTS' DRUG ROOMS**

**Secs. 21a-301 to 21a-305. (Formerly Secs. 19-504a, 19-504c to 19-504e, 19-504g). Definitions. Regulations. Inspections of: Institutional pharmacies, pharmacist's drug rooms and dispensing outpatient facilities; correctional and juvenile training institutions and care-giving institutions. Reports by care-giving, correctional and juvenile training institutions.** Sections 21a-301 to 21a-305, inclusive, are repealed.

(1969, P.A. 593, S. 1, 3-5, 7; P.A. 73-681, S. 19-21, 29; P.A. 77-614, S. 323, 587, 610; P.A. 78-303, S. 85, 136; P.A. 79-379, S. 5; P.A. 86-403, S. 47, 132; P.A. 93-381, S. 9, 39; P.A. 95-264, S. 70.)

**Sec. 21a-306.** Transferred to Chapter 400j, Part I, Sec. 20-578.

**Sec. 21a-307. (Formerly Sec. 19-504i). Definitions re dispensing of drugs.** Section 21a-307 is repealed.

(1969, P.A. 593, S. 17; P.A. 73-681, S. 22, 29; P.A. 75-176, S. 2; P.A. 81-200, S. 1; P.A. 82-472, S. 69, 183; P.A. 91-47, S. 1; P.A. 95-264, S. 70.)

**Sec. 21a-308.** Transferred to Chapter 400j, Part III, Sec. 20-613.

**Secs. 21a-309 to 21a-315.** Reserved for future use.

## **CHAPTER 420c\***

### **CONTROLLED SUBSTANCE REGISTRATION**

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**Sec. 21a-316. (Formerly Sec. 19-504k). "Practitioner" defined.** As used in this chapter, "practitioner" means: (1) A physician, dentist, veterinarian, podiatrist, optometrist, physician assistant licensed pursuant to section 20-12b, advanced practice registered nurse as defined in subsection (b) of section 20-87a, nurse-midwife, scientific investigator or other person licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state; (2) a hospital or other institution licensed, registered or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state.

(P.A. 77-485, S. 1, 13; P.A. 89-389, S. 15, 22; P.A. 90-211, S. 15, 23; P.A. 96-70, S. 3; P.A. 99-102, S. 39.)

History: Sec. 19-504k transferred to Sec. 21a-316 in 1983 and alphabetic Subdiv. indicators replaced editorially by the Revisors with numeric indicators for consistency with general practice elsewhere in general statutes; P.A. 89-389 added advanced practice registered nurse and nurse-midwife to the definition of practitioner; P.A. 90-211 redefined "practitioner" to include physician assistants; P.A. 96-70 redefined "practitioner" to include optometrists; P.A. 99-102 deleted obsolete reference to osteopathy.

**Sec. 21a-317. (Formerly Sec. 19-504l). 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 obtain a certificate of registration issued by the Commissioner of Consumer Protection in accordance with the provisions of this chapter.

(P.A. 77-485, S. 2, 13; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-504l transferred to Sec. 21a-317 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6,

thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-318. (Formerly Sec. 19-504m). Application form. Fee. Exemptions.** An application for registration pursuant to this chapter shall be made upon a form provided by the Commissioner of Consumer Protection and shall be accompanied by a fee of twenty dollars for biennial registration, except that a practitioner who obtains such registration pursuant to the practitioner's employment with a municipality, this state or the federal government shall not be required to pay the fee.

(P.A. 77-485, S. 3, 13; P.A. 78-134, S. 1; P.A. 82-355, S. 4, 8; P.A. 89-251, S. 157, 203; P.A. 99-175, S. 50; P.A. 00-182, S. 6; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; P.A. 08-25, S. 1.)

History: P.A. 78-134 exempted certain persons and facilities from payment of fee; P.A. 82-355 amended section to provide for biennial licensure effective January 1, 1983, doubling fee accordingly; Sec. 19-504m transferred to Sec. 21a-318 in 1983; P.A. 89-251 increased the fee from \$20 to \$25; P.A. 99-175 limited exemption from payment of biennial licensure fee to practitioners who obtain registration pursuant to municipal, state or federal government employment; P.A. 00-182 replaced provisions re \$25 biennial licensure fee with provisions re \$10 annual registration fee; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 08-25 changed annual \$10 registration fee to biennial \$20 registration fee.

**Sec. 21a-319. (Formerly Sec. 19-504n). Professional or institutional approval to precede registration.** No certificate of registration shall be issued under this chapter unless or until the applicant has furnished proof satisfactory to the Commissioner of Consumer Protection that he or she is licensed or duly authorized to practice his or her profession by the appropriate state licensing board, commission or registration agency; or, in the case of a hospital or other institution, by the appropriate state agency having jurisdiction over the licensure, registration or approval of such establishment.

(P.A. 77-485, S. 4, 13; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-504n transferred to Sec. 21a-319 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-320. (Formerly Sec. 19-504o). Public interest standard for registration.** The commissioner shall register an applicant unless he or she determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the commissioner shall consider the following factors:

- (1) Maintenance of effective controls against diversion of controlled substances into other than duly authorized legitimate medical, scientific, or commercial channels;
- (2) Compliance with all applicable state and federal laws and regulations concerning controlled substances;
- (3) Any conviction of the applicant under any state or federal law relating to controlled substances;
- (4) Furnishing by the applicant of false or fraudulent information or material in any application filed under this chapter;
- (5) Expiration, suspension, revocation, surrender or denial of the practitioner's federal controlled substance registration;
- (6) Prescribing, distributing, administering or dispensing of controlled substances in schedules other than those specified in the practitioner's state or federal registration.

(P.A. 77-485, S. 6, 13.)

History: Sec. 19-504o transferred to Sec. 21a-320 in 1983 and alphabetic Subdiv. indicators replaced with numeric indicators for consistency with general practice throughout general statutes.

**Sec. 21a-321. (Formerly Sec. 19-504p). Renewal of registration. Fee.** Registration may be renewed by application to the Commissioner of Consumer Protection. Renewal applications shall be in such form as the commissioner shall prescribe and shall be accompanied by a biennial renewal fee of forty dollars. A separate fee shall be required for each place of business or professional practice where the practitioner stores, distributes or dispenses controlled substances.

(P.A. 77-485, S. 5, 13; P.A. 82-355, S. 5, 8; P.A. 94-36, S. 9, 42; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1; P.A. 08-25, S. 2; June Sp. Sess. P.A. 09-3, S. 290.)

History: P.A. 82-355 provided for biennial licensure with phase-in during even-numbered months of 1983; Sec. 19-504p transferred to Sec. 21a-321 in 1983; P.A. 94-36 replaced biennial registration with annual registration, deleted alphabetical schedule of registration renewal and deleted provision concerning calendar year 1983, effective January 1, 1995; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp.

Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 08-25 changed annual \$10 registration fee to biennial \$20 registration fee; June Sp. Sess. P.A. 09-3 increased biennial renewal fee from \$20 to \$40.

See Sec. 21a-10(b) re staggered schedule for license renewals.

**Sec. 21a-322. (Formerly Sec. 19-504q). Grounds for disciplinary action. Civil penalty.** The commissioner may suspend, revoke or refuse to renew a registration, place a registration on probation, place conditions on a registration and assess a civil penalty of not more than one thousand dollars per violation of this chapter, for sufficient cause. Any of the following shall be sufficient cause for such action by the commissioner: (1) The furnishing of false or fraudulent information in any application filed under this chapter; (2) conviction of a crime under any state or federal law relating to the registrant's profession, controlled substances or drugs or fraudulent practices, including, but not limited to, fraudulent billing practices; (3) failure to maintain effective controls against diversion of controlled substances into other than duly authorized legitimate medical, scientific, or commercial channels; (4) the suspension, revocation, expiration or surrender of the practitioner's federal controlled substance registration; (5) prescribing, distributing, administering or dispensing a controlled substance in schedules other than those specified in the practitioner's state or federal registration or in violation of any condition placed on the practitioner's registration; (6) the restriction, suspension, revocation or limitation of a professional license or certificate as a result of a proceeding pursuant to the general statutes; (7) abuse or excessive use of drugs; (8) possession, use, prescription for use or distribution of controlled substances or legend drugs, except for therapeutic or other proper medical or scientific purpose; (9) a practitioner's failure to account for disposition of controlled substances as determined by an audit of the receipt and disposition records of said practitioner; and (10) failure to keep records of medical evaluations of patients and all controlled substances dispensed, administered or prescribed to patients by a practitioner.

(P.A. 77-485, S. 8, 13; P.A. 82-355, S. 6; P.A. 85-275, S. 1; P.A. 07-252, S. 75.)

History: P.A. 82-355 added new Subdiv. permitting disciplinary action against practitioner who fails to account for disposition of controlled substances; Sec. 19-504q transferred to Sec. 21a-322 in 1983 and alphabetic Subdiv. indicators replaced with numeric indicators for consistency with general practice throughout general statutes; P.A. 85-275 authorized the commissioner of consumer protection to refuse to renew a registration for sufficient cause; P.A. 07-252 expanded disciplinary actions available to commissioner for enforcement of registration provisions, authorized civil penalty of not more than \$1,000 per violation, amended Subdivs. (2) and (5) to expand grounds for disciplinary action thereunder and added Subdiv. (10) re disciplinary action for failure to keep records of patient medical evaluations and controlled substances.

**Sec. 21a-323. (Formerly Sec. 19-504r). Hearing re refusal to renew registration or re denial, suspension or revocation of registration.** Before denying, suspending, revoking or refusing to renew a registration, the commissioner shall afford the applicant an opportunity for hearing in

accordance with the provisions of chapter 54. Notice of such hearing shall be given by certified mail. The commissioner may subpoena witnesses and require the production of records, papers and documents pertinent to such hearing.

(P.A. 77-485, S. 7, 13; P.A. 85-275, S. 2.)

History: Sec. 19-504r transferred to Sec. 21a-323 in 1983; P.A. 85-275 provided that an applicant for renewal of a registration shall have an opportunity for a hearing before the commissioner refuses such renewal and granted the commissioner subpoena power in connection with hearings.

Cited. 207 C. 698.

**Sec. 21a-324. (Formerly Sec. 19-504s). Voluntary surrender of certificate; effect upon registration.** A practitioner may at any time voluntarily surrender his or her state controlled substance certificate of registration for any or all schedules of controlled substances for any of the following reasons: (1) As an indication of his or her good faith in desiring to remedy any incorrect or unlawful practices or (2) as a voluntary act arising out of his or her desire to terminate prescribing or handling of controlled substances in any or all schedules. Any such voluntary surrender shall constitute authority for the Commissioner of Consumer Protection or his or her authorized agent to terminate and revoke any state controlled substance registration without a hearing or any other proceeding.

(P.A. 77-485, S. 10, 13; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-504s transferred to Sec. 21a-324 in 1983 and alphabetic Subdiv. indicators replaced with numeric indicators for consistency with general practice throughout general statutes; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-325. (Formerly Sec. 19-504t). Disposal of controlled substances upon surrender of registration.** Upon the surrender of a controlled substance certificate of registration for any or all schedules of controlled substances, as defined in section 21a-243, the registrant shall dispose of stocks of controlled substances as provided in regulations adopted under section 21a-262 or by following the procedure for disposition of controlled substances as outlined in Section 1307.21 of the Code of Federal Regulations or any successor regulation.

(P.A. 77-485, S. 9, 13; P.A. 87-129, S. 11.)

History: Sec. 19-504t transferred to Sec. 21a-325 in 1983; P.A. 87-129 substituted reference to Sec. 21a-243 for Sec. 21a-242, repealed by the same act.



**Sec. 21a-326. (Formerly Sec. 19-504u). Regulations.** The Commissioner of Consumer Protection may adopt such regulations as may be necessary to administer and enforce the provisions of this chapter.

(P.A. 77-485, S. 11, 13; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-504u transferred to Sec. 21a-326 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 21a-327. (Formerly Sec. 19-504v). Pharmacies, pharmacists and nurses exempt from chapter.** Nothing in this chapter shall be construed to include pharmacies or pharmacists licensed under chapter 400j or nurses licensed under chapter 378 who are not advanced practice registered nurses.

(P.A. 77-485, S. 12, 13; P.A. 86-76, S. 1, 2; P.A. 89-389, S. 16, 22; P.A. 90-211, S. 16, 23; P.A. 95-264, S. 61.)

History: Sec. 19-504v transferred to Sec. 21a-327 in 1983; P.A. 86-76 exempted physician assistants from provisions of chapter; P.A. 89-389 specified that the exemption for nurses only applied to nurses who are not advanced practice registered nurses; P.A. 90-211 removed reference to physician assistants; P.A. 95-264 made technical changes.

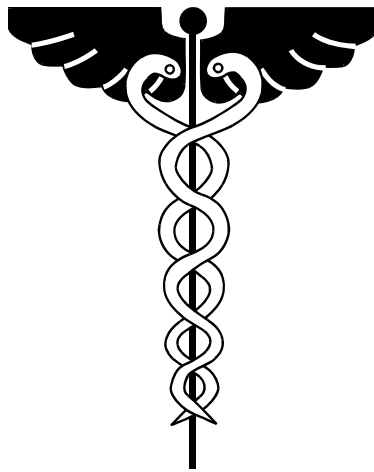
**Sec. 21a-328. (Formerly Sec. 19-504w). Penalty for failure to register.** Upon the failure of a practitioner, as defined in section 21a-316, to comply with the provisions of this chapter the Attorney General at the request of the Commissioner of Consumer Protection is authorized to apply in the name of the state of Connecticut to the Superior Court for an order temporarily or permanently restraining and enjoining any practitioner from distributing, administering, dispensing or prescribing any controlled substance.

(P.A. 78-134, S. 2; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: Sec. 19-504w transferred to Sec. 21a-328 in 1983; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Secs. 21a-329 to 21a-334.** Reserved for future use.

**SECTION II**  
**CONNECTICUT PUBLIC ACTS**



**Public Act No. 11-121**

**AN ACT CONCERNING THE PHARMACY PRACTICE ACT AND  
PRACTITIONER CONTROLLED SUBSTANCE REGISTRATION.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:  
Section 1. Section 20-590 of the general statutes is repealed and the following is substituted in lieu thereof

*(Effective January 1, 2012)*:(a) The department shall, upon authorization of the commission, issue a license to practice pharmacy as a pharmacist to any individual provided the individual:

- (1) Has submitted a written application on a form approved by the department;
- (2) Has graduated from a college or school of pharmacy approved by the commission with a degree that was, at the time of graduation, an entry level professional pharmacy degree;
- (3) Has the professional experience as a pharmacy intern required by regulations adopted by the commissioner, with the advice and assistance of the commission, in accordance with chapter 54;
- (4) Has successfully passed [the examination described under subsection (b) of this section;] any examinations required by the commissioner; and
- (5) Is eighteen years of age or older at the time of [the examination]application. [; and
- (6) Has paid the examination fee specified in section 20-601.

(b) The examination for licensure required under subsection (a) of this section shall be given by the commission at least two times each year. The commission shall, with the approval of the commissioner, determine the content and subject matter of each examination, and the place, time and date of administration of the examination. [(c)] (b) The Department of Consumer Protection shall, upon authorization of the commission, issue a temporary permit to practice pharmacy to an individual who:

- (1) Practices under the direct supervision of a licensed pharmacist;
- (2) has an application for reciprocity on file with the commission;
- (3) is a licensed pharmacist in good standing in a state or jurisdiction from which such state's pharmacy board or commission of pharmacy grants similar reciprocal privileges to pharmacists licensed in this state; and
- (4) has no action pending against such individual's license with any state's pharmacy board or commission of pharmacy.

[(d)] (c) A temporary permit to practice pharmacy shall expire at the time the individual with the temporary permit is licensed as a pharmacist in this state, or not later than three months from the date of issuance of such temporary permit, whichever occurs first. The Department of Consumer Protection shall not issue more than one temporary permit to practice pharmacy to an individual, but the commission, at its discretion, may authorize one three-month extension of the temporary permit.

Sec. 2. Subsection (b) of section 20-591 of the general statutes is repealed and the following is substituted in lieu thereof *(Effective January 1, 2012)*:(b) The individual shall comply with the

requirements of subdivisions (1), (2), (4) [,] and (5) [and (6)] of subsection (a) of section 20-590, as amended by this act, and with regulations adopted as provided in subsection (c) of this section.

Sec. 3. Section 20-593 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):(a) A license to practice pharmacy issued under the provisions of section 20-590, as amended by this act, or under the provisions of section 20-591, as amended by this act, or 20-592 and a license to practice pharmacy renewed pursuant to subsections (b) and (c) of this section shall be evidenced by a certificate issued by the department upon authorization of the commission.(b) A license to practice pharmacy shall expire [annually] biennially and may be renewed upon completion of an application on a form approved by the department, payment of [the fee set forth in section 20-601] one hundred twenty dollars and completion of continuing professional education, as required by sections 20-599 and 20-600.(c) The commission shall not grant a renewal license to an applicant who has not held a license authorized by the commission within five years of the date of application unless the applicant has passed an examination satisfactory to the commission and has paid the fee required in [section 20-601] subsection (b) of this section.(d) In addition to the certificate of license to practice pharmacy issued under subsection (a) of this section, the department may issue a document suitable for display indicating that the individual has been issued a certificate of license to practice pharmacy.

Sec. 4. Section 20-601 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):The department shall collect the following nonrefundable fees:(1) The fee for issuance of a pharmacist license is two hundred dollars, payable at the date of application for the license.[(2) The fee for applying to take the pharmacist license examination required in section 20-590 and in section 20-591 is one hundred ninety dollars, payable at the date of application for the pharmacist license.][(3)] (2) The fee for renewal of a pharmacist license is the professional services fee for class A, as defined in section 33-182l. Before the commission grants a license to an applicant who has not held a license authorized by the commission within five years of the date of application, the applicant shall pay the [fees] fee required in [subdivisions] subdivision (1) [and (2)] of this section.[(4)] (3) The fee for issuance of a pharmacy license is seven hundred fifty dollars.[(5)] (4) The fee for renewal of a pharmacy license is one hundred ninety dollars.[(6)] (5) The late fee for an application for renewal of a license to practice pharmacy, a pharmacy license or a permit to sell non legend drugs is the amount set forth in section 21a-4.[(7)] (6) The fee for notice of a change in officers or directors of a corporation holding a pharmacy license is sixty dollars for each pharmacy license held. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice.[(8)] (7) The fee for filing notice of a change in name, ownership or

management of a pharmacy is ninety dollars. A late fee for failing to give such notice within ten days of the change is fifty dollars in addition to the fee for notice. [(9)] (8) The fee for application for registration as a pharmacy intern is sixty dollars. [(10)] (9) The fee for application for a permit to sell non legend drugs is one hundred forty dollars. [(11)] (10) The fee for renewal of a permit to sell non legend drugs is one hundred dollars. [(12)] (11) The late fee for failing to notify the commission of a change of ownership, name or location of the premises of a permit to sell non legend drugs within five days of the change is twenty dollars. [(13)] (12) The fee for issuance of a nonresident pharmacy certificate of registration is seven hundred fifty dollars. [(14)] (13) The fee for renewal of a nonresident pharmacy certificate of registration is one hundred ninety dollars. [(15)] (14) The fee for application for registration as a pharmacy technician is one hundred dollars. [(16)] (15) The fee for renewal of a registration as a pharmacy technician is fifty dollars. [(17)] (16) The fee for issuance of a temporary permit to practice pharmacy is two hundred dollars.

Sec. 5. Section 21a-319 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*): No certificate of registration shall be issued, maintained or renewed under this chapter unless or until the applicant has furnished proof satisfactory to the Commissioner of Consumer Protection that he or she is licensed or duly authorized to practice his or her profession by the appropriate state licensing board, commission or registration agency; or, in the case of a hospital or other institution, by the appropriate state agency having jurisdiction over the licensure, registration or approval of such establishment.

Sec. 6. Section 21a-320 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*): The commissioner shall register an applicant unless he or she determines that the issuance of such registration is inconsistent with the public interest. In determining the public interest, the commissioner shall consider the following factors: (1) Maintenance of effective controls against diversion of controlled substances into other than duly authorized legitimate medical, scientific, or commercial channels; (2) Compliance with all applicable state and federal laws and regulations concerning controlled substances; (3) Any conviction of the applicant under any state or federal law relating to controlled substances; (4) Furnishing by the applicant of false or fraudulent information or material in any application filed under this chapter; (5) Expiration, suspension, revocation, surrender or denial of the practitioner's federal controlled substance registration; (6) Prescribing, distributing, administering or dispensing of controlled substances in schedules other than those specified in the practitioner's state or federal registration; and (7) Suspension, revocation, expiration or surrender of, or other disciplinary action taken against, any professional license or registration held by the practitioner.

Sec. 7. Section 21a-322 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*): The commissioner may suspend, revoke or refuse to renew a registration,

place a registration on probation, place conditions on a registration and assess a civil penalty of not more than one thousand dollars per violation of this chapter, for sufficient cause. Any of the following shall be sufficient cause for such action by the commissioner:(1) The furnishing of false or fraudulent information in any application filed under this chapter; (2) conviction of a crime under any state or federal law relating to the registrant's profession, controlled substances or drugs or fraudulent practices, including, but not limited to, fraudulent billing practices; (3) failure to maintain effective controls against diversion of controlled substances into other than duly authorized legitimate medical, scientific, or commercial channels; (4)the suspension, revocation, expiration or surrender of the practitioner's federal controlled substance registration; (5) prescribing, distributing, administering or dispensing a controlled substance in schedules other than those specified in the practitioner's state or federal registration or in violation of any condition placed on the practitioner's registration;(6) [the restriction, suspension, revocation or limitation of a professional license or certificate as a result of a proceeding pursuant to the general statutes] suspension, revocation, expiration, surrender or other disciplinary action taken against any professional license or registration held by the practitioner; (7) abuse or excessive use of drugs; (8) possession, use, prescription for use or distribution of controlled substances or legend drugs, except for therapeutic or other proper medical or scientific purpose; (9) a practitioner's failure to account for disposition of controlled substances as determined by an audit of the receipt and disposition records of said practitioner; and(10) failure to keep records of medical evaluations of patients and all controlled substances dispensed, administered or prescribed to patients by a practitioner.

### ***Public Act No. 11-73***

#### ***AN ACT REGULATING THE SALE AND POSSESSION OF SYNTHETIC MARIJUANA AND SALVIA DIVINORUM.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 21a-243 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):(a) The Commissioner of Consumer Protection shall adopt regulations for the efficient enforcement and operation of sections 21a-244 to 21a-282, inclusive.(b) The Commissioner of Consumer Protection may, so far as maybe consistent with [said] sections 21a-244 to 21a-282, inclusive, adopt the regulations existing under the federal Controlled Substances Act and pertinent regulations existing under the federal food and drug laws and conform regulations adopted hereunder with

those existing under the federal Controlled Substances Act and federal food and drug laws.(c) The Commissioner of Consumer Protection acting upon the advice of the Commission of Pharmacy, may by regulation designate, after investigation, as a controlled substance, a substance or chemical composition containing any quantity of a substance which has been found to have a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and having a tendency to promote abuse or physiological or psychological dependence or both. Such substances are classifiable as amphetamine type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant substances, and specifically exclude alcohol, caffeine and nicotine. Substances which are designated as controlled substances shall be classified in schedules I to V by regulations adopted pursuant to subsection (a) of this section.(d) The Commissioner of Consumer Protection may by regulation change the schedule in which a substance classified as a controlled substance in schedules I to V of the controlled substance scheduling regulations is placed. On or before December 15, 1986, and annually thereafter, the commissioner shall submit a list of all such schedule changes to the chairmen and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health.(e) A new or amended regulation under this chapter shall be adopted in accordance with the provisions of chapter 54.(f) In the event of any inconsistency between the contents of schedules I, II, III, IV and V of the controlled substance scheduling regulations and schedules I, II, III, IV and V of the federal Controlled Substances Act, as amended, the provisions of the federal act shall prevail, except when the provisions of the Connecticut controlled substance scheduling regulations place a controlled substance in a schedule with a higher numerical designation, schedule I being the highest designation.(g) When a drug that is not a controlled substance in schedule I, II, III, IV or V, as designated in the Connecticut controlled substance scheduling regulations, is designated to be a controlled substance under the federal Controlled Substances Act, such drug shall be considered to be controlled at the state level in the same numerical schedule for a period of two hundred forty days from the effective date of the federal classificatio.

(h) The Commissioner of Consumer Protection shall, by regulation adopted pursuant this section, designate the following substances, by whatever official, common, usual, chemical or trade name designation, as controlled substances and classify each such substance in the appropriate schedule:(1) 1-pentyl-3-(1-naphthoyl) indole (JWH-018);(2) 1-butyl-3-(1-naphthoyl) indole (JWH-073);(3) 1-[2-(4-morpholinyl)ethyl]-3-(1-naphthoyl) indole (JWH-200);

(4) 5-(1,1-dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol  
(CP-47,497);

(5) 5-(1,1-dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol  
(cannabicyclohexanol; CP-47,497 C8 homologue);

(6) Salvia divinorum; and

(7) Salvinorum A.



## **Public Act No. 10-117**

Sec. 94. (NEW) (*Effective October 1, 2010*) (a) On or before January 1, 2011, each pharmaceutical or medical device manufacturing company shall adopt and implement a code that is consistent with, and minimally contains all of the requirements prescribed in, the Pharmaceutical Research and Manufacturers of America's "Code on Interaction with Healthcare Professionals" or AdvaMed's "Code of Ethics on Interactions with Health Care Professionals" as such codes were in effect on January 1, 2010.

- (b) Each pharmaceutical or medical device manufacturing company shall adopt a comprehensive compliance program in accordance with the guidelines provided in the "Compliance Program Guidance for Pharmaceutical Manufacturers" dated April, 2003 and issued by the United States Department of Health and Human Services Office of Inspector General.
- (c) Upon complaint, the department may investigate an alleged (1) violation of subsection (a) of this section, or (2) failure to conduct any training program or regular audit for compliance with the code adopted pursuant to subsection (a) of this section by a pharmaceutical or medical device manufacturing company. The Commissioner of Consumer Protection may impose a civil penalty of not more than five thousand dollars for any violation of the provisions of this section.

## **Public Act No. 11-210**

### **AN ACT CONCERNING EMERGENCY MEDICAL ASSISTANCE FOR PERSONS EXPERIENCING AN OVERDOSE AND THE DESIGNATION OF CERTAIN SYNTHETIC STIMULANTS AS CONTROLLED SUBSTANCES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 21a-279 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) Any person who possesses or has under his control any quantity of any narcotic substance, except as authorized in this chapter, for a first offense, may be imprisoned not more than seven years or be fined not more than fifty thousand dollars, or be both fined and imprisoned; and for a second offense, may be imprisoned not more than fifteen years or be fined not more than one hundred thousand dollars, or be both fined and imprisoned; and for any subsequent offense, may be imprisoned not more than twenty-five years or be fined not more than two hundred fifty thousand dollars, or be both fined and imprisoned.

(b) Any person who possesses or has under his control any quantity of a hallucinogenic substance other than marijuana or four ounces or more of a cannabis-type substance, except as authorized in this chapter, for a first offense, may be imprisoned not more than five years or be fined not more than two thousand dollars or be both fined and imprisoned, and for a subsequent offense may be imprisoned not more than ten years or be fined not more than five thousand dollars or be both fined and imprisoned.

(c) Any person who possesses or has under his control any quantity of any controlled substance other than a narcotic substance, or a hallucinogenic substance other than marijuana or who possesses or has under his control less than four ounces of a cannabis-type substance, except as authorized in this chapter, for a first offense, may be fined not more than one thousand dollars or be imprisoned not more than one year, or be both fined and imprisoned; and for a subsequent offense, may be fined not more than three thousand dollars or be imprisoned not more than five years, or be both fined and imprisoned.

(d) Any person who violates subsection (a), (b) or (c) of this section in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school and who is not enrolled as a student in such school or a licensed child day care center, as defined in section 19a-77, that is identified as a child day care center by a sign posted in a conspicuous place shall be imprisoned for a term of two years, which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of subsection (a), (b) or (c) of this section.

(e) As an alternative to the sentences specified in subsections (a) and (b) and specified for a subsequent offense under subsection (c) of this section, the court may sentence the person to the custody of the Commissioner of Correction for an indeterminate term not to exceed three years or the maximum term specified for the offense, whichever is the lesser, and at any time within such indeterminate term and without regard to any other provision of law regarding minimum term of confinement, the Commissioner of Correction may release the convicted person so sentenced subject to such conditions as he may impose including, but not limited to, supervision by suitable authority. At any

time during such indeterminate term, the Commissioner of Correction may revoke any such conditional release in his discretion for violation of the conditions imposed and return the convicted person to a correctional institution.

(f) To the extent that it is possible, medical treatment rather than criminal sanctions shall be afforded individuals who breathe, inhale, sniff or drink the volatile substances defined in subdivision (49) of section 21a-240.

(g) The provisions of subsections (a) to (c), inclusive, of this section shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the possession or control of a controlled substance in violation of subsection (a), (b) or (c) of this section was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

Sec. 2. Section 21a-267 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) No person shall use or possess with intent to use drug paraphernalia, as defined in subdivision (20) of section 21a-240, to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal, or to ingest, inhale or otherwise introduce into the human body, any controlled substance as defined in subdivision (9) of section 21a-240. Any person who violates any provision of this subsection shall be guilty of a class C misdemeanor.

(b) No person shall deliver, possess with intent to deliver or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain or conceal, or to ingest, inhale or otherwise introduce into the human body, any controlled substance. Any person who violates any provision of this subsection shall be guilty of a class A misdemeanor.

(c) Any person who violates subsection (a) or (b) of this section in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school and who is not enrolled as a student in such school shall be imprisoned for a term of one year which shall not be suspended and shall be in addition and consecutive to any term of imprisonment imposed for violation of subsection (a) or (b) of this section.

(d) The provisions of subsection (a) of this section shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the use or possession of drug paraphernalia in violation of said subsection was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

Sec. 3. Section 21a-243 of the general statutes is amended by adding subsection (h) as follows (*Effective July 1, 2011*):

(NEW) (h) Notwithstanding the provisions of subsection (c) of this section, the Commissioner of Consumer Protection shall designate the following substances, by whatever official, common, usual, chemical or trade name designation, as controlled substances in schedule I of the controlled substances scheduling regulations:

- (1) Mephedrone (4-methylmethcathinone); and
- (2) MDPV (3,4-methylenedioxypyrovalerone).

Approved July 13, 2011

**Substitute House Bill No. 6618**

**Public Act No. 11-242**

**AN ACT CONCERNING VARIOUS REVISIONS TO PUBLIC HEALTH**

**RELATED STATUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:  
Section 1. Section 19a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

Sec. 50. (*Effective from passage*) (a) As used in this section:

(1) "Electronic technology" or "telepharmacy" means the process: (A) By which each step involved in the preparation of IV admixtures is verified through use of a bar code tracking system and documented by means of digital photographs which are electronically recorded and preserved; and (B) which is monitored and verified through video and audio communication between a licensed supervising clinical pharmacist and a pharmacy technician; (2) "IV admixture" means an IV fluid to which one or more additional drug products have been added; (3) "Pharmacist" means an individual who is licensed to practice pharmacy under the provisions of section 20-590, 20-591, 20-592 or 20-593 of the general statutes, and who is thereby recognized as a health care provider by the state of Connecticut; and (4) "Pharmacy technician" means an individual who is registered with the department and qualified in accordance with section 20-598a of the general statutes.

(b) The Commissioner of Consumer Protection, in consultation with the Commissioner of Public Health, may establish a pilot program to permit a hospital, licensed in accordance with the provisions of chapter 368v of the general statutes, which operates a hospital pharmacy to use electronic technology or telepharmacy at the hospital's satellite or remote locations for purposes of allowing a clinical pharmacist to supervise pharmacy technicians in the preparation of IV admixtures. Under the pilot program, notwithstanding the provisions of chapter 400j of the general statutes or regulations adopted pursuant to said chapter, a clinical pharmacist shall be permitted to supervise a pharmacy technician through use of electronic technology. A supervising clinical pharmacist shall monitor and verify the activities of a pharmacy technician through audio and video communication. In the event of a malfunction of the electronic technology, no IV admixtures prepared by a pharmacy technician during the time period of the malfunction may be distributed to patients, unless an appropriately licensed individual is able to: (1) Personally review and verify the accuracy of all processes utilized in the preparation of the IV admixture; or (2) upon the restoration of the electronic technology, utilize the mechanisms of

the electronic technology which recorded the actions of the pharmacy technician to confirm that all proper steps were followed in the preparation of the IV admixture. Under the pilot program, all orders for medication shall be verified by a pharmacist prior to being delegated to a pharmacy technician for preparation of an IV admixture. A hospital participating in the pilot program shall ensure that appropriately licensed personnel administer medications at the hospital's satellite or remote locations. All of the processes involved in the operation of the pilot program shall be under the purview of the hospital's director of pharmacy. (c) A hospital selected to participate in the pilot program shall undertake periodic quality assurance evaluations which shall minimally include review of any error in medication administration which occurs under the pilot program. A hospital shall make such quality assurance evaluations available for review and inspection by the Departments of Consumer Protection and Public Health. (d) A pilot program established pursuant to this section may commence operation on or after July 1, 2011, and shall terminate not later than December 31, 2012, provided the Commissioner of Consumer Protection may terminate the pilot program prior to December 31, 2012, for good cause shown.

### ***Public Act No. 11-44***

#### ***AN ACT CONCERNING THE BUREAU OF REHABILITATIVE SERVICES AND IMPLEMENTATION OF PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND PUBLIC HEALTH.***

Sec. 150. Section 20-619 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) For the purposes of section 20-579 and this section:

(1) "Brand name" means the proprietary or trade name selected by the manufacturer and placed upon a drug product, its container, label or wrapping at the time of packaging;

(2) "Generic name" means the established name designated in the official United States [Pharmacopoeia/National Formulary] Pharmacopoeia-National Formulary, official

Homeopathic Pharmacopoeia of the United States, or official United States [adopted names] Adopted Names or any supplement to any of [them] said publications;

(3) "Therapeutically equivalent" means drug products that are approved under the provisions of the federal Food, Drug and [Cosmetics] Cosmetic Act for interstate distribution and that will provide essentially the same efficacy and toxicity when administered to an individual in the same dosage regimen; [and]

(4) "Dosage form" means the physical formulation or medium in which the product is intended, manufactured and made available for use, including, but not limited to, tablets, capsules, oral solutions, aerosol, inhalers, gels, lotions, creams, ointments, transdermals and suppositories, and the particular form of any physical formulation or medium that uses a specific technology or mechanism to control, enhance or direct the release, targeting, systemic absorption, or other delivery of a dosage regimen in the body;

(5) "Epilepsy" means a neurological condition characterized by recurrent seizures;

(6) "Seizures" means a disturbance in the electrical activity of the brain; and

(7) "Antiepileptic drug" means a drug prescribed for the treatment of epilepsy or a drug used to prevent seizures.

(b) Except as limited by subsections (c), [and] (e) and (i) of this section, unless the purchaser instructs otherwise, the pharmacist may substitute a generic drug product with the same strength, quantity, dose and dosage form as the prescribed drug product which is, in the pharmacist's professional opinion, therapeutically equivalent. When the prescribing practitioner is not reasonably available for consultation and the prescribed drug does not use a unique delivery system technology, the pharmacist may substitute an oral tablet, capsule or liquid form of the prescribed drug as long as the form dispensed has the same strength, dose and dose schedule and is therapeutically equivalent to the drug prescribed. The pharmacist shall inform the patient or a representative of the patient, and the practitioner of the substitution at the earliest reasonable time.

(c) A prescribing practitioner may specify in writing or by a telephonic or other electronic communication that there shall be no substitution for the specified brand name drug product in any prescription, provided (1) in any prescription for a Medicaid [state-administered general assistance,] or ConnPACE recipient, such practitioner specifies the basis on which the brand name drug product and dosage form is medically necessary in comparison to a chemically equivalent generic name drug product substitution, and (2) the phrase "BRAND MEDICALLY NECESSARY", shall be in the

practitioner's handwriting on the prescription form or on an electronically-produced copy of the prescription form or, if the prohibition was communicated by telephonic or other electronic communication that did not reproduce the practitioner's handwriting, a statement to that effect appears on the form. The phrase "BRAND MEDICALLY NECESSARY" shall not be preprinted or stamped or initialed on the form. If the practitioner specifies by telephonic or other electronic communication that did not reproduce the practitioner's handwriting that there shall be no substitution for the specified brand name drug product in any prescription for a Medicaid [, state-administered general assistance,] or ConnPACE recipient, written certification in the practitioner's handwriting bearing the phrase "BRAND MEDICALLY NECESSARY" shall be sent to the dispensing pharmacy [within] not later than ten days after the date of such communication.

(d) Each pharmacy shall post a sign in a location easily seen by patrons at the counter where prescriptions are dispensed stating that, "THIS PHARMACY MAY BE ABLE TO SUBSTITUTE A LESS EXPENSIVE DRUG PRODUCT WHICH IS THERAPEUTICALLY EQUIVALENT TO THE ONE PRESCRIBED BY YOUR DOCTOR UNLESS YOU DO NOT APPROVE. " The printing on the sign shall be in block letters not less than one inch in height.

(e) A pharmacist may substitute a drug product under subsection (b) of this section only when there will be a savings in cost passed on to the purchaser. The pharmacist shall disclose the amount of the savings at the request of the patient.

(f) Except as provided in subsection (g) of this section, when a pharmacist dispenses a substitute drug product as authorized by subsection (b) of this section, the pharmacist shall label the prescription container with the name of the dispensed drug product. If the dispensed drug product does not have a brand name, the prescription label shall indicate the generic name of the drug product dispensed along with the name of the drug manufacturer or distributor.

(g) A prescription dispensed by a pharmacist shall bear upon the label the name of the drug in the container unless the prescribing practitioner writes "DO NOT LABEL", or words of similar import, on the prescription or so designates in an oral or electronic transmission of the prescription.

(h) Neither the failure to instruct by the purchaser as provided in subsection (b) of this section nor the fact that a sign has been posted as provided in subsection (d) of this section shall be a defense on the part of a pharmacist against a suit brought by any such purchaser.



(i) Upon the initial filling or renewal of a prescription that contains a statistical information code based upon the most recent edition of the International Classification of Diseases indicating the prescribed drug is used for the treatment of epilepsy or to prevent seizures, a pharmacist shall not fill the prescription by using a different drug manufacturer or distributor of the prescribed drug, unless the pharmacist (1) provides prior notice of the use of a different drug manufacturer or distributor to the patient and the prescribing practitioner, and (2) obtains the written consent of the patient's prescribing practitioner. For purposes of obtaining the consent of the patient's prescribing practitioner required by this subsection, a pharmacist shall notify the prescribing practitioner via electronic mail or facsimile transmission. If the prescribing practitioner does not provide the necessary consent, the pharmacist shall fill the prescription without such substitution or use of a different drug manufacturer or distributor or return the prescription to the patient or to the patient's representative for filling at another pharmacy. If a pharmacist is unable to contact the patient's prescribing practitioner after making reasonable efforts to do so, such pharmacist may exercise professional judgment in refilling a prescription in accordance with the provisions of subsection (b) of section 20-616. For purposes of this subsection, "pharmacy" means a place of business where drugs and devices may be sold at retail and for which a pharmacy license was issued pursuant to section 20-594, including a hospital-based pharmacy when such pharmacy is filling prescriptions for employees and outpatient care, and a mail order pharmacy licensed by this state to distribute in this state. "Pharmacy" does not include a pharmacy serving patients in a long-term care facility, other institutional facility or a pharmacy that provides prescriptions for inpatient hospitals.

[(i)] (j) The commissioner, with the advice and assistance of the commission, shall adopt regulations, in accordance with chapter 54, to carry out the provisions of this section.

Sec. 151. Section 17b-493 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

A pharmacist shall, except as limited by [subsection (c)] subsections (c), (e) and (i) of section 20-619, as amended by this act, and section 17b-274, as amended by this act, substitute a therapeutically and chemically equivalent generic drug product for a

prescribed drug product when filling a prescription for an eligible person under the program.

# SECTION III - REGULATIONS



## **Pharmacy Practice Regulations**

### ***The Practice of Pharmacy***

#### **Sec. 20-576-1. Definitions**

For the purpose of sections 20-576-1 through 20-576-53 of the Regulations of Connecticut State Agencies, the following terms shall have the meanings indicated:

- (a) "Commission" means the commission of Pharmacy;
- (b) "Department" means the Department of Consumer Protection;
- (c) "Legend drug" has the meaning given to this term by Section 20-571 of the General Statutes;
- (d) "Prescribing practitioner" has the meaning given to this term by Section 20-571 of the General Statutes; and
- (e) "Prescription department" means that area within a pharmacy where drugs are compounded and dispensed pursuant to the order of a prescribing practitioner

#### **Sec. 20-576-2. Applications**

(a) All applications for licenses or permits shall be made on forms furnished by the department. All such forms shall be signed by the applicant thereby indicating that all information contained in the application is true and accurate.

(b) Proper proof of all requirements for applications for admission to examinations and for applications for licenses and permits shall be provided to the department with each such application.

(c) Applications for licenses for which an examination is required shall be submitted to the department at least forty-five days prior to the date on which the examination is to be taken unless this is deemed by the commission to be unnecessary based upon the manner in which the exam is to be administered.

(d) Applications for new pharmacy licenses and applications for the relocation of a pharmacy shall be made at least fifteen days prior to the next scheduled meeting of the commission.

#### **Sec. 20-576-3. Applications for pharmacist license**

(a) An applicant for a license to practice pharmacy other than by reciprocity shall be required to take a two part examination consisting of the following:

(1) Part I. The North American Pharmacist Licensure Exam or such other examination as may be required by the commission and approved by the Commissioner of Consumer Protection; and

(2) Part II. Pharmaceutical jurisprudence,

(b) The applicant must achieve a grade of not less than 75 in each designated part.

#### **Sec. 20-576-4. Eligibility for examination**

(a) An applicant who is a graduate of a school or college of pharmacy accredited by the American Council on Pharmaceutical Education and approved by the commission, and who has had at least fifteen hundred hours of the practical experience required of a pharmacy intern shall be eligible to take the required examination, except as provided in section 20-576-6 of the Regulations of Connecticut State Agencies.

(b) An applicant who is a graduate of a foreign college or school of pharmacy shall be eligible to take the required examination if the following requirements are met:

(1) Documentation of date and place of birth;

(2) Proof of having passed the paper-based, computer-based or internet-based Test of English as a Foreign Language with the minimum score approved by the National Association of Boards of Pharmacy;

(3) Proof of having passed the Test of Spoken English with a minimum score of fifty-five (55) if the applicant has taken either the paper-based or the computer-based Test of English as a Foreign Language;

(4) Proof of United States citizenship or a visa permitting employment in the United States;

(5) Proof of at least fifteen hundred hours of the practical experience required of a pharmacy intern as provided by section 20-576-8 of the Regulations of Connecticut State Agencies;

(6) Proof of passage of the Foreign Pharmacy Graduate Equivalency Examination; and

(7) Appearance before the commission for a personal interview prior to the commencement of the practical experience required of a pharmacy intern in subsection (b)(5) of this section, at which time such training requirement as well as the other criteria established in this subsection will be reviewed.

#### **Sec. 20-576-5. Examination conduct**

Any candidate committing a fraudulent or deceitful act related to the taking of the examination shall be prohibited from further examination for a minimum period of one year.

**Sec. 20-576-6. Exception to intern requirements**

If a candidate for the examination for licensure to practice pharmacy as a pharmacist in Connecticut as prescribed by section 20-590 of the General Statutes and section 20-576-3 of the Regulations of Connecticut State Agencies has not fulfilled the law as required by section 20-598 of the General Statutes, the candidate, upon completion of the examination, shall immediately register and fulfill the requirements of said section 20-598, or, submit to the commission evidence of the completion of a program as described in section 20-576-8(b) of the Regulations of Connecticut State Agencies.

**Sec. 20-576-7. Reciprocity**

A pharmacist who is licensed as such in any other state of the United States, the District of Columbia, the Commonwealth of Puerto Rico or any territory or insular possession subject to the jurisdiction of the United States, may be licensed to practice as such in this state provided:

(1) the qualifications necessary to secure such license in the state or jurisdiction in which the pharmacist is licensed were, at the time of first securing such license, at least equal to those required in this state at that time;

(2) the pharmacist is a graduate with a professional undergraduate degree from those schools of pharmacy that are accredited by the American Council on Pharmaceutical Education, or is a graduate with a professional undergraduate degree from a foreign college or school of pharmacy and has complied with the requirements of section 20-576-4(b) of the Regulations of Connecticut State Agencies;

(3) the pharmacist is a resident of the state of Connecticut at the time of making application to be licensed as a pharmacist or has indicated an intention to practice pharmacy within the state of Connecticut;

(4) the pharmacist has practiced the profession of pharmacy for at least one year in any other state or jurisdiction within the last five years at the time of application or has been licensed by examination in an other state or jurisdiction within the previous twelve months. In lieu of the practice requirement, the commission may accept, in its discretion, equivalent experience as determined by the commission

(5) the pharmacy board or commission in the state or jurisdiction from which the pharmacist is reciprocating grants similar reciprocal privileges to pharmacists licensed in this state;

(6) the pharmacist passes that portion of the commission's licensure examination relating to pharmacy law; and

(7) the pharmacist appears before the commission for a personal interview in which the criteria established in this section will be reviewed.

**Sec. 20-576-8. Registration of pharmacy interns**

(a) As used in this section: "pharmacy intern" has the meaning given to this term by Section 20-571 of the General Statutes; "intern training pharmacy" means a Connecticut pharmacy or an institutional pharmacy approved by the commission, providing training for a pharmacy intern in contemporary pharmacy practice; and "pharmacy intern preceptor" means a Connecticut pharmacist supervising a pharmacy intern.

(b) The professional experience required by section 20-590 of the General Statutes shall consist of the satisfactory fulfillment of a series of objectives approved by the commission, completed during fifteen hundred clock hours as a registered pharmacy intern. No more than 40 clock hours may be obtained in any one week. The professional experience may be obtained by completing any combination of the following:

(1) employment or voluntary work in a Connecticut pharmacy or an institutional pharmacy approved by the commission; but no more 40 clock hours may be obtained in any one week.

(2) an educational experiential program established and monitored by a school or college of pharmacy accredited by the American Council on Pharmaceutical Education and approved by the commission;

(3) an out of state practical experience program approved by the appropriate licensing agency in the state wherein the experience is attained; or

(4) an industrial, research or other professional experience program established by a school or college of pharmacy accredited by the Accreditation Council for Pharmacy Education, or its successor organization recognized by the United States Department of Education as the accrediting body for professional degree programs in pharmacy, and approved by the commission. Hours accumulated under this subdivision shall be limited to a maximum of 400 hours.

(c) The following requirements shall apply only to experience hours acquired by a pharmacy intern employed or volunteering in a Connecticut pharmacy or institutional pharmacy approved by the commission pursuant to subsection (b)(1) of this section:

(1) No pharmacy intern preceptor shall supervise the training of more than one pharmacy intern at any one time;

(2) A pharmacy intern preceptor's statement supplied by the department shall be completed and signed by the preceptor and the intern, certifying that the stated hours and content of the professional experience are true;

(3) The pharmacy intern shall within five days of the event, notify the commission of any of the following changes in his internship training:

- (A) the commencement of his internship training;
- (B) a change in the place of supervision;
- (C) a change of the pharmacy intern preceptor;
- (D) a change in the hours of supervision; or
- (E) cessation of supervision; and

(4) The department shall issue to each pharmacy intern, registering in accordance with section 20-598 of the General Statutes, an identification number and card except to those individuals obtaining internship training in an out of state practical experience program approved by the licensing agency in the state wherein the experience is attained.

**Sec. 20-576-9. Authority of registered pharmacy intern**

A registered pharmacy intern may compound and dispense drugs and devices and otherwise perform contemporary pharmacy services only when a pharmacist is physically present in the pharmacy or institutional pharmacy and personally supervising such compounding, dispensing or delivery of contemporary pharmacy services.

**Sec. 20-576-10. Information to be reported**

Every pharmacist who commences the practice of pharmacy or changes the pharmacist's place of employment within the state of Connecticut shall report to the department within five days the following information:

- (1) the date of commencement of the practice of pharmacy;
- (2) the name of the pharmacist's employer;
- (3) the address of the practice location; and
- (4) the type of practice.

**Sec. 20-576-11. Change of name or address**



Any pharmacist or registered pharmacy technician changing the pharmacist's or technician's name or home address shall notify the commission of such change within five days.

**Sec. 20-576-12. Required pharmacy equipment and references**

Every pharmacy and institutional pharmacy shall have proper pharmaceutical equipment and appropriate pharmaceutical reference materials to insure that prescriptions can be properly dispensed and that contemporary pharmacy services can be properly provided.

**Sec. 20-576-13. Hours of operation of a pharmacy.**

A pharmacy shall be open at least thirty-five hours per week, except as otherwise authorized in regulations concerning classes of pharmacies promulgated pursuant to Section 20-576(a)(2) of the General Statutes.

**Sec. 20-576-14. Security of the prescription department during momentary absences of a pharmacist.**

During times when the pharmacist leaves the prescription department, or leaves the area operated as the pharmacy in accordance with sections 20-576-15 and 20-576-16 of the Regulations of Connecticut State Agencies, for a few moments, measures shall be taken to insure that adequate security of the prescription department is provided and that entry by unauthorized personnel is prevented or immediately detected. The presence of a pharmacy intern or a pharmacy technician in the prescription department, or in the area operated as the pharmacy in accordance with section 20-576-15 and 20-576-16 of the Regulations of Connecticut State Agencies, during these times shall be considered to be providing adequate security. If no such personnel are available for this purpose, and the prescription department, or the area licensed as the pharmacy in accordance with sections 20-576-15 and 20-576-16 of the Regulations of Connecticut State Agencies, is not within the view of the pharmacist, a method shall be employed to physically or electronically secure the prescription department through the use of mechanisms such as a locked barrier or an alarm system that will prevent or immediately detect access to that area.

**Sec. 20-576-15. Licensing as a pharmacy the entire premises of a business not primarily devoted to the operation of a pharmacy**

The commission shall not be required to license as a pharmacy, the entire premises of a business that is not devoted primarily to the operation of a pharmacy. In determining whether to license the entire premises the commission shall consider, but shall not be limited to the following factors:

(1) the primary nature of the business and the type of products sold, especially the relationship of the products sold to the practice of pharmacy; and

(2) the percentage of the floor space of the business devoted to the sale of drugs, medical devices and other health related products.

**Sec. 20-576-16. Physical construction and operation of pharmacies located in businesses not devoted primarily to the operation of a pharmacy**

When a pharmacy is operated in any store, firm or other business not devoted primarily to the operation of a pharmacy, the following provisions shall be met:

(1) The area which is licensed as a pharmacy shall be completely separated from other business operations by partitions approved by the commission and the entire pharmacy shall be arranged or constructed to prevent the public from having unauthorized or illegal access to any drugs or medical devices;

(2) Such pharmacy shall be constructed so that it can be completely secured and locked to prevent unauthorized entry during times when the pharmacy is closed and the pharmacist is not present;

(3) The hours of operation of the pharmacy shall be conspicuously displayed at the main outside entrance of the business, store or firm;

(4) Access to the pharmacy by an authorized pharmacist shall be provided twenty-four hours daily;

(5) Exterior and interior signs exhibited by such business which use words such as "pharmacy," "drug store," "apothecary" or other words indicating that such place of business houses a pharmacy shall not be positioned in such a way, or be of such size, as to imply that the entire premises is a pharmacy;

(6) The portion of the premises occupied by a pharmacy may have a door admitting the public directly into said pharmacy from outside of the building, from a public way within a shopping mall or plaza or from a lobby which leads directly to the outside; and

(7) In a business, store or firm where there is no access providing direct access to the pharmacy in accordance with subdivision (6) of this section, the pharmacy shall be located in an area which is approved by the commission of Pharmacy and which provides for convenience and ease of access to patients.

**Sec. 20-576-17. Closing of prescription department**

(a) The pharmacist manager of a pharmacy may apply to the commission for permission to close the prescription department during specified hours. Prior to granting the applicant's request, the commission shall request that the Commissioner of Consumer Protection inspect the pharmacy for compliance with sections 20-576-17 through 20-576-19, inclusive, of the Regulations of Connecticut State Agencies. Upon confirmation from the Commissioner of Consumer Protection that the pharmacy is in compliance with those regulations, the commission shall grant such permission. A record of such application and its approval shall be maintained on file by the commission.

(b) After approval is granted pursuant to subsection (a) of this section, a pharmacy may reduce the hours the prescription department is open if:

(1) The pharmacist manager files notice of such reduction of hours with the Department of Consumer Protection at least thirty days prior to such change; and

(2) The pharmacy posts a conspicuous notice to the public at least thirty days prior to such reduction of hours.

(c) After approval is granted pursuant to subsection (a) of this section, a pharmacy

may increase the hours the prescription department is open. The pharmacist

manager shall file notice of such increase of hours with the Department of Consumer Protection not later than five days after such change.

The prescription department of a pharmacy shall be open to provide pharmaceutical services not less than thirty-five hours per week.

**Sec. 20-576-18. Procedures when prescription department closed**

(a) During times that the prescription department is closed, it shall be securely locked and equipped with an alarm system. Such alarm shall be activated and operated separately from any other alarm system at the pharmacy, and shall be able to detect entrance to the prescription department at times when it is closed. Keys and access codes to the alarm system shall be controlled in such a manner so as to prevent access to the prescription department by other than authorized pharmacy personnel. Only a pharmacist shall have the authority to deactivate the alarm system.

(b) Original written prescriptions, prescription containers to be refilled or written requests for prescription refills may be left at the pharmacy at times when the prescription department is closed only if they are deposited directly into a drop box by a patient or his agent. Such box shall be a one-way container constructed in a manner which ensures that deposited items are not retrievable other than

from inside the pharmacy by the pharmacist or his designee and only at times when the pharmacist is present in the pharmacy.

(c) Prescriptions which have been prepared for pickup, legend drugs, controlled substances, legend devices and products whose sale is limited to pharmacies or shall be carried out by or under the supervision of a pharmacist, shall be stored within the prescription department or in a separate locked storage area and no sales of such products shall take place when the prescription department is closed.

(d) When the prescription department is closed, deliveries from manufacturers, wholesalers or other drug distributors of legend drugs, controlled substances, legend devices and products whose sale is limited to pharmacies or shall be carried out by or under the supervision of a pharmacist, shall be stored in a secure locked area until such time that a pharmacist is present in the pharmacy and the orders can be processed under a pharmacist's supervision.

#### **Sec. 20-576-18a Unscheduled closing of the prescription department or the**

#### **pharmacy**

(a)(1) A pharmacy that has received approval from the commission, in accordance with section 20-576-17 of the Regulations of Connecticut State Agencies, to close the prescription department during specified hours, may close the prescription department during its posted hours of operation only if the pharmacist who was scheduled to work cannot do so and a replacement pharmacist cannot reasonably be scheduled to work.

(2) If the prescription department of a pharmacy is closed under the provisions of subsection (a)(1) of this section, the pharmacy shall comply with the requirements of section 20-576-18 of the Regulations of Connecticut State Agencies and the following:

(A) The pharmacy shall implement procedures to notify patients of the pharmacy who need prescriptions dispensed where these prescriptions, including refills, can be obtained immediately. Such procedures may include, but are not limited to, telephone system messages and conspicuously posted signs;

(B) the prescription department of a pharmacy shall not be closed more than one calendar day for any one such closing;

(C) the prescription department of a pharmacy shall not be closed more than eighteen times in a three hundred sixty-five day period or more than twice in any thirty-day period; and

(D) the pharmacist manager shall report each such closing of the prescription department to the commission not later than seventy-two hours after the closing.

(b)(1) A pharmacy that is operated in a store, firm or other business not devoted primarily to the operation of a pharmacy, in accordance with section 20-576-16 of the Regulations of Connecticut State Agencies, may close the pharmacy during its posted hours of operation only if the pharmacist who was scheduled to work cannot do so and a replacement pharmacist cannot reasonably be scheduled to work.

(2) If the pharmacy is closed under the provisions of subsection (b)(1) of this section, the pharmacy shall comply with the requirements of section 20-576-16 of the Regulations of

Connecticut State Agencies and the following:

(A) The pharmacy shall implement procedures to notify patients of the pharmacy who need prescriptions dispensed where these prescriptions, including refills, can be obtained immediately. Such procedures may include, but are not limited to, telephone system messages and conspicuously posted signs;

(B) the pharmacy shall not be closed more than one calendar day for any one such closing;

(C) the pharmacy shall not be closed more than eighteen times in a three hundred sixty-five day period or more than twice in any thirty-day period; and

(D) the pharmacist manager shall report each such closing of the pharmacy to the commission not later than seventy-two hours after the closing.

(c) A pharmacy that is not required to post its hours of operation, but closes the pharmacy during its normal hours of operation, shall implement procedures to notify patients of the pharmacy who need prescriptions dispensed where these prescriptions, including refills, can be obtained immediately. Such procedures may include, but are not limited to, telephone system messages and conspicuously posted signs.

**Sec. 20-576-19. Disclosure of times of operation of prescription department**

Pharmacies which have received approval from the commission to operate when the prescription department is closed shall comply with the following requirements:

(1) The hours of operation of the prescription department shall be posted at all entrances to the pharmacy in block letters at least one-half inch in height;

(2) All advertising for a specific pharmacy shall clearly state the hours of operation of the prescription department; and

(3) All advertising containing multiple listings of specific pharmacies may contain the statement "The services of a pharmacist may not be available at all times when stores are open" in lieu of stating the hours of operation of each pharmacy's prescription department.

**Sec. 20-576-20. New pharmacy or relocation of existing pharmacy**

(a) The pharmacist manager and applicant for a new pharmacy premise, or the pharmacist manager and licensee of a pharmacy premise which moves its location to a new premise location, or the pharmacist manager and licensee of a pharmacy which complies with sections 20-576-15 and 20-576-16 of the Regulations of Connecticut State Agencies and which moves the area, or any portion thereof, licensed as a pharmacy, to a different area within the business premises, shall appear in person at a meeting of the commission and present a completed new pharmacy premise application or a completed transfer pharmacy premise application with the proper fee and a detailed sketch drawn to scale or a blueprint of the proposed new pharmacy premise location or re-location with its dimensions. The sketch or blueprint shall show at least the following data:

(1) the square footage of the area which will be licensed as the pharmacy premise;

(2) for pharmacies which comply with sections 20-576-15 and 20-576-16 of the Regulations of Connecticut State Agencies, the total square footage of the entire business entity;

(3) the square footage of the prescription department;

(4) the square footage and location of areas used as storerooms or stockrooms;

(5) the size of the prescription counter;

(6) the location of the prescription department sink and refrigerator;

(7) the location of the controlled drug safe;

(8) the location of the toilet facilities;

(9) the location and size of patient counseling areas, if any; and

(10) any other information, related to the physical plant, required by the commission in regulations adopted pursuant to section 20-576(a)(2) of the General Statutes, concerning the licensing of various classes of pharmacies.

(b) Whenever the applicant or the licensee is a person other than the pharmacist manager, the applicant or licensee may designate an individual to act as the applicant's or licensee's agent for purposes of this section.

(c) Applications to move the area, or any portion thereof, licensed as a pharmacy, to a different area within the business premises, for pharmacies which comply with sections 20-576-15 and 20-576-16 of the Regulations of Connecticut State Agencies, shall require the fee for the relocation of a pharmacy.

**Sec. 20-576-21. Name of pharmacist manager to be posted**

The name of the pharmacist manager shall be conspicuously posted within the prescription department of a pharmacy, or in immediate proximity to it. The manager's name shall be displayed in a location and in a manner so as to be clearly and readily identifiable to patients and customers. Nothing in this section shall be construed to prevent the display of the name of the pharmacist manager at other locations within the pharmacy in addition to the above location.

**Sec. 20-576-22. Report of absence of pharmacist manager**

(a) If a pharmacist manager is absent from the pharmacy for any reason for more than sixteen consecutive days, the licensee shall immediately report such absence to the commission. The licensee shall

provide the commission with the name of the pharmacist designated to be the acting pharmacist manager within five days following the sixteenth consecutive day of the pharmacist manager's absence.

(b) If the absence of the pharmacist manager exceeds forty-two consecutive days such person shall be deemed to have ceased to be the pharmacist manager of the pharmacy. In such case, the licensee shall, in accordance with section 20-597 of the General Statutes, immediately notify the commission and shall immediately enroll with the commission the name, address and license number of the pharmacist who is assuming management of the pharmacy. This notice of change of pharmacist manager shall be accompanied by the filing fee required by section 20-601 of the General Statutes. The pharmacist who ceases management of the pharmacy shall also immediately notify the commission of this fact.

**Sec. 20-576-23. Newly designated pharmacist managers**

A pharmacist who is designated to be a pharmacist manager and has not previously managed a Connecticut pharmacy, shall appear before the commission for a personal interview related to the pharmacist's knowledge and responsibilities as a pharmacist manager. Such interview shall take place before the pharmacist is authorized to manage the pharmacy except that, in cases of hardship, the pharmacist shall appear at the first commission meeting held after the date the pharmacist commences work as the pharmacist manager.

**Sec. 20-576-24. Provision of prescription blanks to prescribing practitioners prohibited**

No pharmacist or pharmacy shall provide any prescribing practitioner with prescription blanks bearing a pharmacist's or pharmacy's name thereon.

**Sec. 20-576-25. Labeling of prescriptions**

All prescriptions dispensed in pharmacies and all outpatient prescriptions dispensed in institutional pharmacies shall be labeled and such labels shall contain all information required by federal and state statutes and regulations.

**Sec. 20-576-26. Prescription procedures**

(a) Oral orders from a prescribing practitioner or his agent for new prescriptions or oral authorizations for prescription refills shall be communicated directly to a pharmacist. Nothing in this subsection shall be construed to prevent a pharmacy technician from obtaining prescription renewal authorizations in accordance with sections 20-576-35 and 20-576-39 of the Regulations of Connecticut State Agencies.

(b) All electronically transmitted prescriptions shall be received directly in the prescription department of a pharmacy.

#### **Sec. 20-576-27. Substitution of drugs. Definitions**

As used in sections 20-576-27 through 20-576-30, inclusive, of the Regulations of Connecticut State Agencies, "Purchaser" means the patient for whom the drug product is prescribed, or the patient's authorized agent, or, in the case of a minor or incompetent person, the patient's parent or guardian except that for subsection (e) of section 20-619 of the General Statutes the word "Purchaser" means the Payor of a prescription drug; and "Substitution" means the dispensing of a different drug, biological, medicinal substance, device or brand of the same in place of the drug, biological, medicinal substance, device or brand of the same prescribed without the express permission of the prescribing practitioner, except as provided in section 20-619 of the General Statutes, or in hospitals without the express approval of the medical staff pharmacy committee.

#### **Sec. 20-576-28. Notification to patient concerning substitution**

The pharmacist, prior to any substitution of a drug product pursuant to section 20-619 of the General Statutes, shall notify the patient or the patient's agent of any such substitution. The patient may indicate that no substitution is to be made and that the drug product appearing on the prescription shall be used to the exclusion of all other drug products.

#### **Sec. 20-576-29. Recording of drug substitution**

Whenever a pharmacist substitutes a drug product pursuant to section 20-619 of the General Statutes, the pharmacist shall:

(1) Record on the face of the prescription form of a written prescription the brand name of the drug product substituted or if the drug product substituted has no brand name, the generic name and name of the manufacturer of the drug product substituted; or in the case of an oral or electronically transmitted prescription, he shall record both the brand name of the drug product ordered by the prescribing practitioner and the brand name of the drug product substituted or, if the drug product



substituted has no brand name, the generic name and name of the manufacturer of the drug product substituted; and

(2) Record on the face of the prescription form the retail price (at the time of dispensing) of the drug product substituted.

#### **Sec. 20-576-30. Disclosing the price of legend drugs**

(a) As used in section 20-611 of the General Statutes, and in this section, "prospective purchaser" means a person for whom a prescription has been issued in compliance with section 20-614 of the General Statutes, or the patient's authorized agent or, in the case of a minor or incompetent person, the patient's parent or guardian, and who is making an inquiry either in person or by telephone to a pharmacist for the price of said prescription.

(b) For the purpose of complying with section 20-611 of the General Statutes, and in order to have sufficient information to disclose a prescription price, a pharmacist may ask a prospective purchaser making an inquiry in person or by telephone, or any other person making such an inquiry on behalf of the prospective purchaser for the following:

(1) The name of the medication (brand or generic);

(2) Dose or strength, if applicable; and

(3) Quantity.

(c) In the event that the prospective purchaser or other person making such an inquiry on his or her behalf cannot provide any of the information listed in subsection (b) of this section, and such information is necessary for the requested price to be determined, then the pharmacist may contact the prescribing practitioner in order to obtain the necessary information prior to disclosing the prescription price.

(d) Where substitution of a generic drug product is authorized pursuant to section 20-619 of the General Statutes, the pharmacist shall disclose the price of the substituted drug product. In so doing, however, the pharmacist shall also disclose the brand name or the generic name of said substituted drug product. The pharmacist shall also disclose the name of the drug manufacturer of the substituted drug product and otherwise comply with the provisions of section 20-619 of the General Statutes.

#### **Sec. 20-576-31. Sale of nonlegend drugs in vending machines**

No nonlegend drug shall be sold or offered or exposed for sale or dispensed by any means in any type of vending machines.

## ***Regulations Concerning Pharmacy Technicians***

### **Sec. 20-576-32. Pharmacy technicians. Definitions**

(a) The definitions in section 20-571 of the Connecticut General Statutes and this section shall apply to sections 20-576-33 to 20-576-39 inclusive, of the Regulations of Connecticut State Agencies. The term pharmacy technician does not include:

(1) persons working in an institutional pharmacy who are not engaged in the compounding and dispensing of medications, such as stock clerks and clerical personnel; and

(2) persons working in a pharmacy who are not engaged in the compounding and dispensing of medications, such as stock clerks, cashiers, clerical personnel and data entry personnel performing routine functions such as entering and retrieving basic information not directly related to dispensing as defined in subdivision (9) of section 20-571 of the Connecticut General Statutes, getting prescription files and other manual records from storage, generating computer records such as refill logs and inventories of dispensing for the signature or initials of the pharmacist, handling or delivering completed prescriptions to the patient or the patient's agent, and ringing up or receiving sales. Data entry of demographic and insurance information shall not be considered to be directly related to dispensing.

(b) "Supervising pharmacist" means a pharmacist who supervises pharmacy technicians; who is fully aware of and responsible for all activities pertinent to drug preparation, dispensing and distribution in which pharmacy technicians are engaged; and who conducts in-process and final checks on the performance of such pharmacy technicians.

(c) "Certified Pharmacy Technician" means a person who holds an active certification from the pharmacy technician certification board, or any other equivalent pharmacy technician certification approved by the commission of pharmacy.

(d) "Director of pharmacy" means the pharmacist designated by the facility administrator in a care-giving, correctional or juvenile training institution as being in direct charge of, and having overall responsibility for the operation and management of pharmacy services of that institution.

(e) "Inpatient pharmacy" means that area of an institutional pharmacy which is engaged in the manufacture, production, sale and distribution of drugs, devices and other pharmaceutical related materials used in the diagnosis and treatment of registered inpatients of a care-giving, correctional or juvenile training institution.

(f) "Satellite pharmacy" means an extension of an inpatient pharmacy which provides decentralized pharmaceutical care to persons in specific locations within a care-giving, correctional or juvenile training institution, including but not limited to specific patient care areas, nursing units, operating rooms and critical care units.

(g) "Outpatient pharmacy" means that area of an institutional pharmacy which provides pharmaceutical care to registered outpatients receiving treatment at a caregiving institution

### ***Pharmacy Technicians in Institutional Pharmacies***

#### **Sec. 20-576-33. Ratio**

The ratio of pharmacy technicians to pharmacists in an institutional pharmacy shall be as follows:

(1) In an outpatient pharmacy, the ratio shall not exceed two pharmacy technicians to one supervising pharmacist, except that the commission may, in its discretion, grant a petition based on demonstrated need from any director of pharmacy for a ratio not to exceed three pharmacy technicians to one supervising pharmacist;

(2) In an inpatient pharmacy, the ratio shall not exceed three pharmacy technicians to one supervising pharmacist, except that the commission may, in its discretion, grant a petition based on demonstrated need from any director of pharmacy for a ratio not to exceed five pharmacy technicians to one supervising pharmacist; and

(3) In a satellite pharmacy, the ratio shall not exceed three pharmacy technicians to one supervising pharmacist, except that the commission may, in its discretion, grant a petition based on demonstrated need from any director of pharmacy for a ratio not to exceed five pharmacy technicians to one supervising pharmacist.

#### **Sec. 20-576-34. Supervision and responsibility**

The pharmacist providing direct supervision of pharmacy technicians shall be responsible for their actions. Any violations relating to the dispensing of drugs resulting from the actions of pharmacy technicians, or the use of pharmacy technicians in the performance of tasks in a manner not in conformance with section 20-613 of the General Statutes or section 20-576-35 of the Regulations of Connecticut State Agencies, shall constitute cause for action against the license of the supervising pharmacist in accordance with section 20-579 of the General Statutes.

**Sec. 20-576-35. Limitations**

(a) Pharmacy technicians shall not:

(1) receive new prescription orders verbally from a prescribing practitioner or the practitioner's agent;

(2) consult with a patient or the patient's agent regarding medication, either before or after it has been dispensed, or regarding any medical information contained in a patient medication record system;

(3) perform any identification, evaluation, interpretation or needed clarification of a prescription;

(4) consult with the prescribing practitioner or the practitioner's agent regarding a patient or any medical information pertaining to the patient's prescription;

(5) interpret the clinical data in a patient medication record system;

(6) perform professional consultation with prescribing practitioners, nurses or other health care professionals or their authorized agents;

(7) verify a prescription prior to its release for patient use; and

(8) determine generically and therapeutically equivalent drug products to be substituted for brand name drug products in accordance with section 20-619 of the General Statutes.

(b) Nothing in this section shall be construed to limit a pharmacy technician from communicating with a prescribing practitioner or his agent to obtain an authorization for the renewal of an existing prescription for a drug other than a controlled substance that can no longer be refilled, provided the following conditions are met:

(1) the supervising pharmacist is aware that such an authorization is being requested;

(2) the refill for which the authorization is being requested is identical to the original prescription and there is no change in the prescribed drug, its strength, form, quantity, dose, route of administration or in any other element of the prescription; and

(3) all refill authorizations obtained by the pharmacy technician are reviewed by the supervising pharmacist to insure that there is no change in the prescription.

(c) Pharmacy technicians shall wear name tags or similar forms of identification that clearly identify them to the public as pharmacy technicians.

## ***Pharmacy Technicians in Licensed Pharmacies***

### **Sec. 20-576- 36. Ratio**

(a) The ratio of pharmacy technicians to pharmacists shall not exceed two pharmacy technicians to one supervising pharmacist, except that the ratio shall not exceed three pharmacy technicians to one supervising pharmacist:

(1) for intravenous admixtures and other sterile products preparation, unit dose and unit of use dispensing and bulk compounding; or

(2)(A) If at least one of the three pharmacy technicians is a certified pharmacy technician; and

(B) The supervising pharmacist has not, pursuant to the provisions of subsection (b) of this section, provided notice to the pharmacist manager that the pharmacist refuses to supervise three pharmacy technicians.

(b) Except for intravenous admixtures and other sterile products preparation, unit dose and unit of use dispensing and bulk compounding, a pharmacist may refuse to supervise three pharmacy technicians at one time. The pharmacist shall put any such refusal in writing and give it to the pharmacist manager. Any refusal shall include a specific statement that the pharmacist refuses to supervise three pharmacy technicians, the names and addresses of the pharmacies involved, the date and the signature of the pharmacist. A pharmacist may rescind any refusal by providing the pharmacist manager with a signed, dated statement. A pharmacy shall keep all refusals or rescissions on file in the pharmacy or a place where they can be easily retrieved and provided to the department.

### **Sec. 20-576-37. Training**

(a) Pharmacy technicians shall complete initial training as determined by the pharmacist manager of each pharmacy. Such training shall include, but not be limited to, on-the-job and other related education and shall be commensurate with the tasks pharmacy technicians are to perform. This training shall be completed prior to the regular performance of such tasks. The pharmacy technician shall be registered with the department no more than thirty days after the start of such training.

(b) The pharmacist manager shall assure the continued competency of pharmacy technicians through continuing in-service training designed to supplement initial training.

(c) The pharmacist manager shall be responsible for maintaining a written record documenting the initial and continuing training of pharmacy technicians and it shall contain the following information:

(1) the name of the individual receiving the training;

- (2) the date(s) of the training;
- (3) a general description of the topics covered;
- (4) the name of the person supervising the training; and
- (5) the signature of the individual receiving the training and the pharmacist manager.

When a change of pharmacist manager occurs, the new manager shall review the document and sign it, indicating that he understands its contents. This record shall be readily available for inspection and may be copied by the Commissioner of Consumer Protection or his authorized agents.

**Sec. 20-576-38. Supervision and responsibility**

The pharmacist providing direct supervision of pharmacy technicians shall be responsible for their actions. Any violations relating to the dispensing of drugs resulting from the actions of pharmacy technicians, or the use of pharmacy technicians in the performance of tasks in a manner not in conformance with section 20-613 of the General Statutes or section 20-576-39 of the Regulations of Connecticut State Agencies, shall constitute cause for action against the license of the supervising pharmacist in accordance with section 20-579 of the General Statutes.

**Sec. 20-576-39. Limitations**

- (a) Pharmacy technicians shall not:
- (1) receive new prescription orders verbally from a prescribing practitioner or the practitioner's agent;
  - (2) consult with a patient or the patient's agent regarding medication, either before or after it has been dispensed, or regarding any medical information contained in a patient medication record system;
  - (3) perform any identification, evaluation, interpretation or needed clarification of a prescription;
  - (4) consult with the prescribing practitioner or the practitioner's agent regarding a patient or any medical information pertaining to the patient's prescription;
  - (5) interpret the clinical data in a patient medication record system;
  - (6) perform professional consultation with prescribing practitioners, nurses or other health care professionals or their authorized agents;
  - (7) verify a prescription prior to its release for patient use; or

(8) determine generically and therapeutically equivalent drug products to be substituted for brand name products in accordance with Section 20-619 of the Connecticut General Statutes.

(b) Nothing in this section shall be construed to limit a pharmacy technician from communicating with a prescribing practitioner or his agent to obtain an authorization for the renewal of an existing prescription for a drug other than a controlled substance that can no longer be refilled, provided the following conditions are met:

(1) the supervising pharmacist is aware that such an authorization is being requested;

(2) the refill for which the authorization is being requested is identical to the original prescription and there is no change in the prescribed drug, its strength, form, quantity, dose, route of administration or in any other element of the prescription; and

(3) all refill authorizations obtained by the pharmacy technician are reviewed by the supervising pharmacist to insure that there is no change in the prescription.

(c) Pharmacy technicians shall wear name tags or similar forms of identification that clearly identify them to the public as either pharmacy technicians or certified pharmacy technicians.

***Regulations Concerning the Facsimile Transmission of  
Prescriptions for Legend Drugs***

**Sec. 20-576-40. Prescriptions transmitted by facsimile machine**

No pharmacist or pharmacy shall dispense legend drugs which are not controlled substances upon a prescription transmitted by means of a facsimile machine unless such prescription fully complies with sections 20-576-41 through 20-576-43, inclusive, of the Regulations of Connecticut State Agencies. For the purposes of Sections 20-576-40 through 20-576-43, inclusive, of the Regulations of Connecticut State Agencies, "facsimile machine" means a machine that electronically transmits facsimiles through connection with a telephone network.

**Sec. 20-576-41. Requirements**

Prescriptions for legend drugs which are not controlled substances may be transmitted by a prescribing practitioner or his agent to a pharmacy by means of a facsimile machine. All such prescriptions must comply with the following in addition to any other requirement of federal or state statute or regulation:

(a) The facsimile prescription shall clearly contain the name of the pharmacy to which the facsimile is being transmitted and the name of the facility from which it is being transmitted if the prescription is written for an inpatient of a chronic or convalescent nursing home or a rest home with nursing supervision;

(b) The facsimile prescription shall clearly display a statement in substantially the following form: "This prescription is valid only if transmitted by means of a facsimile machine"; and

(c) The facsimile document received may be maintained as the actual prescription only if the nature of the equipment and paper ensures that the document will remain non-fading and durable for the minimum amount of time required for the maintenance of prescription records under federal and state statute or regulation. If the document will not remain non-fading or durable, the document transmitted by facsimile machine shall be reduced to writing, photocopied or converted into an individual hard copy printout.

**Sec. 20-576-42. Accuracy of prescriptions**



If a pharmacist questions the accuracy or authenticity of a prescription order transmitted by facsimile machine, the pharmacist shall contact the prescribing practitioner for verification before dispensing the prescription.

**Sec. 20-576-43. Relationship with prescribing practitioners and health care facilities**

(a) No pharmacist or pharmacy shall maintain direct telephone, facsimile machine or computer lines to any health care facility or prescribing practitioner's office.

(b) No pharmacist shall enter into any agreement with a prescribing practitioner or health care facility concerning the provision of facsimile machine services or equipment which adversely affects any person's freedom to choose the pharmacy at which a prescription will be filled.

## ***Regulations concerning the Facsimile Transmission of Prescriptions for Controlled Drugs***

### **Sec. 21a-243-12 Definitions**

For purposes of sections 21a-243-12 through 21a-243-17 of the regulations of connecticut state agencies, the following terms shall have the meanings indicated:

(a) "Controlled substance" has the meaning given to this term by Connecticut General Statutes, Section 21a-240(9);

(b) "Facsimile machine" means a machine that electronically transmits facsimiles through connection with a telephone network;

(c) "Prescribing practitioner" means any person licensed by the state of Connecticut, any other state, the District of Columbia or the Commonwealth of Puerto Rico and authorized to prescribe controlled substances within the scope of his or her practice; and

(d) "Long term care facility" means a facility or institution as defined by the federal government in 21 CFR 1300.01.

### **Sec. 21a-243-13. Dispensing of prescriptions transmitted by means of a facsimile machine**

No pharmacist or pharmacy may dispense controlled substances upon a prescription transmitted by means of a facsimile machine unless such prescription fully complies with sections 21a-243-14 through 21a-243-18, inclusive, of the regulations of Connecticut state agencies.

### **Sec. 21a-243-14. Schedule II controlled substances**

(a) Prescriptions for Schedule II controlled substances may be transmitted by a prescribing practitioner or his agent to a pharmacy by means of a facsimile machine provided the original written, signed prescription is provided to the pharmacist for review prior to the actual dispensing of the controlled substance, except as provided for in subsections (b) and (c) of this section. The original written prescription, once received by the pharmacist, shall be reviewed to ensure that it conforms with the requirements of section 21a-249 of the Connecticut General Statutes and shall be maintained as the original record of dispensing. The facsimile prescription order shall not be considered to be the actual prescription, but only a record of the transmission of the prescription order.

(b) Prescriptions for Schedule II narcotic substances to be compounded for direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion may be

transmitted by the prescribing practitioner or his agent to a pharmacy by facsimile. The prescription transmitted via facsimile will be accepted as the original prescription for purposes of this section.

(c) Prescriptions for Schedule II controlled substances for patients of a long term care facility may be transmitted by a prescribing practitioner or his agent to the dispensing pharmacy by facsimile. The prescription transmitted via facsimile will be accepted as the original prescription for purposes of this section.

(d) Prescriptions transmitted by facsimile machine in accordance with subsections (b) and (c) of this section shall comply with the requirements set forth in subsection (b) of Section 21a-243-15 of the regulations of Connecticut state agencies.

#### **Sec. 21a-243-15. Schedule III, IV and V controlled substances**

(a) Prescriptions for Schedule III, IV and V controlled substances may be transmitted by a prescribing practitioner or his agent to a pharmacy by means of a facsimile machine.

(b) All prescriptions transmitted pursuant to subsection (a) of this section must comply with the following in addition to any other requirements of federal or state statute or regulation:

(1) The facsimile prescription shall clearly contain the name of the pharmacy to which the facsimile is being transmitted and the name of the facility from which it is transmitted if the prescription is written for an inpatient of a chronic or convalescent nursing home or a rest home with nursing supervision;

(2) The facsimile prescription shall clearly display a statement in substantially the following form: "this prescription is valid only if transmitted by means of a facsimile machine";and

(3) The facsimile document may be maintained as the actual prescription only if the nature of the equipment and paper ensures that the prescription will remain non-fading and durable for the minimum amount of time required for the maintenance of prescription records under federal and state statute and regulation. If the document will not remain non-fading or durable, the prescription transmitted by facsimile machine shall be reduced to writing, photocopied or converted to an individual printout.

#### **Sec. 21a-243-16. Accuracy of prescription**

If a pharmacist questions the accuracy or authenticity of a prescription transmitted by facsimile machine, he or she shall contact the prescribing practitioner for verification before dispensing the prescription.

**Sec. 21a-243-17. Relationship with prescribing practitioners and health care facilities**

(a) No pharmacist or pharmacy shall maintain direct telephone, facsimile machine or computer lines to any health care facility or prescribing practitioner's office.

(b) No pharmacist shall enter into any agreement with a prescribing practitioner or health care facility concerning the provision of facsimile machine services or equipment which adversely affects any person's freedom to choose the pharmacy at which a prescription will be filled.

**Sec.21a-243-18. Control of original prescription orders**

It shall be the responsibility of the prescribing practitioner to ensure that the prescription form that is used to transmit a prescription by facsimile is either destroyed immediately or marked or controlled in such a manner that prevents the use of such form to obtain controlled substances other than as authorized by these regulations.

***Regulations Concerning the Maintenance of Prescription Records using Electronic Data Processing Systems***

***Computer Records for Legend Drugs***

**Sec. 20-576-44. Computer system requirements for non-controlled legend drugs**

(a) Original written prescriptions for non-controlled substances shall be received, executed and filed in accordance with sections 20-614 and 20-615 of the General Statutes. In the case of original oral prescriptions which shall be received by a pharmacist, an individual or continuous hard copy printout containing all the required information may be used to satisfy the requirement of sections 20-614 and 20-615 of the General Statutes provided that such hard copy prescriptions are maintained in numerical order.

(b) In the case of refills of prescriptions for non-controlled substances an automated data processing system may be used for the storage and retrieval of refill information. Any such computerized system must provide on-line retrieval for a period of at least six months from the date of the last recorded dispensing via visual display device or hard-copy printout of original prescription order information for all prescriptions including those prescription orders which are currently authorized for refilling. This shall include but is not limited to data such as:

- (1) the original prescription number;
- (2) date of issuance of the original prescription order by the prescribing practitioner;
- (3) full name and complete address of the patient;
- (4) name and address of the prescribing practitioner;
- (5) the name, strength, dosage form, quantity of the substance prescribed and quantity dispensed if different from the quantity prescribed; and
- (6) the total number of refills authorized by the prescribing practitioner.

**Sec. 20-576-45. Refill history capability requirements**

Any computerized system must also provide on line retrieval via visual display device or hard copy printout of the current refill history for all prescription orders which are currently authorized for refilling. This refill history shall include but is not limited to:

- (1) the full name and address of the patient;
- (2) the full name and complete address of the prescribing practitioner;
- (3) the name, strength and dosage form of the substance dispensed;
- (4) the date of refill;
- (5) the quantity dispensed;
- (6) the date on which the prescription was first dispensed;
- (7) the original number assigned to said prescription;
- (8) the name or initials of the dispensing pharmacists for each refill; and
- (9) the total number of refills dispensed to date for that prescription order.

**Sec. 20-576-46. Documentation of data requirements**

Documentation of the fact that the refill information entered into the computer each time a pharmacist refills an original prescription order for non-controlled substance is correct must be provided by the individual pharmacist who makes use of such a system. In order to accomplish this documentation a pharmacy using such a computerized system must:

(1) provide a separate hardcopy printout of non-controlled substance prescription order refill data for each day. This hard copy printout shall include the refill data mentioned in section 20-576-45 of the Regulations of Connecticut State Agencies except that it need not contain the address of the patient or the address of the prescribing practitioner. The individual pharmacist must verify that the data is correct and sign the document in the same manner as he would sign a check or legal document. This document shall be maintained in a separate file at that pharmacy for a period of three years from the dispensing date. This printout of the non-controlled substance prescription order refill data for each day must be provided to each pharmacy using such a computerized system within 72 hours of the date on which the refill was dispensed. It must be verified and signed by each pharmacist who effected such dispensing as soon as possible after receipt. In no case shall the printout be verified and signed later than the pharmacist's first work period following receipt of the document; or

(2) In lieu of producing a separate hardcopy printout of non-controlled drug prescription refill data for each day, such data may be maintained in electronic form. If daily refill data is maintained electronically, the electronic data processing system must provide for ready retrieval of this information for a period of three years from the date of the last recorded dispensing. The system must provide on-line retrieval of prescription refill data, via visual display device, for at least six months from the date of the last recorded dispensing. The remaining refill data that must be stored for the required time period may be archived. The name or initials of the pharmacist associated with a prescription refill in the electronic system shall be construed to indicate that such pharmacist was the person responsible for dispensing that prescription. It shall be the responsibility of each dispensing pharmacist to insure that the daily refill information attributed to them is accurate.

#### Sec. 20-576-47. Information available upon request

Any computerized system shall have the capability of producing a printout of any refill data, for a three year period following the last date of dispensing, which the utilizing pharmacy is responsible for maintaining under Chapter 400j of the General Statutes and the regulations promulgated thereunder. The printout shall be produced within 48 hours of the request, and shall include the following:

- (1) the name of the prescribing practitioner;
- (2) the name of the patient;

- (3) the name, dosage form, strength and quantity of the drug;
- (4) the date of dispensing for each refill;
- (5) the name or initials of the dispensing pharmacist; and
- (6) the number of the original prescription order.

Any pharmacy utilizing a computerized system, and authorized to maintain records at a central record keeping location, must be capable of obtaining the requested printout within 48 hours.

**Sec. 20-576-48. Auxiliary system provision**

In the event that a pharmacy which employs such a computerized system experiences system downtime, the pharmacy shall have an auxiliary procedure to be used for documentation of refills of non-controlled substance prescription orders. This auxiliary procedure shall insure that refills are authorized by the original prescription order, and that all of the appropriate data are retained for on-line entry as soon as the computer system is available for use again. All prescriptions refilled during the down time shall be confirmed as being authorized upon the resumption of on-line service.

**Sec. 20-576-49. When handwritten system allowed**

If an automated data processing system is used for the storage and retrieval of refill information for prescription orders as authorized by section 20-576 of the General Statutes and the regulations promulgated thereunder, the pharmacy may use a traditional handwritten system only to satisfy the requirements of section 20-576-48 of the Regulations of Connecticut State Agencies.

**Sec. 20-576-50. Notice to commission upon commencement of use or change**

Any pharmacy instituting an automated data processing system, or changing to an entirely new system, for the storage and retrieval of refill information for prescription orders as authorized by section 20-576 of the General Statutes and the regulations promulgated thereunder shall notify the commission at least 30 days prior to the commencement of usage of said system.

**Sec. 20-576-51. Requirement of safeguards**

If an automated data processing system is used for the storage and retrieval of refill information for prescription orders as authorized by section 20-576 of the General Statutes and the regulations promulgated thereunder, it shall:

(1) guarantee the confidentiality of the information contained in the data bank; and

(2) be capable of providing safeguards against erasures and/or unauthorized changes in data after the information has been entered and verified by the pharmacist.

**Sec. 20-576-52. Reconstruction of data in case of accident**

If an automated data processing system is used for the storage and retrieval of re-fill information for prescription orders as authorized by section 20-576 of the General Statutes and the regulations promulgated thereunder, said automated data processing system shall be capable of being reconstructed in the event of a computer malfunction or accident resulting in the destruction of the data bank.

**Sec. 20-576-53. Discontinuance of data processing system**

In the event that a pharmacy using an electronic data processing system for storage and retrieval of information goes out of business, sells out to another pharmacy that does not wish to use such a system, or discontinues use of the computer system, the pharmacy shall:

(1) Notify the commission in writing at least 30 days prior to discontinuance of said system;

(2) Provide an up-to-date hardcopy printout of all prescriptions stored in the automated system for three years as part of the final records of that pharmacy prior to a change over to a manual system; and

(3) Make provision for these records to be available to any nearby pharmacy in the event that the pharmacy closes, as provided in Section 20-615 of the general statutes.

***Regulations Concerning Computer Records for Controlled Drugs***

**Sec. 21a-244-1. Computer system requirements**

(a) All prescriptions for schedule II controlled substances, and original written and oral prescriptions for schedule III, IV and V controlled substances shall be received, executed and filed in accordance with sections 21a-249 and 21a-250 of the Connecticut General Statutes and all applicable federal laws and regulations. In the case of original oral prescriptions for schedule III, IV and V controlled



substances, which shall be received by a pharmacist, an individual hard copy printout of the prescription containing all required information may be used to satisfy the requirements of section 21a-249(d) of the Connecticut General Statutes.

(b) In the case of refills of prescriptions for schedule III, IV and V controlled substances, an automated data processing system may be used for the storage and retrieval of refill information. Any such computerized system shall provide on-line retrieval for a period of at least six months from the date of the last recorded dispensing via visual display device or hardcopy printout of original prescription order information for all prescriptions including those prescription orders which are currently authorized for refilling. This shall include but is not limited to data such as:

(1) the original prescription number;

(2) the date of issuance of the original prescription order by the prescribing practitioner;

(3) the full name and complete address of the patient;

(4) the full name, full address, and Drug Enforcement Administration, United States Department of Justice, or its successor agency registration number of the prescribing practitioner;

(5) the name, strength, dosage form, quantity of the controlled substance prescribed and quantity dispensed if different from the quantity prescribed; and

(6) the name or initials of the dispensing pharmacist for each refill; and

(7) the total number of refills authorized by the prescribing practitioner.

#### **Sec. 21a-244-2. Refill history capability requirement**

Any computerized system must also provide on line retrieval via visual display device or hard copy printout of the current refill history for Schedule III, IV, or V controlled substance prescription orders which are currently authorized for refilling. This refill history shall include but is not limited to:

(a) the full name and address of patient;

(b) the full name and complete address of the prescribing practitioner;

(c) the name, strength and dosage form of the controlled substance;

(d) the date of refill;

(e) the quantity dispensed;

(f) the date on which the prescription was first dispensed;

- (g) the original number assigned to said prescription;
- (h) the name or initials of the dispensing pharmacist for each refill; and
- (i) the total number of refills dispensed to date for that prescription order.

**Sec. 21a-244-3. Documentation of data requirement**

Documentation of the fact that the refill information entered into the computer each time a pharmacist refills an original prescription order for a Schedule III, IV or V controlled substance is correct must be provided by the individual pharmacist who makes use of such a system. In order to accomplish this documentation, a pharmacy using such a computerized system must provide either;

(1) a separate hard-copy printout of controlled substance prescription order refill data for each day. This hard copy printout shall include the refill data mentioned in section 21a-244-2 of the regulations of connecticut state agencies except that it need not contain the address of the patient or the address of the prescribing practitioner. Each prescription on said printout shall be reviewed by each individual pharmacist who refilled such a prescription order. The individual pharmacist must verify that the data indicated is correct and then sign this document in the same manner as he would sign a check or legal document. This document shall be maintained in a separate file at that pharmacy for a period of three years from the dispensing date. This printout of the controlled substance prescription order refill data must be provided by each pharmacy using such a computerized system within 72 hours of the date on which the refill was dispensed and must be verified and signed by each pharmacist who effected such dispensing as soon as possible after receipt. In no case shall the printout be verified and signed later than the pharmacist's first work period following receipt of the document; or

(2) In lieu of producing a hardcopy printout of daily refill information signed by each dispensing pharmacist, the pharmacy shall maintain a bound log book or separate file which each pharmacist involved in such dispensing shall sign in the same manner as he would sign a check or legal document. The signature of the dispensing pharmacist shall indicate that he has reviewed the refill information entered into the computer, which is attributed to him, for each date of dispensing and that it is correct as shown. Whenever possible this log book or separate file shall be signed by each pharmacist on the date of dispensing but in no case shall it be signed later than the pharmacist's first work period in that pharmacy after such date.

**Sec. 21a-244-4. Information available to commissioner upon request**

Any computerized system shall have the capability of producing a printout of any refill data which the utilizing pharmacy is responsible for maintaining under Chapter 420b of the general statutes and the

regulations promulgated thereunder. This shall include the capability to produce a refill by refill audit trail for any specified strength and dosage form of any controlled substance by either brand or generic name or both. Said printout shall be produced within 48 hours and shall indicate the following:

- (a) the name of the prescribing practitioner;
- (b) the name and address of the patient;
- (c) the name, dosage form, strength, and quantity of the drug dispensed on each refill;
- (d) the name or initials of the dispensing pharmacist and the date of dispensing for each refill; and
- (f) the number of the original prescription order.

Any pharmacy utilizing a computerized system and authorized to maintain records at a central record-keeping location, must be capable of obtaining the requested printout within 48 hours.

**Sec. 21a-244-5. Auxiliary system provision**

In the event that a pharmacy which employs such a computerized system experiences system down-time, the pharmacy must have an auxiliary procedure which will be used for documentation of refills of Schedule III, IV or V controlled substance prescription orders. This auxiliary procedure must insure that refills are authorized by the original prescription order and that all of the appropriate data is retained for on-line data entry as soon as the computer system is available for use again. All prescriptions refilled during the down-time shall be confirmed as being authorized upon resumption of on-line service.

**Sec. 21a-244-6. When handwritten system is allowed**

If an automated data processing system is used for the storage and retrieval or refill information for prescription orders as authorized by Section 21a-244 of the general statutes, and the regulations promulgated thereunder, the pharmacy may use a traditional, handwritten system only to satisfy the requirement of Section 21a-244-5 of the regulations of State agencies.

**Sec. 21a-244-7. Notice to commissioner upon commencement of use** Any pharmacy instituting an automated data processing system for the storage and retrieval of refill information for prescription orders as authorized by Section 21a-244 of the general statutes and the regulations promulgated thereunder shall

notify in writing the Drug Control Division of the Department of Consumer Protection at least 30 days prior to the commencement of usage of said system.

**Sec. 21a-244-8. Compliance with federal law**

Notwithstanding the provisions of Section 21a-244 of the general statutes and the regulations promulgated thereunder, there must be compliance with all applicable federal laws.

**Sec. 21a-244-9. Requirement of safeguards**

If an automated data processing system is used for the storage and retrieval of refill information for prescription orders as authorized by Section 21a-244 of the general statutes and the regulations promulgated thereunder, it shall:

(a) guarantee the confidentiality of the information contained in the data bank; and

(b) be capable of providing safeguards against erasures and unauthorized changes in data after the information has been entered and verified by the pharmacist.

**Sec. 21a-244-10. Reconstruction of data in case of accident**

If an automated data processing system is used for the storage and retrieval of refill information for prescription orders as authorized by Section 21a-244 of the general statutes and the regulations promulgated thereunder, said automated data processing system shall be capable of being reconstructed in the event of a computer malfunction or accident resulting in the destruction of the data bank.

**Sec. 21a-244-11. Discontinuance of data processing system**

In the event that a pharmacy using an electronic data processing system for storage and retrieval of information goes out of business, sells out to another pharmacy that does not wish to use such a system, or discontinues use of the computer system, the pharmacy shall:

(a) notify the Drug Control Division of the Department of Consumer Protection in writing at least 30 days prior to discontinuance of said system;

(b) provide an up-date hard-copy printout of all prescriptions stored in the automated system for the three years immediately preceding as part of the final records of that pharmacy prior to a change over to a manual system; and

- (c) make provision for these records to be available to any nearby pharmacy in the event that the pharmacy closes, as provided in Section 20-615 of the general statutes.

***Regulations Establishing the Use of Electronic Data Processing Systems  
for Maintaining Drug Records in Hospitals.***

**Section 21a-244a-1. Definitions**

As used in section 21a-244a-2 to section 21a-244a-4, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Drug record” means “drug record” as defined in section 21a-244a of the Connecticut General Statutes; and

(2) “Hospital” means “hospital” as defined in section 19a-490 of the Connecticut General Statutes.

**Section 21a-244a-2. Use of Electronic Data Processing System**

Hospitals may create and maintain drug records using an electronic data processing system, provided they comply with the requirements of sections 21a-244a-3 and 21a-244a-4 of the Regulations of Connecticut State Agencies.

**Section 21a-244a-3. Establishment of Policy**

Hospitals shall establish and comply with a policy in creating and maintaining electronic drug records. This policy shall be maintained electronically or in writing, shall be dated and shall accurately reflect the manner in which electronic drug records are currently created and maintained at the hospital. This policy shall be readily available for inspection by the Department of Consumer Protection for a period of three years from its last effective date.

**Section 21a-244a-4. Content of Policy**

A hospital, in establishing the policy required by section 21a-244a-3 of the Regulations of Connecticut State Agencies, shall include:

(1) a description of the electronic data processing system being used by the hospital to create and maintain records. This description shall include at least the following information:

(A) the specific types of drug records being maintained electronically on the system; and

(B) the hospital's patient populations and physical locations for which the electronic drug record system is being utilized;

(2) the specific types of electronic identifiers, including but not limited to those listed in section 21a-244a(c) of the Connecticut General Statutes, that are utilized to access the hospital's electronic system, or used in place of written signatures or initials where required. All electronic identifiers described in the system shall be unique to an individual and shall be controlled in a secure manner;

(3) the manner in which access to the electronic drug record system is controlled. This shall, at a minimum, include:

(A) a description of the general levels of access into the system; and

(B) the mechanism by which the hospital identifies all individuals having access to the electronic system, their level of access and a description of how this access data is maintained by the hospital;

(4) the method by which individual electronic identifiers allowing access to the system are issued, maintained and terminated. This shall include, at a minimum, the following information:

(A) the specific individual or group at the hospital responsible for issuing, maintaining or terminating electronic identifiers;

(B) the procedure by which electronic identifiers are issued, maintained and terminated; and

(C) the method by which the uniqueness of electronic identifiers is established and their security maintained;

(5) the system by which electronic drug records are stored on-line, archived or maintained in some other manner that ensures that they are readily retrievable for a period of not less than three years;

(6) the recovery procedure utilized to reconstruct electronic drug records in the event the system experiences unscheduled downtime;

(7) the procedure utilized to routinely backup data stored on the electronic system to prevent the loss or destruction of electronic drug records;

(8) the method employed to prevent or detect unauthorized alteration or erasure of electronic drug records maintained on the system; and

- (9) the procedure employed to ensure that all information contained in electronic drug records that is deemed to be confidential is appropriately protected from unauthorized access and dissemination. Such confidential information shall, at a minimum, include the names of patients and prescribing practitioners. The electronic data processing system shall comply with all federal and state records. **(Effective 8/99)**

## ***Regulations Concerning Classes of Pharmacies***

### **Sec. 20-576-54. Definitions**

As used in sections 20-576-54 to 20-576-59, inclusive, of the Regulations of Connecticut State Agencies:

- (1) "Commission" means the Commission of Pharmacy;
- (2) "Community pharmacy" means a pharmacy licensed under section 20-594 of the Connecticut General Statutes wherein legend drugs and legend devices are stored and dispensed and from which related pharmaceutical care services are provided, primarily to non-institutionalized patients living in a community setting;
- (3) "Infusion therapy pharmacy" means a pharmacy licensed under section 20-594 of the Connecticut General Statutes wherein legend drugs, in the form of parenteral, enteral and infusion therapies, and legend devices are stored, dispensed or sold and from which related pharmaceutical care services are provided;
- (4) "Long-term care pharmacy" means a pharmacy licensed under section 20-594 of the Connecticut General Statutes wherein legend drugs and legend devices are stored and dispensed to patients or residents of licensed nursing homes, rest homes, homes for the aged, or other supervised residential facilities and from which related pharmaceutical care services are provided. This includes pharmacies located both inside and outside of such facilities but does not include those that are part of a licensed hospital;
- (5) "Nuclear pharmacy" means a pharmacy licensed under section 20-594 of the Connecticut General Statutes wherein legend drugs, in the form of radiopharmaceuticals, and legend devices are stored, prepared or dispensed and from which related radiopharmaceutical care services are provided;
- (6) "Specialized drug pharmacy" means a pharmacy licensed under section 20-594 of the Connecticut General Statutes wherein specialized legend drugs and legend devices are stored and

dispensed and from which related pharmaceutical care services are provided including, but not limited to, those relating to the treatment of diabetes, hemophilia and infertility;

(7) "Specialty pharmacy" means a pharmacy licensed under section 20-594 of the Connecticut General Statutes that does not meet any of the other definitions listed in subdivisions (2) through (6), inclusive, of this section.

#### **Sec. 20-576-55. Classes of pharmacies**

The commission shall approve a pharmacy for licensure in one or more of the following classes:

- (1) Community pharmacy;
- (2) Infusion therapy pharmacy;
- (3) Long-term care pharmacy;
- (4) Nuclear pharmacy; or
- (5) Specialized drug pharmacy; or
- (6) Specialty pharmacy.

#### **Sec. 20-576-56. Practice of pharmacy in classes**

The commission shall approve each pharmacy to practice in one or more classes, as listed in section 20-576-55 of the Regulations of Connecticut State Agencies. No pharmacy shall conduct any substantial portion of its business in a class or classes until it is approved to do so by the commission, except that no pharmacy licensed prior to the effective date of this section shall be in violation of this section if the commission has not yet approved the pharmacy to practice in one or more classes.

#### **Sec. 20-576-57. Designation of class**

(a) The commission shall, when approving a new pharmacy license application, designate the class or classes, as listed in section 20-576-55 of the Regulations of Connecticut State Agencies, in which the pharmacy is approved for licensure. The commission has complete discretion to determine in which class or classes a pharmacy shall be licensed. In making its determination, the commission shall take



into consideration the proportion of the business that the class of service represents as it relates to the total business of the pharmacy.

(b) For pharmacies licensed prior to the adoption of sections 20-576-54 to 20-576-59, inclusive, of the Regulations of Connecticut State Agencies, the commission shall review the operation of each such pharmacy and designate the class or classes in which it is approved for licensure not later than one hundred eighty days after the effective date of section 20-576-56 of the Regulations of Connecticut State Agencies.

(c) The licensing of a pharmacy in more than one class, simultaneously, shall not result in an increase in the licensing fee.

**Sec. 20-576-58. Request for reconsideration. Modifications.**

(a) A pharmacy may request the commission to reconsider the pharmacy's initial designation of class not later than thirty days after the notice of such classification.

(b) A pharmacy that is licensed to operate in a particular class or classes may apply to the commission for a modification of such status.

(c) No fee shall be charged for a request for reconsideration or modification.

**Sec. 20-576-59. Waivers and modifications**

(a) Upon written request, the commission may grant a waiver or modification of any regulation pertaining to the operation of a pharmacy within a designated class or classes. The commission may approve such a request if it finds that:

(1) The waiver or modification will not adversely affect the health, safety or welfare of the public;

(2) The basis for the request has been clearly substantiated; and

(3) Compliance with the particular regulation is, or will be, impractical or unduly burdensome.

(b) For the purpose of requesting the waiver or modification described in subsection (a) of this section, the pharmacist manager, as designated under the provisions of section 20-597 of the Connecticut General Statutes, shall submit a written request to the commission which documents:

(1) The specific regulation for which the waiver or modification is requested;

(2) The reason for the request;

(3) A description of any alternative measures that will be employed;

(4) Any other relevant information that will assist the commission in properly evaluating the request; and

(5) Any additional information that may be requested by the commission for purposes of evaluating the request.

(c) Upon approving or denying the request, the commission shall notify the pharmacist manager of its decision. Any approval shall state the specific regulation or regulations being waived or modified, and any contingent conditions the pharmacy is required to meet in order to obtain the waiver or modification.

### ***Regulations Concerning Nuclear Pharmacy***

#### **Sec. 20-576-60. Definitions.**

As used in sections 20-576-60 to 20-576-63, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Agreement state” means any state that has entered into an agreement with the United States Nuclear Regulatory Commission or the Atomic Energy Commission under 42 U.S.C. § 2021;

(2) “Commission” means the Commission of Pharmacy;

(3) “Component” means any active or non-active ingredient of a drug product;

(4) “Department” means the Department of Consumer Protection;

(5) “Nuclear pharmacist” or “authorized nuclear pharmacist” means a pharmacist who holds a current pharmacist license issued by the commission, and who meets the following standards:

(A) has a current board certification as a nuclear pharmacist by the Board of Pharmaceutical Specialties; or

(B) is identified as an authorized nuclear pharmacist on a United States Nuclear Regulatory Commission or agreement state license that authorizes the use of radioactive material in the practice of nuclear pharmacy;

(6) “Nuclear pharmacy technician” means a person who:

(A) works under the direct supervision of a nuclear pharmacist;

(B) is currently registered as a pharmacy technician with the department; and

(C)(i) has successfully completed a nuclear pharmacy technician training program provided by an accredited college program or an equivalent company sponsored program approved by the commission, or

(ii) is listed as an “Authorized User of Radioactive Materials” on the nuclear pharmacy’s United States Nuclear Regulatory Commission or agreement state license;

(7) “Nuclear pharmacy” means a pharmacy that provides radiopharmaceutical services and holds a Connecticut pharmacy license;

(8) “Practice of nuclear pharmacy” means a patient-oriented service that embodies the scientific knowledge and professional judgment required to improve and promote health through the assurance of the safe and efficacious use of radiopharmaceuticals and other drugs;

(9) “Quality assurance procedures” means all activities necessary to assure the quality of the process used to provide radiopharmaceutical services, including authentication of the product history, internal test assessment, and maintenance of all required records;

(10) “Quality control testing” means the performance of appropriate chemical, biological and physical tests on compounded and prepared radiopharmaceuticals and the interpretation of the resulting data to determine their suitability for use in humans and animals;

(11) “Radiopharmaceutical” means any drug that exhibits spontaneous disintegration of unstable nuclides with the emission of nuclear particles or photons and includes any non-radioactive reagent kit or radionuclide generator or eluates derived therefrom, which is intended to be used in preparation of any such substance. The term “radiopharmaceutical” includes, but is not limited to, positron-emission tomography agents, any biological product, including, but not limited to, blood formed element,

antibody or peptide, that is labeled with a radionuclide or solely intended to be labeled with a radionuclide;

(12) “Radiopharmaceutical compounding” means the preparation, mixing, assembling, packaging, or labeling of a radiopharmaceutical that:

(A) is the result of a practitioner’s drug prescription order in the course of professional practice;

(B) is for the purpose of, or incident to, research, teaching, or chemical analysis and not for sale or dispensing;

(C) includes use of reagent kits and radiopharmaceuticals in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns;

(D) is performed in accordance with the preparation instructions contained in the approved drug product labeling or other preparation directions as provided by the manufacturer;

(E) is performed in consideration of patient safety and efficacy, with validated procedures which deviate from the preparation instructions specified in the approved drug product labeling; or

(F) may utilize professional judgment, scientific knowledge, literature evidence and other reference materials according to current standards of practice as the basis for employing any deviations from the labeled preparation instructions or modifications to a radiopharmaceutical, if the final drug product, created as a result of any such deviations or modifications, is subjected to appropriate quality control testing necessary to confirm the presence of the desired radiopharmaceutical qualities;

(13) "Radiopharmaceutical services" means the procurement, storage, handling, compounding, preparation, labeling, quality control testing, dispensing, distribution, transfer, record keeping, and disposal of radiochemicals, radiopharmaceuticals and ancillary drugs, and also includes quality assurance procedures, radiological health activities, any consulting activities associated with the use of radiopharmaceuticals, health physics, and any other activities required for the provision of pharmaceutical care; and

(14) "Reagent kit" means a sterile and pyrogen-free reaction vial containing nonradioactive chemicals, including, but not limited to, complexing agent (ligand), reducing agent, stabilizer, or dispersing agent.

**Sec. 20-576-61. General Requirements for Pharmacies Providing Radiopharmaceutical Services.**

(a) A license to operate a nuclear pharmacy shall only be issued to a person who is, or who employs, a nuclear pharmacist.

(b)(1) A nuclear pharmacist shall:

- (A) be responsible for all operations of the nuclear pharmacy;
- (B) supervise the operation of only one nuclear pharmacy; and

(C) be present at all times that radiopharmaceutical services are being performed and at all times that the nuclear pharmacy is open for business.

(2) The license to operate a nuclear pharmacy shall be effective only if the pharmacy also holds appropriate federal and state licenses and permits to possess and distribute radioactive materials. Copies of all inspection reports prepared by any nuclear licensing agency shall be made available for department or commission inspection upon request.

(c) Nuclear pharmacies shall:

(1) have adequate space and equipment, commensurate with the scope of services required and provided;

(2) include, but are not limited to, the following areas: radiopharmaceutical preparation and dispensing area; radioactive material shipping and receiving area; radioactive material storage area and radioactive waste decay area;

(3) be secured from entry by unauthorized personnel;

(4) maintain records, including, but not limited to, the acquisition, inventory and disposition of all radiopharmaceuticals;

(5) compound and dispense radiopharmaceuticals that meet accepted standards of radiopharmaceutical quality, including, but not limited to, standards established by the United States Nuclear Regulatory Commission; and

(6) dispense radiopharmaceuticals only upon receipt of an order from a licensed practitioner or the practitioner's agent, or from a person authorized by the United States Nuclear Regulatory Commission or agreement state agency to possess such radiopharmaceuticals.

(d)(1) A nuclear pharmacist may transfer to authorized persons and United States Nuclear Regulatory Commission licensed medical practitioners radioactive materials not intended for drug use, in accordance with the regulations of the United States Nuclear Regulatory Commission and the Regulations of Connecticut State Agencies. A nuclear pharmacy may also furnish radiopharmaceuticals and other drug products for office use to these practitioners for individual patient use.

(2) Nuclear pharmacies may redistribute United States Food and Drug Administration approved radioactive drugs if the nuclear pharmacy does not process the radioactive drugs in any manner nor violate the product packaging. Drugs dispensed in this manner are not subject to the labeling requirements of section 20-576-62(c) of the Regulations of Connecticut State Agencies.

#### **Sec. 20-576-62. Records and Labeling.**

(a) Upon receiving an order for a radiopharmaceutical, a nuclear pharmacy shall immediately reduce the prescription to writing or record the order in an automated data processing system. The written or electronic record shall contain at least the following:

(1) the name of the institution and prescribing practitioner or the practitioner's agent;

(2) the requested date of dispensing and the calibration time of the radiopharmaceutical;

(3) the name of the procedure;

(4) the name of the radiopharmaceutical;

- (5) the dose or quantity of the radiopharmaceutical;
- (6) the prescription number assigned to the order;
- (7) any specific instructions;
- (8) the identity of the person who dispenses the prescription or medication order; and
- (9) the patient's name if the prescription or medication order is for a therapeutic or blood-product radiopharmaceutical.

(b) The outer container (consisting of the radiation shielding) containing a radiopharmaceutical to be dispensed shall be labeled with:

- (1) the name and address of the pharmacy;
- (2) the name of the prescribing practitioner;
- (3) the date of dispensing;
- (4) the prescription number;
- (5) if radioactive, the standard radiation symbol and the words "Caution: Radioactive Material";
- (6) the name of the procedure;
- (7) the radionuclide and chemical form;
- (8) the amount of radioactivity and the calibration date and time;
- (9) the expiration time;
- (10) the appropriate dosage units;
- (11) if a solid, the number of items or weight;
- (12) if a gas, the number of ampoules or vials; and
- (13) the patient name when intended for individual therapeutic use, or the words "For Physician Use" or "For Physician Use Only."

(c) The immediate inner container (containing the dose) of a radiopharmaceutical to be dispensed shall be labeled with:

- (1) the name of the radiopharmaceutical;
- (2) the serial number assigned to the prescription or medication order of the radiopharmaceutical;

- (3) the standard radiation symbol; and
- (4) the words "Caution: Radioactive Material."

**Sec. 20-576-63. Minimum Equipment and Supplies.**

(a) Each nuclear pharmacy shall have the following equipment and supplies:

(1) radiation detection and measuring instruments capable of accurately measuring quantities of radioactivity and radiation;

(2) radiation shielding;

(3) appropriate supplies and equipment for performing quality assurance testing;

(4) a refrigerator;

(5) materials for decontamination of accidental spills of radioactive materials; and

(6) appropriate supplies and equipment necessary for compounding and dispensing sterile parenteral radiopharmaceuticals.

(b) Each nuclear pharmacy shall have access to, or maintain on the premises, a copy of:

(1) the *United States Pharmacopoeia/National Formulary* (USP/NF), or *Remington: The Science and Practice of Pharmacy*; and

(2) the current rules and regulations of the Nuclear Regulatory Commission or agreement state.

***Regulations Concerning Electronic Data Intermediary***

**Sec. 20-614-1. Definitions**

(1) "Commission" means the Commission of Pharmacy;

(2) "Department" means the Department of Consumer Protection; and

(3) "Electronic data intermediary" means "electronic data intermediary" as defined by section 20-614 of the Connecticut General Statutes.

**Sec. 20-614-2. Application for approval**

(a) Each electronic data intermediary shall file an application for approval of its system with the commission on a form prescribed by the department. The form shall include but not be limited to the following information:

- (1) the name and address of the applicant; and
- (2) the business status of the applicant (sole proprietorship, partnership, corporation, limited liability company, etc.); and
- (3) a description of the type of electronic data intermediary system to be used that describes:

- (A) the security safeguards;
- (B) the retention and retrieval capabilities of the system; and
- (C) the safeguards designed to protect patient confidentiality.

(b) The commission, in its discretion, may require the applicant to provide a protocol that describes in detail the applicant's intended plan of operation. No applicant may change its protocol without review by the commission and approval by the department.

(c) The department shall approve any application filed by electronic data intermediaries that the commission has reviewed and accepted as being in compliance with the provisions of sections 20-614-3 through 20-614-6, inclusive, of the Regulations of Connecticut State Agencies.

**Sec. 20-614-3. Procedures for transmission of prescription information**

Each electronic data intermediary system shall have security and system safeguards designed to prevent and detect unauthorized access, modification, or manipulation of prescription information in accordance with current electronic transmission standards. Each system established by an electronic data intermediary shall include procedures to:

- (1) select and execute security measures;
- (2) establish physical safeguards to protect computer systems and other pertinent equipment from intrusion;
- (3) protect and control confidential patient information;
- (4) prevent unauthorized access to the data when transmitted over communication networks or when data physically moves from one location to another using media such as magnetic tape, removable drives, CD media or any other means of data storage; and



(5) authenticate the sender's authority and credentials to transmit a prescription.

**Sec. 20-614-4. Retention of information**

Each system established by an electronic data intermediary shall provide an audit trail of all prescriptions electronically transmitted that documents for retrieval all actions and persons who have acted on a prescription, including the authorized delegation of a transmission. Such audit trail shall be maintained for three years from the date of last activity and made available for review by investigators of the department.

**Sec. 20-614-5. Mechanisms for confidentiality of prescription information**

Each electronic data intermediary system shall maintain the confidentiality of patient information in accordance with any applicable federal or state statute or regulation, including but not limited to 45 C.F.R. Part 160 and Part 164. Each electronic data intermediary system shall establish mechanisms in accordance with current electronic transmission standards that contain:

- (1) encryption technology to maintain security;
- (2) controls on employee access;
- (3) protections against unauthorized access by outsiders;
- (4) procedures for the permanent deletion of patient information.

**Sec. 20-614-6. Patient's access to pharmacies**

No electronic data intermediary shall restrict a patient's access to the patient's pharmacy of choice.

***The Administration of Influenza Vaccine by Pharmacist***

The Regulations of Connecticut State Agencies are amended by adding sections 20-633-1 to 20-633-5, inclusive, as follows:

**Sec. 20-633-1. Definitions.**

As used in sections 20-633-1 to 20-633-5, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Administer” means “administer” as defined in section 20-571 of the Connecticut General Statutes; and

(2) “Health care provider” means a licensed practitioner authorized to order or prescribe legend drugs.

**Sec. 20-633-2. General Requirements.**

A licensed pharmacist may administer influenza vaccine to an adult if:

(a) The administration of the vaccine is conducted pursuant to an order of a licensed health care provider; and

(b) the pharmacist has successfully completed an immunization training program that complies with the requirements of section 20-633-3 and section 20-633-4 of the Regulations of Connecticut State Agencies.

**Sec. 20-633-3. Qualifying Training Programs.**

Each influenza immunization training program shall be accredited by the National Centers for Disease Control Prevention or the Accreditation Council for Pharmacy Education.

**Sec. 20-633-4. Requirements of Training Programs.**

(a) The course of study for the influenza immunization training program shall include current guidelines and recommendations of the National Centers for Disease Control Prevention for adult patients or be accredited by the Accreditation Council for Pharmacy Education.

(b) The course of study shall include, but not be limited to, the following:

(1) Mechanisms of action for vaccines, contraindications, drug interactions, and monitoring after vaccine administration;

(2) subcutaneous and intramuscular injections;

(3) immunization screening questions, informed consent forms, recordkeeping, registries and reporting mechanisms;

- (4) vaccine storage;
- (5) biohazard waste disposal and sterile techniques;
- (6) establishing protocols;
- (7) immunization coalitions and other community resources available;
- (8) mechanisms for reporting adverse events to the Vaccine Adverse Event Reporting System (VAERS);
- (9) reimbursement procedures and vaccine coverage by federal, state and local entities;
- (10) administration techniques;
- (11) current cardiopulmonary resuscitation certification; and
- (12) annual continuing education in immunizations.

**Sec. 20-633-5. Systems for Control and Reporting.**

(a) A health care provider shall establish a protocol with a pharmacist or a pharmacy. The protocol shall establish which vaccines may be administered, recordkeeping and reporting requirements, and emergency procedures.

(b) Written protocols shall include, but not be limited to, the following:

- (1) The name of the health care provider authorized to order or prescribe drugs;
- (2) the name of the pharmacist or pharmacists authorized to administer the vaccine;
- (3) the types of vaccines that the pharmacist or pharmacists are authorized to administer;
- (4) the procedures, decision criteria or plan the pharmacist or pharmacists shall follow when exercising the administration authority, including when to refer the patient to the physician;
- (5) the procedures for emergency situations; and
- (6) record keeping and documentation procedures, which shall include a requirement that the name of the pharmacist who administered the vaccine be recorded.

## ***Regulations Establishing Quality Assurance Programs to Detect, Identify and Prevent Prescription Errors***

### **Section 20-635-1. Definitions**

As used in section 20-635-1 to section 20-635-6, inclusive, of the Regulations of Connecticut State Agencies:

- (1) “Department” means the Department of Consumer Protection;
- (2) “Pharmacy personnel” means pharmacist, pharmacy intern, pharmacy technician, and pharmacy support personnel; and
- (3) “Prescription error” means “prescription error” as defined by section 20-635 of the Connecticut General Statutes.

### **Section 20-635-2. Quality assurance program**

(a) Each pharmacy shall implement a quality assurance program to detect, identify and prevent prescription errors. The quality assurance program shall document and assess prescription errors to determine the cause and an appropriate response.

(b) The primary purpose of the quality assurance program shall be to advance error prevention by analyzing, individually and collectively, investigative and other pertinent data collected in response to a prescription error to assess the cause and any contributing factors such as system or process failures.

(c) Each pharmacy shall use the findings of its quality assurance program to develop pharmacy systems and workflow processes designed to prevent prescription errors.

### **Section 20-635-3. Notification to patient and prescribing practitioner**

(a) Unless informed of a prescription error by the prescribing practitioner or the patient, a pharmacist who has discovered or been informed of a prescription error, shall immediately notify the patient and the prescribing practitioner that a prescription error has occurred. If the patient is deceased or unable to fully comprehend the notification of the error, the pharmacist shall notify the patient’s caregiver or appropriate family member.

(b) The pharmacist shall communicate to the patient and prescribing practitioner the methods for correcting the error and reducing the negative impact of the error on the patient.

#### **Section 20-635-4. Review of prescription errors**

(a) Each pharmacy shall perform a quality assurance review for each prescription error. This review shall commence as soon as is reasonably possible, but no later than two business days from the date the prescription error is discovered.

(b) Each pharmacy shall create a record of every quality assurance review. This record shall contain at least the following:

(1) the date or dates of the quality assurance review and the names and titles of the persons performing the review;

(2) the pertinent data and other information relating to the prescription error reviewed;

(3) documentation of the patient and prescribing practitioner contact required by section 20-635-3 of the Regulations of Connecticut State Agencies;

(4) the findings and determinations generated by the quality assurance review; and

(5) recommended changes to pharmacy policy, procedure, systems, or processes, if any.

#### **Section 20-635-5. Records**

(a) Each pharmacy shall maintain a written copy of the quality assurance program on the pharmacy premises. This copy shall be readily available to all pharmacy personnel and the department.

(b) Each pharmacy shall maintain a record of the quality assurance review for all prescription errors for a minimum of three years. These records shall be maintained in an orderly manner and filed by date. These records, which may be stored outside of the pharmacy, shall be made available for inspection by the department within forty-eight (48) hours of request.

#### **Section 20-635-6. Notice to pharmacy personnel**

(a) A pharmacy shall make available a copy of its quality assurance program to each pharmacist employed at the pharmacy.

(b) Each pharmacy shall notify all pharmacy personnel that the discovery or reporting of a prescription error shall be relayed immediately to a pharmacist on duty.

(c) Each pharmacy shall inform pharmacy personnel of changes to pharmacy policy, procedure, systems, or processes made as a result of recommendations generated by the quality assurance program.

### ***Regulations Concerning the Safe Handling and Disposal of Hypodermic Needles and Syringes***

#### **Sec. 21a-66-1. Definitions.**

(a) Hypodermic needles and syringes means needles, syringes and any other types of intravascular device including but not limited to indwelling catheters and introducers, except that needles which are specifically used to administer antineoplastic agents shall be handled in accordance with existing Department of Environmental Protection Regulations for the handling of such wastes.

(b) Biomedical Waste means untreated solid waste which requires special handling as defined in Sec. 22a-207(17) of the Connecticut General Statutes.

(c) Treatment when used in connection with biomedical waste, means any method, technique, or process which is designed to change the character or composition of any biomedical waste so as to render such waste non-infectious, non-injurious, safer for storage, for transport, and reduced in volume.

#### **Sec. 21a-66-2. Safety procedures concerning hypodermic needles and syringes.**

Each health-care institution licensed pursuant to Chapter 368v of the Connecticut General Statutes, each laboratory licensed pursuant to Section 19a-30 of the Connecticut General Statutes, and all other generators of biomedical waste as defined in Section 22a-207 of the Connecticut General Statutes, as amended, shall forthwith establish and implement procedures for the handling and disposal of hypodermic needles and syringes in accordance with the following safety and control measures.

(a) Used hypodermic needles and syringes shall be placed intact directly into rigid puncture-resistant containers and the following procedure shall be followed:

(1) Needles shall not be resheathed, purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand;

(2) Notwithstanding the requirement set forth in subsection (a)(1), injectable equipment having self-contained secondary precautionary type sheathing devices may be utilized in accordance with its manufacturer's directions, and resheathing may occur when technical procedure involved requires resheathing as part of that procedure;

(3) Containers shall be located in close proximity to the area in which hypodermic needles and syringes are used to minimize the hazards of injury or transmission of infection during transport;

(4) The container lid opening shall be a one way system to prevent spillage, and this shall render the items contained therein nonreuseable;

(5) Containers shall be maintained under secure conditions at all times; and

(6) Prior to treatment, containers shall be stored in a designated area accessible only to authorized personnel.

(b) Containers of hypodermic needles and syringes shall be considered to be biomedical waste, and shall be treated to render them non-recoverable in accordance with any existing Department of Environmental Protection Regulations regarding biomedical waste or in accordance with any other methods specifically approved by the Commissioner of Consumer Protection in consultation with the Commissioners of Health Services and Environmental Protection.

(c) If treatment is not done onsite, these wastes shall be safely transported in sealed, impervious containers to another facility for appropriate treatment.

(d) Personnel involved in the handling and disposal of hypodermic needles and syringes shall be informed of the potential health and safety hazards, and trained in the appropriate handling and disposal procedures.

(e) Each facility shall monitor staff performance for adherence to the established handling and disposal procedures.

(f) Policy for disposal of these wastes by a health care facility shall be available for review by the Department of Health Services or the Commissioner of Consumer Protection.

### **Sec. 21a-66-3. Purchase, possession, control and use of hypodermic needles and syringes**

(a) The purchase, possession, control, and use of hypodermic needles and syringes by commercial or industrial firms pursuant to Section 21a-65(a)(6) of the Connecticut General Statutes shall

be considered to be authorized by the Commissioner of Consumer Protection provided that such businesses attest to the following in a written statement which they shall provide to the commissioner:

(1) that there exists an essential need for such devices in any function of their operation;

(2) that there are no devices, tools, or equipment modifications which may be used as an alternative to the use of hypodermic needles and syringes;

(3) that there shall be maintained only those quantities of hypodermic needles and syringes which are essential for normal efficient operations;

(4) that security safeguards and inventory control systems have been established which are adequate to detect any loss or diversion of hypodermic needles and syringes; and

(5) that access to stocks of hypodermic needles and syringes is limited to only those employees who have a legitimate need to handle these devices in the normal course of business.

(b) It shall be within the discretion of the Commissioner to determine whether such firms meet the requirements of subsection (a) of this section.

### ***Regulations Concerning Drug Wholesalers***

**Sec. 21a-115-28. Definitions.** For the purpose of Sections 21a-115-28 through Sections 21a-115-32 the following terms shall have the meanings indicated:

(1) "Commissioner" means the Commissioner of Consumer

Protection;

(2) "Controlled substance" means a drug as defined in Chapter 420b, Section 21a-240(9) of the general statutes;

(3) "Drug" means an article defined in Chapter 418, section 21a-92(8) of the General statutes;

(4) "Drug sample" means a unit of a prescription drug that is not intended to be sold and is intended to promote the sale of the drug;

(5) "Legend drug" shall have the definition stated in Chapter 382, Section 20--184a of the general statutes;



(6) "Over the counter drug" means a drug which is not a legend drug;

(7) "Registration" means a wholesaler certificate of registration issued in accordance with Chapter 417, Section 21a-70(b) of the general statutes; and

(8) "Wholesaler" means a person or firm defined in Chapter 417, Section 21a-70(a)(1) of the general statutes who distributes a drug, except that for the purposes of these regulations such distribution does not include intracompany sales or the distribution of drug samples by manufacturers.

#### **Sec.21a-115-29. Minimum information required for registration as a wholesaler**

The following information shall be required for each application for a registration or a renewal of a registration:

(1) the name, full business address, and telephone number of the registrant;

(2) All trade or business names used by the registrant;

(3) Addresses, telephone numbers, and the names of contact persons for all facilities used by the registrant for the storage, handling, and distribution of prescription drugs;

(4) The type of ownership or operation (i.e. partnership, corporation, or sole proprietorship);

(5) The name(s) of the owner and/or operator of the registrant, including:

(A) If a person, the name of the person;

(B) If a partnership, the name of each partner, and the name of the partnership;

(C) If a corporation, the name and title of each corporate officer and director, the corporate name, and the name of the State of incorporation; and

(D) If a sole proprietorship, the full name of the sole proprietor and the name of the business entity;

(6) An indication as to whether the registrant will distribute controlled substances, legend drugs and/or over the counter drugs as well as a statement concerning the types of drugs to be distributed; and

(7) A change in any information in this section shall be submitted to the Commissioner within 30 days of such change.

#### **Sec.21a-115-30. Multiple locations**

A wholesaler operating facilities at more than one location need only obtain a single registration provided that it does not store or distribute controlled substances and there is joint ownership and control of all the facilities operating under the single registration and all locations shall be subject to inspection in accordance with Chapter 418, Section 21a-118 of the general statutes. If a wholesaler stores or distributes controlled substances, it shall register each facility separately.

**Sec.21a-115-31. Personnel.** Personnel employed by wholesalers shall have appropriate education and/or experience to assume responsibility for positions related to compliance with registration requirements.

**Sec. 21a-115-32. Minimum requirements for the storage and handling of drugs and for the establishment and maintenance of drug distribution records by wholesaler**

**(a) Facilities.** All facilities at which drugs are stored, warehoused, handles, offered, marketed, or displayed shall:

- (1) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;
- (2) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;
- (3) Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;
- (4) Be maintained in a clean and orderly condition; and
- (5) Be free from infestation by insects, rodents, birds, or vermin of any kind.

**(b) Security.**

- (1) All facilities operated by wholesalers shall be secure any unauthorized entry.
- (2) Access from outside the premises shall be kept to a minimum and well controlled.
- (3) The outside perimeter of the premises shall be well-lighted.
- (4) Entry into areas where drugs are held shall be limited to authorized personnel.
- (5) All facilities shall be equipped with an alarm system detect entry after business hours.
- (6) All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

(7) In the case of wholesalers who are also licensed as pharmacies in accordance with Chapter 382, Section 20-168 of the general statutes, subdivisions (2) and (4) of this subsection shall apply only to areas where legend drugs are stored.

**(c) Storage.**

(1) All drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopoeia/National Formulary(USP/NF).

(2) If no storage requirements are established for a drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(3) Appropriate measures shall be undertaken to ensure that drugs are stored under conditions of proper temperature and humidity and that such storage conditions are adequately documented.

(4) The record keeping requirements in subsection (f) of this section shall be followed for all stored drugs.

**(d) Examination of materials.**

(1) Upon receipt each outside shipping container shall be visibly examined for identity and to prevent the acceptance of contaminated drugs or drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.

(2) Each outgoing shipment shall be carefully inspected for identity of the drug products and to ensure that there is no delivery of drugs that have been damaged in storage or held under improper conditions.

(3) The record keeping requirements of subsection (f) of this section shall be followed for all incoming and outgoing drugs.

**(e) Returned, damaged, and outdated drugs.**

(1) Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other drugs until they are destroyed or returned to their supplier.

(2) Any drugs whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier.

(3) If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, then the drug shall be destroyed, or returned to the supplier, unless examination, testing, other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the wholesaler shall consider, among other things, the condition under which the drug has been held, stored, or shipped before or during its return and the conditions of the drug and its container, carton, or labeling, as a result of storage or shipping.

(4) The record keeping requirements in subsection (f) of this section shall be followed for all outdated, damaged, deteriorated, misbranded, or adulterated drugs.

**(f) Recordkeeping.**

(1) Wholesalers shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs. These records shall include the source of the drugs, including the name and principal address of the seller or transferor, the address of the location from which the drugs were shipped or in the case of distribution the name and address of the purchaser; the identity and quantity of the drugs received and distributed or disposed of; and the dates of receipt and distribution or other disposition of the drugs. In the case of registered wholesalers who are also licensed as pharmacies in accordance with Chapter 382, Section 20-168 of the general statutes, no records shall be required to be maintained for the receipt or disposition of over-the-counter drugs.

(2) Inventories and records shall be made available for inspection and photocopying by authorized Federal, State or local officials for a period of 3 years following disposition of the drugs.

(3) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within 2 working days of a request by an authorized official of a Federal, State or local agency.

**(g) Written Policies and Procedures.** Wholesalers shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory, and distribution of drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesalers shall include in their written policies and procedures the following:

(1) A procedure whereby the oldest approved stock of a drug product is distributed first. The procedure may permit deviation from this requirement, if such deviation is temporary and appropriate;

(2) A procedure to be followed for handling recalls and withdrawals of drugs. Such procedure shall be adequate to deal with recalls and withdrawals due to: any action initiated at the request of the

U.S. Food and Drug Administration or other Federal, State, or local law enforcement or government agency; any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or any action undertaken to promote public health and safety by replacing existing merchandise with an improved product or new package design;

(3) A procedure to ensure that the wholesaler prepare for, protect against, and handle any crises that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency;

(4) A procedure to ensure that any outdated drugs be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated drugs. This documentation shall be maintained for 3 years after disposition of the outdated drugs; and

(5) In the case of wholesalers who are also licensed as pharmacies in accordance with Chapter 382, Section 20-168 of the general statutes, the requirements of this subsection shall apply to legend drugs only.

**(h) Responsible persons.**

Wholesalers shall establish and maintain lists of officers, directors, managers, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

***Regulations Concerning the  
Designation of Controlled Drugs***

**Sec. 21a-243-1. Volatile substances**

(a) The following volatile substances are hereby designated as controlled drugs to the extent that said chemical substances or compounds containing said chemical substances are sold, prescribed, dispensed, compounded, possessed or controlled or delivered or administered to another person, with the purpose that said chemical substances shall be breathed, inhaled, sniffed or drunk to induce a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system: Acetone; toluol; trichloroethylene; isopropanol; methanol; ether; methyl cellosolve acetate; toluene; hexane; butyl alcohol; benzene; methyl ethyl ketone; cyclohexanone; pentochlorophenol; ethyl acetate; methyl isobutyl ketone; trichloroethane, and dichlorodifluoromethane.

(b) Insofar as it is the express intent of these regulations to provide medical treatment whenever possible, there is hereby created the presumption that one who is found to have inhaled or to be under the influence of the above-described volatile substances shall be deemed to be psychologically dependent upon said volatile substances.

(c) To the extent that it is possible, medical treatment rather than criminal sanctions shall be afforded individuals who breathe, inhale, sniff or drink the above-named volatile substances.

**Sec. 21a-243-2. Criminal liability of vendor**

No vendor of the aforementioned volatile substances shall be deemed to have violated the provisions of chapter 420b of the general statutes insofar as sale, dispensing or delivering of one or more of said volatile substances or compounds containing said chemical substances is concerned, unless he knew or should have known of the improper purpose to which said substance was to be put.

**Sec. 21a-243-3. When volatile substances not controlled drug.**

The above drugs are designated as controlled drugs only for the limited purpose stated in section 21a-243-1. Insofar as substances containing said drugs are possessed, sold, dispensed, compounded or delivered for licit purposes, i.e., other than to produce a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system by breathing, inhaling, sniffing or drinking, such substances are expressly not controlled and neither the regulatory provisions, including but not limited to record keeping, licensing, and the writing of prescriptions nor the criminal sanctions and proscriptions of chapter 420b of the general statutes shall apply.

**Sec. 21a-243-4. Anesthesia**

The breathing, inhalation, sniffing or drinking of anesthesia for medical or dental purposes under the direction of a physician, dentist or osteopath acting in the course of his professional practice, is determined to be a licit purpose and not in contravention of these regulations or the provisions of chapter 420b of the general statutes.

**Sec. 21a-243-5. Controlled drugs**

The following substances are hereby designated as controlled drugs for all purposes of chapter 420b of the general statutes: Datura stramonium, hyoscyamus niger, atropa belladonna or the alkaloids atropine, hyoscyamine, belladonnine, apotropine, or any mixture of these alkaloids such as daturine, or the synthetic homatropine or any salts of these alkaloids. Any drug or preparation containing any of the above-mentioned substances which is permitted by federal food and drug laws to be sold or dispensed without a prescription or written order shall not be a controlled drug.

**Sec. 21a-243-6. Amyl nitrate**

Amyl nitrate is hereby designated as a controlled drug as defined under chapter 420b of the general statutes.

***Schedules of Controlled Substances***

**Sec. 21a-243-7. Controlled substances in schedule I**

The controlled substances listed in this regulation are included by whatever official, common, usual, chemical, or trade name designation in Schedule I:

The controlled substances listed in this regulation are included by whatever official, common, usual, chemical, or trade name designation in Schedule I:

(a) Any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation:

- (1) Acetylalpha-methylfentanyl;
- (2) Acetylmethadol;
- (3) Allyprodine;
- (4) Alphacetylmethadol (except Levo-alphacetylmethadol or LAAM);
- (5) Alphameprodine;
- (6) Alphamethadol;
- (7) Alpha-methylfentanyl;

- (8) Alphamethylthiofentanyl;
- (9) Benzethidine;
- (10) Betacetylmethadol;
- (11) Beta-hydroxy-fentanyl;
- (12) Beta-hydroxy-3-methylfentanyl;
- (13) Betameprodine;
- (14) Betamethadol;
- (15) Betaprodine;
- (16) Clonitazene;
- (17) Dextromoramide;
- (18) Diampromide;
- (19) Diethylthiambutene;
- (20) Difenoxy;
- (21) Dimenoxadol;
- (22) Dimepheptanol;
- (23) Dimethylthiambutene;
- (24) Dioxaphetyl Butyrate;
- (25) Dipipanone;
- (26) Ethylmethylthiambutene;
- (27) Etonitazene;
- (28) Etoxidine;
- (29) Furethidine;
- (30) Hydroxypethidine;
- (31) Ketobemidone;
- (32) Levomoramide;
- (33) Levophenacilmorphan;



- (34) 3-methylfentanyl;
- (35) 3-methylthiofentanyl;
- (36) Morpheridine;
- (37) Noracymethadol;
- (38) Norlevorphanol;
- (41) Normethadone;
- (40) Norpipanone;
- (41) Para-fluorofentanyl;
- (42) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
- (43) Phenadoxone;
- (44) Phenampromide;
- (45) Phenomorphan;
- (46) Phenoperidine;
- (47) Piritramide;
- (48) Proheptazine;
- (49) Properidine;
- (50) Propiram;
- (51) Racemoramide;
- (52) Thiofentanyl;
- (53) Tilidine;
- (54) Trimeperidine.

(b) Any of the following opium derivatives, their salts, isomers and salts of isomers, unless specifically excepted whenever the existence of these salts, isomers and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine;
- (2) Acetyldihydrocodeine;

- (3) Benzylmorphine;
- (4) Codeine methylbromide;
- (5) Codeine-N-oxide;
- (6) Cyprenorphine;
- (7) Desomorphine;
- (8) Dihydromorphine;
- (9) Drotebanol;
- (10) Etorphine, except hydrochloride salts;
- (11) Heroin;
- (12) Hydromorphanol;
- (13) Methyldesorphine;
- (14) Methyldihydromorphine;
- (15) Morphine methylbromide;
- (16) Morphine methylsulfonate;
- (17) Morphine-N-oxide;
- (18) Myrophine;
- (19) Nicocodeine;
- (20) Nicomorphine;
- (21) Normorphine;
- (22) Pholcodine;
- (23) Thebacon.

(c) Any material, compound, mixture or preparation which contains their salts, isomers and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Alpha-ethyltryptamine;
- (2) 4-bromo-2,5-dimethoxyamphetamine; or 4-bromo-2,5-DMA;

- (3) 2,5-dimethoxyamphetamine; or 2,5-DMA;
- (4) 2,5-Dimethoxy-4-ethylamphetamone or DOET;
- (5) 3,4-M ethylenedioxy-N-ethylamphetamine;
- (6) 1-methyl-4-phenyl-4-propionoxypiperidine; or MPPP;
- (7) 3,4-methylenedioxy-methamphetamine; or MDMA;
- (8) 2,5-dimethoxy-4-(n)-propylthiopenenthylamine (2C-T-7);
- (9) 4-methoxyamphetamine; or PMA;
- (10) 5-methoxy-3,4-methylenedioxy-amphetamine;
- (11) 5-Methoxy-nn-Diisopropyltryptamine(5-methoxy-dipt);
- (12) 4-methyl-2,5-dimethoxyamphetamine; or DOM; or STP
- (13) 3,4-methylenedioxy amphetamine; or MDA;
- (14) N-hydroxy-3,4-methylenedioxyamphetamine (also known as N-hydroxy-alpha-methyl-3,4(methylenedioxy)phenethylamine, and N-hydroxy MDA;
- (15) 3,4,5-trimethoxy amphetamine;
- (16) benzylpiperazine or BZP;
- (17) Bufotenine or Mappine;
- (18) Alphaethyltryptamine;
- (19) Diethyltryptamine or DET;
- (20) Dimethyltryptamine or DMT;
- (21) Ibogaine;
- (22) Lysergic acid diethylamide;
- (23) Marihuana;
- (24) Mescaline;
- (25) Parahexyl or Synhexyl;
- (26) Peyote, meaning all parts of the plants;

- (27) 1-(2-phenylethyl)-4-phenyl-4-acetoxypiperidine; or PEPAP;
- (28) N-ethyl-3-piperidyl benzilate;
- (29) N-methyl-3-piperidyl benzilate;
- (30) Psilocybin;
- (31) Psilocyn;
- (32) Tetrahydrocannabinols except Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States food and drug administration approved product;
- (33) Ethylamine analog of phencyclidine, Cyclohexamine or PCE;
- (34) 4-Bromo-2,5-dimethoxyphenethylamine;
- (35) Pyrrolidine analog of phencyclidine, PCP or PHP;
- (36) 1-[1-(2-thienyl)cyclohexyl]pyrrolidine;
- (37) Thiophene analog of phencyclidine, TPCP or TCP.
- (38) Tiletamine or 2-(ethylamino)-2-(2-thienyl)-cyclohexanone;
- (39) Trifluoromethylphenylpiperazine or TFMPP.

(d) Any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, their salts, isomers and salts of isomers unless specifically excepted, wherever the existence of these salts, isomers and salts of isomers is possible within the specific chemical designation:

- (1) Gamma-hydroxy butyric acid, except if contained in a drug product for which an application has been approved under section 505 of the federal food, drug and cosmetic act;
- (2) Gamma-butyrolactone;
- (3) Mecloqualone;
- (4) Methaqualone; or
- (5) Zolazepam.

(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

- (1) Aminorex;

- (2) N-benzylpiperazine (some other names: BZP; 1-benzylpiperazine);
- (3) 4-Methylaminorex;
- (4) Cathinone;
- (5) Fenethylamine;
- (6) Methcathinone;
- (7) N-ethylamphetamine;
- (8) N,N-Dimethylamphetamine.

Sec. 21a-243-8. Controlled substances in schedule II

The controlled substances listed in this regulation are included by whatever official, common, usual, chemical, or trade name designation in Schedule II:

(a) Any of the following substances, except those narcotic drugs listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate excluding Apomorphine, Dextrorphan, Nalbuphine, Naloxone, Naltrexone, and their salts, but including the following: Raw opium, opium extracts, opium fluid extracts, powdered opium, granulated opium, tincture of opium, codeine, ethylmorphine, etorphine hydrochloride, hydrocodone, hydromorphone, metopon, morphine, oxycodone, oxymorphone and thebaine;

(2) any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (1), but not including the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine;

(5) concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid or powder form which contains the phenanthrine alkaloids of opium poppy).

(b) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation, Dextrorphan and Levopropoxyphene excepted:

- (1) Alfentanil;
- (2) Alphaprodine;
- (3) Anileridine;
- (4) Bezitramide;
- (5) bulk Dextropropoxyphene (nondosage forms);
- (6) Carfentanil;
- (7) Dihydrocodeine;
- (8) Diphenoxylate;
- (9) Fentanyl;
- (10) Isomethadone;
- (11) Levo-alphaacetylmethadol or LAAM;
- (12) Levomethorphan;
- (13) Levorphanol;
- (14) Metazocine;
- (15) Methadone;
- (16) Methadone-intermediate,4-cyano-2-dimethylamino-4,4- diphenylbutane;
- (17) Moramide-Intermediate,2-methyl-3-morpholino-1,1-diphenyl-propane-carboxylic acid;
- (18) Pethidine (Meperidine);
- (19) Pethidine-Intermediate-A,4-cyano-1-methyl-4-phenylpiperidine;
- (20) Pethidine-Intermediate-B,ethyl-4-phenylpiperidine-4- carboxylate;
- (21) Pethidine-Intermediate-C, 1-methyl 4-phenylpiperidine-4-carboxylic acid;
- (22) Phenazocine;
- (23) Piminodine;

(24) Racemethorphan;

(25) Racemorphan;

(26) Remifentanil;

(27) Sufentanil.

(c) Unless excepted or placed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(2) any substance which contains any quantity of meth-amphetamine, including its salts, isomers, and salts of isomers;

(3) Methylphenidate;

(4) Phenmetrazine and its salts;

(5) Lisdexamfetamine and its salts, isomers and salts of isomers.

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Amobarbital;

(2) Glutethimide;

(3) Pentobarbital;

(4) Phencyclidine; and

(5) Secobarbital.

(e) Hallucinogenic Substances:

(1) Nabilone.

(f) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances:

(1) Immediate precursor to Amphetamine and Methamphetamine; Phenylacetone (some trade names or other names); phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone;

(2) immediate precursors to phencyclidine (PCP);

(A) 1-phencylohexylamine;

(B) 1-piperidinocyclohexanecarbonitrile (PCC).

Sec. 21a-243-9. Controlled substances in schedule III

The controlled substances listed in this regulation are included by whatever official, common, usual, chemical, or trade name designation in Schedule III:

(a) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Benzphetamine;
- (2) Chlorphentermine
- (3) Clortermine;
- (4) Phendimetrazine.

(b) Unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:

(1) Any compound, mixture or preparation containing: Amobarbital, Secobarbital, Pentobarbital or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

(2) Any suppository dosage form containing Amobarbital, Secobarbital, Pentobarbital or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid, except those substances which are specifically listed in other schedules, except that the following analgesic products shall not be considered to be controlled substances:

(A) Products containing a ratio of fifteen milligrams of long or intermediate acting barbiturates combined with at least one of the following:

- (i) 188 mg aspirin;
- (ii) 375 mg salicylamide; or
- (iii) 70 mg phenacetin, acetanilid or acetaminophen;

(B) Products containing a ratio of fifteen milligrams of short acting barbiturates combined with at least one of the following:

- (i) 307 mg aspirin;
- (ii) 614 mg salicylamide; or
- (iii) 106 mg phenacetin, acetanilid or acetaminophen;



(4) Any compound, mixture or preparation containing equal weights of both tiletamine and zolazepam or any salt thereof and not mixed with other psychoactive substances;

(5) Chlorhexadol;

(6) Embutramide;

(7) Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product;

(8) Ketamine or any salt thereof;

(9) Lysergic acid;

(10) Lysergic acid amide;

(11) Methyprylon;

(12) Sulfondiethylmethane;

(13) Sulfonethylmethane;

(14) Sulfonmethane.

(c) Buprenorphine.

(d) Nalorphine.

(e) Any material, compound, mixture or preparation containing limited quantities of any of the following narcotic drugs or any salts thereof:

(1) Not more than 1.8 grams of codeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) not more than 1.8 grams of codeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) not more than 300 milligrams of dihydrocodeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) not more than 300 milligrams of dihydrocodeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) not more than 1.8 grams of dihydrocodeine, or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) not more than 300 milligrams of ethylmorphine, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more ingredients in recognized therapeutic amounts;

(7) not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) not more than 50 milligrams of morphine, or any of its salts, per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(f) Unless expressly intended for administration through implants to nonhuman species and approved for such use by the Federal Food and Drug Administration, any anabolic steroid including but not limited to, any of the following, or any isomer, ester, salt or derivative of the following that acts in the same manner on the human body:

- (1) 3[beta],17-dihydroxy-5a-androstane;
- (2) 3[alpha],17[beta]-dihydroxy-5a-androstane;
- (3) 5[alpha]-androstan-3,17-dione;
- (4) 1-androstenediol (3[beta],17[beta]-dihydroxy-5[alpha]-androst-1-ene);
- (5) 1-androstenediol (3[alpha],17[beta]-dihydroxy-5[alpha]-androst-1-ene);
- (6) 4-androstenediol (3[beta],17[beta]-dihydroxy-androst-4-ene);
- (7) 5-androstenediol (3[beta],17[beta]-dihydroxy-androst-5-ene);
- (8) 1-androstenedione ([5[alpha]]-androst-1-en-3,17-dione);
- (9) 4-androstenedione (androst-4-en-3,17-dione);
- (10) 5-androstenedione (androst-5-en-3,17-dione);
  
- (11) Boldenone;
  
- (12) Boldione;
  
- (13) Chlorotestosterone;
  
- (14) Clostebol;
  
- (15) Dehydrochlormethyltestosterone;
  
- (16) [Delta]1-dihydrotestosterone (a.k.a. '1-testosterone') (17[beta]-hydroxy-5[alpha]-androst-1-en-3-one);
- (17) desoxymethyltestosterone;
- (18) Dihydrotestosterone;
  
- (19) Drostanolone;
  
- (20) Ethylestrenol;
  
- (21) Fluoxymesterone;
  
- (22) Formebolone;
  
- (23) Furazabol (17[alpha]-methyl-17[beta]-hydroxyandrostano[2,3-c]-furan);

- (24) 13[beta]-ethyl-17[beta]-hydroxygon-4-en-3-one;
- (25) 4-hydroxytestosterone (4,17[beta]-dihydroxy-androst-4-en-3-one);
- (26) 4-hydroxy-19-nortestosterone (4,17[beta]-dihydroxy-estr-4-en-3-one);
- (27) Mestanolone (17[alpha]-methyl-17[beta]-hydroxy-5-androstan-3-one);
- (28) Mesterolone;
  
- (29) Methandienone;
  
- (30) Methandranone;
  
- (31) Methandriol;
  
- (32) Methandrostenolone;
  
- (33) Methenolone;
- (34) 17[alpha]-methyl-3[beta], 17[beta]-dihydroxy-5a-androstane;
- (35) 17[alpha]-methyl-3[alpha],17[beta]-dihydroxy-5a-androstane;
- (36) 17[alpha]-methyl-3[beta],17[beta]-dihydroxyandrost-4-ene;
- (37) 17[alpha]-methyl-4-hydroxynandrolone (17[alpha]-methyl-4-hydroxy-17[beta]-hydroxyestr-4-en-3-one);
- (38) Methyldienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9(10)-dien-3-one);
- (39) Methyltrienolone (17[alpha]-methyl-17[beta]-hydroxyestra-4,9-11-trien-3-one);
- (40) Methyltestosterone;
- (41) Mibolerone;
- (42) 17[alpha]-methyl-[Delta]1-dihydrotestosterone (17[beta]-hydroxy-17[alpha]-methyl-5[alpha]-androst-1-en-3-one) (a.k.a. '17-[alpha]-methyl-1-testosterone');
- (43) Nandrolone;
- (44) 19-nor-4,9(10)-androstadienedione;
- (45) 19-nor-4-androstenediol (3[beta], 17[beta]-dihydroxyestr-4-ene);
- (46) 19-nor-4-androstenediol (3[alpha], 17[beta]-dihydroxyestr-4-ene);
- (47) 19-nor-5-androstenediol (3[beta], 17[beta]-dihydroxyestr-5-ene);
- (48) 19-nor-5-androstenediol (3[alpha], 17[beta]-dihydroxyestr-5-ene);
- (49) 19-nor-4-androstenedione (estr-4-en-3,17-dione);
- (50) 19-nor-5-androstenedione (estr-5-en-3,17-dione);
- (51) Norbolethone (13[beta], 17[alpha]-diethyl-17[beta]-hydroxygon-4-en-3-one);
- (52) Norclostebol (4-chloro-17[beta]-hydroxyestr-4-en-3-one);
- (53) Norethandrolone;
- (54) Norethandrolone (17[alpha]-ethyl-17[beta]-hydroxyestr-4-en-3-one);
- (55) Normethandrolone (17[alpha]-methyl-17[beta]-hydroxyestr-4-en-3-one);
- (56) Oxandrolone;
- (57) Oxymesterone;
- (58) Oxymetholone;
- (59) Stenbolone (17[beta]-hydroxy-2-methyl-[5[alpha]]-androst-1-en-3-one);
- (60) Stanolone;
- (61) Stanozolol;

- (62) Testolactone;
- (63) Testosterone;
- (64) Tetrahydrogestrinone (13[beta], 17[alpha]-diethyl-17[beta]- hydroxygon-4,9,11-trien-3-one);
- (65) Trenbolone.

(g) Chorionic gonadotropin.

(h) Any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of such isomers, and esters:

(1) Gamma-hydroxy butyric acid if contained in a product for which an application has been approved under section 505 of the federal food, drug and cosmetic act; or

(2) Gamma-butyrolactone.

#### Sec. 21a-243-10. Controlled substances in schedule IV

The controlled substances listed in this regulation are included by whatever official, common, usual, chemical, or trade name designation in Schedule IV:

(a) Any material, compound, mixture or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:

- (1) Alprazolam;
- (2) Barbitol;
- (3) Bromazepam;
- (4) Camazepam;
- (5) Carisoprodol;
- (6) Chloral betaine;
- (7) Chloral hydrate;
- (8) Chlordiazepoxide;
- (9) Clobazam;
- (10) Clonazepam;
- (11) Clorazepate;
- (12) Clotiazepam;
- (13) Cloxazolam;
- (14) Delorazepam;
- (15) Diazepam;
- (16) Dochloralphenazone;
- (17) Estazolam;
- (18) Etholorvynol;
- (19) Ethinamate;
- (20) Ethyl-lofiazepeate;
- (21) Fludiazepam;

- (22) Flunitrazepam;
- (23) Flurazepam;
- (24) Halazepam;
- (25) Haloxazolam;
- (26) Ketazolam;
- (27) Loprazolam;
- (28) Lorazepam;
- (29) Lormetazepam;
- (30) Mebutamate;
- (31) Medazepam;
- (32) Meprobamate;
- (33) Methohexital;
- (34) Methylphenobarbital (mephobarbital);
- (35) Midazolam;
- (36) Nimetazepam;
- (37) Nitrazepam;
- (38) Nordiazepam;
- (39) Oxazepam;
- (40) Oxazolam;
- (41) Paraldehyde;
- (42) Petrichloral;
- (43) Phenobarbital;
- (44) Pinazepam;
- (45) Prazepam;
- (46) Quazepam;
- (47) Temazepam;
- (48) Tetrazepam;
- (49) Triazolam;
- (50) Zaleplon;
- (51) Zolpidem;
- (52) Zopiclone.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Cathine;
- (2) Diethylpropion;
- (3) Fencamfamin;
- (4) Fenproporex;
- (5) Mazindol;
- (6) Mefenorex;
- (7) Modafinil;

- (8) Pemoline
- (9) Phentermine
- (10) Pipradol;
- (11) Sibutramine
- (12) SPA ((-)-dimethylamino-1,2-diphenylethane).

(c) Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers is possible:

- (1) Fenfluramine.

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:

(1) Not more than 1 milligram of Difenoxin and not less than 25 micrograms of Atropine Sulfate per dosage unit;

(2) Dextropropoxyphene [alpha-(+)-4-dimethylamino-1, 2-diphenyl-3methyl-2-propionoxybutane].

(e) Unless specifically exempted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts:

- (1) Butorphanol; or
- (2) Pentazocine.

#### Sec. 21a-243-11. Controlled substances in schedule V

The controlled substances listed in this regulation are included by whatever official, common, usual, chemical, or trade name designation in Schedule V:

(a) Any compound, mixture, or preparation containing limited quantities of any of the following controlled drugs, which also contain one or more noncontrolled active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the controlled drug alone:

(1) not more than 200 milligrams of codeine, or any of its salts, per 100 milliliters or per 100 grams;

(2) not more than 100 milligrams of dihydrocodeine, or any of its salts, per 100 milliliters or per 100 grams;

(3) not more than 100 milligrams of ethylmorphine, or any of its salts, per 100 milliliters or per 100 grams;

(4) not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(5) not more than 100 milligrams of opium per 100 milliliters or per 100 grams;

(6) not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of such isomers:

(1) Pyrovalerone

## ***Regulations Concerning an Electronic Prescription Drug Monitoring Program***

### **Section 1. Sec. 21a-254-2. Definitions.**

As used in sections 21a-254-2 to 21a-254-7, inclusive, of the Regulations of Connecticut State Agencies:

(1) “Controlled substance” means “controlled substance” as defined in section 21a-240 of the Connecticut General Statutes;

(2) “Department” means the Department of Consumer Protection;

(3) “Pharmacy” means “pharmacy” as defined in section 20-571 of the Connecticut General Statutes, or a pharmacy located in a hospital, long term care facility or correctional facility; and

(4) “Practitioner” means “Prescribing practitioner” as defined in section 20-571 of the Connecticut General Statutes.

### **Sec. 2. 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.

### **Sec. 3. 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](http://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 20<sup>th</sup> day of the month for all prescriptions dispensed on and between the 1<sup>st</sup> and the 15<sup>th</sup> days of the month; and

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

#### **Sec. 4. Sec. 21a-254-5. Evaluation.**

Agents of the Drug Control Division of the department, and any department employee authorized to work with the Drug Control Division, shall evaluate the controlled substance prescription information received from pharmacies. The department shall evaluate the prescription information for the purposes of preventing controlled substance diversion, public health initiatives, and statistical reporting.

#### **Sec. 5. 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.

**Sec. 6. Sec. 21a-254-7. Storage of Information.**

(a) The department shall ensure the privacy of patients and confidentiality of patient information transmitted or obtained pursuant to sections 21a-254-2 to 21a-254-6, inclusive, of the Regulations of Connecticut State Agencies, and shall ensure that the patient information collected, recorded, transmitted, and stored is maintained in accordance with applicable state and federal laws, rules and regulations.

(b) The department shall retain the prescription information collected pursuant to sections 21a-254-2 to 21a-254-6, inclusive, of the Regulations of Connecticut State Agencies, for a minimum of three years.

***Regulations Concerning Minimum Security and Safeguards for Storage and Handling of Controlled Substances***

**Sec. 21a-262-1. Definitions**

(a) Controlled Substances means a drug, substance, or immediate precursor so designated as a controlled drug or controlled substance pursuant to state and/or federal drug laws and regulations.

(b) Schedules of Controlled Substances. For security purposes, each particular controlled substance shall be considered to be in the schedule as designated in each particular instance by applicable state and/or federal drug laws or regulations. In instances of conflict between state and federal drug laws or regulations, the controlled substances shall be considered to be in the schedule providing the highest degree of control.

(c) Registrant means any person or firm registered with the federal government for conduct of any business activity with controlled substances. The person signing the federal application for registration for controlled substances shall be considered to be the registrant for security purposes.

(d) Classification of Registrants. For security purposes, registrants shall be classified according to the business activity for which they are registered under the federal controlled substances act.

(e) Controlled Substance(s) Units: A controlled substance unit shall be a unit consisting of a quantity of controlled

substance(s) which shall be determined according to the following formula:

#100 Tablets or Capsules--shall be 1 unit

One pint of a liquid--shall be 1 unit

1/8 ounce of a powder, crystal, flake, or granule shall be 1 unit

One multiple dose vial--shall be 1 unit

Ten suppositories--shall be 1 unit

Ten single dose Ampules, Tubexes, Dosettes, Hyporettes, or other single dose package forms for injection whether powder or in solution shall be 1 unit

The quantity of controlled substance(s) stocked by any registrant shall be determined for security purposes by totaling the number of controlled substance(s) units currently on hand. Partial containers of controlled substances shall be considered as being full when determining the total quantity of controlled substance stock. Larger package sizes shall be counted according to the number of controlled substance units they contain. Package sizes less than a full controlled substance unit shall be counted as the fraction of a controlled substance unit which the package size contains, i.e., #50 Tablets shall be counted as .5 controlled substance units.

(f) An approved safe or safe(s) as used in Secs. 21a-262-1--21a-262-10 inclusive, of the Regulations of Connecticut State Agencies means any safe(s) that has been approved prior to January 1, 1975 or any safe(s) which conforms to or exceeds all of the following standards.

(1) A certified with a minimum of a B Burglary Rate;

(2) Equipped with a relocking device;

(3) Weight of 750 pounds or more or rendered immobile by being securely anchored to a permanent structure of the building; and

(4) Adequate interior space to store all controlled substances required to be kept within the safe.

(g) An approved vault as used in Secs. 21a-262-1--21a-262-4 inclusive, means a vault approved prior to January 1, 1975 or a vault constructed after January 1, 1975 and meeting the following specifications or equivalent:

(1) Walls, floors, and ceilings constructed of at least 8 inches of reinforced concrete or other substantial masonry, reinforced vertically and horizontally with 1/2 inch steel rods tied 6 inches on center, or the structural equivalent to such reinforced walls, floors, and ceilings.

(2) The door of the vault must contain a multiple-position combination lock or the equivalent, a relocking device or equivalent and steel plate with a thickness of at least 1/2 inch. (The GSA Class 5 rated steel door meets all the qualifications for the vault door.)

(3) The vault, if operations require it to remain open for frequent access, must be equipped with a "day gate" which is self-closing and self-locking or the equivalent. If the operation requires only that the

vault be opened infrequently, such as to remove raw material in the morning and return raw material at night, and is always relocked immediately after use, a "day gate" is not required.

(4) The walls, floor, and ceiling of the vault must be equipped with an alarm which, when unauthorized entry is attempted, transmits a signal directly to a central station protection company, or a local or state police agency which has a legal responsibility to respond, or a 24-hour control station operated by the registrant. If necessary, due to local conditions or other problems, holdup buttons shall be placed at strategic points of entry to the perimeter area of the vault.

(5) The vault door must be equipped with a contact switch.

(6) The vault must have at least one of the following:

a. Complete electrical lacing of the walls, floor and ceiling or

b. Sensitive ultrasonic equipment within the vault or

c. A sensitive sound accumulator system or

d. Such other device designed to detect illegal entry as may be approved by the Commissioner of Consumer Protection.

(7) The electrical alarm system must be certified as being an Underwriters Laboratories, Inc., approved system and installation.

#### **Sec. 21a-262-2. Security requirements**

(a) Requirements for minimum security and safeguard standards for storage and handling of controlled substances may be determined for each registrant by the Commissioner of Consumer Protection after consideration of the protection offered from an overall standpoint in instances wherein other security measures provided exceed those specifically stated. If the registrant has provided other safeguards which can be regarded into as an adequate substitute for some element of protection required of such registrant such as supervised watchman service, full electrical protection of the building, electric alarms, etc., such added protection may be taken into account in evaluating overall required security measures. In cases where special hazards exist such as extremely large stock, exposed handling, unusual vulnerability to loss, theft, diversion, or robbery, additional safeguards will be required by the Commissioner of Consumer Protection which may include approved vault(s), approved safe(s), electrical alarm protection, and/or hold up button(s).

(b) In all instances, registrants shall maintain all stocks of controlled substances in all schedules in a secure area or location accessible only to specifically authorized personnel. Such specific authorization should be given by registrants only to the minimum number of employees absolutely essential for efficient

operation. All controlled substances should be stored in such a manner as to prevent theft or diversion of these preparations.

(c) In all instances, registrants shall maintain all equipment used for storage of controlled substances such as approved vault(s), approved safe(s), caged areas, cabinets, enclosures, etc., securely locked except for the actual time required to remove or replace needed items. Locks shall be kept in good working order with keys removed therefrom. Keys to the locks shall not be left in a location accessible to other than specifically authorized personnel.

(d) Any controlled substance(s) stored at any location not stored in compliance with Secs. 21a-262-1--21a-262-10 inclusive, or at a location other than that for which the person, firm, or business activity is registered under the Federal Controlled Substances Act shall be subject to seizure by the Commissioner of Consumer Protection. This action of seizure shall be considered as being in the best interests of the general public and said Commissioner shall not be held liable for any loss of revenues suffered by the person surrendering the drugs.

(e) Any wholesaler, manufacturer, or laboratory licensed by the Commissioner of Consumer Protection, who after due process, has his license revoked or suspended by said Commissioner, or who does not within 30 days apply for relicensure shall upon loss of said license dispose of his entire stock of controlled substances under conditions approved by the Commissioner or surrender his entire supply of controlled substances to said Commissioner. Any Licensed Pharmacy or any Practitioner who has his license revoked or suspended by his respective Licensing Board or who does not apply for relicensure, shall dispose of his entire stock of Controlled Substances under conditions approved by the Commissioner of Consumer Protection or shall surrender his entire stock of Controlled Substances to said Commissioner. This action of surrender shall be considered as being in the best interest of the general public, and said Commissioner shall not be held liable in any way for any loss of revenue suffered by the person surrendering these

drugs.

(f) If any case where a loss, theft, burglary, or diversion of controlled substances has occurred, the Commissioner of Consumer Protection may require additional security safeguards which may include storage of any controlled substance(s) in an approved vault, approved safe, separate locked caged area, locked room or enclosure, or a substantially constructed locked steel or wood cabinet or under effective electrical protection within 90 days of any such occurrence. In the case of hospitals, 180 days shall be allowed for this purpose.

(g) Registrants shall not maintain any stock of controlled substance(s) in excess of the quantity actually required for normal, efficient operation.

### **Sec. 21a-262-3. Disposition of drugs**

(a) Disposal of undesired, excess, unauthorized, obsolete, or deteriorated controlled substances shall be made by a registrant, person having title to, enforcement or court official, executor of an estate, or any other person in the following manner:

(1) By transfer to a person or firm registered under the Federal Controlled Substances Act and authorized to possess such controlled substances providing all state and federal required procedures are complied with.

(2) By following procedures as outlined in Sections 1307.21 of the Code of Federal Regulations.

(3) By the following manner in the case of hospital pharmacies where small quantities of less than No. 10 controlled substance units are involved on any separate occasion:

(a) By destruction in such a manner as to render the controlled substance(s) nonrecoverable.

(b) By destruction conducted by a Connecticut licensed pharmacist in the presence of another Connecticut licensed pharmacist acting as a witness.

(c) By maintaining a separate record of each such destruction indicating the date, time, manner of destruction, the type, strength, form, and quantity of controlled substance(s) destroyed, and the signatures of the pharmacist destroying the controlled substance(s) and the pharmacist witness.

(4) By a manner rendering the controlled substance(s) nonrecoverable in cases where such controlled substance(s) are legally possessed by a person for his/her own personal use pursuant to a bonafide medical condition.

(5) By surrender without compensation of such controlled substance(s) to the Commissioner of Consumer Protection in all other instances.

(b) Reporting of loss, theft, or unauthorized destruction of controlled substances. Any loss, theft, or unauthorized destruction of any controlled substance(s) must be reported by a registrant within 72 hours of discovery of any such occurrence to the Commissioner of Consumer Protection as follows:

(1) Where through breakage of the container or other accident, otherwise than in transit, controlled substance(s) are lost or destroyed, the registrant shall make a signed statement as to the kinds and quantities of controlled substance(s) lost or destroyed and the circumstances involved. The statement shall be forwarded to the Commissioner of Consumer Protection and a copy retained by the registrant.

(2) Where controlled substance(s) are lost by theft or otherwise lost or destroyed in transit, the consignee, and the consignor if within this state, shall forward to the Commissioner of Consumer Protection a signed statement which details the facts, includes an accurate listing of the controlled substance(s) stolen, lost, or destroyed and specifies that the local authorities were notified. A copy of the statement shall be retained by the registrant.

#### **Sec. 21a-262-4. Manufacturers, wholesalers, distributors, importers, and exporters**

(a) Schedule II Stock if less than No. 250 controlled substance units shall be stored in an approved safe. If No. 250 or more controlled substance units all schedule II controlled substances shall be stored in an approved vault.

(b) Schedule III, IV, V Stock shall be stored in an approved vault, approved safe equipped with a separate effective electrical alarm system, or separate secure locked caged area, room, or enclosure equipped with a separate effective electrical alarm system. If a caged area or enclosure is used, such caged area or enclosure must be completely enclosed. If a caged area is used, construction must be of heavy gauge wire mesh having openings smaller than the smallest controlled substance(s) containers stocked.

(c) All controlled substances in the process of manufacture, distribution, transfer, or analysis shall be stored in such a manner as to prevent diversion; shall be accessible only to the minimum number of specifically authorized personnel essential for efficient operation; and shall be returned to the required security location immediately after completion of the procedure or at the end of the scheduled business day. If a manufacturing process cannot be completed at the end of a working day, the processing area or tanks, vessels, bins, or bulk containers containing controlled substances must be securely locked inside an area or building which affords adequate security.

#### **Sec. 21a-262-5. Licensed pharmacies**

(a) Schedule II Stock, if less than No. 150 controlled substance units a substantially constructed completely enclosed locked wood or metal cabinet shall be used for storage of all schedule II controlled substance stock. If No. 150 or more controlled substance units an approved safe shall be used for storage of all schedule II controlled substance stock. Pharmacies newly licensed and/or relocating after Jan. 1, 1975 shall be required to store all schedule II controlled substances in an approved safe.

(b) Schedule III, IV, V Stock shall be stored in an approved safe, substantially constructed locked metal or wood cabinet, or dispersed throughout stock within the pharmacy prescription compounding area providing requirements of Section 21a-262-2(b) are complied with and a loss, theft, or diversion of and controlled substance in and schedule has not occurred.

(c) In every case where loss, theft, burglary, or diversion of any controlled substance in any schedule has occurred from a licensed pharmacy, the Commissioner of Consumer Protection shall determine the appropriate storage and security requirements for all controlled substances in such pharmacy, and shall require additional safeguards to ensure the security of the controlled substances.

(d) The Commissioner of Consumer Protection may require any licensed pharmacy to store any controlled substance stock in an approved safe, or locked substantially constructed cabinet for security purposes when overall conditions warrant additional safeguards.

**Sec. 21a-262-6. Practitioners including but not limited to medical doctors, dentists, veterinarians, osteopaths, and podiatrists**

(a) Schedule II and III Controlled Substance Stock, if total is No. 15 controlled substance units or less shall be stored in a locked substantially constructed steel or wood cabinet in a securely safeguarded location. If the total quantity of schedule II and III controlled substance stock is more than 15 controlled substance units, such stock shall be stored in an approved safe. In the case of veterinary practitioners an additional No. 25 controlled substance units of schedule II or III controlled substance stock of the barbiturate type, for use solely for animal anesthesia or animal euthanasia, may be stored in a locked substantially constructed steel or wood cabinet.

(b) Schedule IV and V Controlled Substance Stock shall be stored in a locked substantially constructed steel or wood cabinet or in a securely safeguarded location.

(c) In no case shall a practitioner's controlled substance stock be left unsecured or unattended in an examining room, treatment room, automobile, or in any other location accessible to nonauthorized persons.

**Sec. 21a-262-7. Laboratories other than hospital clinical laboratories**

(a) Schedule I and II Controlled Substance Stock shall be stored in an approved safe except where schedule II stock of the barbiturate type is used solely for its sedative or anesthetic effect on animals and not more than No 10 Controlled Substance units are stocked, in which cases security as outlined for schedule III controlled substances in Section 21a-262-7(b) will apply. In instances in laboratories where schedule I or II stock may be unstable, of extremely small quantity, or of such a nature as to require special storage conditions, the Commissioner of Consumer Protection may approve of other security safeguards on an individual basis in lieu of those required by Secs. 21a-262-1-21a-262-10 inclusive

(b) Schedule III, IV or V Controlled Substances Stock shall be stored separately from other drugs and substances in an approved safe or separate secure locked location accessible only to the minimum number of specifically authorized personnel essential for efficient operation.

(c) Controlled Substances in the process of testing, use, or research shall be immediately returned to the required storage location upon completion of each such process.

**Sec. 21a-262-8. Pharmacies or other areas wherein controlled substances are stored, prepared, or dispensed exclusive of those specifically referred to in section 21a-262-9 and section 21a-262-10 located within licensed hospitals, mental health hospitals, mental retardation facilities, training schools,**



**correctional institutions, juvenile training or youth services facilities, educational institutions, health maintenance organizations, health facilities, and within other care giving institutions or establishments including those which are private, state, or municipally operated, and including hospital drug rooms, hospital satellite pharmacies, and hospital clinical laboratories.**

(a) Schedule II and III Controlled Substance Stock in quantities of less than No. 150 controlled substance units shall be stored separately from other drugs and substances in a separate secure substantially constructed locked metal or wood cabinet. In the case of Hospital Clinical Laboratories, Schedule II Controlled Substance stock shall be stored in an approved safe. Schedule II and III controlled substance stock in quantities of No. 150 controlled substance units or more but less than No. 1000 controlled substance units shall be stored in an approved safe. Schedule II and III controlled substance stock in quantities of No. 1000 controlled substance units or more shall be stored in a completely enclosed masonry room or equivalent equipped with a vault-type steel door with horizontal or vertical locking bolts, having a three-tumbler combination lock and a relocking device. The completely enclosed masonry room or equivalent, if operations require it to be opened for frequent access, must be equipped with a "day gate" which is self-closing and self-locking or the vault type steel door must be equipped with a key locking device or an equivalent day locking device.

Completely enclosed masonry rooms or equivalents constructed after January 1, 1975, must be equipped with an electrical alarm system which, when unauthorized entry is attempted, transmits a signal directly to a central station protection company, or a local or state police agency which has a legal responsibility to respond, or a 24-hour control station operated by the registrant.

(b) Schedule IV and V Controlled Substance stock shall be stored in a secure location within the pharmacy prescription compounding area or drug room. Schedule IV and V Controlled Substance Stock stored within hospital clinical laboratories shall be kept in a separate secure locked location.

(c) Controlled Substance Stock within any such pharmacy shall not be accessible to other than specifically authorized pharmacy personnel, and shall be handled by authorized pharmacy personnel only.

**Sec. 21a-262-9. Hospital patient care areas, hospital nursing stations, other hospital drug storage locations, chronic and convalescent nursing homes, rest homes with nursing supervision, children's nursing homes, and areas and locations within correctional and/or juvenile training facilities, youth service facilities, mentally retarded facilities, and any other location other than pharmacies, hospital clinical laboratories, satellite pharmacies, or drug rooms, wherein drugs are stored, prepared, or dispensed not specifically referred to in Secs. 21a-262-1--21a-262-10 inclusive**

(a) Schedule II Controlled Substances in small amounts not exceeding the quantity necessary for efficient operation kept at any specific individual area or location shall be stored in a locked substantially constructed nonportable and immobile metal cabinet or metal container within another separate locked enclosure. Keys shall not be the same for each of these locks and such keys shall be kept on two separated

key rings or holders. Not more than one set of keys for the schedule II controlled substance cabinets shall be available to nonsupervisory personnel.

(b) At the beginning of each work period or shift, a nurse must be assigned responsibility for the security of schedule II controlled substance stock. Such responsibility shall be assumed by each said nurse who shall prepare a signed inventory indicating each kind and quantity of schedule II controlled substance received, the time and date received, and from whom received. This responsibility shall not be transferred or assigned to another nurse or person during the course of each work period or shift unless another signed inventory transferring responsibility is first prepared. For systems regulated under subsection (h) of this section, the requirements of this subsection shall be extended to include schedule III, IV and V controlled substance stock in addition to schedule II controlled substance stock.

(c) Schedule III, IV, V Controlled Substance Stock in small amounts not exceeding the quantity necessary for normal efficient operation of each individual unit shall be stored with Schedule II Controlled Substances in compliance with security measures as required per Section 21a-262-9(a) or separately from other drugs and/or substances in a separate secure locked nonportable immobile substantially constructed cabinet or container. Access to such cabinet or container shall be limited to a minimum number of personnel essential for efficient operation.

(d) Schedule III, IV, V Controlled Substance Stock in small quantities intended for emergency use only, may be stored within an emergency drug kit or on emergency crash carts equipped with disposable locking or sealing devices, provided adequate security measures for such controlled substance stock are maintained and required record-keeping procedures are complied with.

(e) The same security requirements shall apply for controlled substances obtained pursuant to individual patient(s) prescriptions as for stock controlled substances as outlined under this section 21a-262-9 inclusive. Controlled substances obtained pursuant to such individual patient(s) prescriptions shall not be used for any other patient(s) and when no longer required for the intended specific individual patient, shall be securely kept and safeguarded until properly disposed of.

(f) In cases involving Unit Dose or experimental, trial, new, or innovative drug distribution procedures, the Commissioner of Consumer Protection may approve of other controlled substance(s) security safeguards for a specific time period, in lieu of any required by Secs. 21a-262-1--21a-262-10 inclusive, on an individual basis after evaluating each such drug distribution procedure. Such approval may be extended indefinitely by said Commissioner upon such successful completion of the trial period. If approval is not given by said Commissioner prior to the implementation of any such drug distribution procedure, controlled substance security requirements as outlined in Secs. 21a-262-1--21a-262-10 inclusive shall apply.

(g) Where unwanted partial or individual doses of Controlled Substances are discarded by nursing personnel, a record of each such destruction must be made indicating the date and time of each such destruction; the name, form, strength, and quantity of Controlled Substance destroyed; the signature of

the nurse destroying the Controlled Substance, and the signature of another nurse who witnesses such destruction. In other than hospital locations, an authorized person may witness such destruction.

(h) In cases involving distribution of an individual patient's controlled substance medication by means of the use of mobile medication carts within chronic and convalescent nursing homes, and rest homes with nursing supervision, the following security safeguards shall be approved in lieu of any required by section 21a-262-9(a) and (c); except that compliance with this subsection shall not be required of a facility using a mobile medication cart system previously approved for use in that facility by the commissioner of consumer protection. Compliance with this subsection by facilities with previously approved systems shall be in lieu of the requirements of such previously approved systems.

(1) Mobile medication carts shall be of substantial construction and shall incorporate the following security features:

(A) A separate, lockable, non-removable drawer or compartment for storage of all controlled substances,

(B) The key which locks the controlled substance drawer or compartment shall be different from the key(s) to all other locking devices on each cart and such keys shall not be interchangeable between carts within the same facility, and

(C) Locking mechanism(s) which will secure the entire contents of the cart without requiring the use of a key;

(2) Mobile medication carts when not in use shall be locked and stored within a limited access locked and enclosed medication room or closet or other substantially constructed enclosed structure;

(3) Mobile medication carts shall be securely locked at all times when unattended. All medication and injection equipment shall be stored within the locked cart. Locking devices shall be maintained in good working order;

(4) The separate controlled substance drawer or compartment shall be securely locked at all times except for the actual time required to remove or replace needed items or to conduct an audit;

(5) The keys to the controlled substance drawer or compartment of each mobile cart shall be separated from the keys to the other locking devices of that cart and shall be carried personally by the nurse responsible for the required controlled substance audit during each nursing shift and no duplicate keys shall be available to other than specifically designated supervisory personnel;

(6) Requirements of section 21a-262-9(b) concerning audits of controlled substance stocks shall be extended to include schedule III, IV, and V controlled substance stock in addition to schedule II controlled substance stock;

(7) Record keeping entries of controlled substances administered shall be made at the time of administration;

(8) The director of nursing or his/her nursing supervisor designee shall conduct unannounced documented audits of all controlled substance stocks on all units at least twice a month; and

(9) All controlled substance medications shall be inventoried when received and immediately placed into the controlled substance drawer or compartment within the mobile cart. Quantities of patients' controlled substance medications stored within mobile medication carts shall be limited to the minimum quantities necessary to provide for normal efficient operation and shall be promptly removed for proper disposition when no longer needed by the patient.

(i) In cases involving distribution of an individual patient's controlled substance medication by means of the use of mobile medication carts within chronic and convalescent nursing homes, and rest homes with nursing supervision, other security safeguards in lieu of any required by section 21a-262-9(h) may be approved by the commissioner of consumer protection on an individual basis after evaluating the drug distribution procedure of the applicant for approval pursuant to this subsection.

**Sec. 21a-262-10. Industrial health facilities, educational institution infirmaries, clinics, summer camps, and other institutions or establishments providing health care services including those which are group, private, state, and/or municipally operated**

(a) Schedule II and III Controlled Substance Stock, if No. 15 controlled substance units or less shall be stored separate from other drugs and substances in a separate secure substantially constructed locked metal or wood cabinet. Schedule II and III Controlled Substance Stock if in excess of No. 15 controlled substance units shall be stored in an approved safe.

(b) Schedule IV and V Controlled Substance Stock shall be stored in a separate secure locked location or with Schedule II and III Controlled Substances in compliance with security measures as required per section 21a-262-10(a).

(c) Controlled Substances for Stock use shall be purchased or obtained by the medical director or physician in charge from a wholesaler or manufacturer of drugs, and shall be handled only by an authorized physician, Connecticut licensed pharmacist, or Connecticut licensed nurse. Controlled substances shall be the property of the medical director or physician in charge who shall be responsible for security requirements and record keeping procedures.

(d) The same security requirements shall apply for controlled substances obtained pursuant to patient(s) prescriptions as for stock controlled substances. Controlled substances obtained pursuant to such individual patient(s) prescriptions shall not be used for any other patient(s) and when no longer required for the intended specific individual patient shall be securely kept and safeguarded until properly disposed of. (Effective July 27, 1984)

## ***Regulations Concerning the Registration of Practitioners for Controlled Substances***

### **Sec. 21a-326-1. Definitions**

(a) "Abuse or Excessive Use of Drugs" means the personal use of controlled substances by a practitioner or other registrant in such dosage and frequency not warranted by an existing medical condition or use of controlled substances solely for a stimulant, depressant, or hallucinogenic effect which use is not within the medical consensus or stated in the medical literature as acceptable or proper.

(b) "Controlled Substance Schedules" means the grouping of drugs, schedules 1 through 5, as delineated in Section 21a-242 of Chapter 420b, Connecticut General Statutes or in regulations promulgated under the Code of Federal Regulation. Any particular controlled substance shall be deemed to be in the schedule wherein such controlled substance appears by its chemical or generic name within Sec. 21a-242 of Chapter 420b, Connecticut General Statutes or in regulations promulgated under the Code of Federal Regulation.

(c) "Course of Professional Practice" means the limitation of prescribing, dispensing, or administering of controlled substances for professional treatment authorized pursuant to regulations and/or statutes of the appropriate state licensing authority under which situations there must be a bona fide practitioner-patient relationship. The prescribing or dispensing of controlled substances for patients, friends, relatives, associates, and/or employees wherein a bona fide practitioner-patient relationship does not exist or wherein the practitioner has not medically evaluated the need for controlled substances shall not be considered to be in the "course of professional practice."

(d) "Effective Controls Against Diversion" means the implementation of the following controls on a regular basis necessary for the prevention of diversion of controlled substances:

(1) Prescribing, dispensing, or administering of controlled substances only after a proper medical evaluation.

(2) Maintaining of controlled substance record keeping and security requirements pursuant to Chapter 420b of the Connecticut General Statutes.

(3) Providing for adequate security of prescription blanks to prevent thefts and/or illegal use.

(4) Regular monitoring of patient(s) conditions in instances wherein continued or prolonged treatment with controlled substances is indicated.

(5) Refraining from knowingly prescribing controlled substances for persons abusing such controlled substances and/or using such controlled substances for purposes of maintenance of drug dependency unless pursuant to state and federal regulations pertaining to treatment of drug dependent persons.

(6) Compliance with all state and federal statutes and regulations concerning controlled substances.

(e) "Therapeutic or Other Proper Medical or Scientific Purposes" means the following:

(1) The prescribing, dispensing, or administering of a controlled substance for treatment of a specific disease or medical condition, recognized by medical consensus and/or stated in the literature of the manufacturers of the controlled substances as being the purposes for which the controlled substance is intended.

(2) Investigational use of a controlled substance by a researcher or scientist wherein documentation of necessity of use of such controlled substances is maintained.

(f) "Legend drug" is any article, substance, preparation or device which bears the legend: "CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT A PRESCRIPTION."

**Sec. 21a-326-2. Registration applications and renewals** Registration applications and renewals shall be on such forms as furnished by the Commissioner of Consumer Protection and shall whenever so indicated be signed by the applicant.

(a) All registration applications shall contain all information required by the Commissioner of Consumer Protection. Applications not inclusive of required data or those which are illegibly executed may be returned for correction.

(b) It shall be the responsibility of all practitioners, hospitals, or other institutions who propose to engage in distributing, prescribing, administering, dispensing, or using any controlled substance within this state to submit an application for registration with the appropriate fee to the Commissioner of Consumer Protection. The Commissioner shall issue a certificate of registration in accordance with the provisions of Chapter 420c of the General Statutes.

(c) It shall be the responsibility of the applicant to submit his/her registration renewal application to the Commissioner at least one month prior to the expiration of his/her current registration.

(d) All practitioners, hospitals, clinics, or other authorized persons or facilities wishing to prescribe, administer, or dispense controlled substances shall obtain a certificate of registration issued by the commissioner of consumer protection as mandated by Section 21a-317 of the General Statutes. No controlled substance shall be prescribed, administered, or dispensed until such registration has been approved by the commissioner. Regulation fees shall not be prorated.

(e) For registration purposes applicants shall be classified as follows:

- (1) Practitioner;
- (2) Hospital;
- (3) Clinic;
- (4) Others.

All practitioners shall designate their specific professional practice; e.g., M.D., dentist, veterinarian, osteopath or podiatrist on their application for registration. Other applicants shall designate their appropriate title; i.e., Ph.D., Director, Director of Pharmacy, Administrator, President, Manager, etc.

#### **Sec. 21a-326-3. Notification of failure to obtain or renew registration**

The Commissioner of Consumer Protection shall notify the Federal Drug Enforcement Administration or its successor, of the failure of any practitioner or researcher to obtain or renew a valid state registration; or of any administrative action taken by the Commissioner resulting in the denial, surrender, suspension, or revocation of a registration or the limitation of the controlled substance schedules of a registration.

#### **Sec. 21a-326-4. Responsibility of registrant**

(a) It shall be the responsibility of a registrant who ceases to practice or who goes out of business to notify the Commissioner in writing five (5) days before such occurrence.

(b) It shall be the responsibility of the registrant to notify the Commissioner within thirty (30) days of any changes in information or data required on the registration application pursuant to which any registration is issued.

#### **Sec. 21a-326-5. Registration of controlled substances**

(a) It shall be the responsibility of the registrant to be registered in accordance with state and federal controlled substance laws for those particular controlled substance schedules incorporating those drugs used or to be used within the scope of his/her professional practice.

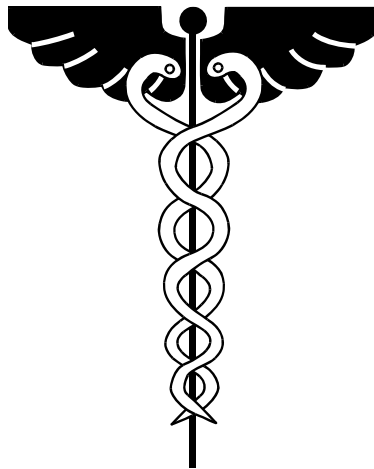
(b) A registrant may voluntarily surrender his/her controlled substance registration privileges in any or all controlled substance schedules to the Commissioner of Consumer Protection or may voluntarily refrain from registering in those controlled substance schedules not applicable to his/her professional practice or scientific research.

(c) The Commissioner of Consumer Protection may in accordance with Sections 21a-323 and 21a-324 of the General Statutes limit the schedules for which the practitioner is registered. (Effective: July 27, 1984)



## **SECTION IV**

### **Statutes within other state agencies**



***Statutes outside chapters 400j, 417, 418, 420b, 420c which may have an impact on the areas of practice within the said chapters***

**Sec. 1-283** (e) Except as otherwise provided in subsection (f) of section 1-277 and section 1 of this act, sections 1-266 to 1-286, inclusive, do not require a governmental agency in this state to use or permit the use of electronic records or electronic signatures.

**Sec. 1-272. Legal recognition of electronic records, electronic signatures and electronic contracts.** (a) A record or signature may not be denied legal effect or enforceability solely because the record or signature is in electronic form. (b) A contract may not be denied legal effect or enforceability solely because an electronic record was used in the formation of the contract. (c) If a law requires a record to be in writing, an electronic record satisfies the law. (d) If a law requires a signature, an electronic signature satisfies the law.

(P.A. 02-68, S. 7.)

**Sec. 17b-363a. Return of unused prescription drugs dispensed in long-term care facilities to vendor pharmacies. Requirements. Regulations. Fines. Annual list of drugs in program.** (a) Each long-term care facility shall return to the vendor pharmacy which shall accept, for repackaging and reimbursement to the Department of Social Services, drug products that were dispensed to a patient and not used if such drug products are (1) prescription drug products that are not controlled substances, (2) sealed in individually packaged units, (3) returned to the vendor pharmacy within the recommended period of shelf life for the purpose of redispensing such drug products, (4) determined to be of acceptable integrity by a licensed pharmacist, and (5) oral and parenteral medication in single-dose sealed containers approved by the federal Food and Drug Administration, topical or inhalant drug products in units of use containers approved by the federal Food and Drug Administration or parenteral medications in multiple-dose sealed containers approved by the federal Food and Drug Administration from which no doses have been withdrawn.

(b) Notwithstanding the provisions of subsection (a) of this section:

(1) If such drug products are packaged in manufacturer's unit-dose packages, such drug products shall be returned to the vendor pharmacy for redispensing and reimbursement to the Department of Social Services if such drugs may be redispensed for use before the expiration date, if any, indicated on

the package.

(2) If such drug products are repackaged in manufacturer's unit-dose or multiple-dose blister packs, such drug products shall be returned to the vendor pharmacy for redispensing and reimbursement to the Department of Social Services if (A) the date on which such drug product was repackaged, such drug product's lot number and expiration date are indicated clearly on the package of such repackaged drug; (B) ninety days or fewer have elapsed from the date of repackaging of such drug product; and (C) a repackaging log is maintained by the pharmacy in the case of drug products repackaged in advance of immediate needs.

(3) No drug products dispensed in a bulk dispensing container may be returned to the vendor pharmacy.

(c) Each long-term care facility shall establish procedures for the return of unused drug products to the vendor pharmacy from which such drug products were purchased.

(d) The Department of Social Services (1) shall reimburse to the vendor pharmacy the reasonable cost of services incurred in the operation of this section, as determined by the commissioner, and (2) may establish procedures, if feasible, for reimbursement to non Medicaid payors for drug products returned pursuant to this section.

(e) The Department of Consumer Protection, in consultation with the Department of Social Services, shall adopt regulations, in accordance with the provisions of chapter 54, which shall govern the repackaging and labeling of drug products returned pursuant to subsections (a) and (b) of this section. The Department of Consumer Protection shall implement the policies and procedures necessary to carry out the provisions of this section until January 1, 2002, while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days after implementation.

--and--

**Sec. 18-81q. Return of unused prescription drugs dispensed in correctional facilities to vendor pharmacies. Requirements. Regulations.** (a) Each correctional institution shall return to the vendor pharmacy which shall accept, for repackaging and reimbursement to the Department of Correction, drug products that were dispensed to a patient and not used if such drug products are (1) prescription drug products that are not controlled substances, (2) sealed in individually packaged units, (3) returned to the vendor pharmacy within the recommended period of shelf life for the purpose of redispensing such drug

products, (4) determined to be of acceptable integrity by a licensed pharmacist, and (5) oral and parenteral medication in single-dose sealed containers approved by the federal Food and Drug Administration, topical or inhalant drug products in units of use containers approved by the federal Food and Drug Administration or parenteral medications in multiple-dose sealed containers approved by the federal Food and Drug Administration from which no doses have been withdrawn.

(b) Notwithstanding the provisions of subsection (a) of this section:

(1) If such drug products are packaged in manufacturer's unit-dose packages, such drug products shall be returned to the vendor pharmacy for redispensing and reimbursement to the Department of Correction if such drugs may be redispensed for use before the expiration date, if any, indicated on the package.

(2) If such drug products are repackaged in manufacturer's unit-dose or multiple-dose blister packs, such drug products shall be returned to the vendor pharmacy for redispensing and reimbursement to the Department of Correction if (A) the date on which such drug product was repackaged, such drug product's lot number and expiration date are indicated clearly on the package of such repackaged drug; (B) ninety days or fewer have elapsed from the date of repackaging of such drug product; and (C) a repackaging log is maintained by the pharmacy in the case of drug products repackaged in advance of immediate needs.

(3) No drug products dispensed in a bulk dispensing container may be returned to the vendor pharmacy.

(c) The Department of Correction shall establish procedures for the return of unused drug products to the vendor pharmacy from which such drug products were purchased.

(d) The Department of Correction shall reimburse to the vendor pharmacy the reasonable cost of services incurred in the operation of this section, as determined by the Commissioner of Correction.

(e) The Department of Consumer Protection, in consultation with the Department of Correction, shall adopt regulations, in accordance with the provisions of chapter 54, which shall govern the repackaging and labeling of drug products returned pursuant to subsections (a) and (b) of this section. The Department of Consumer Protection shall implement the policies and procedures necessary to carry out the provisions of this section until January 1, 2003, while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days after implementation.

(June Sp. Sess. P.A. 01-9, S. 27, 131; June 30 Sp. Sess. P.A. 03-6, S. 146(d); P.A. 04-169, S. 17; 04-189, S. 1.)

History: June Sp. Sess. P.A. 01-9 effective July 1, 2001; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Department of Consumer Protection with Department of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 17b-363a. Return of unused prescription drugs dispensed in long-term care facilities to vendor pharmacies. Requirements. Regulations. Fines. Annual list of drugs in program.** (a) Each long-term care facility shall return to the vendor pharmacy which shall accept, for repackaging and reimbursement to the Department of Social Services, drug products that were dispensed to a patient and not used if such drug products are (1) prescription drug products that are not controlled substances, (2) sealed in individually packaged units, (3) returned to the vendor pharmacy within the recommended period of shelf life for the purpose of redispensing such drug products, (4) determined to be of acceptable integrity by a licensed pharmacist, and (5) oral and parenteral medication in single-dose sealed containers approved by the federal Food and Drug Administration, topical or inhalant drug products in units of use containers approved by the federal Food and Drug Administration or parenteral medications in multiple-dose sealed containers approved by the federal Food and Drug Administration from which no doses have been withdrawn.

(b) Notwithstanding the provisions of subsection (a) of this section:

(1) If such drug products are packaged in manufacturer's unit-dose packages, such drug products shall be returned to the vendor pharmacy for redispensing and reimbursement to the Department of Social Services if such drugs may be redispensed for use before the expiration date, if any, indicated on the package.

(2) If such drug products are repackaged in manufacturer's unit-dose or multiple-dose blister packs, such drug products shall be returned to the vendor pharmacy for redispensing and reimbursement to the Department of Social Services if (A) the date on which such drug product was repackaged, such drug product's lot number and expiration date are indicated clearly on the package of such repackaged drug; (B) ninety days or fewer have elapsed from the date of repackaging of such drug product; and (C) a repackaging log is maintained by the pharmacy in the case of drug products repackaged in advance of immediate needs.

(3) No drug products dispensed in a bulk dispensing container may be returned to the vendor pharmacy.

(c) Each long-term care facility shall establish procedures for the return of unused drug products to the vendor pharmacy from which such drug products were purchased.

(d) The Department of Social Services (1) shall reimburse to the vendor pharmacy the reasonable cost of services incurred in the operation of this section, as determined by the commissioner, and (2) may establish procedures, if feasible, for reimbursement to non Medicaid payors for drug products returned pursuant to this section.

(e) The Department of Consumer Protection, in consultation with the Department of Social Services, shall adopt regulations, in accordance with the provisions of chapter 54, which shall govern the repackaging and labeling of drug products returned pursuant to subsections (a) and (b) of this section. The Department of Consumer Protection shall implement the policies and procedures necessary to carry out the provisions of this section until January 1, 2002, while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal within twenty days after implementation.

(f) Any long-term care facility that violates or fails to comply with the provisions of this section shall be fined not more than thirty thousand dollars for each incidence of noncompliance. The Commissioner of Social Services may offset payments due a facility to collect the penalty. Prior to imposing any penalty pursuant to this subsection, the commissioner shall notify the long-term care facility of the alleged violation and the accompanying penalty and shall permit such facility to request that the department review its findings. A facility shall request such review not later than fifteen days after receipt of the notice of violation from the department. The department shall stay the imposition of any penalty pending the outcome of the review. The commissioner may impose a penalty upon a facility pursuant to this subsection regardless of whether a change in ownership of the facility has taken place since the time of the violation, provided the department issued notice of the alleged violation and the accompanying penalty prior to the effective date of the change in ownership and record of such notice is readily available in a central registry maintained by the department. Payments of fines received pursuant to this subsection shall be deposited in the General Fund and credited to the Medicaid account.

(g) The Commissioner of Social Services, in consultation with the pharmacy review panel established in section 17b-362a, shall update and expand by June 30, 2003, and annually thereafter, the list of drugs that are included in the drug return program. Such list shall include the fifty drugs with the highest average wholesale price that meet the requirements for the program, as established in subsection (a) of this section.

(June Sp. Sess. P.A. 00-2, S. 37, 53; May 9 Sp. Sess. P.A. 02-1, S. 119; P.A. 03-116, S. 1; June 30 Sp. Sess. P.A. 03-6, S. 146(d); P.A. 04-169, S. 17; 04-189, S. 1; 04-258, S. 28.)

History: June Sp. Sess. P.A. 00-2 effective July 1, 2000; May 9 Sp. Sess. P.A. 02-1 added new Subsec. (f) re imposition of fine for violation or failure to comply with section, effective July 1, 2002; P.A. 03-116 added Subsec. (g) re annual list of drugs included in program, effective June 18, 2003; June 30 Sp. Sess. P.A. 03-6 and P.A. 04-169 replaced Department of Consumer Protection with Department of Agriculture

and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004; P.A. 04-258 amended Subsec. (f) by changing amount of fine from "thirty thousand dollars" to "not more than thirty thousand dollars" and making technical changes, effective July 1, 2004.

**Sec. 19a-25b** Each health care provider licensed in this state with prescriptive authority may generate prescriptions in this state utilizing an electronic prescribing system. The Department of Consumer Protection may, within available appropriations, advise and assist health care providers in such utilization.

**Sec. 19a-25c** A health care institution licensed by the Department of Public Health pursuant to chapter 368v of the general statutes may create, maintain or utilize medical records or a medical records system in electronic format, paper format or both, provided such records or system are designed to store medical records or patient health information in a medium that is reproducible and secure.

**Sec. 19a-509c. Prescription orders in health care facilities.** In a facility licensed pursuant to this chapter, a physician assistant, advanced practice registered nurse, registered nurse or licensed practical nurse may, except with respect to an order for schedule II controlled substances, reduce to writing the oral or written order of a prescribing practitioner, as defined in section 20-571, and transmit the order to a pharmacy licensed under sections 20-570 to 20-625, inclusive. Such transmitted order shall contain the name of the prescribing practitioner and shall be treated as a written prescription for purposes of sections 20-570 to 20-625, inclusive.

(P.A. 91-27, S. 1; P.A. 95-264, S. 48.)

History: P.A. 95-264 made technical changes.

**Sec. 19a-509d. Transcription and execution of verbal medication orders.** When a physician or other authorized prescriber conveys a medication order to a licensed pharmacist by verbal means for a patient in a health care facility licensed pursuant to this chapter, or for a client in a facility operated or licensed by the Department of Mental Retardation, such order shall be received and immediately committed to writing in the patient's or client's chart by the pharmacist. Any order so written may be acted upon by the facility's nurses and physician assistants with the same authority as if the order were received directly from the prescriber. Any order conveyed in this manner shall be countersigned by the prescriber within twenty-four hours unless otherwise provided by state or federal law or regulations.

(P.A. 91-75; P.A. 94-124, S. 2.)

History: P.A. 94-124 made section applicable to facilities of the department of mental retardation.

**Sec. 19a-639a (c)** The Office of Health Care Access shall, in its discretion, exempt from certificate of need review pursuant to sections 19a-638 and 19a-639 any health care facility or institution that proposes to purchase or operate an electronic medical records system on or after October 1, 2005.

**Sec. 20-87a. Definitions. Scope of practice.** (a) The practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems, providing supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen, and executing the medical regimen under the direction of a licensed physician, dentist or advanced practice registered nurse.

(b) Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of post basic specialized education and experience, are appropriate to and may be performed by an advanced practice registered nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section, and shall collaborate with a physician licensed to practice medicine in this state. If practicing in (1) an institution licensed pursuant to subsection (a) of section 19a-491 as a hospital, residential care home, health care facility for the handicapped, nursing home, rest home, mental health facility, substance abuse treatment facility, infirmary operated by an educational institution for the care of students enrolled in, and faculty and staff of, such institution, or facility operated and maintained by any state agency and providing services for the prevention, diagnosis and treatment or care of human health conditions, or (2) an industrial health facility licensed pursuant to subsection (h) of section 31-374 which serves at least two thousand employees, or (3) a clinic operated by a state agency, municipality, or private nonprofit corporation, or (4) a clinic operated by any educational institution prescribed by regulations adopted pursuant to section 20-99a, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense, and administer medical therapeutics and corrective measures. In all other settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in the state, prescribe and administer medical therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples in accordance with sections 20-14c to 20-14e, inclusive, except that an advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists who is prescribing and administering medical therapeutics during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution, clinic or other



setting where the surgery is being performed. For purposes of this subsection, "collaboration" means a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the advanced practice registered nurse, a method to review patient outcomes and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between an advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that the advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that the advanced practice registered nurse may prescribe, dispense and administer. An advanced practice registered nurse licensed under the provisions of this chapter may make the determination and pronouncement of death of a patient, provided the advanced practice registered nurse attests to such pronouncement on the certificate of death and signs the certificate of death no later than twenty-four hours after the pronouncement.

(c) The practice of nursing by a licensed practical nurse is defined as the performing of selected tasks and sharing of responsibility under the direction of a registered nurse or an advanced practice registered nurse and within the framework of supportive and restorative care, health counseling and teaching, case finding and referral, collaborating in the implementation of the total health care regimen and executing the medical regimen under the direction of a licensed physician or dentist.

(d) In the case of a registered or licensed practical nurse employed by a home health care agency, the practice of nursing includes, but is not limited to, executing the medical regimen under the direction of a physician licensed in a state that borders Connecticut.

(P.A. 75-166, S. 1, 6; P.A. 89-107, S. 1; 89-389, S. 1, 22; P.A. 94-213, S. 4; P.A. 97-112, S. 2; P.A. 99-168, S. 1; P.A. 03-8, S. 1; P.A. 04-221, S. 34; 04-255, S. 22; May Sp. Sess. P.A. 04-2, S. 108.)

**Sec. 20-14d. Dispensing of drugs by licensed practitioners to be in accordance with sections 20-14c to 20-14g, inclusive.** Notwithstanding any provision of the general statutes, no drug may be dispensed by a prescribing practitioner except in accordance with the provisions of this section and sections 20-14c, 20-14f and 20-14g.

(P.A. 85-545, S. 2, 6; P.A. 95-264, S. 65; P.A. 99-175, S. 2.)

History: P.A. 95-264 changed "licensed" practitioner to "prescribing" practitioner and made technical changes; P.A. 99-175 made technical changes.

See Sec. 20-631 re collaborative drug therapy management agreements between pharmacists and physicians.

Sec. 20-8a et seq. cited. 207 C. 346, 347.

**Sec. 20-14e. Dispensing of drugs.** (a) A drug dispensed by a prescribing practitioner shall be personally dispensed by the prescribing practitioner and the dispensing of such drug shall not be delegated except that, in emergency departments of acute care hospitals licensed under chapter 368v, the tasks related to dispensing such drug may be carried out by a nurse licensed pursuant to chapter 378 under the supervision of the prescribing practitioner.

(b) A patient's medical record shall include a complete record of any drug dispensed by the prescribing practitioner.

(c) A prescribing practitioner dispensing a drug shall package the drug in containers approved by the federal Consumer Product Safety Commission, unless requested otherwise by the patient, and shall label the container with the following information: (1) The full name of the patient; (2) the prescribing practitioner's full name and address; (3) the date of dispensing; (4) instructions for use; and (5) any cautionary statements as may be required by law.

(d) Professional samples dispensed by a prescribing practitioner shall be exempt from the requirements of subsection (c) of this section.

(P.A. 85-545, S. 3, 6; P.A. 95-264, S. 50; P.A. 99-80, S. 2; 99-175, S. 3.)

History: P.A. 95-264 changed "licensed" practitioner to "prescribing" practitioner throughout section and deleted Subsec. (e) which had required compliance with Sec. 20-175a consumer information requirements when dispensing drugs other than professional samples; P.A. 99-80 amended Subsec. (a) by adding exception for nurses in emergency departments; P.A. 99-175 amended Subsec. (c) to make technical changes and add numerical Subdiv. indicators.

Sec. 20-8a et seq. cited. 207 C. 346, 347.

**Sec. 20-14g. Regulations.** The Commissioner of Consumer Protection, with the advice and assistance of the Commission of Pharmacy, may adopt regulations, in accordance with chapter 54, to carry out the provisions of sections 20-14c to 20-14f, inclusive.

(P.A. 85-545, S. 5, 6; P.A. 99-175, S. 4; June 30 Sp. Sess. P.A. 03-6, S. 146(c); P.A. 04-189, S. 1.)

History: P.A. 99-175 made technical changes; June 30 Sp. Sess. P.A. 03-6 replaced Commissioner of Consumer Protection with Commissioner of Agriculture and Consumer Protection, effective July 1, 2004; P.A. 04-189 repealed Sec. 146 of June 30 Sp. Sess. P.A. 03-6, thereby reversing the merger of the Departments of Agriculture and Consumer Protection, effective June 1, 2004.

**Sec. 20-12d. Medical functions performed by physician assistants. Prescriptive authority.** (a) A physician assistant who has complied with the provisions of sections 20-12b and 20-12c may perform medical functions delegated by a supervising physician when: (1) The supervising physician is satisfied as to the ability and competency of the physician assistant; (2) such delegation is consistent with the health and welfare of the patient and in keeping with sound medical practice; and (3) such functions are performed under the oversight, control and direction of the supervising physician. The functions that may be performed under such delegation are those that are within the scope of the supervising physician's license, within the scope of such physician's competence as evidenced by such physician's postgraduate education, training and experience and within the normal scope of such physician's actual practice. Delegated functions shall be implemented in accordance with written protocols established by the supervising physician. All orders written by physician assistants shall be followed by the signature of the physician assistant and the printed name of the supervising physician. A physician assistant may, as delegated by the supervising physician within the scope of such physician's license, (A) prescribe and administer drugs, including controlled substances in schedule IV or V in all settings, (B) renew prescriptions for controlled substances in schedule II, III, IV or V in all settings, (C) prescribe and administer controlled substances in schedule II or III in all settings, provided in all cases where the physician assistant prescribes a controlled substance in schedule II or III, the physician under whose supervision the physician assistant is prescribing shall document such physician's approval of the order in the patient's medical record not later than one calendar day thereafter, and (D) prescribe and approve the use of durable medical equipment. The physician assistant may, as delegated by the supervising physician within the scope of such physician's license, request, sign for, receive and dispense drugs to patients, in the form of professional samples, as defined in section 20-14c, or when dispensing in an outpatient clinic as defined in the regulations of Connecticut state agencies and licensed pursuant to subsection (a) of section 19a-491 that operates on a not-for-profit basis, or when dispensing in a clinic operated by a state agency or municipality. Nothing in this subsection shall be construed to allow the physician assistant to request, sign for, receive or dispense any drug the physician assistant is not authorized under this subsection to prescribe.

(b) All prescription forms used by physician assistants shall contain the printed name, license number, address and telephone number of the physician under whose supervision the physician assistant is prescribing, in addition to the signature, name, address and license number of the physician assistant.

(c) No physician assistant may: (1) Engage in the independent practice of medicine; (2) claim to be or allow being represented as a physician licensed pursuant to this chapter; (3) use the title of doctor; or (4) associate by name or allow association by name with any term that would suggest qualification to engage in the independent practice of medicine. The physician assistant shall be clearly identified by

appropriate identification as a physician assistant to ensure that the physician assistant is not mistaken for a physician licensed pursuant to this chapter.

(d) A physician assistant licensed under this chapter may make the actual determination and pronouncement of death of a patient, provided: (1) The death is an anticipated death; (2) the physician assistant attests to such pronouncement on the certificate of death; and (3) the physician assistant or a physician licensed by the state of Connecticut certifies the death and signs the certificate of death no later than twenty-four hours after the pronouncement.

(P.A. 90-211, S. 6, 23; P.A. 95-271, S. 4, 40; P.A. 96-12, S. 1; P.A. 99-102, S. 9; P.A. 00-205, S. 2; P.A. 04-221, S. 21; 04-255, S. 21; P.A. 05-219, S. 1; P.A. 06-196, S. 247; P.A. 08-184, S. 13.)

History: P.A. 95-271 added references to osteopathic physicians, effective July 6, 1995; P.A. 96-12 added Subsec. (d) re pronouncement of death by physician assistants; P.A. 99-102 deleted obsolete references to osteopathy and osteopathic physicians and made technical changes; P.A. 00-205 amended Subsec. (a) by revising prescriptive authority of physician assistants; P.A. 04-221 amended Subsec. (a) by authorizing physician assistant to request, sign for and receive drugs for dispensing to patients; P.A. 04-255 amended Subsec. (d)(3) by allowing physician assistant to sign certificate of death and by making technical changes; P.A. 05-219 amended Subsec. (a) by expanding physician assistants' authority to renew prescriptions for controlled substances to schedules II to V, inclusive, in all settings and expanding their authority to prescribe and administer controlled substances in schedules II or III in all settings, provided for the latter, physician approval is documented in the patient's medical record not later than the next calendar day; P.A. 06-196 made technical changes in Subsec. (a), effective June 7, 2006; P.A. 08-184 added Subsec. (a)(3)(D) authorizing physician assistant to prescribe and approve use of durable medical equipment..

**Sec. 20-14c. Dispensing and labeling of drugs. Definitions.** As used in this section and sections 20-14d to 20-14g, inclusive, and section 20-12d:

(1) "Dispense" has the same meaning as provided in section 20-571.

(2) "Drug" means a legend drug, as defined in section 20-571, or a controlled drug, as defined in section 21a-240.

(3) "Prescribing practitioner" means a physician, dentist, podiatrist, optometrist, physician assistant, advanced practice registered nurse, nurse-midwife or veterinarian licensed by the state of Connecticut and authorized to prescribe medication within the scope of such person's practice.

(4) "Professional samples" means complimentary starter dose drugs packaged in accordance with federal and state statutes and regulations that are provided to a prescribing practitioner free of charge by a manufacturer or distributor and distributed free of charge by the prescribing practitioner to such prescribing practitioner's patients.

(P.A. 85-545, S. 1, 6; P.A. 89-389, S. 13, 22; P.A. 90-211, S. 12, 23; P.A. 92-88, S. 2; P.A. 95-264, S. 49; P.A. 99-102, S. 20; 99-175, S. 1.)

History: P.A. 89-389 redefined "licensed practitioner" to include advanced practice registered nurses and nurse-midwives; P.A. 90-211 added the reference to Sec. 20-12d in introductory language and redefined "licensed practitioner" to include physician assistants; P.A. 92-88 redefined "licensed practitioner" to include optometrists; P.A. 95-264 substituted definition of "prescribing practitioner" for "licensed practitioner" and included veterinarians and made technical changes; (Revisor's note: In 1999 the Revisors editorially corrected the statutory reference in Subdiv. (1), changing "subdivision (8)" to "subdivision (9)"); P.A. 99-102 deleted obsolete reference to osteopathy and made technical changes; P.A. 99-175 made technical and gender neutral changes.

Sec. 20-8a et seq. cited. 207 C. 346.

**28-32 Sec. 49.** (NEW) (*Effective from passage*) (a) For purposes of this section and section 50 of this act:

(1) "Drugs" means (A) substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of said publications; (B) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals; (C) substances, other than food, intended to affect the structure or any function of the body of man or animals; and (D) substances intended for use as a component of any article specified in subparagraph (A), (B) or (C) of this subdivision. "Drugs" does not include devices or their components, parts or accessories;

(2) "Controlled drugs" means those drugs which contain any quantity of a substance which has been designated as subject to the federal Controlled Substances Act, or which has been designated as a depressant or stimulant drug pursuant to federal food and drug laws, or which has been designated by the Commissioner of Consumer Protection pursuant to section 21a-243 of the general statutes, as having a stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and as having a tendency to promote abuse or psychological or physiological dependence, or both. Such controlled drugs are classifiable as amphetamine-type, barbiturate-type, cannabis-type, cocaine-type, hallucinogenic, morphine-type and other stimulant and depressant drugs. "Controlled drugs" does not include alcohol, nicotine or caffeine;

(3) "Controlled substance" means a drug, substance or immediate precursor in schedules I to V, inclusive, of the Connecticut controlled substance scheduling regulations adopted pursuant to section 21a-243 of the general statutes. "Controlled substance" does not include alcohol, nicotine or caffeine.

(b) Upon declaration of an emergency by the Governor or the Governor's authorized representative having authority to declare emergencies, a hospital pharmacy, pharmacy or registrant authorized by state or federal law to be in possession of controlled substances may, in accordance with applicable federal regulations, policies and guidelines and with prior approval of the Commissioner of Consumer Protection, transfer or distribute drugs or controlled drugs to a licensed pharmacy, a registrant authorized by state or federal law to be in possession of controlled substances, or a location authorized by the commissioner. Such registrant shall record the transfer accurately and in compliance with all state and federal statutes and regulations and shall report the transfer, in writing, to the commissioner.

28-32a Sec. 50. (NEW) (*Effective from passage*) (a) Each licensed wholesaler that distributes prescription drugs, including licensed repackagers of the finished form of controlled drugs or noncontrolled prescription drug products, shall provide the Commissioner of Consumer Protection an inventory report regarding such wholesaler's on-hand inventory of specifically identified prescription drugs, in all forms and strengths.

(b) (1) The Commissioner of Consumer Protection shall establish a list of strategic prescription drugs for which reporting is required pursuant to subsection (a) of this section. The list shall include, but not be limited to, selected vaccines and antibiotic products. The list shall be based on priorities established by the commissioner after consultation with the Commissioner of Public Health. The list shall be based upon anticipated medication requirements for public health preparedness, pharmacological-terrorism prevention or response, and medication and economic integrity and shall be issued biannually, indicating any additions, substitutions or deletions that have been made to such list since it was last issued.

(2) An inventory report made pursuant to subsection (a) of this section shall include, but not be limited to, (A) the name, address, town and state of the wholesaler and manufacturer, (B) the name of the prescription drug, (C) the quantity of the drug on hand, including the size of each container and number of containers, and (D) the date of the report. Such information shall be reported at such time and in a manner prescribed by the Commissioner of Consumer Protection.

(c) Information provided by licensed wholesalers pursuant to this section shall not be subject to disclosure under the Freedom of Information Act, as defined in section 1-200

of the general statutes, and shall be available only to the Department of Consumer Protection, the Department of Public Health, the Office of Emergency Management and such other agencies or entities as the Commissioner of Consumer Protection determines, after request by such agency or entity and demonstration of a need for the information for purposes of public health preparedness, pharmacological-terrorism prevention or response, medication integrity or such other purpose deemed appropriate by the commissioner.

(d) The Commissioner of Consumer Protection, with the advice and assistance of the Commission of Pharmacy, may adopt regulations, in accordance with chapter 54 of the general statutes, to carry out the provisions of this section.

(e) Any person who violates the provisions of subsection (a) of this section shall be fined not more than ten thousand dollars or imprisoned not more than one year, or both.

**Sec. 38a-510** (a) No health insurance policy issued on an individual basis, whether issued by an insurance company, a hospital service corporation, a medical service corporation or a health care center, which provides coverage for prescription drugs may require any person covered under such policy to obtain prescription drugs from a mail order pharmacy as a condition of obtaining benefits for such drugs.

(b) The provisions of this section shall apply to any such policy delivered, issued for delivery, renewed, amended or continued in this state on or after July 1, 2005.

***THE PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE REGISTERED NURSES.***

Section 1. Subsection (b) of section 20-87a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) Advanced nursing practice is defined as the performance of advanced level nursing practice activities that, by virtue of postbasic specialized education and experience, are appropriate to and may be performed by an advanced practice registered nurse. The advanced practice registered nurse performs acts of diagnosis and treatment of alterations in health status, as described in subsection (a) of this section, and shall collaborate with a physician licensed to practice medicine in this state. In all settings, the advanced practice registered nurse may, in collaboration with a physician licensed to practice medicine in this state, prescribe, dispense and administer medical

therapeutics and corrective measures and may request, sign for, receive and dispense drugs in the form of professional samples in accordance with sections 20-14c to 20-14e, inclusive, except that an advanced practice registered nurse licensed pursuant to section 20-94a and maintaining current certification from the American Association of Nurse Anesthetists who is prescribing and administering medical therapeutics during surgery may only do so if the physician who is medically directing the prescriptive activity is physically present in the institution, clinic or other setting where the surgery is being performed. For purposes of this subsection, "collaboration" means a mutually agreed upon relationship between an advanced practice registered nurse and a physician who is educated, trained or has relevant experience that is related to the work of such advanced practice registered nurse. The collaboration shall address a reasonable and appropriate level of consultation and referral, coverage for the patient in the absence of the advanced practice registered nurse, a method to review patient outcomes and a method of disclosure of the relationship to the patient. Relative to the exercise of prescriptive authority, the collaboration between an advanced practice registered nurse and a physician shall be in writing and shall address the level of schedule II and III controlled substances that the advanced practice registered nurse may prescribe and provide a method to review patient outcomes, including, but not limited to, the review of medical therapeutics, corrective measures, laboratory tests and other diagnostic procedures that the advanced practice registered nurse may prescribe, dispense and administer. An advanced practice registered nurse licensed under the provisions of this chapter may make the determination and pronouncement of death of a patient, provided the advanced practice registered nurse attests to such pronouncement on the certificate of death and signs the certificate of death no later than twenty-four hours after the pronouncement.

Approved June 6, 2006

### ***Public Act No. 11-44***

#### ***AN ACT CONCERNING THE BUREAU OF REHABILITATIVE SERVICES AND IMPLEMENTATION OF PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND PUBLIC HEALTH.***

Section 17b-493 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

A pharmacist shall, except as limited by [subsection (c)] subsections (c), (e) and (i) of section 20-619, as amended by this act, and section 17b-274, as amended by this act,



substitute a therapeutically and chemically equivalent generic drug product for a prescribed drug product when filling a prescription for an eligible person under the program.

***Substitute House Bill No. 6791***

***Public Act No. 05-212***

***AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE RELATIVE TO PHARMACY REGULATION.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) Not later than January 1, 2006, the Department of Consumer Protection shall submit to the joint standing committee of the General Assembly having cognizance of matters relating to general law, in accordance with the provisions of section 11-4a of the general statutes, a report that summarizes the activities of the department related to the regulation of the Pharmacy Practice Act, the federal Food, Drug and Cosmetic Act and the state controlled substance act. Such report shall include, but not be limited to, information on the number and type of pharmacy inspections and investigations conducted by the Department of Consumer Protection concerning: (1) The number of investigations conducted, (2) the reason for each investigation, (3) the subject matter of each investigation, (4) the outcome of each investigation, (5) any action taken by any board of the Department of Public Health or the Commission of Pharmacy, (6) any action taken by the Commissioner of Consumer Protection on a practitioner's controlled substance registration, and (7) the timeline for such investigation beginning with the opening of such case investigation and ending with the final board or commission action. Such report shall be updated and resubmitted to the said joint standing committee on January 1, 2007, and on January 1, 2008.

Sec. 2. (NEW) (*Effective from passage*) Not later than January 1, 2006, in accordance with the provisions of section 11-4a of the general statutes, The University of Connecticut Health Center shall submit a report to the Legislative Program Review and Investigations Committee that identifies deficiencies in the administration of drugs in correctional facilities found within the previous calendar year. Such report shall be updated on January 1, 2007, and on January 1, 2008.

**Department of Public Health Public Health Code 19a-14-40. Medical records, definition, purpose** *Current with materials published in Connecticut Law Journal through 12/31/2008 529*

### **Medical Records**

#### **19a-14-40. Medical records, definition, purpose**

The purpose of a medical record is to provide a vehicle for: documenting actions taken in patient management; documenting patient progress; providing meaningful medical information to other practitioners should the patient transfer to a new provider or should the provider be unavailable for some reason. A medical record shall include, but not be limited to, information sufficient to justify any diagnosis and treatment rendered, dates of treatment, actions taken by non-licensed persons when ordered or authorized by the provider; doctors' orders, nurses notes and charts, birth certificate work-sheets, and any other diagnostic data or documents specified in the rules and regulations. All entries must be signed by the person responsible for them. (Effective August 29, 1984.)

### **Public Act No. 09-136**

#### **AN ACT CONCERNING PRESCRIPTION EYE DROP REFILLS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective January 1, 2010*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2010, that provides coverage for prescription eye drops, shall not deny coverage for a renewal of prescription eye drops when (1) the renewal is requested by the insured less than thirty days from the later of (A) the date the original prescription was distributed to the insured, or (B) the date the last renewal of such prescription was distributed to the insured, and (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the renewal requested by the insured does not exceed the number of additional quantities needed.

Sec. 2. (NEW) (*Effective January 1, 2010*) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2010, that provides coverage for prescription eye drops, shall not deny coverage for a renewal of prescription eye drops when (1) the renewal is requested by the insured less than thirty days from the later of (A) the date the original

prescription was distributed to the insured, or (B) the date the last renewal of such prescription was distributed to the insured, and (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the renewal requested by the insured does not exceed the number of additional quantities needed.

Approved June 18, 2009

## **Federal Requirements**

### **Section 1306.04 Purpose of issue of prescription.**

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act ([21 U.S.C. 829](#)) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

(c) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for "detoxification treatment" or "maintenance treatment" unless the prescription is for a Schedule III, IV, or V narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment and the practitioner is in compliance with requirements in [§1301.28](#) of this chapter. blue

[36 FR 7799, Apr. 24, 1971. Redesignated at 38 FR 26609, Sept. 24, 1973, and amended at 39 FR 37986, Oct. 25, 1974]

## **Federal Requirements**

## Section 1306.11 Requirement of prescription.

(a) A pharmacist may dispense directly a controlled substance listed in Schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, only pursuant to a written prescription signed by the practitioner, except as provided in **paragraph (d)** of this section. A prescription for a Schedule II controlled substance may be transmitted by the practitioner or the practitioner's agent to a pharmacy via facsimile equipment, provided that the original written, signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance, except as noted in paragraph **(e)**, **(f)**, or **(g)** of this section. The original prescription shall be maintained in accordance with **Sec. 1304.04(h)** of this chapter.

(b) An individual practitioner may administer or dispense directly a controlled substance listed in Schedule II in the course of his professional practice without a prescription, subject to **Sec. 1306.07**.

(c) An institutional practitioner may administer or dispense directly (but not prescribe) a controlled substance listed in Schedule II only pursuant to a written prescription signed by the prescribing individual practitioner or to an order for medication made by an individual practitioner which is dispensed for immediate administration to the ultimate user.

(d) In the case of an emergency situation, as defined by the Secretary in Sec. 290.10 of this title, a pharmacist may dispense a controlled substance listed in Schedule II upon receiving oral authorization of a prescribing individual practitioner, provided that:

(1) The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period (dispensing beyond the emergency period must be pursuant to a written prescription signed by the prescribing individual practitioner);

(2) The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in **Sec. 1306.05**, except for the signature of the prescribing individual practitioner;

(3) If the prescribing individual practitioner is not known to the pharmacist, he must make a reasonable effort to determine that the oral authorization came from a registered individual practitioner, which may include a callback to the prescribing individual practitioner using his phone number as listed in the telephone directory and/or other good faith efforts to insure his identity; and

(4) Within 7 days after authorizing an emergency oral prescription, the prescribing individual practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of **Sec. 1306.05**, the prescription shall have written on its face "Authorization for Emergency Dispensing," and the date of the oral order. The written prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail it must be postmarked within the 7 day period. Upon receipt, the dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing. The pharmacist shall notify the nearest office of the Administration if the prescribing

individual practitioner fails to deliver a written prescription to him; failure of the pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written prescription of a prescribing individual practitioner.

(5) Central fill pharmacies shall not be authorized under this paragraph to prepare prescriptions for a controlled substance listed in Schedule II upon receiving an oral authorization from a retail pharmacist or an individual practitioner.

(e) A prescription prepared in accordance with [Sec. 1306.05](#) written for a Schedule II narcotic substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion may be transmitted by the practitioner or the practitioner's agent to the pharmacy by facsimile. The facsimile serves as the original written prescription for purposes of this [paragraph \(e\)](#) and it shall be maintained in accordance with [Sec. 1304.04\(h\)](#) of this chapter.

(f) A prescription prepared in accordance with [Sec. 1306.05](#) written for Schedule II substance for a resident of a Long Term Care Facility may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The facsimile serves as the original written prescription for purposes of this [paragraph \(f\)](#) and it shall be maintained in accordance with [Sec. 1304.04\(h\)](#).

(g) A prescription prepared in accordance with [Sec. 1306.05](#) written for a Schedule II narcotic substance for a patient enrolled in a hospice care program certified and/or paid for by Medicare under Title XVIII or a hospice program which is licensed by the state may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The practitioner or the practitioner's agent will note on the prescription that the patient is a hospice patient. The facsimile serves as the original written prescription for purposes of this paragraph (g) and it shall be maintained in accordance with [§ 1304.04\(h\)](#) of this chapter.

## Federal Requirements

### Section 1306.13 Partial filling of prescriptions.

(a) The partial filling of a prescription for a controlled substance listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription and he makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription). The remaining portion of the prescription may be filled within 72 hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the 72-hour

period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond 72 hours without a new prescription.

(b) A prescription for a Schedule II controlled substance written for a patient in a Long Term Care Facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness may be filled in partial quantities to include individual dosage units. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner prior to partially filling the prescription. Both the pharmacist and the prescribing practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill patient. The pharmacist must record on the prescription whether the patient is "terminally ill" or an "LTCF patient." A prescription that is partially filled and does not contain the notation "terminally ill" or "LTCF patient" shall be deemed to have been filled in violation of the Act. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed. Schedule II prescriptions for patients in a LTCF or patients with a medical diagnosis documenting a terminal illness shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of medication.

(c) Information pertaining to current Schedule II prescriptions for patients in a LTCF or for patients with a medical diagnosis documenting a terminal illness may be maintained in a computerized system if this system has the capability to permit:

(1) Output (display or printout) of the original prescription number, date of issue, identification of prescribing individual practitioner, identification of patient, address of the LTCF or address of the hospital or residence of the patient, identification of medication authorized (to include dosage, form, strength and quantity), listing of the partial fillings that have been dispensed under each prescription and the information required in [Sec. 1306.13\(b\)](#).

(2) Immediate (real time) updating of the prescription record each time a partial filling of the prescription is conducted.

(3) Retrieval of partially filled Schedule II prescription information is the same as required by [Sec. 1306.22\(b\)\(4\)](#) and [\(5\)](#) for Schedule III and IV prescription refill information.

[\(21 U.S.C. 801, et seq.\)](#)

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