

Senate Study Bill 1116 - Introduced

SENATE FILE _____
BY (PROPOSED COMMITTEE ON
HEALTH AND HUMAN SERVICES
BILL BY CHAIRPERSON EDLER)

A BILL FOR

1 An Act relating to the health and well-being of children and
2 families including provisions for maternal support and
3 fatherhood initiatives, regional centers of excellence, a
4 state-funded family medicine obstetrics fellowship program,
5 self-administered hormonal contraceptives, state employee
6 parental leave, adoption expenses under the adoption subsidy
7 program, and accessibility to the all Iowa scholarship
8 program; making appropriations; and including effective date
9 and applicability provisions.
10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 DIVISION I
2 MORE OPTIONS FOR MATERNAL SUPPORT (MOMS) PROGRAM — FATHERHOOD
3 INITIATIVES

4 Section 1. Section 217.41C, subsection 1, paragraph c, Code
5 2023, is amended to read as follows:

6 c. For the purposes of *this section*, “*pregnancy support*
7 *services*” means those nonmedical services that promote
8 childbirth by providing information, counseling, and support
9 services that assist pregnant women or women who believe they
10 may be pregnant and men who are involved or who think they
11 might be involved in a pregnancy to choose childbirth and to
12 make informed decisions regarding the choice of adoption or
13 parenting with respect to their children.

14 Sec. 2. Section 217.41C, Code 2023, is amended by adding the
15 following new subsections:

16 NEW SUBSECTION. 8. The department shall develop and
17 maintain a virtual clearinghouse of pregnancy support
18 services and resources including but not limited to all of the
19 following:

20 a. Pregnancy resource center and maternity home information
21 including contact information, location, and services provided.

22 b. Assistance in accessing public assistance including but
23 not limited to the special supplemental nutrition program for
24 women, infants, and children and the supplemental nutrition
25 assistance program.

26 c. Educational resources.

27 d. Housing assistance.

28 e. Recovery and mental health services.

29 f. Family planning education.

30 g. Adoption and foster care information and services.

31 h. Healing and support services for abortion survivors and
32 their families.

33 NEW SUBSECTION. 9. Beginning July 1, 2023, and thereafter,
34 funding for the program may be used for all of the following
35 purposes:

1 *a. Fatherhood engagement grants.* The department may
2 award grants to nonprofit, community-based organizations to
3 address the needs of fathers by assisting fathers in finding
4 employment, managing child support obligations, transitioning
5 from a period of incarceration, accessing health care,
6 understanding child development, and enhancing parenting skills
7 using evidence-based parenting education. Priority in the
8 awarding of grants shall be based on the demonstrated need
9 in a geographic area and the prevalence of the population to
10 be served as indicated by factors including but not limited
11 to the service area's unemployment rate, incarceration rate,
12 number of public assistance recipients, number of single-parent
13 households, level of housing instability, and graduation rates.

14 *b. Fatherhood communications initiative.* The department
15 shall administer a communications initiative on responsible
16 fatherhood including but not limited to a public internet site
17 that provides access to resources on effective parenting and
18 assistance in receiving parenting support and services.

19 *c. Mentoring school-aged males grant program.* The
20 department may award three-year renewable grants to nonprofit
21 organizations that provide mentorship, social and academic
22 support, and life skills development to school-aged males.
23 Priority in the awarding of grants shall be based on the
24 demonstrated need in a geographic area and the prevalence of
25 the population to be served as indicated by factors including
26 but not limited to the service area's unemployment rate,
27 incarceration rate, number of public assistance recipients,
28 number of single-parent households, level of housing
29 instability, and graduation rates. The department shall
30 provide technical assistance to grantees to ensure program
31 sustainability following the end of the three-year grant
32 period.

33 Sec. 3. MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM —
34 APPROPRIATION. There is appropriated from the general fund of
35 the state to the department of health and human services for

1 the fiscal year beginning July 1, 2023, and ending June 30,
2 2024, the following amount, or so much thereof as is necessary,
3 to be used for the purposes designated:

4 \$ 2,000,000

5 To be used for the purposes of the more options for maternal
6 support program created in section 217.41C, including for
7 program administration, the provision of services, and for
8 funding of fatherhood engagement grants, the fatherhood
9 communications initiative, and the mentoring school-aged males
10 grant program.

11 Sec. 4. 2022 Iowa Acts, chapter 1131, section 28, subsection
12 8, is amended to read as follows:

13 8. Of the funds appropriated under this section, \$500,000
14 shall be used for the purposes of program administration and
15 provision of pregnancy support services through the more
16 options for maternal support program created in this Act.
17 Notwithstanding section 8.33, moneys appropriated in this
18 subsection that remain unencumbered or unobligated at the close
19 of the fiscal year shall not revert but shall remain available
20 for the purposes designated until the close of the succeeding
21 fiscal year.

22 Sec. 5. EFFECTIVE DATE. The following, being deemed of
23 immediate importance, takes effect upon enactment:

24 The section of this division of this Act amending 2022 Iowa
25 Acts, chapter 1131, section 28, subsection 8.

26 DIVISION II

27 REGIONAL CENTERS OF EXCELLENCE GRANT PROGRAM

28 Sec. 6. REGIONAL CENTERS OF EXCELLENCE PROGRAM — GRANTS —
29 APPROPRIATION. There is appropriated from the general fund of
30 the state to the department of health and human services for
31 the fiscal year beginning July 1, 2023, and ending June 30,
32 2024, the following amount, or so much thereof as is necessary,
33 to be used for the purposes designated:

34 \$ 1,000,000

35 The funds appropriated in this section shall be used for

1 the continuation of a center of excellence program to award
2 four grants to encourage innovation and collaboration among
3 regional health care providers in a rural area based upon the
4 results of a regional community needs assessment to transform
5 health care delivery in order to provide quality, sustainable
6 care that meets the needs of the local communities. An
7 applicant for the grant funds shall specify how the funds will
8 be expended to accomplish the goals of the program and shall
9 provide a detailed five-year sustainability plan prior to being
10 awarded any funding. Following the receipt of grant funding,
11 a recipient shall submit periodic reports as specified by the
12 department to the governor and the general assembly regarding
13 the recipient's expenditure of the funds and progress in
14 accomplishing the program's goals.

15

DIVISION III

16

STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP PROGRAM

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Sec. 7. NEW SECTION. 135.182 State-funded family medicine

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obstetrics fellowship program — fund.

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1. The department shall establish a family medicine

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obstetrics fellowship program to increase access to family

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medicine obstetrics practitioners in rural and underserved

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areas of the state. A person who has completed an

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accreditation council for graduate medical education residency

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program in family medicine is eligible for participation

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in the fellowship program. Participating fellows shall

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enter into a program agreement with a participating teaching

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hospital which, at a minimum, requires the fellow to complete a

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one-year fellowship and to engage in full-time family medicine

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obstetrics practice in a rural or underserved area of the

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state for a period of at least five years within nine months

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following completion of the fellowship and receipt of a license

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to practice medicine in the state.

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2. Each fellow participating in the program shall be

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eligible for a salary and benefits including a stipend as

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determined by the participating teaching hospital which shall

1 be funded through the family medicine obstetrics fellowship
2 program fund.

3 3. The department shall adopt rules pursuant to chapter
4 17A to administer the program, including defining rural and
5 underserved areas for the purpose of the required full-time
6 practice of a person following completion of the fellowship.

7 4. *a.* A family medicine obstetrics fellowship program
8 fund is created in the state treasury consisting of the moneys
9 appropriated or credited to the fund by law. Notwithstanding
10 section 8.33, moneys in the fund at the end of each fiscal year
11 shall not revert to any other fund but shall remain in the fund
12 for use in subsequent fiscal years. Moneys in the fund are
13 appropriated to the department to be used to fund fellowship
14 positions as provided in this section.

15 *b.* For the fiscal year beginning July 1, 2023, and each
16 fiscal year beginning July 1 thereafter, there is appropriated
17 from the general fund of the state to the family medicine
18 obstetrics fellowship program fund an amount sufficient to
19 support the creation of four fellowship positions as provided
20 in this section.

21 5. The department and the participating teaching hospitals
22 shall regularly evaluate and document their experiences
23 including identifying ways the program may be modified or
24 expanded to facilitate increased access to family medicine
25 obstetrics practitioners in rural and underserved areas of the
26 state. The department shall submit an annual report to the
27 general assembly by January 1. The report shall include the
28 number of fellowships funded to date and any other information
29 identified by the department and the participating teaching
30 hospitals as indicators of outcomes and the effectiveness of
31 the program.

32 6. For the purposes of this section, "*teaching hospital*"
33 means a hospital or medical center that provides medical
34 education to prospective and current health professionals.

35 Sec. 8. STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP

1 PROGRAM AND FUND — APPROPRIATION. There is appropriated from
2 the general fund of the state to the department of health and
3 human services for the fiscal year beginning July 1, 2023, and
4 ending June 30, 2024, the following amount, or so much thereof
5 as is necessary, to be used for the purposes designated:

6 \$ 560,000

7 For deposit in the family medicine obstetrics fellowship
8 program fund to be utilized in creating and providing for four
9 family medicine obstetrics fellowship positions during the
10 fiscal year in accordance with the family medicine obstetrics
11 fellowship program created in this division of this Act.

12 DIVISION IV

13 SELF-ADMINISTERED HORMONAL CONTRACEPTIVES

14 Sec. 9. Section 155A.3, Code 2023, is amended by adding the
15 following new subsections:

16 NEW SUBSECTION. 10A. “*Department*” means the department of
17 health and human services.

18 NEW SUBSECTION. 45A. “*Self-administered hormonal*
19 *contraceptive*” means a self-administered hormonal contraceptive
20 that is approved by the United States food and drug
21 administration to prevent pregnancy. “*Self-administered*
22 *hormonal contraceptive*” includes an oral hormonal contraceptive,
23 a hormonal vaginal ring, and a hormonal contraceptive patch,
24 but does not include any drug intended to induce an abortion as
25 defined in section 146.1.

26 NEW SUBSECTION. 45B. “*Standing order*” means a preauthorized
27 medication order with specific instructions from the medical
28 director of the department to dispense a medication under
29 clearly defined circumstances.

30 Sec. 10. NEW SECTION. 155A.49 **Pharmacist dispensing of**
31 **self-administered hormonal contraceptives — standing order —**
32 **requirements — limitations of liability.**

33 1. a. Notwithstanding any provision of law to the contrary,
34 a pharmacist may dispense a self-administered hormonal
35 contraceptive to a patient who is at least eighteen years of

1 age, pursuant to a standing order established by the medical
2 director of the department in accordance with this section.

3 *b.* In dispensing a self-administered hormonal contraceptive
4 to a patient under this section, a pharmacist shall comply with
5 all of the following:

6 (1) For an initial dispensing of a self-administered
7 hormonal contraceptive, the pharmacist may dispense only up
8 to a three-month supply at one time of the self-administered
9 hormonal contraceptive.

10 (2) For any subsequent dispensing of the same
11 self-administered hormonal contraceptive, the pharmacist
12 may dispense up to a twelve-month supply at one time of the
13 self-administered hormonal contraceptive.

14 2. A pharmacist who dispenses a self-administered hormonal
15 contraceptive in accordance with this section shall not
16 require any other prescription drug order authorized by a
17 practitioner prior to dispensing the self-administered hormonal
18 contraceptive to a patient.

19 3. The medical director of the department may establish a
20 standing order authorizing the dispensing of self-administered
21 hormonal contraceptives by a pharmacist who does all of the
22 following:

23 *a.* Complies with the standing order established pursuant to
24 this section.

25 *b.* Retains a record of each patient to whom a
26 self-administered hormonal contraceptive is dispensed under
27 this section and submits the record to the department.

28 4. The standing order shall require a pharmacist who
29 dispenses self-administered hormonal contraceptives under this
30 section to do all of the following:

31 *a.* Complete a standardized training program and continuing
32 education requirements approved by the board in consultation
33 with the board of medicine and the department that are related
34 to prescribing self-administered hormonal contraceptives and
35 include education regarding all contraceptive methods approved

1 by the United States food and drug administration.

2 *b.* Obtain a completed self-screening risk assessment,
3 approved by the department in collaboration with the board and
4 the board of medicine, from each patient, verify the identity
5 and age of each patient, and perform a blood pressure screening
6 on each patient prior to dispensing the self-administered
7 hormonal contraceptive to the patient.

8 *c.* Provide the patient with all of the following:

9 (1) Written information regarding all of the following:

10 (a) The importance of completing an appointment with the
11 patient's primary care or women's health care practitioner
12 to obtain preventative care, including but not limited to
13 recommended tests and screenings.

14 (b) The effectiveness and availability of long-acting
15 reversible contraceptives as an alternative to
16 self-administered hormonal contraceptives.

17 (2) A copy of the record of the pharmacist's encounter with
18 the patient that includes all of the following:

19 (a) The patient's completed self-screening risk assessment.

20 (b) A description of the contraceptive dispensed, or the
21 basis for not dispensing a contraceptive.

22 (3) Patient counseling regarding all of the following:

23 (a) The appropriate administration and storage of the
24 self-administered hormonal contraceptive.

25 (b) Potential side effects and risks of the
26 self-administered hormonal contraceptive.

27 (c) The need for backup contraception.

28 (d) When to seek emergency medical attention.

29 (e) The risk of contracting a sexually transmitted
30 infection or disease, and ways to reduce such a risk.

31 5. The standing order established pursuant to this section
32 shall prohibit a pharmacist who dispenses a self-administered
33 hormonal contraceptive under this section from doing any of the
34 following:

35 *a.* Requiring a patient to schedule an appointment with

1 the pharmacist for the prescribing or dispensing of a
2 self-administered hormonal contraceptive.

3 *b.* Dispensing self-administered hormonal contraceptives
4 to a patient for more than twenty-seven months after the
5 date a self-administered hormonal contraceptive is initially
6 dispensed to the patient, if the patient has not consulted with
7 a primary care or women's health care practitioner during the
8 preceding twenty-seven months, in which case the pharmacist
9 shall refer the patient to a primary care or women's health
10 care practitioner.

11 *c.* Dispensing a self-administered hormonal contraceptive to
12 a patient if the results of the self-screening risk assessment
13 completed by a patient pursuant to subsection 4, paragraph
14 "b", indicate it is unsafe for the pharmacist to dispense the
15 self-administered hormonal contraceptive to the patient, in
16 which case the pharmacist shall refer the patient to a primary
17 care or women's health care practitioner.

18 6. A pharmacist who dispenses a self-administered hormonal
19 contraceptive and the medical director of the department who
20 establishes a standing order in compliance with this section
21 shall be immune from criminal and civil liability arising
22 from any damages caused by the dispensing, administering,
23 or use of a self-administered hormonal contraceptive or the
24 establishment of the standing order. The medical director of
25 the department shall be considered to be acting within the
26 scope of the medical director's office and employment for
27 purposes of chapter 669 in the establishment of a standing
28 order in compliance with this section.

29 7. The department, in collaboration with the board and
30 the board of medicine, and in consideration of the guidelines
31 established by the American congress of obstetricians and
32 gynecologists, shall adopt rules pursuant to chapter 17A to
33 administer this chapter.

34 Sec. 11. Section 514C.19, Code 2023, is amended to read as
35 follows:

1 **514C.19 Prescription contraceptive coverage.**

2 1. Notwithstanding the uniformity of treatment requirements
3 of [section 514C.6](#), a group policy, ~~or~~ contract, or plan
4 providing for third-party payment or prepayment of health or
5 medical expenses shall ~~not do either of the following~~ comply
6 as follows:

7 a. ~~Exclude~~ Such policy, contract, or plan shall not
8 exclude or restrict benefits for prescription contraceptive
9 drugs or prescription contraceptive devices which prevent
10 conception and which are approved by the United States
11 food and drug administration, or generic equivalents
12 approved as substitutable by the United States food and
13 drug administration, if such policy, ~~or~~ contract, or plan
14 provides benefits for other outpatient prescription drugs
15 or devices. However, such policy, contract, or plan shall
16 specifically provide for payment of a self-administered
17 hormonal contraceptive, as prescribed by a practitioner as
18 defined in section 155A.3, or as prescribed by standing order
19 and dispensed by a pharmacist pursuant to section 155A.49,
20 including payment for up to an initial three-month supply
21 of a self-administered hormonal contraceptive dispensed at
22 one time and for up to a twelve-month supply of the same
23 self-administered hormonal contraceptive subsequently dispensed
24 at one time.

25 b. ~~Exclude~~ Such policy, contract, or plan shall not exclude
26 or restrict benefits for outpatient contraceptive services
27 which are provided for the purpose of preventing conception if
28 such policy, ~~or~~ contract, or plan provides benefits for other
29 outpatient services provided by a health care professional.

30 2. A person who provides a group policy, ~~or~~ contract, or
31 plan providing for third-party payment or prepayment of health
32 or medical expenses which is subject to [subsection 1](#) shall not
33 do any of the following:

34 a. Deny to an individual eligibility, or continued
35 eligibility, to enroll in or to renew coverage under the terms

1 of the policy, ~~or~~ contract, or plan because of the individual's
2 use or potential use of such prescription contraceptive drugs
3 or devices, or use or potential use of outpatient contraceptive
4 services.

5 *b.* Provide a monetary payment or rebate to a covered
6 individual to encourage such individual to accept less than the
7 minimum benefits provided for under [subsection 1](#).

8 *c.* Penalize or otherwise reduce or limit the reimbursement
9 of a health care professional because such professional
10 prescribes contraceptive drugs or devices, or provides
11 contraceptive services.

12 *d.* Provide incentives, monetary or otherwise, to a health
13 care professional to induce such professional to withhold
14 from a covered individual contraceptive drugs or devices, or
15 contraceptive services.

16 3. [This section](#) shall not be construed to prevent a
17 third-party payor from including deductibles, coinsurance, or
18 copayments under the policy, ~~or~~ contract, or plan as follows:

19 *a.* A deductible, coinsurance, or copayment for benefits
20 for prescription contraceptive drugs shall not be greater than
21 such deductible, coinsurance, or copayment for any outpatient
22 prescription drug for which coverage under the policy, ~~or~~
23 contract, or plan is provided.

24 *b.* A deductible, coinsurance, or copayment for benefits for
25 prescription contraceptive devices shall not be greater than
26 such deductible, coinsurance, or copayment for any outpatient
27 prescription device for which coverage under the policy, ~~or~~
28 contract, or plan is provided.

29 *c.* A deductible, coinsurance, or copayment for benefits for
30 outpatient contraceptive services shall not be greater than
31 such deductible, coinsurance, or copayment for any outpatient
32 health care services for which coverage under the policy, ~~or~~
33 contract, or plan is provided.

34 4. [This section](#) shall not be construed to require a
35 third-party payor under a policy, ~~or~~ contract, or plan

1 to provide benefits for experimental or investigational
2 contraceptive drugs or devices, or experimental or
3 investigational contraceptive services, except to the extent
4 that such policy, ~~or contract,~~ or plan provides coverage for
5 other experimental or investigational outpatient prescription
6 drugs or devices, or experimental or investigational outpatient
7 health care services.

8 5. **This section** shall not be construed to limit or otherwise
9 discourage the use of generic equivalent drugs approved by the
10 United States food and drug administration, whenever available
11 and appropriate. **This section**, when a brand name drug is
12 requested by a covered individual and a suitable generic
13 equivalent is available and appropriate, shall not be construed
14 to prohibit a third-party payor from requiring the covered
15 individual to pay a deductible, coinsurance, or copayment
16 consistent with **subsection 3**, in addition to the difference of
17 the cost of the brand name drug less the maximum covered amount
18 for a generic equivalent.

19 6. A person who provides an individual policy, ~~or contract,~~
20 or plan providing for third-party payment or prepayment of
21 health or medical expenses shall make available a coverage
22 provision that satisfies the requirements in subsections
23 1 through 5 in the same manner as such requirements are
24 applicable to a group policy, ~~or contract,~~ or plan under those
25 subsections. The policy, ~~or contract,~~ or plan shall provide
26 that the individual policyholder may reject the coverage
27 provision at the option of the policyholder.

28 7. a. **This section** applies to the following classes of
29 third-party payment provider contracts, ~~or policies,~~ or plans
30 delivered, issued for delivery, continued, or renewed in this
31 state on or after ~~July 1, 2000~~ January 1, 2024:

32 (1) Individual or group accident and sickness insurance
33 providing coverage on an expense-incurred basis.

34 (2) An individual or group hospital or medical service
35 contract issued pursuant to **chapter 509, 514, or 514A**.

1 (3) An individual or group health maintenance organization
2 contract regulated under [chapter 514B](#).

3 (4) Any other entity engaged in the business of insurance,
4 risk transfer, or risk retention, which is subject to the
5 jurisdiction of the commissioner.

6 (5) A plan established pursuant to [chapter 509A](#) for public
7 employees.

8 *b.* [This section](#) shall not apply to accident-only,
9 specified disease, short-term hospital or medical, hospital
10 confinement indemnity, credit, dental, vision, Medicare
11 supplement, long-term care, basic hospital and medical-surgical
12 expense coverage as defined by the commissioner, disability
13 income insurance coverage, coverage issued as a supplement
14 to liability insurance, workers' compensation or similar
15 insurance, or automobile medical payment insurance.

16 8. This section shall not be construed to require a
17 third-party payor to provide payment to a practitioner for the
18 dispensing of a self-administered hormonal contraceptive to
19 replace a self-administered hormonal contraceptive that has
20 been dispensed to a covered person and that has been misplaced,
21 stolen, or destroyed. This section shall not be construed to
22 require a third-party payor to replace covered prescriptions
23 that are misplaced, stolen, or destroyed.

24 9. For the purposes of this section, "self-administered
25 hormonal contraceptive" and "standing order" mean the same as
26 defined in section 155A.3.

27 Sec. 12. INFORMATION PROGRAM FOR DRUG PRESCRIBING AND
28 DISPENSING — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES. The
29 board of pharmacy in collaboration with the board of medicine
30 and the department of health and human services shall expand
31 the information program for drug prescribing and dispensing
32 established pursuant to section 124.551, to collect from
33 pharmacists information relating to the dispensing of
34 self-administered hormonal contraceptives as provided pursuant
35 to section 155A.49. The board of pharmacy shall adopt

1 rules pursuant to chapter 17A related to registration of
2 participating pharmacists, the information to be reported by a
3 pharmacist to the information program, access to information
4 from the program, and other rules necessary to carry out the
5 purposes and to enforce the provisions of this section.

6 Sec. 13. APPLICATION TO MEDICAID PROGRAM. This division
7 of this Act shall apply to the Medicaid program including a
8 managed care organization acting pursuant to a contract with
9 the department of health and human services to administer
10 the Medicaid program under chapter 249A. However, if it is
11 determined that any provision of this division of this Act
12 would cause denial of federal funds under Tit. XVIII or XIX
13 of the federal Social Security Act, or would otherwise be
14 inconsistent or conflict with the requirements of federal law
15 or regulation, such provision shall be suspended, but only to
16 the extent necessary to prevent denial of such funds or to
17 eliminate the inconsistency or conflict with the requirements
18 of federal law or regulation.

19 DIVISION V

20 STATE EMPLOYEE PAID PARENTAL LEAVE BENEFIT

21 Sec. 14. NEW SECTION. 70A.31 Paid parental leave.

22 1. A state employee entitled to leave under the federal
23 Family and Medical Leave Act of 1993 shall be provided paid
24 leave for such time as specified in this section for the birth
25 or placement for adoption with the employee of a child if the
26 leave is taken within twelve months following any such birth
27 or adoption.

28 2. a. For the birth of a child, a state employee parent who
29 gave birth shall be entitled to up to four weeks of paid leave
30 and a state employee parent who did not give birth shall be
31 entitled to up to one week of paid leave.

32 b. For the placement for adoption of a child, a state
33 employee parent shall be entitled to up to four weeks of paid
34 leave.

35 3. The department of administrative services shall adopt

1 rules to implement this section.

2

DIVISION VI

3 NONRECURRING ADOPTION EXPENSES — ADOPTION SUBSIDY PROGRAM

4 Sec. 15. NEW SECTION. 234.48 Adoption subsidy —
5 nonrecurring adoption expenses.

6 Notwithstanding any provision to the contrary, the maximum
7 reimbursement provided to an adoptive parent under the
8 adoption subsidy program for nonrecurring adoption expenses
9 is one thousand dollars. For the purposes of this section,
10 *“nonrecurring adoption expenses”* means the same as defined in 45
11 C.F.R. §1356.41. The department shall adopt rules pursuant to
12 chapter 17A to administer this section.

13 Sec. 16. REPEAL. 2010 Iowa Acts, chapter 1031, section 408,
14 is repealed.

15

DIVISION VII

16

ALL IOWA OPPORTUNITY SCHOLARSHIP PROGRAM

17 Sec. 17. Section 261.87, subsection 1, paragraph b,
18 unnumbered paragraph 1, Code 2023, is amended to read as
19 follows:

20 *“Eligible foster care student”* means a person under
21 twenty-six years of age who has a high school diploma or a high
22 school equivalency diploma under [chapter 259A](#) and is described
23 by any of the following:

24 Sec. 18. Section 261.87, subsection 2, paragraph f, Code
25 2023, is amended to read as follows:

26 *f.* (1) ~~Begins~~ Except as provided in subparagraph (2),
27 begins enrollment at an eligible institution within two
28 academic years of graduation from high school or receipt of
29 a high school equivalency diploma under [chapter 259A](#) and
30 continuously receives awards as a full-time or part-time
31 student to maintain eligibility. However, the student may
32 defer or suspend participation in the program for up to two
33 years in order to pursue obligations that meet conditions
34 established by the commission by rule or to fulfill military
35 obligations.

1 care, understanding child development, and enhancing parenting
2 skills using evidence-based parenting education; a fatherhood
3 communications initiative administered by HHS, including but
4 not limited to a public internet site that provides access to
5 resources on effective parenting and assistance in receiving
6 parenting support and services; and a mentoring school-aged
7 males grant program to provide mentorship, social and academic
8 support, and life skills development to school-aged males.

9 The division also appropriates \$2 million from the general
10 fund of the state to HHS for fiscal year 2023-2024 to be used
11 for the MOMS program including for program administration, the
12 provision of services, and for funding of fatherhood engagement
13 grants, the fatherhood communications initiative, and the
14 mentoring school-aged males grant program.

15 The division provides that the funding appropriated for the
16 MOMS program for fiscal year 2022-2023 is not to revert, but
17 is to remain available for the MOMS program for fiscal year
18 2023-2024. This provision takes effect upon enactment.

19 DIVISION II — REGIONAL CENTERS OF EXCELLENCE GRANT PROGRAM.
20 This division appropriates \$1 million from the general fund
21 of the state to the department of health and human services
22 (HHS) for fiscal year 2023-2024 for continuation of a regional
23 center of excellence program to award four grants to encourage
24 innovation and collaboration among regional health care
25 providers in a rural area based upon the results of a regional
26 community needs assessment to transform health care delivery in
27 order to provide quality, sustainable care that meets the needs
28 of the local communities. An applicant for the grant funds
29 shall specify how the funds will be expended to accomplish the
30 goals of the program and shall provide a detailed five-year
31 sustainability plan prior to being awarded any funding.
32 Following the receipt of grant funding, a recipient shall
33 submit periodic reports as specified by HHS to the governor and
34 the general assembly regarding the recipient's expenditure of
35 the funds and progress in accomplishing the program goals.

1 DIVISION III — STATE-FUNDED FAMILY MEDICINE OBSTETRICS
2 FELLOWSHIP PROGRAM AND FUND. This division requires HHS to
3 establish a family medicine obstetrics fellowship program to
4 increase access to family medicine obstetrics practitioners
5 in rural and underserved areas of the state. A person who
6 has completed an accreditation council for graduate medical
7 education residency program in family medicine is eligible for
8 participation in the fellowship program. Participating fellows
9 shall enter into a program agreement with a participating
10 teaching hospital which, at a minimum, requires the fellow
11 to complete a one-year fellowship and to engage in full-time
12 family medicine obstetrics practice in a rural or underserved
13 area of the state for a period of at least five years within
14 nine months following completion of the fellowship and receipt
15 of a license to practice medicine in the state. Each fellow
16 participating in the program shall be eligible for salary and
17 benefits including a stipend as determined by the participating
18 teaching hospital and funded through the family medicine
19 obstetrics fellowship program fund.

20 The division requires HHS to adopt administrative rules
21 to administer the program, including defining rural and
22 underserved areas for the purpose of the required full-time
23 practice of a person following completion of the fellowship.

24 The division creates a family medicine obstetrics fellowship
25 program fund in the state treasury consisting of the moneys
26 appropriated or credited to the fund by law. Moneys in the
27 fund at the end of each fiscal year shall not revert to any
28 other fund but shall remain in the fund for use in subsequent
29 fiscal years. Moneys in the fund are appropriated to HHS
30 to be used to fund fellowship positions as provided in the
31 division. The division appropriates a sufficient amount from
32 the general fund of the state to the fund annually to support
33 the creation of four fellowship positions. The division
34 provides an appropriation for deposit in the fund for fiscal
35 year 2023-2024.

1 The division requires HHS and the participating teaching
2 hospitals to regularly evaluate and document their experiences
3 including identifying ways the program may be modified or
4 expanded to facilitate increased access to family medicine
5 obstetrics practitioners in rural and underserved areas of the
6 state. The department shall submit an annual report to the
7 general assembly by January 1. The report shall include the
8 number of fellowships funded to date and any other information
9 identified by HHS and the participating teaching hospitals as
10 indicators of outcomes and the effectiveness of the program.

11 DIVISION IV — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES.
12 This division relates to the dispensing of self-administered
13 hormonal contraceptives by a pharmacist. The division
14 defines "self-administered hormonal contraceptive" as a
15 self-administered hormonal contraceptive that is approved by
16 the United States food and drug administration to prevent
17 pregnancy, including an oral hormonal contraceptive, a hormonal
18 vaginal ring, and a hormonal contraceptive patch, but not
19 including any drug intended to induce an abortion.

20 The division provides that notwithstanding any provision
21 of law to the contrary, a pharmacist may dispense a
22 self-administered hormonal contraceptive to a patient who
23 is at least 18 years of age pursuant to a standing order
24 established by the medical director of HHS (medical director).
25 For an initial dispensing, a pharmacist may dispense only up
26 to a three-month supply at one time of the self-administered
27 hormonal contraceptive, and for any subsequent dispensing
28 of the same self-administered hormonal contraceptive, a
29 12-month supply at one time. Additionally, the division
30 prohibits a pharmacist who dispenses a self-administered
31 hormonal contraceptive in accordance with the division from
32 requiring any other prescription drug order authorized by a
33 practitioner prior to dispensing the self-administered hormonal
34 contraceptive.

35 The division authorizes the medical director to establish a

1 standing order authorizing the dispensing of self-administered
2 hormonal contraceptives by any pharmacist who complies with the
3 standing order and retains and submits the patient's record to
4 HHS.

5 The standing order includes requiring a pharmacist who
6 dispenses a self-administered hormonal contraceptive under the
7 division to: complete a standardized training program and
8 continuing education requirements related to prescribing the
9 hormonal contraceptives; obtain a completed self-screening risk
10 assessment from each patient, verify the identity and age of
11 each patient, and perform a blood pressure screening on each
12 patient before dispensing the hormonal contraceptives; provide
13 the patient with certain written information; provide the
14 patient with a copy of the record of the pharmacist's encounter
15 with the patient; and provide patient counseling.

16 The standing order would prohibit a pharmacist who dispenses
17 hormonal contraceptives under the division from requiring a
18 patient to schedule an appointment with the pharmacist for
19 the prescribing or dispensing of the hormonal contraceptive;
20 dispensing the hormonal contraceptives to a patient for more
21 than 27 months after the date initially dispensed without the
22 patient's attestation that the patient has consulted with a
23 practitioner during the preceding 27 months; and dispensing
24 the hormonal contraceptives to a patient if the results of the
25 patient's self-screening risk assessment indicate it is unsafe
26 for the pharmacist to dispense the hormonal contraceptives
27 to the patient, in which case the pharmacist shall refer the
28 patient to a practitioner.

29 The division provides immunity for a pharmacist who
30 dispenses a self-administered hormonal contraceptive and
31 for the medical director who establishes a standing order
32 in compliance with the division from criminal and civil
33 liability arising from any damages caused by the dispensing,
34 administering, or use of a self-administered hormonal
35 contraceptive or the establishment of the standing order.

1 Additionally, the medical director shall be considered to be
2 acting within the scope of the medical director's office and
3 employment for purposes of Code chapter 669 (Iowa tort claims
4 Act) in the establishment of a standing order in compliance
5 with the division.

6 The division requires HHS, in collaboration with the
7 boards of pharmacy and medicine, and in consideration of
8 the guidelines established by the American congress of
9 obstetricians and gynecologists, to adopt administrative rules
10 to administer the provisions of the division.

11 The division amends prescription contraceptive coverage
12 provisions to require that a group policy, contract, or plan
13 delivered, issued for delivery, continued, or renewed in the
14 state on or after January 1, 2024, providing for third-party
15 payment or prepayment of health or medical expenses, shall
16 specifically provide for payment of self-administered hormonal
17 contraceptives, prescribed and dispensed as specified in the
18 division, including those dispensed at one time. The division
19 provides, however, that the provisions relating to coverage are
20 not to be construed to require a third-party payor to provide
21 payment to a practitioner for dispensing a self-administered
22 hormonal contraceptive to replace a self-administered
23 hormonal contraceptive that has been dispensed to a covered
24 person and that has been misplaced, stolen, or destroyed.
25 These provisions are also not to be construed to require a
26 third-party payor to replace covered prescriptions that are
27 misplaced, stolen, or destroyed.

28 The division also requires the board of pharmacy in
29 collaboration with the board of medicine and HHS to expand
30 the information program for drug prescribing to collect
31 from pharmacists information relating to the dispensing of
32 self-administered hormonal contraceptives as provided in the
33 division.

34 The division applies to the Medicaid program as specified in
35 the bill.

1 DIVISION V — STATE EMPLOYEE PAID PARENTAL LEAVE BENEFIT.
2 This division provides that a state employee entitled to leave
3 under the federal Family and Medical Leave Act of 1993 shall
4 be provided paid leave for the birth or adoption of a child if
5 the leave is taken within 12 months following any such birth or
6 adoption. The division provides that a state employee parent
7 who gives birth or adopts a child shall be entitled to up to
8 four weeks of paid leave while a state employee parent of a
9 child who did not give birth shall be entitled to up to one
10 week of paid leave. The division requires the department of
11 administrative services to adopt rules to implement this paid
12 parental leave benefit.

13 DIVISION VI — NONRECURRING ADOPTION EXPENSES — ADOPTION
14 SUBSIDY PROGRAM. This division provides that the maximum
15 reimbursement provided to an adoptive parent under the adoption
16 subsidy program for nonrecurring adoption expenses is \$1,000.
17 The division defines "nonrecurring adoption expenses" as the
18 reasonable and necessary adoption fees, court costs, attorney
19 fees, and other expenses which are directly related to the
20 legal adoption of a child with special needs which are not
21 incurred in violation of state, tribal, or federal law, and
22 which have not been reimbursed from other sources or other
23 funds. Under federal regulation, "other expenses which
24 are directly related to the legal adoption of a child with
25 special needs" means the costs of the adoption incurred by
26 or on behalf of the parents and for which parents carry the
27 ultimate liability for payment. Such costs may include the
28 adoption study, including health and psychological examination,
29 supervision of the placement prior to adoption, transportation,
30 and the reasonable costs of lodging and food for the child or
31 the adoptive parents when necessary to complete the placement
32 or adoption process. The department of health and human
33 services shall adopt administrative rules to administer the
34 division. The division also repeals a provision in 2010 Iowa
35 Acts which limited the nonrecurring adoption expenses to \$500

1 and prohibited additional amounts for court costs and other
2 related legal expenses.

3 DIVISION VII — ALL IOWA OPPORTUNITY SCHOLARSHIP PROGRAM.

4 This division relates to the all Iowa opportunity scholarship
5 program (program), which provides scholarships to Iowa
6 students who graduate from high school or receive a high
7 school equivalency diploma to help such students attend a
8 community college in this state or an institution of higher
9 learning governed by the state board of regents. The program
10 prioritizes awarding scholarships to certain students,
11 including eligible foster care students. Eligible foster care
12 students are students who age out of Iowa's foster care system,
13 age out of the state training school, or are adopted from
14 Iowa's foster care system after reaching 16 years of age.

15 Current law requires that, in order to be eligible to
16 receive a scholarship under the program, the student must begin
17 enrollment at a community college or institution of higher
18 learning governed by the state board of regents within two
19 academic years of graduation from high school or receipt of a
20 high school equivalency diploma and continuously receive awards
21 as a full-time or part-time student to maintain eligibility.
22 The division strikes these requirements for eligible foster
23 care students. The division also provides that, for purposes
24 of the program, "eligible foster care student" does not include
25 a person who is 26 years of age or older.

26 The division applies to applications submitted under
27 the program before, on, or after the effective date of the
28 division.