

CHAPTER 514L

UNIFORM PRESCRIPTION DRUG INFORMATION CARD

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514L.1 Definitions.

As used in this chapter, unless the context otherwise requires:

1. “*Guide*” means the most recent national council for prescription drug programs pharmacy identification card implementation guide, or its successor.
2. “*Prescription drug*” means prescription drug as defined in section 155A.3 and includes a device as defined in section 155A.3.
3. “*Provider of third-party payment or prepayment of prescription drug expenses*” or “*provider*” means a provider of an individual or group policy of accident or health insurance or an individual or group hospital or health care service contract issued pursuant to chapter 509, 514, or 514A, a provider of a plan established pursuant to chapter 509A for public employees, a provider of an individual or group health maintenance organization contract issued and regulated under chapter 514B, a provider of an organized delivery system contract regulated under rules adopted by the director of public health, a provider of a preferred provider contract issued pursuant to chapter 514F, a provider of a self-insured multiple employer welfare arrangement, and any other entity providing health insurance or health benefits which provide for payment or prepayment of prescription drug expenses coverage subject to state insurance regulation.

2001 Acts, ch 77, §1

514L.2 Uniform prescription drug information cards.

1. *a.* A provider of third-party payment or prepayment of prescription drug expenses, including the provider’s agents or contractors and pharmacy benefits managers, that issues a card or other technology for claims processing and an administrator of the payor, excluding administrators of self-funded employer sponsored health benefit plans qualified under the federal Employee Retirement Income Security Act of 1974, shall issue to its insureds a card or other technology containing uniform prescription drug information. The commissioner of insurance shall adopt rules for the uniform prescription drug information card or technology applicable to those entities subject to regulation by the commissioner of insurance. The director of public health shall adopt rules for the uniform prescription drug information card or technology applicable to organized delivery systems. The rules shall require at least both of the following regarding the card or technology:

(1) With respect to the information required, be consistent with the guide, except that the address of the pharmacy benefits manager shall not be required.

(2) With respect to the location of the information required, be substantially consistent with the guide.

b. Any information on the card shall be formatted and arranged in a manner that corresponds to the current content and format required by the provider for processing of claims.

2. A new uniform prescription drug information card or technology, as required pursuant to subsection 1, shall be issued by a provider of third-party payment or prepayment or the provider’s agents or contractors or pharmacy benefits managers upon enrollment and reissued upon any change in the insured’s coverage that impacts data contained on the card or technology. The commissioner of insurance shall review the national council for prescription drug programs implementation guide or successor document on an ongoing basis to determine changes, and shall modify or adopt rules as determined appropriate.

3. The card or other technology may be used for any health insurance or health benefits coverage and nothing in this chapter shall require a provider to issue a separate card for

prescription drug coverage if the card or other technology can accommodate the information necessary to process claims.

4. This chapter shall not apply to prescription drug coverage provided through or in conjunction with any of the following:

- a. Accident-only or disability income insurance coverage.
 - b. Hospital confinement indemnity coverage.
 - c. Coverage issued as a supplement to liability insurance.
 - d. Basic hospital and medical-surgical expense coverage.
 - e. Liability insurance, including general liability insurance and automobile liability insurance.
 - f. Workers' compensation or similar insurance.
 - g. Automobile medical payment insurance.
 - h. Credit only insurance.
 - i. Coverage for on-site medical clinic care.
 - j. Dental or vision coverage.
 - k. Benefits for long-term care, nursing home care, or community-based care.
 - l. Short-term hospital, medical, or major medical coverage.
 - m. Medicare supplemental as defined pursuant to 42 U.S.C. § 1395ss(g)(1), coverage supplemental to the coverage provided under 10 U.S.C. § 1071 – 1109, and similar coverage that is supplemental to coverage under group health insurance coverage as defined by the commissioner of insurance.
 - n. Any other similar limited benefits as defined by the commissioner of insurance.
- 2001 Acts, ch 77, §2

514L.3 Application — enforcement.

1. A health insurance or health benefits policy or contract issued and delivered, amended, or renewed on or after July 1, 2003, shall comply with this chapter.

2. The commissioner of insurance shall enforce this chapter and shall adopt rules necessary to implement this chapter.

2001 Acts, ch 77, §3