CHAPTER 514L
UNIFORM PRESCRIPTION DRUG INFORMATION CARD

Referred to in §874, 296.7, 331.301, 364.4, 505.28, 505.29, 669.14, 670.7

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 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; 2017 Acts, ch 148, §97

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 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.


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