

House File 727

H-1211

1 Amend House File 727 as follows:

2 1. By striking everything after the enacting clause and
3 inserting:

4 <Section 1. Section 155A.3, Code 2019, is amended by adding
5 the following new subsections:

6 NEW SUBSECTION. 10A. "*Department*" means the department of
7 public health.

8 NEW SUBSECTION. 44A. "*Self-administered hormonal*
9 *contraceptive*" means a self-administered hormonal contraceptive
10 that is approved by the United States food and drug
11 administration to prevent pregnancy. "*Self-administered*
12 *hormonal contraceptive*" includes an oral hormonal contraceptive,
13 a hormonal vaginal ring, and a hormonal contraceptive patch,
14 but does not include any drug intended to induce an abortion as
15 defined in section 146.1.

16 NEW SUBSECTION. 44B. "*Standing order*" means a preauthorized
17 medication order with specific instructions from the medical
18 director of the department to dispense a medication under
19 clearly defined circumstances.

20 Sec. 2. NEW SECTION. 155A.47 **Pharmacist dispensing of**
21 **self-administered hormonal contraceptives — standing order —**
22 **requirements — limitations of liability.**

23 1. *a.* Notwithstanding any provision of law to the contrary,
24 a pharmacist may dispense a self-administered hormonal
25 contraceptive to a patient, who is at least eighteen years of
26 age, pursuant to a standing order established by the medical
27 director of the department in accordance with this section.

28 *b.* In dispensing a self-administered hormonal contraceptive
29 to a patient under this section, a pharmacist shall comply with
30 the following:

31 (1) For an initial dispensing of a self-administered
32 hormonal contraceptive, the pharmacist may dispense only up
33 to a three-month supply at one time of the self-administered
34 hormonal contraceptive.

35 (2) For any subsequent dispensing of the same

HF727.1802 (2) 88

(amending this HF 727 to CONFORM to SF 513)

1 self-administered hormonal contraceptive, the pharmacist
2 may dispense up to a twelve-month supply at one time of the
3 self-administered hormonal contraceptive.

4 2. A pharmacist who dispenses a self-administered hormonal
5 contraceptive in accordance with this section shall not
6 require any other prescription drug order authorized by a
7 practitioner prior to dispensing the self-administered hormonal
8 contraceptive to a patient.

9 3. The medical director of the department may establish a
10 standing order authorizing the dispensing of self-administered
11 hormonal contraceptives by a pharmacist who does all of the
12 following:

13 a. Complies with the standing order established pursuant to
14 this section.

15 b. Retains a record of each patient to whom a
16 self-administered hormonal contraceptive is dispensed under
17 this section and submits the record to the department.

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

21 a. Complete a standardized training program and continuing
22 education requirements approved by the board in consultation
23 with the department that are related to prescribing
24 self-administered hormonal contraceptives and include education
25 regarding all contraceptive methods approved by the United
26 States food and drug administration.

27 b. Obtain a completed self-screening risk assessment,
28 approved by the department in collaboration with the board and
29 the board of medicine, from each patient, verify the identity
30 and age of each patient, and perform a blood pressure screening
31 on each patient, prior to dispensing the self-administered
32 hormonal contraceptive to the patient.

33 c. Provide the patient with all of the following:

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

35 (a) The importance of completing an appointment with the

HF727.1802 (2) 88

(amending this HF 727 to CONFORM to SF 513)

1 patient's primary care or women's health care practitioner
2 to obtain preventative care, including but not limited to
3 recommended tests and screenings.

4 (b) The effectiveness and availability of long-acting
5 reversible contraceptives as an alternative to
6 self-administered hormonal contraceptives.

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

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

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

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

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

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

17 (c) The need for backup contraception.

18 (d) When to seek emergency medical attention.

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

21 5. The standing order established pursuant to this section
22 shall prohibit a pharmacist who dispenses a self-administered
23 hormonal contraceptive under this section from doing any of the
24 following:

25 a. Requiring a patient to schedule an appointment with
26 the pharmacist for the prescribing or dispensing of a
27 self-administered hormonal contraceptive.

28 b. Dispensing self-administered hormonal contraceptives to
29 a patient for more than twenty-four months after the date a
30 self-administered hormonal contraceptive is initially dispensed
31 to the patient without the patient's attestation that the
32 patient has consulted with a primary care or women's health
33 care practitioner during the preceding twenty-four months.

34 c. Dispensing a self-administered hormonal contraceptive to
35 a patient if the results of the self-screening risk assessment

1 completed by a patient pursuant to subsection 4, paragraph
2 "b", indicate it is unsafe for the pharmacist to dispense the
3 self-administered hormonal contraceptive to the patient, in
4 which case the pharmacist shall refer the patient to a primary
5 care or women's health care practitioner.

6 6. A pharmacist who dispenses a self-administered hormonal
7 contraceptive and the medical director of the department who
8 establishes a standing order in compliance with this section
9 shall be immune from criminal and civil liability arising from
10 any damages caused by the dispensing, administering, or use of
11 a self-administered hormonal contraceptive or the establishment
12 of the standing order, provided that the pharmacist acts
13 reasonably and in good faith. The medical director of the
14 department shall be considered to be acting within the scope
15 of the medical director's office and employment for purposes
16 of chapter 669 in the establishment of a standing order in
17 compliance with this section.

18 7. The department, in collaboration with the board and
19 the board of medicine, and in consideration of the guidelines
20 established by the American congress of obstetricians and
21 gynecologists, shall adopt rules pursuant to chapter 17A to
22 administer this chapter.

23 Sec. 3. Section 514C.19, Code 2019, is amended to read as
24 follows:

25 **514C.19 Prescription contraceptive coverage.**

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

31 a. Exclude Such policy, contract, or plan shall not
32 exclude or restrict benefits for prescription contraceptive
33 drugs or prescription contraceptive devices which prevent
34 conception and which are approved by the United States
35 food and drug administration, or generic equivalents

HF727.1802 (2) 88
(amending this HF 727 to CONFORM to SF 513)

1 approved as substitutable by the United States food and drug
2 administration, if such policy, ~~or~~ contract, or plan provides
3 benefits for other outpatient prescription drugs or devices.
4 However, such policy, contract, or plan shall specifically
5 provide for payment, including reimbursement for pharmacist
6 consultations, for a self-administered hormonal contraceptive,
7 as prescribed by a practitioner as defined in section
8 155A.3, or as prescribed by standing order and dispensed by a
9 pharmacist pursuant to section 155A.47, including payment for
10 up to an initial three-month supply of the self-administered
11 hormonal contraceptive dispensed at one time and for up to a
12 twelve-month supply of the same self-administered hormonal
13 contraceptive subsequently dispensed at one time.

14 *b.* ~~Exclude~~ Such policy, contract, or plan shall not exclude
15 or restrict benefits for outpatient contraceptive services
16 which are provided for the purpose of preventing conception if
17 such policy, ~~or~~ contract, or plan provides benefits for other
18 outpatient services provided by a health care professional.

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

23 *a.* Deny to an individual eligibility, or continued
24 eligibility, to enroll in or to renew coverage under the terms
25 of the policy, ~~or~~ contract, or plan because of the individual's
26 use or potential use of such prescription contraceptive drugs
27 or devices, or use or potential use of outpatient contraceptive
28 services.

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

32 *c.* Penalize or otherwise reduce or limit the reimbursement
33 of a health care professional because such professional
34 prescribes contraceptive drugs or devices, or provides
35 contraceptive services.

1 d. Provide incentives, monetary or otherwise, to a health
2 care professional to induce such professional to withhold
3 from a covered individual contraceptive drugs or devices, or
4 contraceptive services.

5 3. **This section** shall not be construed to prevent a
6 third-party payor from including deductibles, coinsurance, or
7 copayments under the policy, ~~or~~ contract, or plan as follows:

8 a. A deductible, coinsurance, or copayment for benefits
9 for prescription contraceptive drugs shall not be greater than
10 such deductible, coinsurance, or copayment for any outpatient
11 prescription drug for which coverage under the policy, ~~or~~
12 contract, or plan is provided.

13 b. A deductible, coinsurance, or copayment for benefits for
14 prescription contraceptive devices shall not be greater than
15 such deductible, coinsurance, or copayment for any outpatient
16 prescription device for which coverage under the policy, ~~or~~
17 contract, or plan is provided.

18 c. A deductible, coinsurance, or copayment for benefits for
19 outpatient contraceptive services shall not be greater than
20 such deductible, coinsurance, or copayment for any outpatient
21 health care services for which coverage under the policy, ~~or~~
22 contract, or plan is provided.

23 4. **This section** shall not be construed to require a
24 third-party payor under a policy, ~~or~~ contract, or plan
25 to provide benefits for experimental or investigational
26 contraceptive drugs or devices, or experimental or
27 investigational contraceptive services, except to the extent
28 that such policy, ~~or~~ contract, or plan provides coverage for
29 other experimental or investigational outpatient prescription
30 drugs or devices, or experimental or investigational outpatient
31 health care services.

32 5. **This section** shall not be construed to limit or otherwise
33 discourage the use of generic equivalent drugs approved by the
34 United States food and drug administration, whenever available
35 and appropriate. **This section**, when a brand name drug is

1 requested by a covered individual and a suitable generic
2 equivalent is available and appropriate, shall not be construed
3 to prohibit a third-party payor from requiring the covered
4 individual to pay a deductible, coinsurance, or copayment
5 consistent with [subsection 3](#), in addition to the difference of
6 the cost of the brand name drug less the maximum covered amount
7 for a generic equivalent.

8 6. A person who provides an individual policy, ~~or contract,~~
9 or plan providing for third-party payment or prepayment of
10 health or medical expenses shall make available a coverage
11 provision that satisfies the requirements in subsections
12 1 through 5 in the same manner as such requirements are
13 applicable to a group policy, ~~or contract,~~ or plan under those
14 subsections. The policy, ~~or contract,~~ or plan shall provide
15 that the individual policyholder may reject the coverage
16 provision at the option of the policyholder.

17 7. a. [This section](#) applies to the following classes of
18 third-party payment provider contracts, ~~or policies,~~ or plan
19 delivered, issued for delivery, continued, or renewed in this
20 state on or after ~~July 1, 2000~~ January 1, 2020:

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

23 (2) An individual or group hospital or medical service
24 contract issued pursuant to [chapter 509](#), [514](#), or [514A](#).

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

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

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

32 b. [This section](#) shall not apply to accident-only,
33 specified disease, short-term hospital or medical, hospital
34 confinement indemnity, credit, dental, vision, Medicare
35 supplement, long-term care, basic hospital and medical-surgical

1 expense coverage as defined by the commissioner, disability
2 income insurance coverage, coverage issued as a supplement
3 to liability insurance, workers' compensation or similar
4 insurance, or automobile medical payment insurance.

5 8. This section shall not be construed to require a
6 third-party payor to provide payment to a practitioner for the
7 dispensing of a self-administered hormonal contraceptive to
8 replace a self-administered hormonal contraceptive that has
9 been dispensed to a covered person and that has been misplaced,
10 stolen, or destroyed. This section shall not be construed to
11 require a third-party payor to replace covered prescriptions
12 that are misplaced, stolen, or destroyed.

13 9. For the purposes of this section:

14 a. "Self-administered hormonal contraceptive" means a
15 self-administered hormonal contraceptive that is approved
16 by the United States food and drug administration to prevent
17 pregnancy. "Self-administered hormonal contraceptive" includes
18 an oral hormonal contraceptive, a hormonal vaginal ring, and
19 a hormonal contraceptive patch, but does not include any drug
20 intended to induce an abortion as defined in section 146.1.

21 b. "Standing order" means a preauthorized medication order
22 with specific instructions from the medical director of the
23 department of public health to dispense a medication under
24 clearly defined circumstances.

25 **Sec. 4. MEDICAID COVERAGE — SELF-ADMINISTERED HORMONAL**
26 **CONTRACEPTIVES.** The department of human services shall,
27 contractually and by administrative rules adopted pursuant
28 to chapter 17A, require under Medicaid fee-for-service
29 and Medicaid managed care administration, coverage for
30 a self-administered hormonal contraceptive as prescribed
31 by a practitioner as defined in section 155A.3, or as
32 prescribed by standing order and dispensed by a pharmacist
33 pursuant to section 155A.47, including payment for up to
34 an initial three-month supply of the self-administered
35 hormonal contraceptive dispensed at one time and for up to a

1 twelve-month supply of the same self-administered hormonal
2 contraceptive subsequently dispensed at one time.>

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