

**House File 448 - Introduced**

HOUSE FILE 448

BY SUNDE

**A BILL FOR**

1 An Act relating to the dispensing of self-administered hormonal  
2 contraceptives pursuant to a prescription and providing for  
3 insurance coverage.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 155A.3, Code 2021, is amended by adding  
2 the following new subsections:

3 NEW SUBSECTION. 18A. "*Generic*" means a chemically  
4 equivalent copy of a brand-name drug with an expired patent.

5 NEW SUBSECTION. 44A. "*Self-administered hormonal*  
6 *contraceptive*" means a self-administered hormonal contraceptive  
7 that is approved by the United States food and drug  
8 administration to prevent pregnancy.

9 Sec. 2. NEW SECTION. 155A.47 **Pharmacist dispensing of**  
10 **self-administered hormonal contraceptives — limitations of**  
11 **liability.**

12 1. Notwithstanding any provision of law to the contrary,  
13 a pharmacist may dispense a self-administered hormonal  
14 contraceptive to a patient pursuant to a prescription in  
15 accordance with the following:

16 a. For an initial dispensing of a self-administered  
17 hormonal contraceptive, the pharmacist may dispense only up  
18 to a three-month supply at one time of the self-administered  
19 hormonal contraceptive.

20 b. For any subsequent dispensing of the same  
21 self-administered hormonal contraceptive, the pharmacist  
22 may dispense up to a twelve-month supply at one time  
23 of the self-administered hormonal contraceptive. For  
24 the purposes of this paragraph, subsequent dispensing  
25 of the same self-administered hormonal contraceptive  
26 includes the subsequent dispensing of a generic form of  
27 self-administered hormonal contraceptive in place of a  
28 brand-name self-administered hormonal contraceptive.

29 2. A pharmacist who dispenses a self-administered hormonal  
30 contraceptive in compliance with this section shall be  
31 immune from criminal and civil liability arising from any  
32 damages caused by the dispensing, administering, or use of a  
33 self-administered hormonal contraceptive, provided that the  
34 pharmacist acts reasonably and in good faith.

35 3. The board shall adopt rules pursuant to chapter 17A to

1 administer this section.

2 Sec. 3. Section 514C.19, Code 2021, is amended to read as  
3 follows:

4 **514C.19 Prescription contraceptive coverage.**

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

10 *a.* ~~Exclude~~ Such policy, contract, or plan shall not  
11 exclude or restrict benefits for prescription contraceptive  
12 drugs or prescription contraceptive devices which prevent  
13 conception and which are approved by the United States  
14 food and drug administration, or generic equivalents  
15 approved as substitutable by the United States food and  
16 drug administration, if such policy, ~~or~~ contract, or plan  
17 provides benefits for other outpatient prescription drugs  
18 or devices. However, such policy, contract, or plan shall  
19 specifically provide for payment for a self-administered  
20 hormonal contraceptive, as prescribed by a practitioner as  
21 defined in section 155A.3, and dispensed by a pharmacist  
22 pursuant to section 155A.47, including payment for up to  
23 an initial three-month supply of the self-administered  
24 hormonal contraceptive dispensed at one time and for up to a  
25 twelve-month supply of the same self-administered hormonal  
26 contraceptive subsequently dispensed at one time.

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

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

1     *a.* Deny to an individual eligibility, or continued  
2 eligibility, to enroll in or to renew coverage under the terms  
3 of the policy, ~~or~~ contract, or plan because of the individual's  
4 use or potential use of such prescription contraceptive drugs  
5 or devices, or use or potential use of outpatient contraceptive  
6 services.

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

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

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

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

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

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

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

1     4. **This section** shall not be construed to require a  
2 third-party payor under a policy, ~~or~~ contract, or plan  
3 to provide benefits for experimental or investigational  
4 contraceptive drugs or devices, or experimental or  
5 investigational contraceptive services, except to the extent  
6 that such policy, ~~or~~ contract, or plan provides coverage for  
7 other experimental or investigational outpatient prescription  
8 drugs or devices, or experimental or investigational outpatient  
9 health care services.

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

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

30    7. *a.* **This section** applies to the following classes of  
31 third-party payment provider contracts, ~~or~~ policies, or plans  
32 delivered, issued for delivery, continued, or renewed in this  
33 state on or after ~~July 1, 2000~~ January 1, 2022:

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

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

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

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

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

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

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

26 9. For the purposes of this section, "self-administered  
27 hormonal contraceptive" means a self-administered hormonal  
28 contraceptive that is approved by the United States food and  
29 drug administration to prevent pregnancy.

30 EXPLANATION

31 The inclusion of this explanation does not constitute agreement with  
32 the explanation's substance by the members of the general assembly.

33 This bill relates to the dispensing of self-administered  
34 hormonal contraceptives.

35 The bill provides definitions of "generic" and

1 "self-administered hormonal contraceptive" for the purposes of  
2 the bill.

3 The bill provides that notwithstanding any provision of law  
4 to the contrary, a pharmacist may dispense a self-administered  
5 hormonal contraceptive to a patient pursuant to a prescription  
6 based upon whether the dispensing is an initial or subsequent  
7 dispensing. If the dispensing is the initial dispensing of  
8 a self-administered hormonal contraceptive, the pharmacist  
9 may dispense only up to a three-month supply at one time.  
10 If the dispensing is a subsequent dispensing of the same  
11 self-administered hormonal contraceptive, the pharmacist may  
12 dispense up to a 12-month supply at one time. Subsequent  
13 dispensing of the same self-administered hormonal contraceptive  
14 includes the subsequent dispensing of a generic form of  
15 self-administered hormonal contraceptive in place of a  
16 brand-name self-administered hormonal contraceptive.

17 A pharmacist who dispenses a self-administered hormonal  
18 contraceptive in compliance with the bill shall be immune from  
19 criminal and civil liability arising from any damages caused by  
20 the dispensing, administering, or use of a self-administered  
21 hormonal contraceptive, provided that the pharmacist acts  
22 reasonably and in good faith. The board of pharmacy shall  
23 adopt administrative rules to administer the bill.

24 The bill also requires a group policy, contract, or plan  
25 providing for third-party payment or prepayment of health or  
26 medical expenses to specifically provide, in any contract,  
27 policy, or plan delivered, issued for delivery, continued,  
28 or renewed in this state on or after January 1, 2022, for  
29 payment for a self-administered hormonal contraceptive, as  
30 prescribed by a practitioner and dispensed by a pharmacist  
31 pursuant to the bill, including payment for up to an initial  
32 three-month supply of the self-administered hormonal  
33 contraceptive dispensed at one time and for up to a 12-month  
34 supply of the same self-administered hormonal contraceptive  
35 subsequently dispensed at one time. This requirement is not to

1 be construed to require a third-party payor to provide payment  
2 to a practitioner for the dispensing of a self-administered  
3 hormonal contraceptive to replace a self-administered  
4 hormonal contraceptive that has been dispensed to a covered  
5 person and that has been misplaced, stolen, or destroyed.  
6 This requirement also shall not be construed to require a  
7 third-party payor to replace covered prescriptions that are  
8 misplaced, stolen, or destroyed.