

House Study Bill 121 - Introduced

SENATE/HOUSE FILE _____
BY (PROPOSED GOVERNOR BILL)

A BILL FOR

1 An Act relating to the prescribing and dispensing of
2 self-administered hormonal contraceptives.
3 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. 10A. "*Department*" means the department of
4 public health.

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. "*Self-administered*
9 *hormonal contraceptive*" includes an oral hormonal contraceptive,
10 a hormonal vaginal ring, and a hormonal contraceptive patch,
11 but does not include any drug intended to induce an abortion as
12 defined in section 146.1.

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

17 Sec. 2. NEW SECTION. 155A.47 **Pharmacist dispensing of**
18 **self-administered hormonal contraceptives — standing order —**
19 **requirements — limitations of liability.**

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

26 2. A pharmacist who dispenses a self-administered hormonal
27 contraceptive in accordance with this section shall not
28 require any other prescription drug order authorized by a
29 practitioner prior to dispensing the self-administered hormonal
30 contraceptive to a patient.

31 3. The medical director of the department may establish a
32 standing order authorizing the dispensing of self-administered
33 hormonal contraceptives by a pharmacist who does all of the
34 following:

35 a. Complies with the standing order established pursuant to

1 this section.

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

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

8 *a.* Complete a standardized training program and continuing
9 education requirements approved by the board in consultation
10 with the department that are related to prescribing
11 self-administered hormonal contraceptives and include education
12 regarding all contraceptive methods approved by the United
13 States food and drug administration.

14 *b.* Obtain a completed self-screening risk assessment,
15 approved by the department in collaboration with the board and
16 the board of medicine, from each patient prior to dispensing
17 the self-administered hormonal contraceptive to the patient.

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

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

20 (*a*) The importance of completing an appointment with the
21 patient's primary care or women's health care practitioner
22 to obtain preventative care, including but not limited to
23 recommended tests and screenings.

24 (*b*) The effectiveness and availability of long-acting
25 reversible contraceptives as an alternative to
26 self-administered hormonal contraceptives.

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

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

30 (*b*) A description of the contraceptive dispensed, or the
31 basis for not dispensing a contraceptive.

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

33 (*a*) The appropriate administration and storage of the
34 self-administered hormonal contraceptive.

35 (*b*) Potential side effects and risks of the

1 self-administered hormonal contraceptive.

2 (c) The need for backup contraception.

3 (d) When to seek emergency medical attention.

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

6 5. The standing order established pursuant to this section
7 shall prohibit a pharmacist who dispenses a self-administered
8 hormonal contraceptive under this section from doing any of the
9 following:

10 a. Requiring a patient to schedule an appointment with
11 the pharmacist for the prescribing or dispensing of a
12 self-administered hormonal contraceptive.

13 b. Dispensing self-administered hormonal contraceptives to
14 a patient for more than twenty-four months after the date a
15 self-administered hormonal contraceptive is initially dispensed
16 to the patient without the patient's attestation that the
17 patient has consulted with a primary care or women's health
18 care practitioner during the preceding twenty-four months.

19 c. Dispensing a self-administered hormonal contraceptive to
20 a patient if the results of the self-screening risk assessment
21 completed by a patient pursuant to subsection 4, paragraph
22 "b", indicate it is unsafe for the pharmacist to dispense the
23 self-administered hormonal contraceptive to the patient, in
24 which case the pharmacist shall refer the patient to a primary
25 care or women's health care practitioner.

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

1 order in compliance with this section.

2 7. The department, in collaboration with the board and
3 the board of medicine, and in consideration of the guidelines
4 established by the American congress of obstetricians and
5 gynecologists, shall adopt rules pursuant to chapter 17A to
6 administer this chapter.

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

9 **514C.19 Prescription contraceptive coverage.**

10 1. Notwithstanding the uniformity of treatment requirements
11 of section 514C.6, a group policy, ~~or~~ contract, or plan
12 providing for third-party payment or prepayment of health or
13 medical expenses shall ~~not do either of the following~~ comply
14 as follows:

15 a. ~~Exclude~~ Such policy, contract, or plan shall not
16 exclude or restrict benefits for prescription contraceptive
17 drugs or prescription contraceptive devices which prevent
18 conception and which are approved by the United States
19 food and drug administration, or generic equivalents
20 approved as substitutable by the United States food and drug
21 administration, if such policy, ~~or~~ contract, or plan provides
22 benefits for other outpatient prescription drugs or devices.
23 However, such policy, contract, or plan shall specifically
24 provide for payment of a one-year supply of self-administered
25 hormonal contraceptives, as prescribed by a practitioner as
26 defined in section 155A.3, or as prescribed by standing order
27 and dispensed by a pharmacist pursuant to section 155A.47,
28 including self-administered hormonal contraceptives dispensed
29 at one time.

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

35 2. A person who provides a group policy, ~~or~~ contract, or

1 plan providing for third-party payment or prepayment of health
2 or medical expenses which is subject to [subsection 1](#) shall not
3 do any of the following:

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

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

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

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

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

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

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

34 *c.* A deductible, coinsurance, or copayment for benefits for
35 outpatient contraceptive services shall not be greater than

1 such deductible, coinsurance, or copayment for any outpatient
2 health care services for which coverage under the policy, ~~or~~
3 contract, or plan is provided.

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

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

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

33 7. a. This section applies to the following classes of
34 third-party payment provider contracts, ~~or~~ policies, or plans
35 delivered, issued for delivery, continued, or renewed in this

1 state on or after ~~July 1, 2000~~ January 1, 2022:

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

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

6 (3) An individual or group health maintenance organization
7 contract regulated under chapter 514B.

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

11 (5) A plan established pursuant to chapter 509A for public
12 employees.

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

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

29 9. For the purposes of this section:

30 *a.* "Self-administered hormonal contraceptive" means a
31 self-administered hormonal contraceptive that is approved
32 by the United States food and drug administration to prevent
33 pregnancy. "Self-administered hormonal contraceptive" includes
34 an oral hormonal contraceptive, a hormonal vaginal ring, and
35 a hormonal contraceptive patch, but does not include any drug

1 intended to induce an abortion as defined in section 146.1.
2 b. "Standing order" means a preauthorized medication order
3 with specific instructions from the medical director of the
4 department of public health to dispense a medication under
5 clearly defined circumstances.

6 EXPLANATION

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

9 This bill relates to the dispensing of self-administered
10 hormonal contraceptives by a pharmacist. The bill
11 defines "self-administered hormonal contraceptive" as a
12 self-administered hormonal contraceptive that is approved by
13 the United States food and drug administration to prevent
14 pregnancy, including an oral hormonal contraceptive, a hormonal
15 vaginal ring, and a hormonal contraceptive patch, but not
16 including any drug intended to induce an abortion.

17 The bill provides that notwithstanding any provision of
18 law to the contrary, a pharmacist may dispense at one time,
19 up to a one-year supply of a self-administered hormonal
20 contraceptive to a patient who is at least 18 years of age
21 pursuant to a standing order established by the medical
22 director of the department of public health (medical director).
23 Additionally, the bill prohibits a pharmacist who dispenses
24 a self-administered hormonal contraceptive in accordance
25 with the bill from requiring any other prescription drug
26 order authorized by a practitioner prior to dispensing the
27 self-administered hormonal contraceptive.

28 The bill authorizes the medical director to establish a
29 standing order authorizing the dispensing of self-administered
30 hormonal contraceptives by any pharmacist who complies with the
31 standing order and retains and submits the patient's record to
32 the department of public health (DPH).

33 The standing order includes requiring a pharmacist who
34 dispenses a self-administered hormonal contraceptive under
35 the bill to: complete a standardized training program and

1 continuing education requirements related to prescribing the
2 hormonal contraceptives; obtain a completed self-screening risk
3 assessment from each patient before dispensing the hormonal
4 contraceptives; provide the patient with certain written
5 information; provide the patient with a copy of the record
6 of the pharmacist's encounter with the patient; and provide
7 patient counseling.

8 The standing order would prohibit a pharmacist who dispenses
9 hormonal contraceptives under the bill from requiring a
10 patient to schedule an appointment with the pharmacist for
11 the prescribing or dispensing of the hormonal contraceptives;
12 dispensing the hormonal contraceptives to a patient for more
13 than 24 months after the date initially dispensed without the
14 patient's attestation that the patient has consulted with a
15 practitioner during the preceding 24 months; and dispensing
16 the hormonal contraceptives to a patient if the results of the
17 patient's self-screening risk assessment indicate it is unsafe
18 for the pharmacist to dispense the hormonal contraceptives
19 to the patient, in which case the pharmacist shall refer the
20 patient to a practitioner.

21 The bill provides immunity for a pharmacist who dispenses a
22 self-administered hormonal contraceptive and for the medical
23 director who establishes a standing order in compliance with
24 the bill from criminal and civil liability arising from any
25 damages caused by the dispensing, administering, or use of a
26 self-administered hormonal contraceptive or the establishment
27 of the standing order. Additionally, the medical director
28 shall be considered to be acting within the scope of the
29 medical director's office and employment for purposes of Code
30 chapter 669 (Iowa tort claims Act) in the establishment of a
31 standing order in compliance with the bill.

32 The bill requires DPH, in collaboration with the boards of
33 pharmacy and medicine, and in consideration of the guidelines
34 established by the American congress of obstetricians and
35 gynecologists, to adopt administrative rules to administer the

1 bill.

2 The bill amends prescription contraceptive coverage
3 provisions to require that a group policy, contract, or plan
4 delivered, issued for delivery, continued, or renewed in the
5 state on or after January 1, 2022, providing for third-party
6 payment or prepayment of health or medical expenses, shall
7 specifically provide for payment of a one-year supply of
8 self-administered hormonal contraceptives, as prescribed
9 and dispensed as specified in the bill, including those
10 dispensed at one time. The bill provides, however, that
11 the provisions of the bill relating to coverage are not
12 to be construed to require a third-party payor to provide
13 payment to a practitioner for dispensing a self-administered
14 hormonal contraceptive to replace a self-administered
15 hormonal contraceptive that has been dispensed to a covered
16 person and that has been misplaced, stolen, or destroyed.
17 These provisions are also not to be construed to require a
18 third-party payor to replace covered prescriptions that are
19 misplaced, stolen, or destroyed.