

House File 427 - Introduced

HOUSE FILE 427
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 91)

A BILL FOR

1 An Act relating to the health and well-being of children
2 and families including provisions for regional centers of
3 excellence, a state-funded family medicine obstetrical
4 fellowship program, self-administered hormonal
5 contraceptives, maternal support and fatherhood initiatives,
6 adoption expenses under the adoption subsidy program,
7 and accessibility to the all Iowa scholarship program;
8 making appropriations; and including effective date and
9 applicability provisions.
10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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DIVISION I

REGIONAL CENTERS OF EXCELLENCE GRANT PROGRAM

Section 1. REGIONAL CENTERS OF EXCELLENCE PROGRAM — GRANTS — APPROPRIATION. There is appropriated from the general fund of the state to the department of health and human services for the fiscal year beginning July 1, 2023, and ending June 30, 2024, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

..... \$ 1,000,000

The funds appropriated in this section shall be used for the continuation of a center of excellence program to award four grants to encourage innovation and collaboration among regional health care providers in a rural area based upon the results of a regional community needs assessment to transform health care delivery in order to provide quality, sustainable care that meets the needs of the local communities. An applicant for the grant funds shall specify how the funds will be expended to accomplish the goals of the program and shall provide a detailed five-year sustainability plan prior to being awarded any funding. Following the receipt of grant funding, a recipient shall submit periodic reports as specified by the department to the governor and the general assembly regarding the recipient's expenditure of the funds and progress in accomplishing the program's goals.

DIVISION II

STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP PROGRAM

Sec. 2. NEW SECTION. 135.182 State-funded family medicine obstetrics fellowship program — fund.

1. The department shall establish a family medicine obstetrics fellowship program to increase access to family medicine obstetrics practitioners in rural and underserved areas of the state. A person who has completed an accreditation council for graduate medical education residency program in family medicine is eligible for participation in the fellowship program. Participating fellows shall

1 enter into a program agreement with a participating teaching
2 hospital which, at a minimum, requires the fellow to complete a
3 one-year fellowship and to engage in full-time family medicine
4 obstetrics practice in a rural or underserved area of the
5 state for a period of at least five years within nine months
6 following completion of the fellowship and receipt of a license
7 to practice medicine in the state.

8 2. Each fellow participating in the program shall be
9 eligible for a salary and benefits including a stipend as
10 determined by the participating teaching hospital which shall
11 be funded through the family medicine obstetrics fellowship
12 program fund.

13 3. The department shall adopt rules pursuant to chapter
14 17A to administer the program, including defining rural and
15 underserved areas for the purpose of the required full-time
16 practice of a person following completion of the fellowship.

17 4. *a.* A family medicine obstetrics fellowship program
18 fund is created in the state treasury consisting of the moneys
19 appropriated or credited to the fund by law. Notwithstanding
20 section 8.33, moneys in the fund at the end of each fiscal year
21 shall not revert to any other fund but shall remain in the fund
22 for use in subsequent fiscal years. Moneys in the fund are
23 appropriated to the department to be used to fund fellowship
24 positions as provided in this section.

25 *b.* For the fiscal year beginning July 1, 2023, and each
26 fiscal year beginning July 1 thereafter, there is appropriated
27 from the general fund of the state to the family medicine
28 obstetrics fellowship program fund an amount sufficient to
29 support the creation of four fellowship positions as provided
30 in this section.

31 5. The department and the participating teaching hospitals
32 shall regularly evaluate and document their experiences
33 including identifying ways the program may be modified or
34 expanded to facilitate increased access to family medicine
35 obstetrics practitioners in rural and underserved areas of the

1 state. The department shall submit an annual report to the
2 general assembly by January 1. The report shall include the
3 number of fellowships funded to date and any other information
4 identified by the department and the participating teaching
5 hospitals as indicators of outcomes and the effectiveness of
6 the program.

7 6. For the purposes of this section, *“teaching hospital”*
8 means a hospital or medical center that provides medical
9 education to prospective and current health professionals.

10 Sec. 3. STATE-FUNDED FAMILY MEDICINE OBSTETRICS FELLOWSHIP
11 PROGRAM AND FUND — APPROPRIATION. There is appropriated from
12 the general fund of the state to the department of health and
13 human services for the fiscal year beginning July 1, 2023, and
14 ending June 30, 2024, the following amount, or so much thereof
15 as is necessary, to be used for the purposes designated:

16 \$ 560,000

17 For deposit in the family medicine obstetrics fellowship
18 program fund to be utilized in creating and providing for four
19 family medicine obstetrics fellowship positions during the
20 fiscal year in accordance with the family medicine obstetrics
21 fellowship program created in this division of this Act.

22 DIVISION III

23 SELF-ADMINISTERED HORMONAL CONTRACEPTIVES

24 Sec. 4. Section 155A.3, Code 2023, is amended by adding the
25 following new subsections:

26 NEW SUBSECTION. 10A. *“Department”* means the department of
27 health and human services.

28 NEW SUBSECTION. 45A. *“Self-administered hormonal*
29 *contraceptive”* means a self-administered hormonal contraceptive
30 that is approved by the United States food and drug
31 administration to prevent pregnancy. *“Self-administered*
32 *hormonal contraceptive”* includes an oral hormonal contraceptive,
33 a hormonal vaginal ring, and a hormonal contraceptive patch,
34 but does not include any drug intended to induce an abortion as
35 defined in section 146.1.

1 NEW SUBSECTION. 45B. "*Standing order*" means a preauthorized
2 medication order with specific instructions from the medical
3 director of the department to dispense a medication under
4 clearly defined circumstances.

5 Sec. 5. NEW SECTION. 155A.49 **Pharmacist dispensing of**
6 **self-administered hormonal contraceptives — standing order —**
7 **requirements — limitations of liability.**

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

13 *b.* In dispensing a self-administered hormonal contraceptive
14 to a patient under this section, a pharmacist shall comply with
15 all of the following:

16 (1) 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 (2) 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 of the
23 self-administered hormonal contraceptive.

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

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

33 *a.* Complies with the standing order established pursuant to
34 this section.

35 *b.* Retains a record of each patient to whom a

1 self-administered hormonal contraceptive is dispensed under
2 this section and submits the record to the department.

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

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

12 b. Obtain a completed self-screening risk assessment,
13 approved by the department in collaboration with the board and
14 the board of medicine, from each patient, verify the identity
15 and age of each patient, and perform a blood pressure screening
16 on each patient prior to dispensing the self-administered
17 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
14 to a patient for more than twenty-seven months after the
15 date a self-administered hormonal contraceptive is initially
16 dispensed to the patient, if the patient has not consulted with
17 a primary care or women's health care practitioner during the
18 preceding twenty-seven months, in which case the pharmacist
19 shall refer the patient to a primary care or women's health
20 care practitioner.

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

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

1 scope of the medical director's office and employment for
2 purposes of chapter 669 in the establishment of a standing
3 order in compliance with this section.

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

9 Sec. 6. Section 514C.19, Code 2023, is amended to read as
10 follows:

11 **514C.19 Prescription contraceptive coverage.**

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

17 a. Exclude Such policy, contract, or plan shall not
18 exclude or restrict benefits for prescription contraceptive
19 drugs or prescription contraceptive devices which prevent
20 conception and which are approved by the United States
21 food and drug administration, or generic equivalents
22 approved as substitutable by the United States food and
23 drug administration, if such policy, ~~or~~ contract, or plan
24 provides benefits for other outpatient prescription drugs
25 or devices. However, such policy, contract, or plan shall
26 specifically provide for payment of a self-administered
27 hormonal contraceptive, as prescribed by a practitioner as
28 defined in section 155A.3, or as prescribed by standing order
29 and dispensed by a pharmacist pursuant to section 155A.49,
30 including payment for up to an initial three-month supply
31 of a self-administered hormonal contraceptive dispensed at
32 one time and for up to a twelve-month supply of the same
33 self-administered hormonal contraceptive subsequently dispensed
34 at one time.

35 b. Exclude Such policy, contract, or plan shall not exclude

1 or restrict benefits for outpatient contraceptive services
2 which are provided for the purpose of preventing conception if
3 such policy, ~~or contract~~, or plan provides benefits for other
4 outpatient services provided by a health care professional.

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

9 a. Deny to an individual eligibility, or continued
10 eligibility, to enroll in or to renew coverage under the terms
11 of the policy, ~~or contract~~, or plan because of the individual's
12 use or potential use of such prescription contraceptive drugs
13 or devices, or use or potential use of outpatient contraceptive
14 services.

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

18 c. Penalize or otherwise reduce or limit the reimbursement
19 of a health care professional because such professional
20 prescribes contraceptive drugs or devices, or provides
21 contraceptive services.

22 d. Provide incentives, monetary or otherwise, to a health
23 care professional to induce such professional to withhold
24 from a covered individual contraceptive drugs or devices, or
25 contraceptive services.

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

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

34 b. A deductible, coinsurance, or copayment for benefits for
35 prescription contraceptive devices shall not be greater than

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

4 c. A deductible, coinsurance, or copayment for benefits for
5 outpatient contraceptive services shall not be greater than
6 such deductible, coinsurance, or copayment for any outpatient
7 health care services for which coverage under the policy, ~~or~~
8 contract, or plan is provided.

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

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

29 6. A person who provides an individual policy, ~~or~~ contract,
30 or plan providing for third-party payment or prepayment of
31 health or medical expenses shall make available a coverage
32 provision that satisfies the requirements in subsections
33 1 through 5 in the same manner as such requirements are
34 applicable to a group policy, ~~or~~ contract, or plan under those
35 subsections. The policy, ~~or~~ contract, or plan shall provide

1 that the individual policyholder may reject the coverage
2 provision at the option of the policyholder.

3 7. *a.* This section applies to the following classes of
4 third-party payment provider contracts, ~~or policies, or plans~~
5 delivered, issued for delivery, continued, or renewed in this
6 state on or after ~~July 1, 2000~~ January 1, 2024:

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

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

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

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

16 (5) A plan established pursuant to chapter 509A for public
17 employees.

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

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

34 9. For the purposes of this section, "self-administered
35 hormonal contraceptive" and "standing order" mean the same as

1 defined in section 155A.3.

2 Sec. 7. INFORMATION PROGRAM FOR DRUG PRESCRIBING AND
3 DISPENSING — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES. The
4 board of pharmacy in collaboration with the board of medicine
5 and the department of health and human services shall expand
6 the information program for drug prescribing and dispensing
7 established pursuant to section 124.551, to collect from
8 pharmacists information relating to the dispensing of
9 self-administered hormonal contraceptives as provided pursuant
10 to section 155A.49. The board of pharmacy shall adopt
11 rules pursuant to chapter 17A related to registration of
12 participating pharmacists, the information to be reported by a
13 pharmacist to the information program, access to information
14 from the program, and other rules necessary to carry out the
15 purposes and to enforce the provisions of this section.

16 Sec. 8. APPLICATION TO MEDICAID PROGRAM. This division
17 of this Act shall apply to the Medicaid program including a
18 managed care organization acting pursuant to a contract with
19 the department of health and human services to administer
20 the Medicaid program under chapter 249A. However, if it is
21 determined that any provision of this division of this Act
22 would cause denial of federal funds under Tit. XVIII or XIX
23 of the federal Social Security Act, or would otherwise be
24 inconsistent or conflict with the requirements of federal law
25 or regulation, such provision shall be suspended, but only to
26 the extent necessary to prevent denial of such funds or to
27 eliminate the inconsistency or conflict with the requirements
28 of federal law or regulation.

29 DIVISION IV

30 MORE OPTIONS FOR MATERNAL SUPPORT (MOMS) PROGRAM — FATHERHOOD
31 INITIATIVES

32 Sec. 9. Section 217.41C, subsection 1, paragraph c, Code
33 2023, is amended to read as follows:

34 c. For the purposes of [this section](#), “*pregnancy support*
35 *services*” means those nonmedical services that promote

1 childbirth by providing information, counseling, and support
2 services that assist pregnant women or women who believe they
3 may be pregnant and men who are involved or who think they
4 might be involved in a pregnancy to choose childbirth and to
5 make informed decisions regarding the choice of adoption or
6 parenting with respect to their children.

7 Sec. 10. Section 217.41C, Code 2023, is amended by adding
8 the following new subsections:

9 NEW SUBSECTION. 8. The department shall develop and
10 maintain a virtual clearinghouse of pregnancy support
11 services and resources including but not limited to all of the
12 following:

13 a. Pregnancy resource center and maternity home information
14 including contact information, location, and services provided.

15 b. Assistance in accessing public assistance including but
16 not limited to the special supplemental nutrition program for
17 women, infants, and children and the supplemental nutrition
18 assistance program.

19 c. Educational resources.

20 d. Housing assistance.

21 e. Recovery and mental health services.

22 f. Family planning education.

23 g. Adoption and foster care information and services.

24 h. Healing and support services for abortion survivors and
25 their families.

26 NEW SUBSECTION. 9. Beginning July 1, 2023, and thereafter,
27 funding for the program may be used for all of the following
28 purposes:

29 a. *Fatherhood engagement grants.* The department may
30 award grants to nonprofit, community-based organizations to
31 address the needs of fathers by assisting fathers in finding
32 employment, managing child support obligations, transitioning
33 from a period of incarceration, accessing health care,
34 understanding child development, and enhancing parenting skills
35 using evidence-based parenting education. Priority in the

1 awarding of grants shall be based on the demonstrated need
2 in a geographic area and the prevalence of the population to
3 be served as indicated by factors including but not limited
4 to the service area's unemployment rate, incarceration rate,
5 number of public assistance recipients, number of single-parent
6 households, level of housing instability, and graduation rates.

7 *b. Fatherhood communications initiative.* The department
8 shall administer a communications initiative on responsible
9 fatherhood including but not limited to a public internet site
10 that provides access to resources on effective parenting and
11 assistance in receiving parenting support and services.

12 *c. Mentoring school-aged males grant program.* The
13 department may award three-year renewable grants to nonprofit
14 organizations that provide mentorship, social and academic
15 support, and life skills development to school-aged males.
16 Priority in the awarding of grants shall be based on the
17 demonstrated need in a geographic area and the prevalence of
18 the population to be served as indicated by factors including
19 but not limited to the service area's unemployment rate,
20 incarceration rate, number of public assistance recipients,
21 number of single-parent households, level of housing
22 instability, and graduation rates. The department shall
23 provide technical assistance to grantees to ensure program
24 sustainability following the end of the three-year grant
25 period.

26 Sec. 11. MORE OPTIONS FOR MATERNAL SUPPORT PROGRAM —
27 APPROPRIATION. There is appropriated from the general fund of
28 the state to the department of health and human services for
29 the fiscal year beginning July 1, 2023, and ending June 30,
30 2024, the following amount, or so much thereof as is necessary,
31 to be used for the purposes designated:

32 \$ 2,000,000

33 To be used for the purposes of the more options for maternal
34 support program created in section 217.41C, including for
35 program administration, the provision of services, and for

1 funding of fatherhood engagement grants, the fatherhood
2 communications initiative, and the mentoring school-aged males
3 grant program.

4 Sec. 12. 2022 Iowa Acts, chapter 1131, section 28,
5 subsection 8, is amended to read as follows:

6 8. Of the funds appropriated under this section, \$500,000
7 shall be used for the purposes of program administration and
8 provision of pregnancy support services through the more
9 options for maternal support program created in this Act.
10 Notwithstanding section 8.33, moneys appropriated in this
11 subsection that remain unencumbered or unobligated at the close
12 of the fiscal year shall not revert but shall remain available
13 for the purposes designated until the close of the succeeding
14 fiscal year.

15 Sec. 13. EFFECTIVE DATE. The following, being deemed of
16 immediate importance, takes effect upon enactment:

17 The section of this division of this Act amending 2022 Iowa
18 Acts, chapter 1131, section 28, subsection 8.

19 DIVISION V

20 NONRECURRING ADOPTION EXPENSES — ADOPTION SUBSIDY PROGRAM

21 Sec. 14. NEW SECTION. 234.48 Adoption subsidy —
22 nonrecurring adoption expenses.

23 Notwithstanding any provision to the contrary, the maximum
24 reimbursement provided to an adoptive parent under the
25 adoption subsidy program for nonrecurring adoption expenses
26 is one thousand dollars. For the purposes of this section,
27 “*nonrecurring adoption expenses*” means the same as defined in 45
28 C.F.R. §1356.41. The department shall adopt rules pursuant to
29 chapter 17A to administer this section.

30 Sec. 15. REPEAL. 2010 Iowa Acts, chapter 1031, section 408,
31 is repealed.

32 DIVISION VI

33 ALL IOWA OPPORTUNITY SCHOLARSHIP PROGRAM

34 Sec. 16. Section 261.87, subsection 1, paragraph b,
35 unnumbered paragraph 1, Code 2023, is amended to read as

1 follows:

2 *"Eligible foster care student"* means a person under
3 twenty-six years of age who has a high school diploma or a high
4 school equivalency diploma under chapter 259A and is described
5 by any of the following:

6 Sec. 17. Section 261.87, subsection 2, paragraph f, Code
7 2023, is amended to read as follows:

8 *f.* (1) Begins Except as provided in subparagraph (2),
9 begins enrollment at an eligible institution within two
10 academic years of graduation from high school or receipt of
11 a high school equivalency diploma under chapter 259A and
12 continuously receives awards as a full-time or part-time
13 student to maintain eligibility. However, the student may
14 defer or suspend participation in the program for up to two
15 years in order to pursue obligations that meet conditions
16 established by the commission by rule or to fulfill military
17 obligations.

18 (2) The requirements of subparagraph (1) do not apply to an
19 eligible foster care student.

20 Sec. 18. APPLICABILITY. This division of this Act applies
21 to applications submitted under the all Iowa opportunity
22 scholarship program established pursuant to section 261.87
23 before, on, or after the effective date of this division of
24 this Act.

25 EXPLANATION

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

28 This bill relates to the health and well-being of children
29 and families. The bill is constructed in divisions.

30 DIVISION I — REGIONAL CENTERS OF EXCELLENCE GRANT PROGRAM.
31 This division appropriates \$1 million from the general fund
32 of the state to the department of health and human services
33 (HHS) for fiscal year 2023-2024 for continuation of a regional
34 center of excellence program to award four grants to encourage
35 innovation and collaboration among regional health care

1 providers in a rural area based upon the results of a regional
2 community needs assessment to transform health care delivery in
3 order to provide quality, sustainable care that meets the needs
4 of the local communities. An applicant for the grant funds
5 shall specify how the funds will be expended to accomplish the
6 goals of the program and shall provide a detailed five-year
7 sustainability plan prior to being awarded any funding.
8 Following the receipt of grant funding, a recipient shall
9 submit periodic reports as specified by HHS to the governor and
10 the general assembly regarding the recipient's expenditure of
11 the funds and progress in accomplishing the program goals.

12 DIVISION II — STATE-FUNDED FAMILY MEDICINE OBSTETRICS
13 FELLOWSHIP PROGRAM AND FUND. This division requires HHS to
14 establish a family medicine obstetrics fellowship program to
15 increase access to family medicine obstetrics practitioners
16 in rural and underserved areas of the state. A person who
17 has completed an accreditation council for graduate medical
18 education residency program in family medicine is eligible for
19 participation in the fellowship program. Participating fellows
20 shall enter into a program agreement with a participating
21 teaching hospital which, at a minimum, requires the fellow
22 to complete a one-year fellowship and to engage in full-time
23 family medicine obstetrics practice in a rural or underserved
24 area of the state for a period of at least five years within
25 nine months following completion of the fellowship and receipt
26 of a license to practice medicine in the state. Each fellow
27 participating in the program shall be eligible for salary and
28 benefits including a stipend as determined by the participating
29 teaching hospital and funded through the family medicine
30 obstetrics fellowship program fund.

31 The division requires HHS to adopt administrative rules
32 to administer the program, including defining rural and
33 underserved areas for the purpose of the required full-time
34 practice of a person following completion of the fellowship.

35 The division creates a family medicine obstetrics fellowship

1 program fund in the state treasury consisting of the moneys
2 appropriated or credited to the fund by law. Moneys in the
3 fund at the end of each fiscal year shall not revert to any
4 other fund but shall remain in the fund for use in subsequent
5 fiscal years. Moneys in the fund are appropriated to HHS
6 to be used to fund fellowship positions as provided in the
7 division. The division appropriates a sufficient amount from
8 the general fund of the state to the fund annually to support
9 the creation of four fellowship positions. The division
10 provides an appropriation for deposit in the fund for fiscal
11 year 2023-2024.

12 The division requires HHS and the participating teaching
13 hospitals to regularly evaluate and document their experiences
14 including identifying ways the program may be modified or
15 expanded to facilitate increased access to family medicine
16 obstetrics practitioners in rural and underserved areas of the
17 state. The department shall submit an annual report to the
18 general assembly by January 1. The report shall include the
19 number of fellowships funded to date and any other information
20 identified by HHS and the participating teaching hospitals as
21 indicators of outcomes and the effectiveness of the program.

22 DIVISION III — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES.
23 This division relates to the dispensing of self-administered
24 hormonal contraceptives by a pharmacist. The division
25 defines "self-administered hormonal contraceptive" as a
26 self-administered hormonal contraceptive that is approved by
27 the United States food and drug administration to prevent
28 pregnancy, including an oral hormonal contraceptive, a hormonal
29 vaginal ring, and a hormonal contraceptive patch, but not
30 including any drug intended to induce an abortion.

31 The division provides that notwithstanding any provision
32 of law to the contrary, a pharmacist may dispense a
33 self-administered hormonal contraceptive to a patient who
34 is at least 18 years of age pursuant to a standing order
35 established by the medical director of HHS (medical director).

1 For an initial dispensing, a pharmacist may dispense only up
2 to a three-month supply at one time of the self-administered
3 hormonal contraceptive, and for any subsequent dispensing
4 of the same self-administered hormonal contraceptive, a
5 12-month supply at one time. Additionally, the division
6 prohibits a pharmacist who dispenses a self-administered
7 hormonal contraceptive in accordance with the division from
8 requiring any other prescription drug order authorized by a
9 practitioner prior to dispensing the self-administered hormonal
10 contraceptive.

11 The division authorizes the medical director to establish a
12 standing order authorizing the dispensing of self-administered
13 hormonal contraceptives by any pharmacist who complies with the
14 standing order and retains and submits the patient's record to
15 HHS.

16 The standing order includes requiring a pharmacist who
17 dispenses a self-administered hormonal contraceptive under the
18 division to: complete a standardized training program and
19 continuing education requirements related to prescribing the
20 hormonal contraceptives; obtain a completed self-screening risk
21 assessment from each patient, verify the identity and age of
22 each patient, and perform a blood pressure screening on each
23 patient before dispensing the hormonal contraceptives; provide
24 the patient with certain written information; provide the
25 patient with a copy of the record of the pharmacist's encounter
26 with the patient; and provide patient counseling.

27 The standing order would prohibit a pharmacist who dispenses
28 hormonal contraceptives under the division from requiring a
29 patient to schedule an appointment with the pharmacist for
30 the prescribing or dispensing of the hormonal contraceptive;
31 dispensing the hormonal contraceptives to a patient for more
32 than 27 months after the date initially dispensed without the
33 patient's attestation that the patient has consulted with a
34 practitioner during the preceding 27 months; and dispensing
35 the hormonal contraceptives to a patient if the results of the

1 patient's self-screening risk assessment indicate it is unsafe
2 for the pharmacist to dispense the hormonal contraceptives
3 to the patient, in which case the pharmacist shall refer the
4 patient to a practitioner.

5 The division provides immunity for a pharmacist who
6 dispenses a self-administered hormonal contraceptive and
7 for the medical director who establishes a standing order
8 in compliance with the division from criminal and civil
9 liability arising from any damages caused by the dispensing,
10 administering, or use of a self-administered hormonal
11 contraceptive or the establishment of the standing order.
12 Additionally, the medical director shall be considered to be
13 acting within the scope of the medical director's office and
14 employment for purposes of Code chapter 669 (Iowa tort claims
15 Act) in the establishment of a standing order in compliance
16 with the division.

17 The division requires HHS, in collaboration with the
18 boards of pharmacy and medicine, and in consideration of
19 the guidelines established by the American congress of
20 obstetricians and gynecologists, to adopt administrative rules
21 to administer the provisions of the division.

22 The division amends prescription contraceptive coverage
23 provisions to require that a group policy, contract, or plan
24 delivered, issued for delivery, continued, or renewed in the
25 state on or after January 1, 2024, providing for third-party
26 payment or prepayment of health or medical expenses, shall
27 specifically provide for payment of self-administered hormonal
28 contraceptives, prescribed and dispensed as specified in the
29 division, including those dispensed at one time. The division
30 provides, however, that the provisions relating to coverage are
31 not to be construed to require a third-party payor to provide
32 payment to a practitioner for dispensing a self-administered
33 hormonal contraceptive to replace a self-administered
34 hormonal contraceptive that has been dispensed to a covered
35 person and that has been misplaced, stolen, or destroyed.

1 These provisions are also not to be construed to require a
2 third-party payor to replace covered prescriptions that are
3 misplaced, stolen, or destroyed.

4 The division also requires the board of pharmacy in
5 collaboration with the board of medicine and HHS to expand
6 the information program for drug prescribing to collect
7 from pharmacists information relating to the dispensing of
8 self-administered hormonal contraceptives as provided in the
9 division.

10 The division applies to the Medicaid program as specified in
11 the bill.

12 DIVISION IV — MORE OPTIONS FOR MATERNAL SUPPORT (MOMS)
13 PROGRAM — FATHERHOOD INITIATIVES. This division relates to
14 the more options for maternal support (MOMS) program. The
15 bill adds as part of the definition of “pregnancy support
16 services” services to men who are involved or think they might
17 be involved in a pregnancy. As part of the MOMS program,
18 the division requires HHS to develop and maintain a virtual
19 clearinghouse of pregnancy support services and resources. The
20 services and resources include but are not limited to pregnancy
21 resource center and maternity home information; assistance in
22 accessing public assistance including but not limited to the
23 special supplemental nutrition program for women, infants, and
24 children program and the supplemental nutrition assistance
25 program; educational resources; housing assistance; recovery
26 and mental health services; family planning education; adoption
27 and foster care information and services; and healing and
28 support services for abortion survivors and their families.

29 As part of the MOMS program, beginning July 1, 2023, and
30 thereafter, funding for the program may be used for fatherhood
31 engagement grants to nonprofit, community-based organizations
32 to address the needs of fathers by assisting fathers in
33 finding employment, managing child support obligations,
34 transitioning from a period of incarceration, accessing health
35 care, understanding child development, and enhancing parenting

1 skills using evidence-based parenting education; a fatherhood
2 communications initiative administered by HHS, including but
3 not limited to a public internet site that provides access to
4 resources on effective parenting and assistance in receiving
5 parenting support and services; and a mentoring school-aged
6 males grant program to provide mentorship, social and academic
7 support, and life skills development to school-aged males.

8 The division also appropriates \$2 million from the general
9 fund of the state to HHS for fiscal year 2023-2024 to be used
10 for the MOMS program including for program administration, the
11 provision of services, and for funding of fatherhood engagement
12 grants, the fatherhood communications initiative, and the
13 mentoring school-aged males grant program.

14 The division provides that the funding appropriated for the
15 MOMS program for fiscal year 2022-2023 is not to revert, but
16 is to remain available for the MOMS program for fiscal year
17 2023-2024. This provision takes effect upon enactment.

18 DIVISION V — NONRECURRING ADOPTION EXPENSES — ADOPTION
19 SUBSIDY PROGRAM. This division provides that the maximum
20 reimbursement provided to an adoptive parent under the adoption
21 subsidy program for nonrecurring adoption expenses is \$1,000.
22 The division defines "nonrecurring adoption expenses" as the
23 reasonable and necessary adoption fees, court costs, attorney
24 fees, and other expenses which are directly related to the
25 legal adoption of a child with special needs which are not
26 incurred in violation of state, tribal, or federal law, and
27 which have not been reimbursed from other sources or other
28 funds. Under federal regulation, "other expenses which
29 are directly related to the legal adoption of a child with
30 special needs" means the costs of the adoption incurred by
31 or on behalf of the parents and for which parents carry the
32 ultimate liability for payment. Such costs may include the
33 adoption study, including health and psychological examination,
34 supervision of the placement prior to adoption, transportation,
35 and the reasonable costs of lodging and food for the child or

1 the adoptive parents when necessary to complete the placement
2 or adoption process. The department of health and human
3 services shall adopt administrative rules to administer the
4 division. The division also repeals a provision in 2010 Iowa
5 Acts which limited the nonrecurring adoption expenses to \$500
6 and prohibited additional amounts for court costs and other
7 related legal expenses.

8 DIVISION VI — ALL IOWA OPPORTUNITY SCHOLARSHIP PROGRAM.

9 This division relates to the all Iowa opportunity scholarship
10 program (program), which provides scholarships to Iowa
11 students who graduate from high school or receive a high
12 school equivalency diploma to help such students attend a
13 community college in this state or an institution of higher
14 learning governed by the state board of regents. The program
15 prioritizes awarding scholarships to certain students,
16 including eligible foster care students. Eligible foster care
17 students are students who age out of Iowa's foster care system,
18 age out of the state training school, or are adopted from
19 Iowa's foster care system after reaching 16 years of age.

20 Current law requires that, in order to be eligible to
21 receive a scholarship under the program, the student must begin
22 enrollment at a community college or institution of higher
23 learning governed by the state board of regents within two
24 academic years of graduation from high school or receipt of a
25 high school equivalency diploma and continuously receive awards
26 as a full-time or part-time student to maintain eligibility.
27 The division strikes these requirements for eligible foster
28 care students. The division also provides that, for purposes
29 of the program, "eligible foster care student" does not include
30 a person who is 26 years of age or older.

31 The division applies to applications submitted under
32 the program before, on, or after the effective date of the
33 division.