

House File 691 - Introduced

HOUSE FILE 691

BY KONFRST, JAMES, STECKMAN,
CAHILL, LEVIN, NIELSEN,
KURTH, AMOS JR., SCHEETZ,
MADISON, SRINIVAS, WILSON,
BUCK, CROKEN, BAGNIEWSKI,
FORBES, BAETH, GAINES,
ZABNER, GJERDE, JACOBY,
STAED, KRESSIG, EHLERT,
ABDUL-SAMAD, B. MEYER,
OLSON, BROWN-POWERS,
WESSEL-KROESCHELL,
SCHOLTEN, WILBURN, MATSON,
and COOLING

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 2023, is amended by adding
2 the following new subsections:

3 NEW SUBSECTION. 10A. "*Department*" means the department of
4 health and human services.

5 NEW SUBSECTION. 45A. "*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. 45B. "*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.49 **Pharmacist dispensing of**
18 **self-administered hormonal contraceptives — standing order —**
19 **requirements — limitations of liability.**

20 1. *a.* Notwithstanding any provision of law to the
21 contrary, a pharmacist may dispense a self-administered
22 hormonal contraceptive to a patient pursuant to a standing
23 order established by the medical director of the department in
24 accordance with this section.

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

28 (1) For an initial dispensing of a self-administered
29 hormonal contraceptive, the pharmacist may dispense up to
30 a twelve-month supply at one time of the self-administered
31 hormonal contraceptive.

32 (2) For any subsequent dispensing of the same
33 self-administered hormonal contraceptive, the pharmacist
34 may dispense up to a twelve-month supply at one time of the
35 self-administered hormonal contraceptive.

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

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

10 a. Complies with the standing order established pursuant to
11 this section.

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

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

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

24 b. Obtain a completed self-screening risk assessment,
25 approved by the department in collaboration with the board
26 and the board of medicine, from each patient, and verify
27 the identity of each patient prior to dispensing the
28 self-administered hormonal contraceptive to the patient.

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

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

31 (a) The importance of completing an appointment with the
32 patient's primary care or women's health care practitioner
33 to obtain preventative care, including but not limited to
34 recommended tests and screenings.

35 (b) The effectiveness and availability of long-acting

1 reversible contraceptives as an alternative to
2 self-administered hormonal contraceptives.

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

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

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

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

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

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

13 (c) The need for backup contraception.

14 (d) When to seek emergency medical attention.

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

17 5. The standing order established pursuant to this section
18 shall prohibit a pharmacist who dispenses a self-administered
19 hormonal contraceptive under this section from doing any of the
20 following:

21 a. Requiring a patient to schedule an appointment with
22 the pharmacist for the prescribing or dispensing of a
23 self-administered hormonal contraceptive.

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

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

1 a self-administered hormonal contraceptive or the establishment
2 of the standing order provided that the pharmacist acts
3 reasonably and in good faith. The medical director of the
4 department shall be considered to be acting within the scope
5 of the medical director's office and employment for purposes
6 of chapter 669 in the establishment of a standing order in
7 compliance with this section.

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

13 Sec. 3. Section 514C.19, Code 2023, is amended to read as
14 follows:

15 **514C.19 Prescription contraceptive coverage.**

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

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

1 hormonal contraceptive dispensed at one time and for up to a
2 twelve-month supply of the same self-administered hormonal
3 contraceptive subsequently dispensed at one time.

4 ~~Exclude~~ Such policy, contract, or plan shall not exclude
5 or restrict benefits for outpatient contraceptive services
6 which are provided for the purpose of preventing conception if
7 such policy, or contract, or plan provides benefits for other
8 outpatient services provided by a health care professional.

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

13 a. Deny to an individual eligibility, or continued
14 eligibility, to enroll in or to renew coverage under the terms
15 of the policy, or contract, or plan because of the individual's
16 use or potential use of such prescription contraceptive drugs
17 or devices, or use or potential use of outpatient contraceptive
18 services.

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

22 c. Penalize or otherwise reduce or limit the reimbursement
23 of a health care professional because such professional
24 prescribes contraceptive drugs or devices, or provides
25 contraceptive services.

26 d. Provide incentives, monetary or otherwise, to a health
27 care professional to induce such professional to withhold
28 from a covered individual contraceptive drugs or devices, or
29 contraceptive services.

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

33 a. A deductible, coinsurance, or copayment for benefits
34 for prescription contraceptive drugs shall not be greater than
35 such deductible, coinsurance, or copayment for any outpatient

1 prescription drug for which coverage under the policy, ~~or~~
2 contract, or plan is provided.

3 *b.* A deductible, coinsurance, or copayment for benefits for
4 prescription contraceptive devices shall not be greater than
5 such deductible, coinsurance, or copayment for any outpatient
6 prescription device for which coverage under the policy, ~~or~~
7 contract, or plan is provided.

8 *c.* A deductible, coinsurance, or copayment for benefits for
9 outpatient contraceptive services shall not be greater than
10 such deductible, coinsurance, or copayment for any outpatient
11 health care services for which coverage under the policy, ~~or~~
12 contract, or plan is provided.

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

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

33 6. A person who provides an individual policy, ~~or~~ contract,
34 or plan providing for third-party payment or prepayment of
35 health or medical expenses shall make available a coverage

1 provision that satisfies the requirements in subsections
2 1 through 5 in the same manner as such requirements are
3 applicable to a group policy, ~~or~~ contract, or plan under those
4 subsections. The policy, ~~or~~ contract, or plan shall provide
5 that the individual policyholder may reject the coverage
6 provision at the option of the policyholder.

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

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

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

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

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

20 (5) A plan established pursuant to chapter 509A for public
21 employees.

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

30 8. For the purposes of this section:

31 a. "Self-administered hormonal contraceptive" means a
32 self-administered hormonal contraceptive that is approved
33 by the United States food and drug administration to prevent
34 pregnancy. "Self-administered hormonal contraceptive" includes
35 an oral hormonal contraceptive, a hormonal vaginal ring, and

1 a hormonal contraceptive patch, but does not include any drug
2 intended to induce an abortion as defined in section 146.1.

3 b. "Standing order" means a preauthorized medication
4 order with specific instructions from the medical director
5 of the department of health and human services to dispense a
6 medication under clearly defined circumstances.

7 Sec. 4. MEDICAID COVERAGE — SELF-ADMINISTERED HORMONAL
8 CONTRACEPTIVES. Notwithstanding section 514B.32, subsection
9 5, and any other provision of law to the contrary, the
10 department of health and human services shall, contractually
11 and by administrative rules adopted pursuant to chapter
12 17A, require under Medicaid fee-for-service and Medicaid
13 managed care administration, coverage for a self-administered
14 hormonal contraceptive as prescribed by a practitioner as
15 defined in section 155A.3, or as prescribed by standing order
16 and dispensed by a pharmacist pursuant to section 155A.49,
17 including payment for up to an initial twelve-month supply
18 of the self-administered hormonal contraceptive dispensed
19 at one time and for up to a twelve-month supply of the same
20 self-administered hormonal contraceptive subsequently dispensed
21 at one time.

22 EXPLANATION

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

25 This bill relates to the dispensing of self-administered
26 hormonal contraceptives by a pharmacist. The bill
27 defines "self-administered hormonal contraceptive" as a
28 self-administered hormonal contraceptive that is approved by
29 the United States food and drug administration to prevent
30 pregnancy, including an oral hormonal contraceptive, a hormonal
31 vaginal ring, and a hormonal contraceptive patch, but not
32 including any drug intended to induce an abortion.

33 The bill provides that notwithstanding any provision of law
34 to the contrary, a pharmacist may dispense a self-administered
35 hormonal contraceptive to a patient pursuant to a standing

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

12 The bill authorizes the medical director to establish a
13 standing order authorizing the dispensing of self-administered
14 hormonal contraceptives by any pharmacist who complies with the
15 standing order and retains and submits the patient's record to
16 the department of health and human services (HHS).

17 The standing order includes requiring a pharmacist who
18 dispenses a self-administered hormonal contraceptive under
19 the bill to: complete a standardized training program and
20 continuing education requirements related to prescribing the
21 hormonal contraceptives; obtain a completed self-screening risk
22 assessment from each patient and verify the identity of 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 bill from requiring a
29 patient to schedule an appointment with the pharmacist for
30 the prescribing or dispensing of the hormonal contraceptive;
31 and dispensing the hormonal contraceptives to a patient if
32 the results of the patient's self-screening risk assessment
33 indicate it is unsafe for the pharmacist to dispense the
34 hormonal contraceptives to the patient, in which case the
35 pharmacist shall refer the patient to a practitioner.

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

13 The bill requires HHS, in collaboration with the boards of
14 pharmacy and medicine, and in consideration of the guidelines
15 established by the American congress of obstetricians and
16 gynecologists, to adopt administrative rules to administer the
17 bill.

18 The bill amends prescription contraceptive coverage
19 provisions to require that a group policy, contract, or plan
20 delivered, issued for delivery, continued, or renewed in the
21 state on or after January 1, 2024, providing for third-party
22 payment or prepayment of health or medical expenses, shall
23 specifically provide for payment of self-administered hormonal
24 contraceptives, prescribed and dispensed as specified in the
25 bill, including those dispensed at one time.

26 The bill also requires HHS to provide prescription
27 contraceptive coverage under the Medicaid program consistent
28 with the coverage under private insurance as provided under the
29 bill.