

House Study Bill 642 - Introduced

SENATE/HOUSE FILE _____
BY (PROPOSED GOVERNOR BILL)

A BILL FOR

1 An Act relating to self-administered hormonal contraceptives.
2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 155A.49 Pharmacist dispensing of
2 self-administered hormonal contraceptives — standing order —
3 requirements — limitations of liability.

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

9 b. In dispensing a self-administered hormonal contraceptive
10 to a patient under this section, a pharmacist shall comply with
11 all of the following:

12 (1) For an initial dispensing of a self-administered
13 hormonal contraceptive, the pharmacist may dispense only up
14 to a three-month supply at one time of the self-administered
15 hormonal contraceptive.

16 (2) For any subsequent dispensing of the same
17 self-administered hormonal contraceptive, the pharmacist
18 may dispense up to a twelve-month supply at one time of the
19 self-administered hormonal contraceptive.

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

25 3. The medical director of the department may establish a
26 standing order authorizing the dispensing of self-administered
27 hormonal contraceptives by a pharmacist who does all of the
28 following:

29 a. Complies with the standing order established pursuant to
30 this section.

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

34 4. The standing order shall require a pharmacist who
35 dispenses self-administered hormonal contraceptives under this

1 section to do all of the following:

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

8 *b.* Obtain a completed self-screening risk assessment,
9 approved by the department in collaboration with the board and
10 the board of medicine, from each patient, verify the identity
11 and age of each patient, and perform a blood pressure screening
12 on each patient prior to dispensing the self-administered
13 hormonal contraceptive to the patient.

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

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

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

20 (*b*) The effectiveness and availability of long-acting
21 reversible contraceptives as an alternative to
22 self-administered hormonal contraceptives.

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

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

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

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

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

31 (*b*) Potential side effects and risks of the
32 self-administered hormonal contraceptive.

33 (*c*) The need for backup contraception.

34 (*d*) When to seek emergency medical attention.

35 (*e*) The risk of contracting a sexually transmitted

1 infection or disease, and ways to reduce such a risk.

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

6 a. Requiring a patient to schedule an appointment with
7 the pharmacist for the prescribing or dispensing of a
8 self-administered hormonal contraceptive.

9 b. Dispensing self-administered hormonal contraceptives
10 to a patient for more than twenty-seven months after the
11 date a self-administered hormonal contraceptive is initially
12 dispensed to the patient, if the patient has not consulted with
13 a primary care or women's health care practitioner during the
14 preceding twenty-seven months, in which case the pharmacist
15 shall refer the patient to a primary care or women's health
16 care practitioner.

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

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

35 7. The department, in collaboration with the board and

1 the board of medicine, and in consideration of the guidelines
2 established by the American congress of obstetricians and
3 gynecologists, shall adopt rules pursuant to chapter 17A to
4 administer this chapter.

5 8. As used in this section:

6 a. "Department" means the department of health and human
7 services.

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

15 c. "Standing order" means a preauthorized medication order
16 with specific instructions from the medical director of the
17 department to dispense a medication under clearly defined
18 circumstances.

19 Sec. 2. Section 514C.19, Code 2024, is amended to read as
20 follows:

21 **514C.19 Prescription contraceptive coverage.**

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

27 a. ~~Exclude~~ Such policy, contract, or plan shall not
28 exclude or restrict benefits for prescription contraceptive
29 drugs or prescription contraceptive devices which prevent
30 conception and which are approved by the United States
31 food and drug administration, or generic equivalents
32 approved as substitutable by the United States food and
33 drug administration, if such policy, ~~or~~ contract, or plan
34 provides benefits for other outpatient prescription drugs
35 or devices. However, such policy, contract, or plan shall

1 specifically provide for payment of a self-administered
2 hormonal contraceptive, as prescribed by a practitioner as
3 defined in section 155A.3, or as prescribed by standing order
4 and dispensed by a pharmacist pursuant to section 155A.49,
5 including payment for up to an initial three-month supply
6 of a self-administered hormonal contraceptive dispensed at
7 one time and for up to a twelve-month supply of the same
8 self-administered hormonal contraceptive subsequently dispensed
9 at one time.

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

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

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

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

28 c. Penalize or otherwise reduce or limit the reimbursement
29 of a health care professional because such professional
30 prescribes contraceptive drugs or devices, or provides
31 contraceptive services.

32 d. Provide incentives, monetary or otherwise, to a health
33 care professional to induce such professional to withhold
34 from a covered individual contraceptive drugs or devices, or
35 contraceptive services.

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

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

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

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

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

28 5. **This section** shall not be construed to limit or otherwise
29 discourage the use of generic equivalent drugs approved by the
30 United States food and drug administration, whenever available
31 and appropriate. **This section**, when a brand name drug is
32 requested by a covered individual and a suitable generic
33 equivalent is available and appropriate, shall not be construed
34 to prohibit a third-party payor from requiring the covered
35 individual to pay a deductible, coinsurance, or copayment

1 consistent with [subsection 3](#), in addition to the difference of
2 the cost of the brand name drug less the maximum covered amount
3 for a generic equivalent.

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

13 7. *a.* [This section](#) applies to the following classes of
14 third-party payment provider contracts, ~~or~~ policies, or plans
15 delivered, issued for delivery, continued, or renewed in this
16 state on or after ~~July 1, 2000~~ January 1, 2025:

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

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

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

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

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

28 *b.* [This section](#) shall not apply to accident-only,
29 specified disease, short-term hospital or medical, hospital
30 confinement indemnity, credit, dental, vision, Medicare
31 supplement, long-term care, basic hospital and medical-surgical
32 expense coverage as defined by the commissioner, disability
33 income insurance coverage, coverage issued as a supplement
34 to liability insurance, workers' compensation or similar
35 insurance, or automobile medical payment insurance.

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

11 9. For the purposes of this section, "self-administered
12 hormonal contraceptive" and "standing order" mean the same as
13 defined in section 155A.49.

14 Sec. 3. INFORMATION PROGRAM FOR DRUG PRESCRIBING AND
15 DISPENSING — SELF-ADMINISTERED HORMONAL CONTRACEPTIVES. The
16 board of pharmacy in collaboration with the board of medicine
17 and the department of health and human services shall expand
18 the information program for drug prescribing and dispensing
19 established pursuant to section 124.551, to collect from
20 pharmacists information relating to the dispensing of
21 self-administered hormonal contraceptives as provided pursuant
22 to section 155A.49. The board of pharmacy shall adopt
23 rules pursuant to chapter 17A related to registration of
24 participating pharmacists, the information to be reported by a
25 pharmacist to the information program, access to information
26 from the program, and other rules necessary to carry out the
27 purposes and to enforce the provisions of this section.

28 Sec. 4. APPLICATION TO MEDICAID PROGRAM. This Act shall
29 apply to the Medicaid program including a managed care
30 organization acting pursuant to a contract with the department
31 of health and human services to administer the Medicaid program
32 under chapter 249A. However, if it is determined that any
33 provision of this Act would cause denial of federal funds under
34 Tit. XVIII or XIX of the federal Social Security Act, or would
35 otherwise be inconsistent or conflict with the requirements of

1 federal law or regulation, such provision shall be suspended,
2 but only to the extent necessary to prevent denial of such
3 funds or to eliminate the inconsistency or conflict with the
4 requirements of federal law or regulation.

5 EXPLANATION

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

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

16 The bill provides that notwithstanding any provision of law
17 to the contrary, a pharmacist may dispense a self-administered
18 hormonal contraceptive to a patient who is at least 18
19 years of age pursuant to a standing order established by the
20 medical director (medical director) of the department of
21 health and human services (HHS). For an initial dispensing,
22 a pharmacist may dispense only up to a three-month supply at
23 one time of the self-administered hormonal contraceptive, and
24 for any subsequent dispensing of the same self-administered
25 hormonal contraceptive, a 12-month supply at one time.
26 Additionally, the bill prohibits a pharmacist who dispenses
27 a self-administered hormonal contraceptive in accordance
28 with the bill from requiring any other prescription drug
29 order authorized by a practitioner prior to dispensing the
30 self-administered hormonal contraceptive.

31 The bill authorizes the medical director to establish a
32 standing order authorizing the dispensing of self-administered
33 hormonal contraceptives by any pharmacist who complies with the
34 standing order and retains and submits the patient's record to
35 HHS.

1 The standing order includes requiring a pharmacist who
2 dispenses a self-administered hormonal contraceptive under
3 the bill to: complete a standardized training program and
4 continuing education requirements related to prescribing the
5 hormonal contraceptives; obtain a completed self-screening risk
6 assessment from each patient, verify the identity and age of
7 each patient, and perform a blood pressure screening on each
8 patient before dispensing the hormonal contraceptives; provide
9 the patient with certain written information; provide the
10 patient with a copy of the record of the pharmacist's encounter
11 with the patient; and provide patient counseling.

12 The standing order would prohibit a pharmacist who dispenses
13 hormonal contraceptives under the bill from requiring a
14 patient to schedule an appointment with the pharmacist for
15 the prescribing or dispensing of the hormonal contraceptives;
16 dispensing the hormonal contraceptives to a patient for more
17 than 27 months after the date initially dispensed without the
18 patient's attestation that the patient has consulted with a
19 practitioner during the preceding 27 months; and dispensing
20 the hormonal contraceptives to a patient if the results of the
21 patient's self-screening risk assessment indicate it is unsafe
22 for the pharmacist to dispense the hormonal contraceptives
23 to the patient, in which case the pharmacist shall refer the
24 patient to a practitioner.

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

1 The bill requires HHS, in collaboration with the boards of
2 pharmacy and medicine, and in consideration of the guidelines
3 established by the American congress of obstetricians and
4 gynecologists, to adopt administrative rules to administer the
5 provisions of the bill.

6 The bill amends prescription contraceptive coverage
7 provisions in the Code to require that a group policy,
8 contract, or plan delivered, issued for delivery, continued,
9 or renewed in the state on or after January 1, 2025,
10 providing for third-party payment or prepayment of health or
11 medical expenses, shall specifically provide for payment of
12 self-administered hormonal contraceptives, prescribed and
13 dispensed as specified in the bill, including those dispensed
14 at one time. The bill provides, however, that the provisions
15 relating to coverage are not to be construed to require a
16 third-party payor under a policy, contract, or plan to provide
17 payment to a practitioner for dispensing a self-administered
18 hormonal contraceptive to replace a self-administered
19 hormonal contraceptive that has been dispensed to a covered
20 person and that has been misplaced, stolen, or destroyed.
21 These provisions are also not to be construed to require a
22 third-party payor under a policy, contract, or plan to replace
23 covered prescriptions that are misplaced, stolen, or destroyed.

24 The bill also requires the board of pharmacy in
25 collaboration with the board of medicine and HHS to expand
26 the information program for drug prescribing to collect
27 from pharmacists information relating to the dispensing of
28 self-administered hormonal contraceptives as provided in the
29 bill.

30 The bill applies to the Medicaid program as specified in the
31 bill.