

House File 605 - Introduced

HOUSE FILE 605

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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 2025, 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 hormonal
9 contraceptive" includes an oral hormonal contraceptive, a
10 hormonal vaginal ring, and a hormonal contraceptive patch, but
11 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 clearly
16 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 contrary,
21 a pharmacist may dispense a self-administered hormonal
22 contraceptive to a patient pursuant to a standing order
23 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 a
30 twelve-month supply at one time of the self-administered hormonal
31 contraceptive.

32 (2) For any subsequent dispensing of the same
33 self-administered hormonal contraceptive, the pharmacist may
34 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 require
3 any other prescription drug order authorized by a practitioner
4 prior to dispensing the self-administered hormonal contraceptive
5 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 this
14 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 with
20 the board of medicine and the department that are related to
21 prescribing self-administered hormonal contraceptives and include
22 education regarding all contraceptive methods approved by the
23 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 and
26 the board of medicine, from each patient, and verify the identity
27 of each patient prior to dispensing the self-administered
28 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 self-administered
2 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 self-administered
12 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 infection
16 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 which
29 case the pharmacist shall refer the patient to a primary care or
30 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 a

1 self-administered hormonal contraceptive or the establishment of
2 the standing order provided that the pharmacist acts reasonably
3 and in good faith. The medical director of the department
4 shall be considered to be acting within the scope of the medical
5 director's office and employment for purposes of chapter 669 in
6 the establishment of a standing order in compliance with this
7 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 2025, 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 providing
18 for third-party payment or prepayment of health or medical
19 expenses shall ~~not do either of the following~~ comply as follows:

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

1 self-administered hormonal contraceptive subsequently dispensed
2 at one time.

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

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

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

18 b. Provide a monetary payment or rebate to a covered
19 individual to encourage such individual to accept less than the
20 minimum benefits provided for under subsection 1.

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

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

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

32 a. A deductible, coinsurance, or copayment for benefits
33 for prescription contraceptive drugs shall not be greater than
34 such deductible, coinsurance, or copayment for any outpatient
35 prescription drug for which coverage under the policy, ~~or~~

1 contract, or plan is provided.

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

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

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

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

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

1 policy, ~~or~~ contract, or plan under those subsections. The
2 policy, ~~or~~ contract, or plan shall provide that the individual
3 policyholder may reject the coverage provision at the option of
4 the policyholder.

5 7. For the purposes of this section:

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

13 b. "Standing order" means a preauthorized medication order
14 with specific instructions from the medical director of the
15 department of health and human services to dispense a medication
16 under clearly defined circumstances.

17 ~~7.~~ 8. a. This section applies to the following classes of
18 third-party payment provider contracts, ~~or~~ policies, or plans
19 delivered, issued for delivery, continued, or renewed in this
20 state on or after July 1, 2000 January 1, 2026:

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

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

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

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

30 (5) A plan established pursuant to chapter 509A for public
31 employees.

32 b. This section shall not apply to accident-only, specified
33 disease, short-term hospital or medical, hospital confinement
34 indemnity, credit, dental, vision, Medicare supplement, long-term
35 care, basic hospital and medical-surgical expense coverage

1 as defined by the commissioner, disability income insurance
2 coverage, coverage issued as a supplement to liability insurance,
3 workers' compensation or similar insurance, or automobile medical
4 payment insurance.

5 Sec. 4. MEDICAID COVERAGE — SELF-ADMINISTERED HORMONAL
6 CONTRACEPTIVES. Notwithstanding section 514B.32, subsection 5,
7 section 505.34, and any other provision of law to the contrary,
8 the department of health and human services shall, contractually
9 and by administrative rules adopted pursuant to chapter 17A,
10 require under Medicaid fee-for-service and Medicaid managed
11 care administration, coverage for a self-administered hormonal
12 contraceptive as prescribed by a practitioner as defined in
13 section 155A.3, or as prescribed by standing order and dispensed
14 by a pharmacist pursuant to section 155A.49, including payment
15 for up to an initial twelve-month supply of the self-administered
16 hormonal contraceptive dispensed at one time and for up to
17 a twelve-month supply of the same self-administered hormonal
18 contraceptive subsequently dispensed at one time.

19 EXPLANATION

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

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

30 The bill provides that notwithstanding any provision of law
31 to the contrary, a pharmacist may dispense a self-administered
32 hormonal contraceptive to a patient pursuant to a standing
33 order established by the medical director of the department of
34 health and human services (medical director). For an initial
35 dispensing, a pharmacist may dispense up to a 12-month supply at

1 one time of the self-administered hormonal contraceptive, and for
2 any subsequent dispensing of the same self-administered hormonal
3 contraceptive, a 12-month supply at one time. Additionally, the
4 bill prohibits a pharmacist who dispenses a self-administered
5 hormonal contraceptive in accordance with the bill from requiring
6 any other prescription drug order authorized by a practitioner
7 prior to dispensing the self-administered hormonal contraceptive.

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

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

23 The standing order would prohibit a pharmacist who dispenses
24 hormonal contraceptives under the bill from requiring a patient
25 to schedule an appointment with the pharmacist for the
26 prescribing or dispensing of the hormonal contraceptive; and
27 dispensing the hormonal contraceptives to a patient if the
28 results of the patient's self-screening risk assessment indicate
29 it is unsafe for the pharmacist to dispense the hormonal
30 contraceptives to the patient, in which case the pharmacist shall
31 refer the patient to a practitioner.

32 The bill provides immunity for a pharmacist who dispenses
33 a self-administered hormonal contraceptive and for the medical
34 director who establishes a standing order in compliance with
35 the bill from criminal and civil liability arising from any

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

9 The bill requires HHS, in collaboration with the boards of
10 pharmacy and medicine, and in consideration of the guidelines
11 established by the American congress of obstetricians and
12 gynecologists, to adopt administrative rules to administer the
13 bill.

14 The bill amends prescription contraceptive coverage provisions
15 to require that a group policy, contract, or plan delivered,
16 issued for delivery, continued, or renewed in the state on or
17 after January 1, 2026, providing for third-party payment or
18 prepayment of health or medical expenses, shall specifically
19 provide for payment of self-administered hormonal contraceptives,
20 prescribed and dispensed as specified in the bill, including
21 those dispensed at one time.

22 The bill also requires HHS to provide prescription
23 contraceptive coverage under the Medicaid program consistent with
24 the coverage under private insurance as provided under the bill.