

PREVAILED	Roll Call No
FAILED	Ayes
WITHDRAWN	Noes
RULED OUT OF ORDER	

## **HOUSE MOTION**

## MR. SPEAKER:

I move that House Bill 1001(ss) be amended to read as follows:

1	rage 50, between lines 5 and 4, begin a new paragraph and insert.
2	"SECTION 12. IC 25-26-25 IS ADDED TO THE INDIANA CODE
3	AS A <b>NEW</b> CHAPTER TO READ AS FOLLOWS [EFFECTIVE
4	UPON PASSAGE]:
5	Chapter 25. Pharmacist Authority to Prescribe Hormonal
6	Contraceptives
7	Sec. 1. It is the policy of the state to promote and support
8	measures that will reduce the number of abortions in Indiana.
9	Sec. 2. The definitions in IC 25-26-13-2 apply to this chapter.
10	Sec. 3. As used in this chapter, "health plan" means:
11	(1) a policy of accident and sickness insurance (as defined in
12	IC 27-8-5-1); or
13	(2) an individual contract or a group contract with a health
14	maintenance organization under IC 27-13;
15	that is issued, delivered, executed, entered into, or renewed in
16	Indiana after this chapter takes effect.
17	Sec. 4. As used in this chapter, "hormonal contraceptive patch"
18	means a transdermal patch applied to the skin of a patient, by the
19	patient or by a pharmacist, that releases a drug composed of a
20	combination of hormones that is approved by the federal Food and
21	Drug Administration to prevent pregnancy.
22	Sec. 5. As used in this chapter, "self-administered or al hormonal

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1	contraceptive" means a drug:
2	(1) that is composed of a hormone or a combination of
3	hormones approved by the federal Food and Drug
4	Administration to prevent pregnancy; and
5	(2) that the patient to whom the drug is prescribed may
6	administer to herself by oral administration.
7	The term includes hormonal contraceptive pills.
8	Sec. 6. A pharmacist who meets the requirements set forth in
9	this chapter may prescribe and dispense hormonal contraceptive
0	patches and self-administered oral hormonal contraceptives to a
1	patient who is at least eighteen (18) years of age, regardless of
2	whether the patient has evidence of a previous prescription from
3	a primary care practitioner or women's health care practitioner
4	for a hormonal contraceptive patch or self-administered oral
5	hormonal contraceptive.
6	Sec. 7. (a) Before January 1, 2023, the board shall adopt rules
7	under IC 4-22-2:
8	(1) in consultation with the state department of health;
9	(2) in consideration of guidelines established by federal
20	Centers for Disease Control and Prevention; and
21	(3) with the approval of the medical licensing board of
	Indiana;
:3	to establish standard procedures for the prescribing of hormonal
22 23 24	contraceptive patches and self-administered oral hormonal
2.5	contraceptives by pharmacists.
26	(b) The rules adopted under this section must provide that a
27	pharmacist, to prescribe and dispense hormonal contraceptive
28	patches and self-administered oral hormonal contraceptives under
.9	this chapter, must do the following:
0	(1) Complete a training program that:
1	(A) trains pharmacists in prescribing hormonal
2	contraceptive patches and self-administered oral hormonal
3	contraceptives; and
4	(B) is approved by the board.
5	A training program completed by a pharmacist under this
6	subdivision may be developed by another state if the training
7	program is adopted and approved by the board.
8	(2) Provide a self-screening risk assessment tool that the
9	patient must use to assess for medical contraindications,
0	including high blood pressure, before the pharmacist
-1	prescribes a hormonal contraceptive patch or
-2	self-administered oral hormonal contraceptive for the patient
3	under this chapter.
4	(3) Take the patient's blood pressure before prescribing the
5	hormonal contraceptive patch or self-administered oral
·6	hormonal contraceptive.
.7	(4) Refer the patient to the patient's primary care practitioner
/	(1) Refer the patient to the patient sprinnary care practitioner

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or women's health care practitioner upon prescribing and dispensing the hormonal contraceptive patch or self-administered oral hormonal contraceptive. However, if the patient does not have a primary care practitioner or women's health care practitioner, the pharmacist shall provide the patient with local resources to find a practitioner. (5) Provide the patient with a written record of the hormonal contraceptive patch or self-administered oral hormonal contraceptive that the pharmacist prescribes and dispenses and advise the patient to consult with a primary care practitioner or women's health care practitioner.

- (6) Recommend that the patient have a clinical visit with a primary care practitioner or women's health care practitioner for a women's health examination at least once every two (2) years.
- (7) Require the pharmacist to dispense the hormonal contraceptive patch or self-administered oral hormonal contraceptive to the patient as soon as practicable after the pharmacist issues the prescription.
- (8) Inform the patient:
  - (A) of the risks and benefits of the use of a hormonal contraceptive patch or self-administered oral hormonal contraceptive; and
  - (B) that the contraceptive does not protect the patient against sexually transmitted diseases.
- (c) The rules adopted under this section must prohibit a pharmacist from doing the following:
  - (1) Requiring a patient to schedule an appointment with the pharmacist for the prescribing or dispensing of a hormonal contraceptive patch or self-administered oral hormonal contraceptive.
  - (2) Prescribing a drug that is considered to be an abortifacient.
- (d) All state and federal laws governing insurance coverage of contraceptive drugs, devices, products, and services apply to hormonal contraceptive patches and self-administered oral hormonal contraceptives prescribed or dispensed by a pharmacist under this chapter.
- (e) Notwithstanding subsection (a), if the board has not adopted rules under this section before January 1, 2023, the board may adopt emergency rules under IC 4-22-2-37.1. Notwithstanding IC 4-22-2-37.1(g), an emergency rule adopted by the board under this subsection and in the manner provided by IC 4-22-2-37.1 expires on the date on which a rule that supersedes the emergency rule is adopted by the board under IC 4-22-2-24 through IC 4-22-2-36. This subsection expires July 1, 2023.
  - Sec. 8. (a) A health plan under which a patient is covered must

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1	provide payment, coverage, or reimbursement for:
2	(1) hormonal contraceptive patches and self-administered oral
3	hormonal contraceptives prescribed for and dispensed to the
4	patient under this chapter; and
5	(2) outpatient consultations (including pharmacist
6	consultations), examinations, procedures, and medical
7	services that are necessary to the prescribing or dispensing of
8	hormonal contraceptive patches or self-administered oral
9	hormonal contraceptives under this chapter if the health plan
0	covers similar outpatient consultations, examinations
1	procedures, and medical services for other drug benefits.
2	(b) The coverage required by subsection (a):
3	(1) may be subject to provisions of the health plan that apply
4	equally to other prescription drugs covered by the health
5	plan, including required copayments, deductibles, and
6	coinsurance; and
7	(2) must provide reimbursement for the dispensing of
8	hormonal contraceptive patches or self-administered oral
9	hormonal contraceptives in a quantity sufficient to last the
20	patient for a twelve (12) month period regardless of whether
21	the patient was covered under the health plan at the time the
22	hormonal contraceptive patch or self-administered oral
22	hormonal contraceptive was first dispensed to the patient.
24	(c) A religious employer that is a nonprofit organization under
2.5	Section 6033(a)(3)(A)(i) or Section 6033(a)(3)(A)(iii) of the Internal
26	Revenue Code is exempt from the requirements of this section with
27	respect to a health plan it provides to its employees.
28	Sec. 9. (a) Beginning in 2024, before February 15 of each year,
.9	the board shall submit to the legislative council an annual report
0	that evaluates the effectiveness and use of this chapter by
1	pharmacists and patients during the previous calendar year. The
2	report may include legislative recommendations.
3	(b) The report must be delivered in an electronic format under
4	IC 5-14-6.".
5	Renumber all SECTIONS consecutively.
	(Reference is to HB 1001(ss) as printed July 26, 2022.)
	Representative Campbell

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