## 

PREVAILED

FAILED

WITHDRAWN

Roll Call No. \_\_\_\_\_

Ayes \_\_\_\_\_

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION

## MR. SPEAKER:

I move that Engrossed Senate Bill 2(ss) be amended to read as follows:

1	Page 34, between lines 13 and 14, begin a new paragraph and insert:
2	"SECTION 19. IC 25-26-25 IS ADDED TO THE INDIANA CODE
3	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
4	JULY 1, 2023]:
5	Chapter 25. Hormonal Contraceptives
6	Sec. 1. The definitions in IC 25-26-13-2 apply throughout this
7	chapter.
8	Sec. 2. As used in this chapter, "health plan" means:
9	(1) a policy of accident and sickness insurance (as defined in
10	IC 27-8-5-1); or
11	(2) an individual contract or a group contract with a health
12	maintenance organization under IC 27-13.
13	Sec. 3. As used in this chapter, "self-administered hormonal
14	contraceptive" means a drug:
15	(1) composed of a hormone or a combination of hormones
16	that is approved by the federal Food and Drug Administration
17	to prevent pregnancy; and
18	(2) that the patient to whom the drug is prescribed may
19	administer to oneself or be administered by a pharmacist.
20	Sec. 4. A pharmacist may prescribe self-administered hormonal
21	contraceptives to a person, regardless of whether the person has
22	evidence of a previous prescription from a primary care

1 practitioner or women's health care practitioner for hormonal 2 contraceptives. 3 Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before 4 January 1, 2024, to establish: 5 (1) in consultation with the Indiana state department of 6 health; 7 (2) in consideration of guidelines established by the Centers 8 for Disease Control and Prevention; and 9 (3) with the consultation of the medical licensing board of 10 Indiana: 11 standard procedures for the prescribing of self-administered 12 hormonal contraceptives by pharmacists. 13 (b) The rules adopted under this section must require a 14 pharmacist to do the following: 15 (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal 16 17 contraceptives. The board may adopt a training program 18 developed by another state. 19 (2) Provide a self-screening risk assessment tool that the 20 patient must use prior to the pharmacist's prescribing the 21 self-administered hormonal contraceptive to assess for 22 medical contraindications, including high blood pressure. 23 (3) Refer the patient to the patient's primary care practitioner 24 or women's health care practitioner, if one exists, upon 25 prescribing and dispensing the self-administered hormonal 26 contraceptive. 27 (4) Provide the patient with a written record of the 28 self-administered hormonal contraceptive prescribed and 29 dispensed and advise the patient to consult with a primary 30 care practitioner or women's health care practitioner. 31 (5) Dispense the self-administered hormonal contraceptive to 32 the patient as soon as practicable after the prescribing 33 pharmacist issues the prescription. This subdivision applies to 34 the dispensing pharmacist only. 35 (6) Inform the patient of the risks and benefits of 36 self-administered hormonal contraception and that the use of 37 a self-administered hormonal contraceptive does not protect 38 the patient against sexually transmitted diseases. 39 (c) The state health commissioner may issue a standing order 40 that concerns standard procedures for the prescribing of 41 self-administered hormonal contraceptives by pharmacists and 42 that is effective until the board adopts rules under this section. 43 (d) All state and federal laws governing health insurance 44 coverage of contraceptive drugs, devices, products, and services 45 apply to self-administered hormonal contraceptives prescribed by 46 a pharmacist under this chapter. 47 Sec. 6. (a) A health plan must provide payment, coverage, or

1	reimbursement for:
2	
2	(1) prescription contraceptives; and (2) if any other shows have first the health shows
3	(2) if covered for other drug benefits by the health plan,
4 5	outpatient consultations, including pharmacist consultations,
	examinations, procedures, and medical services that are
6	necessary to prescribe, dispense, deliver, or distribute a
7	prescription contraceptive.
8	(b) The coverage required under subsection (a):
9	(1) may be subject to provisions of the health plan that apply
10	equally to other prescription drugs covered by the health
11	plan, including required copayments, deductibles, and
12	coinsurance; and
13	(2) must reimburse a health care provider or dispensing entity
14	for a dispensing of contraceptives intended to last for a twelve
15	(12) month period for subsequent dispensing of the same
16	contraceptive to the patient regardless of whether the insured
17	was enrolled in the program, plan, or policy at the time of the
18	first dispensing.
19	(c) A religious employer that is a nonprofit organization under
20	Section 6033(a)(3)(A)(i) or Section 6033(a)(3)(A)(iii) of the Internal
21	Revenue Code is exempt from the requirements of this section with
22	respect to a health plan it provides to its employees.".
23	Renumber all SECTIONS consecutively.
20	(Reference is to ESB 2(ss) as printed August 2, 2022.)
	(reference is to Lob 2(55) as printed August 2, 2022.)

Representative Vermilion