SENATE BILL No. 153

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-26-25.

Synopsis: Pharmacist contraceptive prescriptions. Allows pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives (contraceptives). Establishes requirements for pharmacists who prescribe and dispense contraceptives. Requires the Indiana board of pharmacy (board) to adopt rules. Requires health plans to provide coverage for contraceptives and certain services. Establishes an exception for nonprofit religious employers. Requires the board to issue an annual report to the legislative council.

Effective: July 1, 2023.

Charbonneau

January 9, 2023, read first time and referred to Committee on Health and Provider Services.



First Regular Session of the 123rd General Assembly (2023)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2022 Regular Session of the General Assembly.

SENATE BILL No. 153

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 25-26-25 IS ADDED TO THE INDIANA CODE
2	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2023]:
4	Chapter 25. Hormonal Contraceptives
5	Sec. 1. It is the policy of the state to promote and support
6	measures that will reduce the number of abortions in Indiana.
7	Sec. 2. The definitions in IC 25-26-13-2 apply to this chapter.
8	Sec. 3. 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. 4. As used in this chapter, "hormonal contraceptive patch'
14	means a transdermal patch applied to the skin of a patient, by the
15	patient or by a pharmacist, that releases a drug composed of a
16	combination of hormones that is approved by the federal Food and
17	Drug Administration to prevent pregnancy.



1	Sec. 5. As used in this chapter, "self-administered oral hormonal
2	contraceptive" means a drug:
3	(1) composed of a hormone or a combination of hormones
4	that is approved by the federal Food and Drug Administration
5	to prevent pregnancy; and
6	(2) that the patient to whom the drug is prescribed may take
7	orally to administer to herself.
8	The term includes hormonal contraceptive pills.
9	Sec. 6. A pharmacist who meets the requirements under this
10	chapter may prescribe and dispense hormonal contraceptive
11	patches and self-administered oral hormonal contraceptives to a
12	patient who is at least eighteen (18) years of age, regardless of
13	whether the patient has evidence of a previous prescription from
14	a primary care practitioner or women's health care practitioner
15	for a hormonal contraceptive patch or self-administered oral
16	hormonal contraceptive.
17	Sec. 7. (a) Before January 1, 2024, the board shall adopt rules
18	under IC 4-22-2 to establish:
19	(1) in consultation with the Indiana department of health;
20	(2) in consideration of guidelines established by federal
21	Centers for Disease Control and Prevention; and
22	(3) with the approval of the medical licensing board of
23	Indiana;
24	standard procedures for the prescribing of hormonal contraceptive
25	patches and self-administered oral hormonal contraceptives by
26	pharmacists.
27	(b) The rules adopted under this section must require a
28	pharmacist to do the following:
29	(1) Complete a training program approved by the board that
30	is related to prescribing hormonal contraceptive patches and
31	self-administered oral hormonal contraceptives. The board
32	may adopt a training program developed by another state.
33	(2) Provide a self-screening risk assessment tool that the
34	patient must use prior to the pharmacist's prescribing the
35	hormonal contraceptive patch or self-administered oral
36	hormonal contraceptive to assess for medical
37	contraindications, including high blood pressure.
38	(3) Require that the pharmacist take the patient's blood
39	pressure before prescribing the hormonal contraceptive patch
40	or self-administered oral hormonal contraceptive.
41	(4) Refer the patient to the patient's primary care practitioner

or women's health care practitioner upon prescribing and



42

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 the self-administered oral hormonal contraceptive prescribed and dispensed and advise the patient	dispensing the hormonal contraceptive patch 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 the self-administered oral hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health	self-administered oral hormonal contraceptive. However, it
provide the patient with local resources to find a practitioner (5) Provide the patient with a written record of the hormonal contraceptive patch or the self-administered oral hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health	the patient does not have a primary care practitioner or
contraceptive patch or the self-administered oral hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health	women's health care practitioner, the pharmacist shall provide the patient with local resources to find a practitioner.
to consult with a primary care practitioner or women's health	(5) Provide the patient with a written record of the hormonal contraceptive patch or the self-administered oral hormonal
1 1	contraceptive prescribed and dispensed and advise the patient
care practitioner.	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 every two (2) years.
- (7) Require the dispensing 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 of the risks and benefits of the use of a hormonal contraceptive patch or self-administered oral hormonal contraceptive and that the contraceptive does not protect the patient against a sexually transmitted disease.
- (c) The rules adopted under this section must prohibit a pharmacist from 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 by a pharmacist under this chapter.
- (e) Notwithstanding subsection (a), if the board has not adopted rules under this section before January 1, 2024, 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, 2024.



1	Sec. 8. (a) A health plan must provide payment, coverage, or
2	reimbursement for:
2 3	(1) prescription hormonal contraceptive patches and
4	self-administered oral hormonal contraceptives; and
5	(2) if covered for other drug benefits by the health plan,
6	outpatient consultations, including pharmacist consultations,
7	examinations, procedures, and medical services that are
8	necessary to prescribe, dispense, deliver, or distribute a
9	prescription contraceptive.
10	(b) The coverage required in subsection (a):
11	(1) may be subject to provisions of the health plan that apply
12	equally to other prescription drugs covered by the health
13	plan, including required copayments, deductibles, and
14	coinsurance; and
15	(2) must reimburse a health care provider or dispensing entity
16	for a dispensing of contraceptives intended to last for a twelve
17	(12) month period for dispensings of the same hormonal
18	contraceptive patch or self-administered oral hormonal
19	contraceptive to the patient regardless of whether the insured
20	was enrolled in the program, plan, or policy at the time the
21	contraceptive was first dispensed.
22	(c) A religious employer that is a nonprofit organization under
23	Section 6033(a)(3)(A)(i) or Section 6033(a)(3)(A)(iii) of the Internal
24	Revenue Code is exempt from the requirements of this section with
25	respect to a health plan it provides to its employees.
26	Sec. 9. (a) Beginning in 2025, the board shall submit an annual
27	report before February 15 to the legislative council that evaluates
28	the effectiveness and use of the laws under this chapter by
29	pharmacists and patients during the previous calendar year. The
30	report may include legislative recommendations.
31	(b) The report must be delivered in an electronic format under
32	IC 5-14-6.

