## SENATE BILL No. 206

## DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-26-25.

**Synopsis:** Pharmacist contraceptive prescriptions. Allows pharmacists who meet certain requirements to prescribe self-administered hormonal contraceptives (contraceptives). Establishes requirements for pharmacists who prescribe and dispense contraceptives. Requires the Indiana board of pharmacy (board) to adopt rules. Allows the state health commissioner to issue a standing order that concerns standard procedures for the prescribing of contraceptives by pharmacists that is effective until the board adopts rules. Requires health plans to provide coverage for contraceptives and certain services. Establishes an exception for nonprofit religious employers.

Effective: July 1, 2023.

## **Breaux**

January 10, 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. 206

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 <b>NEW</b> CHAPTER TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2023]:
4	Chapter 25. Hormonal Contraceptives
5	Sec. 1. The definitions in IC 25-26-13-2 apply throughout this
6	chapter.
7	Sec. 2. As used in this chapter, "health plan" means:
8	(1) a policy of accident and sickness insurance (as defined in
9	IC 27-8-5-1); or
10	(2) an individual contract or a group contract with a health
11	maintenance organization under IC 27-13.
12	Sec. 3. As used in this chapter, "self-administered hormonal
13	contraceptive" means a drug:
14	(1) composed of a hormone or a combination of hormones
15	that is approved by the federal Food and Drug Administration
16	to prevent pregnancy; and
17	(2) that the patient to whom the drug is prescribed may



2023

administer to oneself or be administered by a pharmacist.  Sec. 4. A pharmacist may prescribe self-administered hormona contraceptives to a person, regardless of whether the person has evidence of a previous prescription from a primary care practitioner or women's health care practitioner for hormona contraceptives.  Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before January 1, 2024, to establish:  (1) in consultation with the Indiana department of health; (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.		
contraceptives to a person, regardless of whether the person has evidence of a previous prescription from a primary care practitioner or women's health care practitioner for hormona contraceptives.  Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before January 1, 2024, to establish:  (1) in consultation with the Indiana department of health;  (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and  (3) with the consultation of the medical licensing board of Indiana;  standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	1	administer to oneself or be administered by a pharmacist.
evidence of a previous prescription from a primary care practitioner or women's health care practitioner for hormona contraceptives.  Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before January 1, 2024, to establish:  (1) in consultation with the Indiana department of health;  (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and  (3) with the consultation of the medical licensing board of Indiana;  standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.		- · · · · · · · · · · · · · · · · · · ·
practitioner or women's health care practitioner for hormonal contraceptives.  Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before January 1, 2024, to establish:  (1) in consultation with the Indiana department of health; (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.		
contraceptives.  Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before January 1, 2024, to establish:  (1) in consultation with the Indiana department of health; (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state. (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive. (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.		evidence of a previous prescription from a primary care
Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before January 1, 2024, to establish:  (1) in consultation with the Indiana department of health; (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state. (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive. (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	5	practitioner or women's health care practitioner for hormona
January 1, 2024, to establish:  (1) in consultation with the Indiana department of health; (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	6	contraceptives.
(1) in consultation with the Indiana department of health; (2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists. (b) The rules adopted under this section must require a pharmacist to do the following: (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state. (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive. (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.		Sec. 5. (a) The board shall adopt rules under IC 4-22-2 before
(2) in consideration of guidelines established by the Centers for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists. (b) The rules adopted under this section must require a pharmacist to do the following: (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state. (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive. (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	8	•
for Disease Control and Prevention; and (3) with the consultation of the medical licensing board of Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following: (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state. (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive. (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	9	(1) in consultation with the Indiana department of health;
13 Indiana; 14 standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists. 16 (b) The rules adopted under this section must require a pharmacist to do the following: 17 (1) Complete a training program approved by the board that is related to prescribing self-administered hormona contraceptives. The board may adopt a training program developed by another state. 18 (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. 19 (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive. 10 (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. 10 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	10	
Indiana; standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	11	for Disease Control and Prevention; and
standard procedures for the prescribing of self-administered hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	12	(3) with the consultation of the medical licensing board of
hormonal contraceptives by pharmacists.  (b) The rules adopted under this section must require a pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	13	Indiana;
16 (b) The rules adopted under this section must require a pharmacist to do the following: 18 (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state. 22 (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. 23 (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive. 24 (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. 25 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	14	standard procedures for the prescribing of self-administered
pharmacist to do the following:  (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	15	hormonal contraceptives by pharmacists.
18 (1) Complete a training program approved by the board that is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state. 22 (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. 26 (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive. 30 (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. 31 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	16	(b) The rules adopted under this section must require a
is related to prescribing self-administered hormonal contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	17	pharmacist to do the following:
contraceptives. The board may adopt a training program developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	18	(1) Complete a training program approved by the board that
developed by another state.  (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	19	is related to prescribing self-administered hormona
22 (2) Provide a self-screening risk assessment tool that the patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure. 26 (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormonal contraceptive. 30 (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. 34 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	20	contraceptives. The board may adopt a training program
patient must use prior to the pharmacist's prescribing the self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	21	developed by another state.
self-administered hormonal contraceptive to assess for medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	22	(2) Provide a self-screening risk assessment tool that the
medical contraindications, including high blood pressure.  (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upor prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	23	patient must use prior to the pharmacist's prescribing the
26 (3) Refer the patient to the patient's primary care practitioner or women's health care practitioner, if one exists, upon prescribing and dispensing the self-administered hormona contraceptive.  30 (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  34 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	24	self-administered hormonal contraceptive to assess for
or women's health care practitioner, if one exists, upon prescribing and dispensing the self-administered hormonal contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	25	medical contraindications, including high blood pressure.
prescribing and dispensing the self-administered hormona contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	26	(3) Refer the patient to the patient's primary care practitioner
contraceptive.  (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	27	or women's health care practitioner, if one exists, upor
30 (4) Provide the patient with a written record of the self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner. 34 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	28	prescribing and dispensing the self-administered hormona
self-administered hormonal contraceptive prescribed and dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	29	contraceptive.
dispensed and advise the patient to consult with a primary care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	30	(4) Provide the patient with a written record of the
care practitioner or women's health care practitioner.  (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	31	self-administered hormonal contraceptive prescribed and
34 (5) Dispense the self-administered hormonal contraceptive to the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	32	dispensed and advise the patient to consult with a primary
the patient as soon as practicable after the prescribing pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	33	care practitioner or women's health care practitioner.
pharmacist issues the prescription. This subdivision applies to the dispensing pharmacist only.	34	(5) Dispense the self-administered hormonal contraceptive to
<ul> <li>pharmacist issues the prescription. This subdivision applies to</li> <li>the dispensing pharmacist only.</li> </ul>	35	` ' -
37 the dispensing pharmacist only.	36	
38 (6) Inform the patient of the risks and benefits of	37	the dispensing pharmacist only.
• •	38	i ei
39 self-administered hormonal contraceptives and that the use of		• •
40 a self-administered hormonal contraceptive does not protect		
	41	the patient against sexually transmitted diseases.
41	41	the patient against sexually transmitted diseases.

(c) The state health commissioner may issue a standing order



42

2023

1	that concerns standard procedures for the prescribing of
2	self-administered hormonal contraceptives by pharmacists and
3	that is effective until the board adopts rules under this section.
4	(d) All state and federal laws governing health insurance
5	coverage of contraceptive drugs, devices, products, and services
6	apply to self-administered hormonal contraceptives prescribed by
7	a pharmacist under this chapter.
8	Sec. 6. (a) A health plan must provide payment, coverage, or
9	reimbursement for:
10	(1) prescription contraceptives; and
11	(2) if covered for other drug benefits by the health plan,
12	outpatient consultations, including pharmacist consultations,
13	examinations, procedures, and medical services that are
14	necessary to prescribe, dispense, deliver, or distribute a
15	prescription contraceptive.
16	(b) The coverage required under subsection (a):
17	(1) may be subject to provisions of the health plan that apply
18	equally to other prescription drugs covered by the health
19	plan, including required copayments, deductibles, and
20	coinsurance; and
21	(2) must reimburse a health care provider or dispensing entity
22	for a dispensing of contraceptives intended to last for a twelve
23	(12) month period for subsequent dispensing of the same
24	contraceptive to the insured regardless of whether the insured
25	was enrolled in the program, plan, or policy at the time of the
26	first dispensing.
27	(c) A religious employer that is a nonprofit organization under
28	Section 6033(a)(3)(A)(i) or Section 6033(a)(3)(A)(iii) of the Internal
29	Revenue Code is exempt from the requirements of this section with
30	respect to a health plan it provides to its employees.

