

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

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HOUSE BILL 817

Short Title: Allow Pharmacists to Dispense Contraceptives. (Public)

Sponsors: Representatives von Haefen, Butler, and Fisher (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Rules, Calendar, and Operations of the House

May 5, 2021

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE LICENSED PHARMACISTS TO DISPENSE
SELF-ADMINISTERED HORMONAL CONTRACEPTIVES AND TO AMEND THE
HEALTH BENEFIT PLANS' COVERAGE REQUIREMENTS RELATED TO
CONTRACEPTIVES.

The General Assembly of North Carolina enacts:

SECTION 1.(a) Article 4A of Chapter 90 of the General Statutes is amended by
adding a new section to read:

"§ 90-85.15C. Dispense self-administered hormonal contraceptives.

(a) A licensed pharmacist may dispense a self-administered hormonal contraceptive to an individual, if the self-administered hormonal contraceptive is administered in compliance with a statewide standing order issued by the State Health Director. A prescription or order from a prescriber for the patient shall not be required for the pharmacist to dispense a self-administered hormonal contraceptive. For the purposes of this section, a "self-administered hormonal contraceptive" means a self-administered contraceptive that utilizes a hormone and is approved for use by the United States Food and Drug Administration to prevent pregnancy, including an oral contraceptive, a vaginal contraceptive ring, contraceptive patch, or any other method of hormonal contraceptive identified by a statewide standing order issued by the State Health Director.

(b) The pharmacist must provide a risk assessment questionnaire to a patient who requests the questionnaire prior to dispensing the self-administered hormonal contraceptive to the patient. The pharmacist must review the completed questionnaire and make a determination as to whether the patient's answers to the questionnaire indicate that it is unsafe to dispense the self-administered hormonal contraceptive. If the pharmacist makes the determination that it is unsafe to dispense the self-administered hormonal contraceptive after reviewing the completed questionnaire, the pharmacist shall do all of the following:

(1) The pharmacist shall not dispense the self-administered hormonal contraceptive.

(2) The pharmacist must refer the patient to the patient's primary care provider or another qualified health care provider.

(c) The pharmacist who dispenses a self-administered hormonal contraceptive in accordance with this section shall do all of the following:

(1) Create and maintain a record of the dispensing of the self-administered hormonal contraceptive, including the name of the patient to whom the pharmacist dispensed the self-administered hormonal contraceptive, the type



1 of self-administered hormonal contraceptive dispensed, and any other
2 information required by the statewide standing order, subject to the
3 requirements of G.S. 90-85.36.

4 (2) Inform the patient as to the proper administration and storage of the
5 self-administered hormonal contraceptive, potential side effects of the
6 self-administered hormonal contraceptive, and the need to use other methods
7 of contraception, if appropriate.

8 (3) Provide to the patient the record required by this subsection and any written
9 information required by the statewide standing order.

10 (4) Comply with the statewide standing order and any instructions for dispensing
11 the self-administered hormonal contraceptive recommended by the
12 manufacturer.

13 (d) The pharmacist shall provide to any patient, upon request by the patient, subject to
14 the requirements of G.S. 90-85.36, all of the following:

15 (1) A written record of the request, regardless of whether the self-administered
16 hormonal contraceptive was dispensed.

17 (2) A copy of the risk assessment questionnaire, if completed by the patient.

18 (3) A written record detailing the type of self-administered hormonal
19 contraceptive."

20 **SECTION 1.(b)** This section becomes effective October 1, 2021.

21 **SECTION 2.(a)** G.S. 58-3-178 reads as rewritten:

22 **"§ 58-3-178. Coverage for prescription contraceptive drugs or devices and for outpatient**
23 **contraceptive services; exemption for religious employers.**

24 (a) Except as provided in subsection (e) of this section, every insurer providing a health
25 benefit plan ~~that provides coverage for prescription drugs or devices~~ shall provide coverage for
26 prescription and nonprescription contraceptive drugs or devices, drugs, devices, and products,
27 unless otherwise provided by this section. The following applies to this coverage requirement:

28 (1) Coverage shall include coverage for the insertion or removal of and any
29 medically necessary examination associated with the use of the prescribed
30 contraceptive drug or device. ~~Except as otherwise provided in this subsection,~~
31 ~~the same deductibles, coinsurance, and other limitations as apply to~~
32 ~~prescription drugs or devices covered under the health benefit plan shall apply~~
33 ~~to coverage for prescribed contraceptive drugs or devices. A health benefit~~
34 ~~plan may require that the total coinsurance, based on the useful life of the drug~~
35 ~~or device, be paid in advance for those drugs or devices that are inserted or~~
36 ~~prescribed and do not have to be refilled on a periodic basis.~~

37 (2) Coverage shall include any self-administered hormonal contraceptive
38 dispensed in accordance with G.S. 90-85.15C.

39 (3) No prescription shall be required for coverage of any over-the-counter
40 contraceptive drugs, devices, and products that are approved by the federal
41 Food and Drug Administration.

42 (4) No insurer shall be required to provide coverage for any condom products,
43 including Class II medical devices approved by the federal Food and Drug
44 Administration under 42 C.F.R. § 884.5300 through 42 C.F.R. § 884.5340.

45 (5) No prior authorization or other restriction or delay upon coverage under this
46 section shall be imposed.

47 (a1) Except as otherwise provided by this subsection, no health benefit plan offered by an
48 insurer in this State shall impose any deductible, coinsurance, copayment, or other cost-sharing
49 requirement on coverage for prescription contraception drugs or devices, including any
50 self-administered hormonal contraceptive dispensed in accordance with G.S. 90-85.15C. For a
51 high-deductible health plan associated with a health savings account, the insurer may impose

1 cost-sharing for prescription contraceptive drugs or devices, and that cost-sharing level shall be
2 set at the lowest amount required to preserve the insured's ability to claim tax-exempt
3 contributions and withdrawals from the insured's health savings account under 26 U.S.C. § 223.

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5 **SECTION 2.(b)** This section becomes effective October 1, 2021, and applies to
6 insurance contracts issued, renewed, or amended on or after that date.

7 **SECTION 3.** The State Health Director shall issue a statewide standing order
8 authorizing licensed pharmacists in this State to dispense self-administered hormonal
9 contraceptives, consistent with the provisions of G.S. 90-85.15C, as enacted by Section 1 of this
10 act. The State Health Director shall consult with the North Carolina Medical Board, the North
11 Carolina Board of Pharmacy, and the Department of Health and Human Services to develop
12 written protocols to dispense a self-administered hormonal contraceptive, including (i) a risk
13 assessment questionnaire as described in G.S. 90-85.15C as enacted by Section 1 of this act, (ii)
14 requirements of the contents of a written record of the request, and (iii) the length of time a
15 written record must be maintained by the pharmacist. The statewide standing order shall detail
16 the information the dispensing pharmacist shall give to the patient concerning the
17 self-administered hormonal contraceptive, including (i) the importance of obtaining
18 recommended tests and screening from the patient's primary care provider or other health care
19 provider who specializes in women's health, (ii) the effectiveness of long-acting reversible
20 contraceptives as an alternative to self-administered hormonal contraceptives, (iii) when to seek
21 emergency medical services as a result of administering a self-administered hormonal
22 contraceptive, and (iv) the risk of contracting a sexually transmitted infection and ways to reduce
23 that risk.

24 **SECTION 4.** The North Carolina Board of Pharmacy shall provide information on
25 its website detailing pharmacies in this State that have licensed pharmacists that dispense
26 self-administered hormonal contraceptives.

27 **SECTION 5.** Except where otherwise provided, this act is effective when it becomes
28 law.