

Committee Report

REGULAR CALENDAR

January 31, 2018

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 1822-FN,

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

Having considered the same, report the same with the following resolution: **RESOLVED**, that it is **INEXPEDIENT TO LEGISLATE**.

Rep. Mindi Messmer

FOR THE MAJORITY OF THE COMMITTEE

**MAJORITY
COMMITTEE REPORT**

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1822-FN
Title:	making hormonal contraceptives available directly from pharmacists by means of a standing order.
Date:	January 31, 2018
Consent Calendar:	REGULAR
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

The majority of the committee found this bill Inexpedient to Legislate. This finding was based on concerns relating to standing orders that may expose physicians and pharmacists to liability in the case of an adverse event. The committee felt this issue rose to the level of concern especially in light of limited counseling services offered in a pharmacy setting. While the minority believes it's important to improve access to birth control, this legislation would create unintended consequences with respect to liability.

Vote 13-8.

Rep. Mindi Messmer
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1822-FN, making hormonal contraceptives available directly from pharmacists by means of a standing order. **MAJORITY: INEXPEDIENT TO LEGISLATE. MINORITY: OUGHT TO PASS WITH AMENDMENT.**

Rep. Mindi Messmer for the **Majority** of Health, Human Services and Elderly Affairs. The majority of the committee found this bill Inexpedient to Legislate. This finding was based on concerns relating to standing orders that may expose physicians and pharmacists to liability in the case of an adverse event. The committee felt this issue rose to the level of concern especially in light of limited counseling services offered in a pharmacy setting. While the minority believes it's important to improve access to birth control, this legislation would create unintended consequences with respect to liability. **Vote 13-8.**

REGULAR CALENDAR

January 31, 2018

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred HB 1822-FN,

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

Having considered the same, and being unable to agree with the Majority, report with the recommendation that the bill OUGHT TO PASS.

Rep. William Marsh

FOR THE MINORITY OF THE COMMITTEE

**MINORITY
COMMITTEE REPORT**

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1822-FN
Title:	making hormonal contraceptives available directly from pharmacists by means of a standing order.
Date:	January 31, 2018
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS

STATEMENT OF INTENT

This bill came to the committee recommended unanimously by the 2017 HB 264 study commission. The minority feels there is overwhelming support to expand access to hormonal contraceptives both among the public and professional organizations. Anything that would reduce the 41 percent incidence of unintended pregnancy in NH is in the public interest. Every concern brought up in executive session had been addressed by the commission. The minority feels this bill Ought to Pass.

Rep. William Marsh
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

**MINORITY
COMMITTEE REPORT**

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	HB 1822-FN
Title:	making hormonal contraceptives available directly from pharmacists by means of a standing order.
Date:	January 31, 2018
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS

As edited by House Clerk

STATEMENT OF INTENT

This bill came to the committee recommended unanimously by the 2017 HB 264 study commission. The minority feels there is overwhelming support to expand access to hormonal contraceptives both among the public and professional organizations. Anything that would reduce the 41 percent incidence of unintended pregnancy in NH is in the public interest. Every concern brought up in executive session had been addressed by the commission. The minority feels this bill should pass.

Rep. William Marsh
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs

HB 1822-FN, making hormonal contraceptives available directly from pharmacists by means of a standing order. **OUGHT TO PASS.**

Rep. William Marsh for the **Minority** of Health, Human Services and Elderly Affairs. This bill came to the committee recommended unanimously by the 2017 HB 264 study commission. The minority feels there is overwhelming support to expand access to hormonal contraceptives both among the public and professional organizations. Anything that would reduce the 41 percent incidence of unintended pregnancy in NH is in the public interest. Every concern brought up in executive session had been addressed by the commission. The minority feels this bill Ought to Pass.

COMMITTEE REPORT

COMMITTEE: HHS&EA

BILL NUMBER: HB 1822-FN

TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: 1/25/16 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No. _____

STATEMENT OF INTENT:

The majority of the Committee found this bill inexpedient to legislate. ^{This finding was} based on concerns relating to ~~availability~~ ^{standing orders} with ~~standing orders~~ ^{expose} physicians and pharmacists to liability especially in light of ~~reduced medical~~ ^{reduced} ~~adverse event~~ in the case of an adverse event. The committee felt this issue rose to the level of concern especially in light of limited counseling services offered in a pharmacy setting. While the minority believes it's important to improve access to birth control, this legislation

COMMITTEE VOTE: 13 - 8 ^{would create unintended consequences} ~~the~~ ^{with respect to} liability.

RESPECTFULLY SUBMITTED,

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rep. Mindi Messner
For the Committee

HB 1822 – making hormonal contraceptives available directly from pharmacists by means of a standing order.

OK
MK

Minority Blurb

OTP

This bill came to the committee recommended unanimously by the HB 264 commission. The minority feels there is an overwhelming support to expand access to hormonal contraceptives both among the public and professional organizations. Anything that would reduce the 41% incidence of unintended pregnancy in NH is in the public interest. Every concern brought up in executive session had been addressed by the Commission. The minority feels this bill Ought to Pass.

Rep. William Marsh for the Minority of the Committee

MINORITY REPORT

COMMITTEE: HHS & EA

BILL NUMBER: 1822-FN

TITLE: _____

DATE: 1/25 CONSENT CALENDAR: YES NO

- OUGHT TO PASS
- OUGHT TO PASS W/ AMENDMENT
- INEXPEDIENT TO LEGISLATE
- INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.

STATEMENT OF INTENT:

This bill came to the committee recommended
unanimously by the HB264 commission.

The minority feels there is an overwhelming
support to expand access to hormonal contraceptives
both among the public and professional organizations.
Anything that would reduce the 41% incidence
of unintended pregnancy in NH is in the public interest.
Every concern brought up in executive session
had been addressed by the Commission.

The minority feels this bill ought to pass.

COMMITTEE VOTE: 13-8

• Copy to Committee Bill File

RESPECTFULLY SUBMITTED,

Rep. Will Brown

For the Minority

HB 1822 making hormonal contraceptives available directly from pharmacist by means of a standing order.

Majority Blurb

ITL 13-8 Regular Calendar

The majority of the committee found this bill Inexpedient to Legislate. This finding was based on concerns relating to standing orders that may expose physicians and pharmacists to liability in the case of an adverse event. The committee felt this issue rose to the level of concern especially in light of limited counseling services offered in a pharmacy setting. While the minority believes it's important to improve access to birth control, this legislation would create unintended consequences with respect to liability.

Rep. Mindi Messmer for the Majority of the Committee

OK
JRV

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: January 25, 2018

LOB ROOM: 205

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. W. Marsh Seconded by Rep. M. MacKay AM Vote: 18-3
Amendment # 2018-0116h

Moved by Rep. M. MacKay Seconded by Rep. W. Marsh Vote: 9-12


MOTIONS: INEXPEDIENT TO LEGISLATE

Moved by Rep. Messmer Seconded by Rep. P. Gordon Vote: 13-8

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,



Rep Bill Nelson, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: 1/25/18

LOB ROOM: 205

MOTION: (Please check one box)

1) OTP ITL Retain (1st year) Adoption of Amendment # 2018-0116 h (if offered) ~~18-3~~

Moved by Rep. Marsh Secoded by Rep. M. Mackay Vote: 18-3

MOTION: (Please check one box)

2) OTP OTP/A ITL Retain (1st year) Adoption of Amendment # 2018-0116 h (if offered)

Moved by Rep. M. Mackay Secoded by Rep. Marsh Vote: 9-12

MOTION: (Please check one box)

3) OTP OTP/A ITL Retain (1st year) Adoption of Amendment # (if offered)

Moved by Rep. Messmer Secoded by Rep. Gordon Vote: 13-8

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # (if offered)

Moved by Rep. Secoded by Rep. Vote:

CONSENT CALENDAR: YES NO X

Minority Report? Yes No If yes, author, Rep: Marsh Motion OTP

Respectfully submitted: Bill Nelson Rep Bill Nelson, Clerk



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/5/2018 10:29:58 AM
Roll Call Committee Registers
Report

①

2018 SESSION

HHS&EA

making hormonal contraceptives available directly from pharmacists
by means of a standing order.

Bill #: HB 1822-FN Title: _____

PH Date: 1/11/18

Exec Session Date: 1/25/18

Motion: OTP

Amendment #: 2018-0116h

MEMBER	YEAS	NAYS
Kotowski, Frank R. Chariman	18	
LeBrun, Donald L. Vice Chairman		1
McMahon, Charles E.	1	
Nelson, Bill G. Clerk	2	
Guthrie, Joseph A.	3	
Donovan, Daniel A.	4	
Fothergill, John	5	
Bove, Martin N.	6	
Mackay, Mariellen J.	7	
Edwards, Jess	8	
Fedolfi, Jim		2
Marsh, William M.	9	
Pearson, Mark		3
Mackay, James R.	10	
Freitas, Mary C.	11	
Weber, Lucy M.	12	
Gordon, Pamela S.	13	
Knirk, Jerry	14	
Messmer, Mindi F.	15	
Salloway, Jeffrey C.		
Campion, Polly Kent	16	
Ayala, Jessica	17	
TOTAL VOTE:	18	3



STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/5/2018 10:29:58 AM
Roll Call Committee Registers
Report

2

2018 SESSION

HHS&EA

Bill #: HB 1822 FN

Title: making hormonal contraceptive available directly from pharmacists by means of a standing order

PH Date: 11/11/18

Exec Session Date: 11/25/18

Motion: 0 TP/A

Amendment #: 2018-0116h

MEMBER

YEAS

NAYS

MEMBER	YEAS	NAYS
Kotowski, Frank R. Chariman		12
LeBrun, Donald L. Vice Chairman		1
McMahon, Charles E.	1	
Nelson, Bill G. Clerk		2
Guthrie, Joseph A.		3
Donovan, Daniel A.	2	
Fothergill, John		4
Bove, Martin N.		5
Mackay, Mariellen J.	3	
Edwards, Jess	4	
Fedolfi, Jim		6
Marsh, William M.	5	
Pearson, Mark		7
Mackay, James R.	6	
Freitas, Mary C.		8
Weber, Lucy M.		9
Gordon, Pamela S.		10
Knirk, Jerry	7	
Messmer, Mindi F.		11
Salloway, Jeffrey C.		
Campion, Polly Kent	8	
Ayala, Jessica	9	
TOTAL VOTE:	9	12



2018 SESSION

HHS&EA

Bill #: 1822 FD

Title: MAKING hormonal contraceptives available directly
from pharmacist by means of a standing order

PH Date: 1/11/18

Exec Session Date: 1/25/18

Motion: ~~Recess~~ RTU

Amendment #: _____

MEMBER	YEAS	NAYS
Kotowski, Frank R. Chariman	13	
LeBrun, Donald L. Vice Chairman	1	
McMahon, Charles E.	2	
Nelson, Bill G. Clerk	3	
Guthrie, Joseph A.	4	
Donovan, Daniel A.		1
Fothergill, John	5	
Bove, Martin N.	6	0
Mackay, Mariellen J.		2
Edwards, Jess		3
Fedolfi, Jim	7	
Marsh, William M.		4
Pearson, Mark	8	
Mackay, James R.	9	
Freitas, Mary C.		5
Weber, Lucy M.	10	
Gordon, Pamela S.	11	0
Knirk, Jerry		3 6
Messmer, Mindi F.	12	
Salloway, Jeffrey C.		1
Campion, Polly Kent		7
Ayala, Jessica		8
TOTAL VOTE:	13	8



Amendment to HB 1822-FN

Not adopted

1 Amend the bill by inserting after section 6 the following and renumbering the original section 7 to
2 read as 8:

3

4 6 New Section; Insurance; Individual; Coverage for Prescription Contraceptive Drugs and
5 Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 415 by inserting
6 after section 6-u the following new section:

7 415:6-v Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive Devices
8 and for Contraceptive Services. Each insurer that issues or renews any individual policy, plan, or
9 contract of accident or health insurance providing benefits for medical or hospital expenses, which
10 provides coverage for outpatient services shall provide to persons covered by such insurance who
11 are residents of this state coverage for outpatient contraceptive services under the same terms and
12 conditions as for other outpatient services. "Outpatient contraceptive services" means
13 consultations, examinations, and medical services, provided on an outpatient basis, including
14 medication therapy management services provided by a pharmacist and related to the use of
15 contraceptive methods to prevent pregnancy which has been approved by the U.S. Food and Drug
16 Administration. Each insurer that issues or renews any individual policy of accident or health
17 insurance providing benefits for medical or hospital expenses which provides a prescription rider
18 shall cover all prescription contraceptive drugs and prescription contraceptive devices approved by
19 the U.S. Food and Drug Administration under the same terms and conditions as other prescription
20 drugs. Nothing in this section shall be construed as altering the terms and conditions of a contract
21 relating to prescription drugs and outpatient services.

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: January 11, 2018

LOB ROOM: 205 **Time Public Hearing Called to Order:** 11:00 a.m.

Time Adjourned: 12:14 p.m.

Committee Members: Reps. Kotowski, LeBrun, M. Pearson, McMahon, Nelson, Guthrie, Fothergill, Bove, J. Edwards, Fedolfi, W. Marsh, Freitas, Weber, P. Gordon, Knirk, Messmer and Salloway

Bill Sponsors:

Rep. M. MacKay

Rep. Knirk

Rep. P. Schmidt

Rep. J. MacKay

Rep. Hinch

Rep. LeBrun

Rep. L. Ober

Rep. W. Marsh

Sen. Soucy

Sen. Reagan

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

The bill was introduced by **Rep. William Marsh**. Rep. Marsh explained the bill line by line. Many questions. Highlights (answers):

1. A person could go to multiple pharmacies.
2. No age restriction. May be addressed when protocols are developed.
3. Pharmacist would be the prescriber.
4. Protocols would be developed by HHS and Boards.
5. Subcommittee supported bill 20-0. Subcommittee had a wide range of members. Five states have similar legislation in place.
6. Pharmacists reimbursement was discussed.
7. Five pharmacists were on the committee. See full list NHNA's written testimony.

Tyler Brennen, NH Insurance Department - neutral. While something like this bill has its challenges in keeping track of this, it can be done. While an increase of use is anticipated, the number of pharmacists participating could be determined by payment rates, etc.

Sen. Donna Soucy - supports bill. A pharmacist does not have to participate.

Mike Bullek, Board of Pharmacy - supports bill. We will need a one-state standing order. This all needs to be worked out. He anticipates it going to over-the-counter in a few years. Sees someone acting as the person to sign standing orders statewide.

Paula Rogers, Government Relations for Blue Cross/Blue Shield - opposes. Because of insurance issues, supports the goal of the bill, but insurance issues need to be addressed.

Pamela Doubleday, NH AWHONN - supports bill.

Kayla Montgomery, Planned Parenthood - supports bill.

Tricia Tilley, DHHS, DPHS - supports bill. Development of protocols will need to be worked out.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Bill Nelson", with a long horizontal flourish extending to the right.

Rep. Bill Nelson, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: 1-11-18

ROOM: 205

Time Public Hearing Called to Order: 11:50

Time Adjourned: 12:14

(please circle if present)

Committee Members: Reps. Kotowski, LeBrun, McMahon, Guthrie, Donovan, Cothergill, Bove, M. MacKay, J. Edwards, Fedolfi, W. Marsh, M. Pearson, J. MacKay, Freitas, Weber, R. Gordon, Knirk, Messmer, Salloway, Campion, Ayala and Nelson

Bill Sponsors:

Rep. M. MacKay
Rep. J. MacKay
Rep. L. Ober
Sen. Reagan

Rep. Knirk
Rep. Hinch
Rep. W. Marsh

Rep. P. Schmidt
Rep. LeBrun
Sen. Soucy

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

B.H. introduced by Rep. MARSH - Explained bill
line by line. many questions - highlights (Answers)
1) A person could go to multiple pharmacies
2) No age restriction - may be addressed when
protocols are developed
3) Pharmacists ~~and~~ would be ~~the~~ Prescribers
4) Protocols would be developed by NMS + Boards
5) Sub-committee supported ~~the~~ bill 20-0.
Sub-committee had a wide range of members.
5 states have similar laws in place
6) Pharmacists Reimbursement was discussed
7) 5 Pharmacists were on the Committee - See full
LIST NADA's ~~testimony~~ written testimony

Tyler Bronner - NH INS. Dept - Neutral

while something like ~~these~~ this bill has it
challenges in keeping track of this - IT can be done

while an increase of use is anticipated - the # of
number of pharmacists participating could be ~~defined~~ ~~to~~ be determined
by payment rates etc

Sen. Soucy - Supports Bill -

A pharmacist does not have to participate.

Mike Bullock - Board of Pharmacy - supports bill.

We will need a one state standing order. This all
needs be worked out.

He anticipates it going to idn the ~~county~~ counter
in a few yrs.

Sees someone acting as ~~the~~ person to sign standing
orders state wide.

Paula Rogers - Govt. Relations for BC/BS - opposes

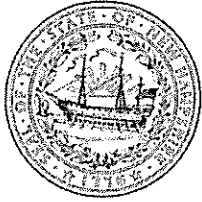
~~Supports~~ because of ins. issues ~~to~~ supports the
goal of the bill - but insurance issues need
to be addressed

Pamela Doubleday - ~~At~~ NH AWHONN - supports bill

Kayla Montgomery - Planned Parenthood - supports bill

Tricia Tilley ~~Tilley~~ → supports bill - development
of protocols will need to be worked out

Testimony



Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-3857
603-271-4524 1-800-852-3345 Ext. 4524
Fax: 603-271-8705 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

Testimony for 1822-FN
An Act – making hormonal contraceptives available directly from pharmacists
by means of a standing order.
Health and Human Services and Elderly Affairs Committee
January 11, 2018

Good morning members of the committee. My name is Patricia Tilley and I am the Deputy Director for the Division of Public Health Services within the Department of Health and Human Services. I am here to speak on HB 1822, an act making hormonal contraceptives available directly from pharmacists by means of a standing order.

Contraception is an essential and fundamental part of women's health care. Delaying or spacing babies allows individuals to follow education and career goals that may be interrupted by having children, empowering both men and women. The NH Department of Health and Human Services supports innovative strategies to support women as they take control of their own reproductive health. As the American College of Obstetricians and Gynecologists (ACOG) asserts, hormonal contraceptives are safe for the vast majority of women, in fact, they can be considered safer than many other medications that are easily purchased without a prescription at pharmacies, grocery stores and retail stores. Some advocates that suggest that hormonal contraception should also be available over the counter, but until and unless the Food and Drug Administration (FDA) permits these pills or devices to be sold without a prescription, this is impossible.

The Division of Public Health Services was proud to participate on the Commission to Study Allowing Pharmacists to Prescribe or Make Available via Protocol Oral Contraceptives and Certain Related Medications. The Commission thoroughly vetted and discussed several options to increase access to hormonal contraception for women regardless of their insurance status.

DPHS supports the final recommendation of the Commission to assist in the development of a statewide protocol that would enable medical providers and pharmacists to work together to eliminate barriers to accessing birth control. If HB 1822 were enacted, medical providers could set up standing orders with pharmacists that would enable the pharmacists to dispense hormonal contraception directly to women. Pharmacists would assess the woman for contra-indications, provide brief education and dispense the desired method of contraception in one easy trip to the pharmacy. Pharmacists could also play an essential role in making referrals to safety-net health care providers and family planning centers where low and no-cost care is available, for those women that need these low to no cost services.

DHHS also agrees to work in partnership with the Boards of Nursing, Medicine and Pharmacy to establish and endorse a common protocol for these standing orders in order to help establish the standard of care and minimize liability for medical providers thereby increasing the likelihood providers would agree to participate in these partnerships. We look forward to working together with medical providers, pharmacists and others to expand access to this critically important aspect of women's health care.



Bill Title: HB 1822 making hormonal contraceptives available directly from pharmacists by means of a standing order
Committee: House Health and Human Services and Elderly Affairs
Date: January 10, 2018
Position: Support with Concerns

Background:

During the 2017 legislative session, HB 264, established a commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications. A representative from Planned Parenthood of Northern New England actively participated in the commission which met over the fall of 2017. This bill, along with an additional legislation (SB 421), came out of this commission. Both bills had unanimous support from the commission to move forward in the 2018 session.

Position:

For 100 years, Planned Parenthood has been committed to expanding access to birth control information and services. Planned Parenthood of Northern New England supports any effort to expand access to birth control which ensures safety and affordability, and that includes supporting efforts to make some forms of birth control available over the counter. Leading women's health experts, providers and associations, including the American College of Obstetricians and Gynecologists (ACOG) agree that by removing the need to obtain a prescription, OTC status would eliminate one potential barrier to contraceptive use and thereby increase access.

Since over-the-counter access can only be authorized at the federal level by the FDA, HB 1822 establishes a framework for creating a new path, short of over the counter status, to contraceptive access for New Hampshire women in participating pharmacies. While we are hopeful about the potential this program offers, we are also aware that implementation of similar programs in other states has been met with several challenges including low participation rates by pharmacists and high pharmacy fees which put the access out of reach for many of the desired beneficiaries of the new law.

Planned Parenthood's concerns raised during the HB 264 Commission included: 1) ensuring adequate education and training for pharmacists, 2) requiring participating pharmacists to give women referral information for follow up medical care and identify nearby low or no cost community health providers, and 3) ensuring that any new program not put new costs or out of pocket fees in place which would create a barrier to the desired access for lower income or uninsured consumers.

While HB 1822 pays some attention to these concerns, recent research released in the December 2017 study “Tracking the Implementation of a California Law Allowing Pharmacists to Dispense Contraception” (See attached) validates many of the above concerns and provides this Committee and those advancing this initiative with important lessons and feedback.

We urge the committee to review the legislation with these concerns in mind in hopes of avoiding persistent barriers to availability of birth control based on cost, education, availability, geography, or other factors as this program proceeds.

Truly increasing access to contraception requires a multi-faceted approach to meet the needs of all women throughout their reproductive lives and HB 1822, if implemented adequately, should add to women’s options.

While state level policies like HB 1822 are under consideration, we continue to support the pending FDA application. We believe that a full and robust review process at the FDA to establish an appropriate avenue to ensure that efforts to expand access to birth control, by making it available over the counter, is the necessary way to achieve balance safety and affordability with improved access. Planned Parenthood Federation of America has a seat on a working commission studying this at a national level.

Until and before this option becomes available, we support state-level programs like HB 1822 with appropriate attention to our outlined concerns.

For more information contact:

Kayla Montgomery, Director of Advocacy and Organizing, [603.674.8372](tel:603.674.8372), kayla.montgomery@ppnne.org

HB 1822-FN: AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order

History/Context:

- Historically oral and other hormonal contraceptives required a visit to a primary care or women's health care provider, during which time a prescription is written for hormonal contraceptives. In the last five years ACOG, the American College of Obstetrics and Gynecology, has had a position statement affirming that over-the-counter contraceptives should be available for women. The Food and Drug Administration has not approved over-the-counter access.
- House Bill 1822-FN bill was developed within the context of an interdisciplinary Commission to study pharmacist-accessed hormonal contraceptives as a means to improve access. The Commission reviewed other states experiences with this practice and reviewed NH experiences with standing orders and protocols for other clinical circumstances. House Bill 1822-FN represents the product of the Commission's work and unanimous agreement by the Commission.
- Participants in the Commission included representation from NH Boards of Nursing, Medicine, and Pharmacy, American College of Obstetrics and Gynecology, New Hampshire Nurses Association, NH Medical Society, NH Pharmacists Association, NH Independent Pharmacy Association, Coalition of NH Chain Drug Stores, NH Society of Health-System Pharmacists, NH Nurse Practitioner Association, NH Hospital Association, Planned Parenthood of Northern New England, Bi-State Primary Care and NH Department of Health and Human Services.
- House Bill 1822-FN allows pharmacists to dispense hormonal contraceptives pursuant to a standing order entered into with the health care provider. As outlined in the Bill, rules shall be adopted to include:
 - Education and training of pharmacists
 - Content and format of a patient information sheet, with consultation with the Commissioner of the Department of Health and Human Services
 - Development of a model statewide protocol for provider and pharmacy use, with consent of the boards of nursing, pharmacy and medicine and in concert with the Department of Health and Human Services

Pros:

- Improved access by women to hormonal contraceptives, thereby reducing risk of unplanned pregnancy
- Consistent with latest evidence about benefits of improved access to hormonal contraceptives
- Interdisciplinary process of development of the Bill has resulted in strong legislative, medical, nursing and pharmacist support for the Bill

Cons:

- Even with this Bill, there will still be variations in access, depending upon participation by pharmacies and providers in this process.

NHNA's Commission on Government Affairs is in favor of the passage of HB 1822-FN.

~~Pamela Doubleday~~
Kayla Montgomery



KEY FINDINGS

TRACKING THE IMPLEMENTATION OF A CALIFORNIA LAW ALLOWING PHARMACISTS TO PRESCRIBE BIRTH CONTROL

by Anu Manchikanti Gómez, University of California, Berkeley

“Easier-to-get birth control: It’s here, it’s accessible, get used to it,” proclaimed *Glamour* magazine in May 2016 on the heels of new measures in California and Oregon authorizing pharmacists to prescribe birth control. But is it actually here? And is it accessible? My colleagues and I are examining the implementation of the California law that authorizes pharmacists to prescribe certain types of contraception. Similar measures are being implemented in Oregon, Colorado, and New Mexico, and have passed or are under consideration in other states. But no research has yet documented the availability of pharmacist-prescribed contraception – and news reports suggest pharmacies are not widely offering this service in California. Our study examined the situation in California one year after implementation of this new policy first started.

Increased Access Improves Women’s Ability to Use Contraception

The common birth control methods covered by the California law are very important to women’s reproductive health. One in five U.S. women of childbearing age use short-term, hormonal contraceptive methods like birth control pills, rings, patches, or injections. Typically, women must obtain prescriptions for these methods and regularly check back with health providers. But scheduling and keeping appointments can be difficult, interfering with their ability to use contraception consistently and prevent unwanted pregnancies.

Ease of access to contraception matters. For example, one study found that publicly insured women in California who received twelve-month supplies of birth control pills had 30 percent lower odds of becoming pregnant compared to women who received just one or three months’ worth of supplies. Such research suggests that removing barriers to continuing use of shorter-term contraceptive methods can help women more successfully prevent unwanted pregnancy.

Being able to obtain birth control from a pharmacist could make access easier. California’s Senate Bill 493, passed in 2013, addressed the shortage of healthcare providers by allowing pharmacists to prescribe hormonal contraception and several other medications. Pharmacists have been authorized to prescribe birth control since April 2016 – but are not required to do so. And there is no direct financial incentive for prescribing birth control, because insurers that pay for birth control itself are not required to reimburse pharmacies for providing these services.

Few California Pharmacies are Offering This Service

Between February and April 2017, my research team called 1008 pharmacies across the state to see if they had pharmacists who could prescribe birth control, as allowed by law. California has more than 7000 pharmacies, including some that are not full service, some that are specialized for certain conditions or types of medications, and others that are located in healthcare institutions and universities. After narrowing the list to 5291 community-based retail pharmacies,

we selected a random sample to call so that we could develop an accurate picture of the availability of contraceptive services in this type of pharmacy across the state. Trained research assistants from my team posed as mystery shoppers and – usually speaking with a pharmacist – said, "I heard that you can get birth control from a pharmacy without a prescription from your doctor. Can I do that at your pharmacy?"

Our results revealed that contraception services were available in 11 percent of community-based pharmacies. Availability did not differ regardless of whether a pharmacy was located in an urban versus non-urban setting, or was part of a chain versus independent. When we found pharmacies that did prescribe birth control, we posed several follow-up questions to understand how these services were being delivered. Service fees were charged by most pharmacies (68 percent) offering this service, with 86 percent of chain pharmacies charging fees compared to 33 percent of independents. The typical fee was \$45. When we asked what kinds of birth control were offered, most pharmacies (78 percent) mentioned the pill. Fewer pharmacies said we could get birth control rings (40 percent), patches (38 percent), or shots (9 percent).

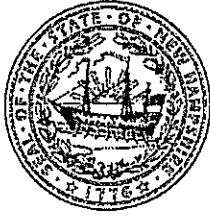
The Promise of Better Access is Not Fully Realized

Clearly, not very many pharmacies were offering pharmacist-prescribed birth control one year after California enabled them to do so. Although U.S. women, pharmacists, and other healthcare providers voice general support for easier contraception access, pharmacies may lack immediate incentives and resources to prescribe these medications directly to their patients. Last winter, we also conducted interviews with 36 California pharmacists working in independent pharmacies to understand barriers to offering this service. Though these pharmacists felt that prescribing contraception is an important community service, they expressed concerns about liability, lack of reimbursement, low patient demand, and limited time for counseling.

Our study found that this newly legalized service is actually not widely *available* in California. And these findings also indicate that even if more pharmacies start offering the service, many women may not be able to take advantage of it. Non-urban pharmacies, we found, were no more likely to furnish contraception than their urban counterparts. Chain pharmacies – which are the majority in the state – were more likely than independents to charge fees for this service. Pharmacist-prescribed contraception may therefore be especially inaccessible for underserved women. The fact that most national chain pharmacies are not readily offering contraception prescriptions suggests challenges for other states that adopt laws similar to California's.

Even if pharmacies were to move toward making pharmacist-prescribed contraception widely available, the service fees they directly charge consumers create additional barriers to access. A second California bill authorized its Medicaid program to reimburse pharmacies for these services, with full implementation mandated by 2021. Nevertheless, even when public insurance coverage improves, most California women are not eligible for Medicaid and may still have to pay out-of-pocket for service fees required by pharmacies. This may mean that pharmacy access alone is not enough to ensure affordable, easily obtained contraception for all. Building on my team's study of pharmacist-prescribed contraception, future research should continue to measure precisely if and when the promise of full access is realized for all groups of women – and the impact on their health and well-being.

Read more in Anu Manchikanti Gómez, "Availability of Pharmacist-Prescribed Contraception in California, 2017." *JAMA: The Journal of the American Medical Association* (2017).



State of New Hampshire

GENERAL COURT

CONCORD

MEMORANDUM

DATE: December 1, 2017

TO: Honorable Chris Sununu, Governor
Honorable Gene Chandler, Speaker of the House
Honorable Chuck W. Morse, President of the Senate
Honorable Paul C. Smith, House Clerk
Honorable Tammy L. Wright, Senate Clerk
Michael York, State Librarian

FROM: Representative Mariellen MacKay, Chair

SUBJECT: Final Report of the commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications.
RSA 318:47(HB 264, Chapter 23:1, Laws of 2017)

Pursuant to RSA 318:47 (HB 264, Chapter 23, Laws of 2017), enclosed please find the Final Report of the commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank those members of the commission who were instrumental in this study. I would also like to acknowledge all those who testified before the commission and assisted the commission in our study.

Enclosures

cc: Members of the Commission

FINAL REPORT

Commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications.

RSA 318:47-k (HB 264, Chapter 23:1, Laws of 2017)

December 1, 2017

Commission Charge and Study Purpose

The commission was charged with (but not limited to) allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications. The commission was also directed to solicit information from any person or entity the commission deems relevant to its study.

Commission Membership

Representative Mariellen MacKay, *Chair*
Representative Peter Schmidt
Representative William Marsh, *Vice-Chair*
Senator Donna Soucy
Patricia Tilley, NH DHHS, *Clerk*
April Kvetkosky, NH Society of Health-System Pharmacists
Christopher Lopez, NH Pharmacists Association
Michael Bullek, NH Board of Pharmacy
Brenden Rock, Coalition of NH Chain Drug Stores
Robert Stout, NH Independent Pharmacy Association
Gary Sobelson, NH Medical Society
Lindsay Schommer, Board of Nursing
Joyce Cappiello, NH Nurse Practitioner Association
Amy Schneider, Board of Medicine Appointed Family Physician
Sara Kellogg Meade, NH Nurses Association
Ellen Joyce, American Congress of Obstetricians and Gynecologists
Mellissa Martinez-Adorno, NH Hospital Association
Jennifer Frizzell, Planned Parenthood of Northern New England
Diane Trowbridge, Bi-State Primary Care

Issue

Numerous professional groups including American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP) believe it would be desirable to expand access to birth control by making birth control pills available without a prescription for the public health goal of preventing unintended pregnancy. Until and unless the Food and Drug Administration (FDA) permits birth control pills to be sold without a prescription, this is impossible. Other states have developed alternative methods of expanding access by making hormonal contraception available behind the counter. In this report "hormonal contraceptives" means pills, patches, and rings which the United States Food and Drug Administration (FDA) classifies as available by prescription for the purpose of contraception or emergency

contraception. It does not include similar items classified as "over the counter" by the FDA, intrauterine devices, shots, or intradermal implants.

Process

The Committee organized on Thursday, September 14th and elected Mariellen MacKay as Chair. The Chair appointed Patricia Tilley as Commission Clerk. The Commission met seven times in total (see attached minutes).

Testimony was presented by representatives of:

- The New Hampshire Insurance Department
- The New Hampshire Department of Health and Human Services
- The Commission to Study the Standards of Collaborative Practice
- The New Hampshire Attorney General

Members of the Commission presented testimony from:

- Planned Parenthood of Northern New England
- The New Hampshire Independent Pharmacy Association
- The New Hampshire Board of Pharmacy
- The NH Medical Society
- The NH Pharmacists Association
- The NH Hospital Association

Documents were reviewed including:

- SB 30 (2005)
- Colorado State Board of Pharmacy Approved Statewide Protocol for Prescribing Hormonal Contraceptive Patches and Oral Contraceptives
- HB 270 (2015)
- SB 222 (2017)
- The Final Report of the Commission to Study the Standards for Collaborative Pharmacy Practice Massachusetts SB 499 (2017)
- A listing of Pharmacist clinical care remuneration programs from *Can Pharm J* (Ott). 2014 Jul; 147(4): 209-232
- Washington SB 5557 (2015)
- CMS Informational Bulletin regarding State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols (Jan 17, 2017)

Findings

The Commission considered several methods of expanding access to contraception, with various advantages and disadvantages. The following methods are listed in order from least restrictive to most restrictive. At this time the Commission has decided to recommend standing orders with a model statewide protocol (option five), with the understanding that the optimal goal in the future would be a standing order signed by DHHS (option four).

- 1) **Over the counter (non-prescription) birth control.** The Commission recognized this required FDA action and is outside the scope of NH law.
- 2) **Prescriptive Authority for Pharmacists.** This would allow pharmacists to prescribe hormonal contraceptives. The Commission recognizes this option could expand access and pharmacist reimbursement, and would require a change in insurance laws. While the representatives of pharmacist groups favored this approach, the NH Medical Society and others opposed it on the grounds that it would remove the oversight of physicians and nurse practitioners in the prescribing process, and it could lead to other disruptions to current medical home environments. Whether this approach would raise concerns regarding patient safety was a matter of dispute.
- 3) **Statewide protocol.** This would empower a state agency to develop a statewide protocol, creating a statewide standard of care regarding training requirements, reporting requirements, and evaluation tools for uniformity of care. Pharmacists would be allowed to prescribe and dispense hormonal contraceptives. Representatives of the pharmacy groups favored this approach, but at this time pharmacists do not have provider status to bill Medicaid. The Medical Society also had concerns over proper patient oversight.
- 4) **Standing order signed by DHHS.** The Commission felt that this was the ultimate goal, but recognized that DHHS is unable to implement a statewide protocol at this time. The Commission also acknowledges that the absence of a Medicaid enrolled provider at DHHS would have the undesirable unintended consequence of eliminating Medicaid coverage of this enhanced form of access for hormonal contraceptive prescriptions.
- 5) **Standing orders with a model statewide protocol (commission recommendation).** The Commission felt a model statewide protocol would add uniformity and help establish the standard of care, thereby minimizing liability and increasing the likelihood providers would agree to sign standing orders. DHHS, the Boards of Nursing, Medicine and Pharmacy would collaborate with other stakeholders to establish to draft model language.
- 6) **Standing Orders with no model statewide protocol.** The Commission felt this would increase access but lack uniformity, have different educational, screening and reporting requirements. Pharmacies, particularly independent pharmacies, might have difficulty finding providers willing to sign standing orders. If a provider was willing to sign, the pharmacy's implementation would be largely controlled by the provider. It would be desirable for the legislature to establish minimum requirements by statute or rule to ensure that important elements of the program be met in any agreement developed.
- 7) **Collaborative Practice Agreements.** The Commission felt this could already be done under current law, but would lack statewide uniformity and do little to improve access.

Recommendations

- 1) The Commission endorses LSR 2018-3030, submitted by Representatives M. MacKay, J. MacKay, Marsh, P. Schmidt, Knirk, Hinch, L. Ober, LeBrun and Senators Soucy, Carson, Bradley, Feltes and Reagan.
- 2) The Commission desires that the pharmacy access to contraception enabled in its

endorsed legislation also be available through the Medicaid program. The Commission was advised by DHHS that no new legislation would be required so long as an enrolled Medicaid provider is authorizing the prescription.

The Commission recognized the importance of assisting the uninsured with greater access to contraception. The Commission expects that pharmacists will provide written information and referrals to safety-net health care providers and family planning centers where low and no-cost care is available.

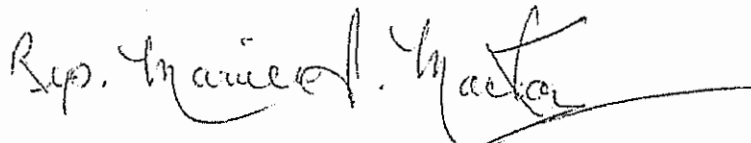
- 3) The Commission recommends that if or when DHHS is able to sign a statewide protocol, that a subsequent bill be submitted to advance from the standing order with a model statewide protocol model (as in LSR 2018-3030) to a statewide protocol model.
- 4) The Commission endorses LSR 2018-2993 submitted by Sen. Soucy requiring that public and private insurance plans cover a 12 month supply of prescribed, self-administered hormonal contraception and receive such supply at one time.

These recommendations and report were unanimously agreed to by the Commission via a roll call vote at its final meeting on November 16, 2017.

Roll call vote to recommend this report, LSR 2018-3030 and LSR 2018-2993: Representative Mariellen MacKay, Representative Peter Schmidt, Representative William Marsh, Senator Donna Soucy, Patricia Tilley, April Kvetkosky, Christopher Lopez, Michael Bullek, Robert Stout, Gary Sobelson, Lindsay Schommer, Joyce Cappiello, Amy Schneider, Sara Kellogg Meade, Ellen Joyce and Jennifer Frizzell

Absent: Brenden Rock, Mellissa Martinez-Adorno, Diane Trowbridge

Respectfully submitted,



Representative Mariellen MacKay, Chair

CC: Senate President
Speaker of the House
Senate Clerk
House Clerk
State Librarian

Bill as Introduced

HB 1822-FN - AS INTRODUCED

2018 SESSION

18-3030
01/04

HOUSE BILL

1822-FN

AN ACT

making hormonal contraceptives available directly from pharmacists by means of a standing order.

SPONSORS:

Rep. M. MacKay, Hills. 30; Rep. Knirk, Carr. 3; Rep. P. Schmidt, Straf. 19; Rep. J. MacKay, Merr. 14; Rep. Hinch, Hills. 21; Rep. LeBrun, Hills. 32; Rep. L. Ober, Hills. 37; Rep. W. Marsh, Carr. 8; Sen. Soucy, Dist 18; Sen. Reagan, Dist 17

COMMITTEE:

Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows pharmacists to dispense hormonal contraceptives pursuant to a standing order entered into by health care providers.

This bill is the result of the commission established pursuant to 2017, 23.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struck through~~].

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eighteen

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Pharmacies; Definitions. Amend RSA 318:1, VI-f to read as follows:

2 VI-f. *"Hormonal contraceptives" means pills, patches, and rings which the United*
3 *States Food and Drug Administration (FDA) classifies as available by prescription for the*
4 *purpose of contraception or emergency contraception. It does not include similar items*
5 *classified as "over the counter" by the FDA, intrauterine devices, shots, or intradermal*
6 *implants.*

7 VI-g. "Law enforcement officer" means any officer of the state or political subdivision of the
8 state who is empowered by law to conduct investigations of or to make arrests for offenses
9 enumerated in this chapter.

10 2 New Section; Hormonal Contraceptives; Dispensing. Amend RSA 318 by inserting after
11 section 47-k the following new section:

12 318:47-l Hormonal Contraceptives; Dispensing.

13 I. In this section, "standing order" means a written and signed protocol authored by one or
14 more physicians licensed under RSA 329:12 or one or more advanced practice registered nurses
15 licensed under RSA 326-B:18. Such agreement shall specify a protocol allowing the pharmacist
16 licensed under RSA 318-B:18 to dispense hormonal contraceptives under the delegated prescriptive
17 authority of the physician or APRN, specify a mechanism to document screening performed and the
18 prescription in the patient's medical record, and include a plan for evaluating and treating adverse
19 events. Any such prescription shall be regarded as being issued for a legitimate medical purpose in
20 the usual course of professional practice.

21 II. Licensed pharmacists following standing orders may dispense hormonal contraceptives
22 to persons in this state without a prior prescription.

23 III. A pharmacist, pharmacy, physician, or APRN issuing or following standing orders shall
24 be prohibited from seeking personal financial benefit by participating in any incentive-based
25 program or accepting any inducement that influences or encourages therapeutic or product changes
26 or the ordering of tests or services.

27 IV. Prior to dispensing hormonal contraceptives under this section, a pharmacist shall
28 complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training
29 program related to hormonal contraceptives. In addition, pharmacists shall comply with the most
30 current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use as adopted by the

HB 1822-FN - AS INTRODUCED

- Page 2 -

1 Centers for Disease Control and Prevention.

2 V. The pharmacist shall provide each recipient of hormonal contraceptives pursuant to this
3 section with a standardized information sheet written in plain language, which shall include, but is
4 not limited to, the indication for the use of the hormonal contraceptive, the importance of follow-up
5 care, and health care referral information.

6 VI. The board shall adopt rules, pursuant to RSA 541-A, relative to:

7 (a) Education and training required under paragraph IV.

8 (b) Content and format of the information sheet required under paragraph V, in
9 consultation with the commissioner of the department of health and human services.

10 (c) A model statewide protocol, with the consent of the board of medicine, the board of
11 nursing, and the department of health and human services to be used for the purposes of paragraph
12 I.

13 (d) Other matters necessary to the proper administration of this section.

14 VII. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary
15 action against a physician based on a pharmacist's failure to follow standing orders provided the
16 provisions of this section and the rules adopted under this section are satisfied. The board of
17 nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an APRN
18 based on a pharmacist's failure to follow standing orders provided the provisions of this section and
19 the rules adopted under this section are satisfied. The board of pharmacy shall not deny, revoke,
20 suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders
21 based on a defect in those standing orders provided the provisions of this section and the rules
22 adopted under this section are satisfied.

23 3 New Paragraph; Pharmacists; Rulemaking. Amend RSA 318:5-a by inserting after paragraph
24 XVIII the following new paragraph:

25 XIX. Dispensing hormonal contraceptives in accordance with RSA 318:47-l.

26 4 Insurance; Group; Coverage for Prescription Contraceptive Drugs and Prescription
27 Contraceptive Devices and for Contraceptive Services. Amend RSA 415:18-i to read as follows:

28 415:18-i Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive Devices
29 and for Contraceptive Services. Each insurer that issues or renews any group policy of accident or
30 health insurance providing benefits for medical or hospital expenses, which provides coverage for
31 outpatient services shall provide to each group, or to the portion of each group comprised of
32 certificate holders of such insurance who are residents of this state, coverage for outpatient
33 contraceptive services under the same terms and conditions as for other outpatient services.
34 "Outpatient contraceptive services" means consultations, examinations, and medical services,
35 provided on an outpatient basis, *including medication therapy management services*
36 *provided by a pharmacist* and related to the use of contraceptive methods to prevent pregnancy
37 which has been approved by the U.S. Food and Drug Administration. Each insurer that issues or
38 renews any policy of group accident or health insurance providing benefits for medical or hospital

HB 1822-FN - AS INTRODUCED

- Page 3 -

1 expenses which provides a prescription rider shall cover all prescription contraceptive drugs and
2 prescription contraceptive devices approved by the U.S. Food and Drug Administration under the
3 same terms and conditions as other prescription drugs. Nothing in this section shall be construed
4 as altering the terms and conditions of a contract relating to prescription drugs and outpatient
5 services.

6 5 Insurance; Health Service Corporations; Coverage for Prescription Contraceptive Drugs and
7 Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 420-A:17-c to read
8 as follows:

9 420-A:17-c Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive
10 Devices and for Contraceptive Services. Every health service corporation and every other similar
11 corporation licensed under the laws of another state that issues or renews any policy of group
12 accident or health insurance providing benefits for medical or hospital expenses, which provides
13 coverage for outpatient services shall provide to each group, or to the portion of each group
14 comprised of certificate holders of such insurance who are residents of this state, coverage for
15 outpatient contraceptive services under the same terms and conditions as for other outpatient
16 services. "Outpatient contraceptive services" means consultations, examinations, and medical
17 services, provided on an outpatient basis, *including medication therapy management services*
18 *provided by a pharmacist*, and related to the use of contraceptive methods to prevent pregnancy
19 which has been approved by the U.S. Food and Drug Administration. Each health service
20 corporation and every other similar corporation licensed under the laws of a different state that
21 issues or renews any group policy of accident or health insurance providing benefits for medical or
22 hospital expenses which provides a prescription rider shall cover all prescription contraceptive
23 drugs and prescription contraceptive devices approved by the U.S. Food and Drug Administration
24 under the same terms and conditions as other prescription drugs. Nothing in this section shall be
25 construed as altering the terms and conditions of a contract relating to prescription drugs and
26 outpatient services.

27 6 Insurance; Health Maintenance Organizations; Coverage for Prescription Contraceptive
28 Drugs and Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 420-
29 B:8-gg to read as follows:

30 420-B:8-gg Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive
31 Devices and for Contraceptive Services. Every health maintenance organization and every other
32 similar corporation licensed under the laws of another state that issues or renews any policy of
33 group health insurance providing benefits for medical or hospital expenses, which provides coverage
34 for outpatient services shall provide to each group, or to the portion of each group comprised of
35 certificate holders of such insurance who are residents of this state, coverage for outpatient
36 contraceptive services under the same terms and conditions as for other outpatient services.
37 "Outpatient contraceptive services" means consultations, examinations, and medical services,
38 provided on an outpatient basis, *including medication therapy management services*

HB 1822-FN - AS INTRODUCED

- Page 4 -

1 *provided by a pharmacist*, and related to the use of contraceptive methods to prevent pregnancy
2 which has been approved by the U.S. Food and Drug Administration. Each health maintenance
3 organization and every other similar corporation licensed under the laws of another state that
4 issues or renews any group health insurance providing benefits for medical or hospital expenses
5 which provides a prescription rider shall cover all prescription contraceptive drugs and prescription
6 contraceptive devices approved by the U.S. Food and Drug Administration under the same terms
7 and conditions as other prescription drugs. Nothing in this section shall be construed as altering
8 the terms and conditions of a contract relating to prescription drugs and outpatient services.

9 7 Effective Date. This act shall take effect 60 days after its passage.

HB 1822-FN- FISCAL NOTE
AS INTRODUCED

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2019	FY 2020	FY 2021	FY 2022
Appropriation	\$0	\$0	\$0	\$0
Revenue	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill allows pharmacists with a standing order authored by one or more licensed physicians to dispense hormonal contraceptives without a prior prescription and with specific dispensing guidelines. It also allows pharmacists to provide medication therapy management services.

The Office of Professional Licensure and Certification indicates the bill will create additional need for board and staff time to draft rules and will create more work for pharmacy inspectors. Additional staff will most likely be unnecessary, but such need is indeterminable at this time.

The Department of Administrative Services indicates the State Employee and Retiree Health Benefit Plan (HBP) is not subject to the requirements of the Insurance Department and/or the managed care law as a self-insured government plan. However, the HBP's third party benefits manager (PBM) will be subject to these requirements for its fully-insured clients, and therefore may be indirectly impacted by these changes.

The Insurance Department states the bill may result in the provision of services by lower cost

providers, which may in turn lead to an increase in utilization. However, any impact on health insurance premiums, and any resulting impact on premium tax revenues is indeterminable.

AGENCIES CONTACTED:

Office of Professional Licensure and Certification, Department of Administrative Services, and
Insurance Department

Committee Report

REGULAR CALENDAR

March 21, 2018

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Commerce and Consumer Affairs to which was referred HB 1822-FN,

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Christy Bartlett

FOR THE MAJORITY OF THE COMMITTEE

**MAJORITY
COMMITTEE REPORT**

Committee:	Commerce and Consumer Affairs
Bill Number:	HB 1822-FN
Title:	making hormonal contraceptives available directly from pharmacists by means of a standing order.
Date:	March 21, 2018
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2018-1118h

STATEMENT OF INTENT

This bill will make hormonal contraceptives available directly from pharmacists. The committee heard extensive testimony from various members of the 2017 study commission that met several times on this issue. Hormonal contraceptives have been available to women for about 50 years. They are among the safest and most-studied drugs in common use and their use is credited with the reduction of unplanned pregnancies and the adverse health consequences resulting. The NH Medical Society, NH Pharmacists Association, NH Nurses Association, Department of Health and Human Services and NH Board of Pharmacy were among the entities represented on this commission and have all voted in favor of moving this bill forward. The Commerce and Consumer Affairs Committee was charged as a second committee to review the insurance provisions of the bill. The NH Insurance Department took no position, but advised the committee that as amended, the initial screening provided by the pharmacist, that will be covered by insurance, will be at a rate established by the contract between the pharmacy and the insurer or its pharmacy benefits manager.

Vote 10-6.

Rep. Christy Bartlett
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Commerce and Consumer Affairs

HB 1822-FN, making hormonal contraceptives available directly from pharmacists by means of a standing order. **MAJORITY: OUGHT TO PASS WITH AMENDMENT. MINORITY: INEXPEDIENT TO LEGISLATE.**

Rep. Christy Bartlett for the **Majority** of Commerce and Consumer Affairs. This bill will make hormonal contraceptives available directly from pharmacists. The committee heard extensive testimony from various members of the 2017 study commission that met several times on this issue. Hormonal contraceptives have been available to women for about 50 years. They are among the safest and most-studied drugs in common use and their use is credited with the reduction of unplanned pregnancies and the adverse health consequences resulting. The NH Medical Society, NH Pharmacists Association, NH Nurses Association, Department of Health and Human Services and NH Board of Pharmacy were among the entities represented on this commission and have all voted in favor of moving this bill forward. The Commerce and Consumer Affairs Committee was charged as a second committee to review the insurance provisions of the bill. The NH Insurance Department took no position, but advised the committee that as amended, the initial screening provided by the pharmacist, that will be covered by insurance, will be at a rate established by the contract between the pharmacy and the insurer or its pharmacy benefits manager. **Vote 10-6.**

Original: House Clerk

Cc: Committee Bill File

Stapler, Carol

From: JOHN HUNT <jbhunt@prodigy.net>
Sent: Thursday, March 15, 2018 1:16 PM
To: Smarling, Pam; Stapler, Carol
Subject: Fw: HB1822 Majority Blurb
Attachments: HB1822.docx

Ok,
Jbh

Sent from the Yahoo Mail app. Get yours!

----- Forwarded Message -----

From: "Christy Bartlett" <christydbartlett@gmail.com>
To: "Hunt, John" <jbhunt@prodigy.net>, "wmarshmd@gmail.com" <wmarshmd@gmail.com>, "Stapler, Carol" <carol.stapler@leg.state.nh.us>
Sent: Thu, Mar 15, 2018 at 1:13 PM
Subject: HB1822 Majority Blurb
Please let me know if there should be any corrections, asap.

Thanks

Rep. Christy Dolat Bartlett
Commerce & Consumer Affairs Committee
Merrimack District 19
Concord
FB Group: Christy Bartlett for NH State Rep

HB1822-FN Majority Blurb

The bill will make hormonal contraceptive available directly from pharmacists. The Committee heard extensive testimony from various members of the study commission that met several times. Hormonal contraceptives have been available to women for about 50 years . They are among the safest and most-studied drugs in common use and their use is credited with the reduction of unplanned pregnancies and the adverse health consequences resulting. The NH Medical Society, NH Pharmacists Assn, the NH Nurses Assn, the Dept of Health & Human Services and the NH Board of Pharmacy were all represented on this commission and have all voted in favor to move this bill forward. The Commerce Committee was charged as a Second Committee to review the insurance provisions of the bill. The NH Insurance Dept took no position, but advised the Committee that as amended, the initial screening provided by the pharmacist will be at a rate established by the contract between the pharmacy and the insurer or its pharmacy benefits manager.

OTP/A 10-6

Rep. Christy D. Bartlett

3-15-18

Stapler, Carol

Majority

From: JOHN HUNT <jbhunt@prodigy.net>
Sent: Thursday, March 15, 2018 1:16 PM
To: Smarling, Pam; Stapler, Carol
Subject: Fw: HB1822 Majority Blurb
Attachments: HB1822.docx

Ok,
Jbh

Sent from the Yahoo Mail app. Get yours!

----- Forwarded Message -----

From: "Christy Bartlett" <christydbartlett@gmail.com>
To: "Hunt, John" <jbhunt@prodigy.net>, "wmarshmd@gmail.com" <wmarshmd@gmail.com>, "Stapler, Carol" <carol.stapler@leg.state.nh.us>
Sent: Thu, Mar 15, 2018 at 1:13 PM
Subject: HB1822 Majority Blurb
Please let me know if there should be any corrections, asap.

Thanks

Rep. Christy Dolat Bartlett
Commerce & Consumer Affairs Committee
Merrimack District 19
Concord
FB Group: Christy Bartlett for NH State Rep

Amendment to HB 1822-FN

1 Amend the bill by replacing all after section 3 with the following:

2

3 4 Insurance; Group; Coverage for Prescription Contraceptive Drugs and Prescription
4 Contraceptive Devices and for Contraceptive Services. Amend RSA 415:18-i to read as follows:

5 415:18-i Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive Devices
6 and for Contraceptive Services. Each insurer that issues or renews any group policy of accident or
7 health insurance providing benefits for medical or hospital expenses, which provides coverage for
8 outpatient services shall provide to each group, or to the portion of each group comprised of
9 certificate holders of such insurance who are residents of this state, coverage for outpatient
10 contraceptive services under the same terms and conditions as for other outpatient services.
11 "Outpatient contraceptive services" means consultations, examinations, and medical services,
12 provided on an outpatient basis, *including the initial screening provided through a*
13 *pharmacy pursuant to RSA 318:47-l at a rate established by contract between the*
14 *pharmacy and the insurer or its pharmacy benefits manager*, and related to the use of
15 contraceptive methods to prevent pregnancy which has been approved by the U.S. Food and Drug
16 Administration. Each insurer that issues or renews any policy of group accident or health
17 insurance providing benefits for medical or hospital expenses which provides a prescription rider
18 shall cover all prescription contraceptive drugs and prescription contraceptive devices approved by
19 the U.S. Food and Drug Administration under the same terms and conditions as other prescription
20 drugs. Nothing in this section shall be construed as altering the terms and conditions of a contract
21 relating to prescription drugs and outpatient services.

22 5 Insurance; Health Service Corporations; Coverage for Prescription Contraceptive Drugs and
23 Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 420-A:17-c to read
24 as follows:

25 420-A:17-c Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive
26 Devices and for Contraceptive Services. Every health service corporation and every other similar
27 corporation licensed under the laws of another state that issues or renews any policy of group
28 accident or health insurance providing benefits for medical or hospital expenses, which provides
29 coverage for outpatient services shall provide to each group, or to the portion of each group
30 comprised of certificate holders of such insurance who are residents of this state, coverage for
31 outpatient contraceptive services under the same terms and conditions as for other outpatient
32 services. "Outpatient contraceptive services" means consultations, examinations, and medical

1 services, provided on an outpatient basis, *including the initial screening provided through a*
2 *pharmacy pursuant to RSA 318:47-l at a rate established by contract between the*
3 *pharmacy and the insurer or its pharmacy benefits manager*, and related to the use of
4 contraceptive methods to prevent pregnancy which has been approved by the U.S. Food and Drug
5 Administration. Each health service corporation and every other similar corporation licensed under
6 the laws of a different state that issues or renews any group policy of accident or health insurance
7 providing benefits for medical or hospital expenses which provides a prescription rider shall cover
8 all prescription contraceptive drugs and prescription contraceptive devices approved by the U.S.
9 Food and Drug Administration under the same terms and conditions as other prescription drugs.
10 Nothing in this section shall be construed as altering the terms and conditions of a contract relating
11 to prescription drugs and outpatient services.

12 6 Insurance; Health Maintenance Organizations; Coverage for Prescription Contraceptive
13 Drugs and Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 420-
14 B:8-gg to read as follows:

15 420-B:8-gg Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive
16 Devices and for Contraceptive Services. Every health maintenance organization and every other
17 similar corporation licensed under the laws of another state that issues or renews any policy of
18 group health insurance providing benefits for medical or hospital expenses, which provides coverage
19 for outpatient services shall provide to each group, or to the portion of each group comprised of
20 certificate holders of such insurance who are residents of this state, coverage for outpatient
21 contraceptive services under the same terms and conditions as for other outpatient services.
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31 and Drug Administration under the same terms and conditions as other prescription drugs.
32 Nothing in this section shall be construed as altering the terms and conditions of a contract relating
33 to prescription drugs and outpatient services.

34 7 New Section; Insurance; Individual; Coverage for Prescription Contraceptive Drugs and
35 Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 415 by inserting
36 after section 6-u the following new section:

37 415:6-v Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive Devices

1 and for Contraceptive Services. Each insurer that issues or renews any individual policy, plan, or
2 contract of accident or health insurance providing benefits for medical or hospital expenses, which
3 provides coverage for outpatient services shall provide to persons covered by such insurance who
4 are residents of this state coverage for outpatient contraceptive services under the same terms and
5 conditions as for other outpatient services. "Outpatient contraceptive services" means
6 consultations, examinations, and medical services, provided on an outpatient basis, including the
7 initial screening provided through a pharmacy pursuant to RSA 318:47-1 at a rate established by
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13 approved by the U.S. Food and Drug Administration under the same terms and conditions as other
14 prescription drugs. Nothing in this section shall be construed as altering the terms and conditions
15 of a contract relating to prescription drugs and outpatient services.

16 8 Effective Date.

17 I. Sections 4-7 of this act shall take effect January 1, 2019.

18 II. The remainder of this act shall take effect 60 days after its passage.

REGULAR CALENDAR

March 21, 2018

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Minority of the Committee on Commerce and
Consumer Affairs to which was referred HB 1822-FN,**

**AN ACT making hormonal contraceptives available
directly from pharmacists by means of a standing order.**

**Having considered the same, and being unable to agree
with the Majority, report with the following resolution:**

RESOLVED, that it is INEXPEDIENT TO LEGISLATE.

Rep. Valerie Fraser

FOR THE MINORITY OF THE COMMITTEE

**MINORITY
COMMITTEE REPORT**

Committee:	Commerce and Consumer Affairs
Bill Number:	HB 1822-FN
Title:	making hormonal contraceptives available directly from pharmacists by means of a standing order.
Date:	March 21, 2018
Consent Calendar:	REGULAR
Recommendation:	INEXPEDIENT TO LEGISLATE

STATEMENT OF INTENT

The minority disagreed with the majority for several reasons. This bill creates a mandate on the insurance companies to cover medical care delivered by a pharmacist at the pharmacy. This bill will decrease the level of medical care by pharmacists to a checklist which can never replace the levels of medical competence earned through many years of hands-on training and examinations by a licensed physician, who is required to establish a valid doctor-patient relationship in order to write a prescription. No liability-free legislation should be granted to any pharmacy nor should a de facto medical license be granted.

Rep. Valerie Fraser
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Commerce and Consumer Affairs

HB 1822-FN, making hormonal contraceptives available directly from pharmacists by means of a standing order. **INEXPEDIENT TO LEGISLATE.**

Rep. Valerie Fraser for the **Minority** of Commerce and Consumer Affairs. The minority disagreed with the majority for several reasons. This bill creates a mandate on the insurance companies to cover medical care delivered by a pharmacist at the pharmacy. This bill will decrease the level of medical care by pharmacists to a checklist which can never replace the levels of medical competence earned through many years of hands-on training and examinations by a licensed physician, who is required to establish a valid doctor-patient relationship in order to write a prescription. No liability-free legislation should be granted to any pharmacy nor should a de facto medical license be granted.

Original: House Clerk

Cc: Committee Bill File

HB 1822 Blurto

For the minority Rep. Dr. Valerie Fraser

The minority disagreed with the majority on HB 1822 for several reasons.

This bill creates a mandate on the insurance companies to cover medical care delivered by a pharmacist at the pharmacy.

~~Further also~~

This bill will decrease the level of medical care by pharmacists to a checklist which can never replace the ~~face-to-face~~ levels of medical ~~of~~ competence earned through many years of hands on training ^{and examinations} by a licensed physician, who is required to establish a valid ^{doctor} patient relationship. No liability-free legislation should be granted to any pharmacy nor should a de facto medical license be granted.

JBH
LIL

relationship in order to write a prescription.

Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: March 15, 2018

LOB ROOM: 302

MOTIONS: OUGHT TO PASS WITH AMENDMENT

Moved by Rep. Butler Seconded by Rep. Biggie AM Vote: 16-9

Amendment # 2018-1118h

Moved by Rep. Bartlett Seconded by Rep. Williams Vote: 10-6

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep Valerie Fraser, Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: 3-15-18

LOB ROOM: 302

MOTION: (Please check one box)

OTP ITL Retain (1st year) Adoption of Amendment # 1118 (if offered) Interim Study (2nd year)

Moved by Rep. Butler Seconded by Rep. Biggie Vote: 16-0

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____ (if offered) Interim Study (2nd year)

Moved by Rep. ~~Butler~~ Bartlett Seconded by Rep. Butler, Williams Vote: 10-6

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____ (if offered) Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____ (if offered) Interim Study (2nd year)

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: _____ YES NO

Minority Report? _____ Yes _____ No If yes, author, Rep: _____ Motion _____

Respectfully submitted: Valerie Fraser
Rep Valerie Fraser, Clerk



2018 SESSION

COMMERCE

Bill #: HB1822-FN Title: Making hormonal contraceptives available directly from pharmacists by means of a standing order
PH Date: 3/14/18 Exec Session Date: 3/15/18
Motion: OTP-A Amendment #: _____

MEMBER	YEAS	NAYS
Hunt, John B. Chariman		✓
Biggie, Barbara Vice Chairman		✓
Fraser, Valerie Clerk		✓
Fromuth, Bart		
Sanborn, Laurie J.	✓	
Ferreira, Elizabeth		✓
Osborne, Jason M.		
Costable, Michael	✓	
Plumer, John R.		
Schwaegler, Vicki		✓
Panasiti, Reed A.		✓
Butler, Edward A.	✓	
Gidge, Kenneth N.	✓	
Williams, Kermit R.	✓	
Abel, Richard M.	✓	
Luneau, David	✓	
McBeath, Rebecca		
Bartlett, Christy D.	✓	
Fontneau, Timothy	✓	
Van Houten, Connie	✓	
TOTAL VOTE:		

10 - 6



2018 SESSION

COMMERCE

Bill #: HB 1822-FN Title: Making homecare contraceptives available directly to pharmacists by means of a standing order
PH Date: 3/14/18 Exec Session Date: 3/15/18
Motion: OTP Amendment #: 1118

MEMBER	YEAS	NAYS
Hunt, John B. Chariman	✓	
Biggie, Barbara Vice Chairman	✓	
Fraser, Valerie Clerk	✓	
Fromuth, Bart	—	
Sanborn, Laurie J.	✓	
Ferreira, Elizabeth	✓	
Osborne, Jason M.	—	
Costable, Michael	✓	
Plumer, John R.	—	
Schwaegler, Vicki	✓	
Panasiti, Reed A.	✓	
Butler, Edward A.	✓	
Gidge, Kenneth N.	✓	
Williams, Kermit R.	✓	
Abel, Richard M.	✓	
Luneau, David	✓	
McBeath, Rebecca	—	
Bartlett, Christy D.	✓	
Fontneau, Timothy	✓	
Van Houten, Connie	✓	
TOTAL VOTE:		

16

0

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: January 25, 2018

Subcommittee Members: Reps. Hunt, Biggie, Ferreira, Schwaegler, Panasiti, Butler, Bartlett and Van Houten

Comments and Recommendations: Change the insurance mandate with different language.

Respectfully submitted,

Rep. John Hunt
Subcommittee Chairman

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

SUBCOMMITTEE WORK SESSION on HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: 1-25-18

Subcommittee Members: Reps. Hunt, Biggie, Fraser, Fromuth, Sanborn, Ferreira, Osborne, Costable, Plumer, Schwaegler, Panasiti, Butler, Gidge, Williams, Abel, Luneau, McBeath, Bartlett, Fontneau and Van Houten

Comments and Recommendations:

Change the insurance mandate with different language

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr) (Please circle one)

Moved by Rep. Seconded by Rep. AM Vote: Adoption of Amendment #

Moved by Rep. Seconded by Rep. Vote: Amendment Adopted Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr) (Please circle one)

Moved by Rep. Seconded by Rep. AM Vote: Adoption of Amendment #

Moved by Rep. Seconded by Rep. Vote: Amendment Adopted Amendment Failed

Respectfully submitted,

Handwritten signature of the Subcommittee Chairman/Clerk

Rep. Subcommittee Chairman/Clerk

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: March 14, 2018

LOB ROOM: 302 **Time Public Hearing Called to Order:** 12:20 PM

Time Adjourned: 2:04 PM

Committee Members: Reps. Hunt, Biggie, Fraser, Fromuth, Sanborn, Ferreira, Osborne, Costable, Plumer, Schwaegler, Panasiti, Butler, Gidge, Williams, Abel, Luneau, McBeath, Bartlett, Fontneau and Van Houten

Bill Sponsors:

Rep. M. MacKay

Rep. J. MacKay

Rep. L. Ober

Sen. Reagan

Rep. Knirk

Rep. Hinch

Rep. W. Marsh

Rep. P. Schmidt

Rep. LeBrun

Sen. Soucy

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. M. McKay, prime sponsor - Feb 8 on voice vote passed the House. Access to birth control important. HHS commission voted unanimously to pass this bill. Would give women a chance/options; should not be a legislative decision. Women should make this choice.

Q: Rep. Christy Bartlett - What does the amendment do?

A: Rep. W. Marsh - Served on commission. Amendment worked on with Tyler Brennan, insurance, etc. California, only 11% of pharmacies participated, because of reimbursements. Discusses Amendment 2018-1051h. In some states makes pharmacist "prescribers;" Management codes, etc.

Q: Chairman John Hunt - "Intellectual time"? Time to determine?

A: Bill the doctor creates the protocol; not asking pharmacist to write protocol.

Q: Rep. Ed Butler - Protocol to be set, defining the standard order, how will that be defined/created?

A.: The state organizations, dept. will create the standard of care.

Q: Did the commission understand the kinds to be dispensed be safe enough?

A: Yes; rec'd testimony OB/GYN assn. ought to be made Over The Counter (OTC.)

Rep. Elizabeth Ferreira - Few examples.

A. Ins. Dept. can answer.

Q: Rep. Richard Abel - Individual elects for contract. Or other through the mail would not fall under this bill. Can be remotely?

A: Commission didn't address. Oregon, possibly being done.

Q: Chairman Hunt - Would there be a fee over the cost of prescription? Board of medicine come up with fees?

A: Insurance co. probably do the fee?

Q: Because of different types of contraceptives? The standing order would show the type except progesterone only pills.

Q: Rep. Vicki Schwaegler - Pharmacist will be taking liability if stroke, etc. as a

Chairman Hunt - Not liable if follow protocol.

Rep. Connie Van Houten - Is protocol renewed?

A: Presumes Rules would cover this.

* **Sara Kellogg Meade, NH Nurses Assn.** - Supports. Do all we can to reduce unplanned pregnancies (commission's goal).

Rep. Reed Panasiti - Meaning ?

A. OTC birth control studies say that patients are more conservative in choosing pills than the providers. Education, via the pharmacist, would be provided.

Chairman Hunt - If this is passed, could a women get this prescription without seeing a doctor again?

A. The pharmacist is working under the protocol. Pap smears not necessary anymore, not current information. Cancer not linked.

Q: Rep. Butler - Enough experiences in Colorado, etc that access to contraceptives improved?

A: Would have to look it up.

Q: Rep. Schwaeger - Understood this is a short term solution e.g. a college student, just in town, already had a prescription asking a pharmacist. Then, would go to a local doctor afterwards.

A: Will be addressed by Rules.

Rep. Abel to Chairman - In reference to amendment only this to Insurance ?

A: Sections 4,5,6 Insurance statutes. Possibly premature to tell insurance companies.

Heidi Kroll, AHIP - Opposes. We support access, visits to provider and prescription no cost. Concerns from members "medication therapy management" require a medical claim rather than a disbursing claim. The systems aren't in place to accept these from pharmacists. They are not credentialed the same, nor is reimbursed the same. There are distinctions how carrier contract between doctors and pharmacists. This would take time and money to create. And, mentioned fees and e.g. \$10/month medicine. Not sure how this would work. We're very concerned, access is already there with existing insurance coverages.

Q: Rep. Bartlett - \$10/mo and fee for uninsured.

A: Carriers are already covering costs. The new part for reimbursement as mentioned above time involved for pharmacists.

Q: Rep. Schwaegler - Are pharmacists already providing these services?

A: Limited

Q: Do you see this expanding to other types of health problems?

A: A trend, yes.

Q: Rep. Abel - e.g. pharmacy now taking vaccinations, as not in the past?

A: Any time involved for the medication and time, is built into the reimbursements.

Christopher Lopez, NH Pharmacists Assoc. - Supports.

Q: Rep. Butler - Why does a pharmacist have the education expertise to dispense contraceptives? to dispense?

A: We do screen for contraindications, etc. which will be built into the screening .

Q: Chairman Hunt - What other medication in which you have to go through a screening?

A: Vaccine.

Q: Does a vaccine, quantity, age, etc?

A: Yes.

Q: Estrogen has different strengths, how are you determining which one to choose?

A: Most will be determined by what the woman wants. Rules will be available.

Rep. Abel - Are all prescriptions time-limited?

A: For noncontrolled RX a year. Mail-order: for a renewal would have to be a screening again.

Q: Chairman Hunt - How do we avoid a patient repeating with another pharmacist 3 months later?

A: Could happen.

Matt Venno , Harvard Pilgrim - Opposes. We support access to contraceptives; worked with patient-advocacy group to expand access. The mandate language is what we oppose to in Section 4, and new section 420-A:17-c added. Interaction with the pharmacist v. a provider is not equal. Liability protections a concern; this bill expands the role of the pharmacist. If passed, carrier would need to oversee quality and delivery .

Q: Rep. Bartlett - Is this all about control by big pharma?

A: Federal health already provided that.

Q: Rep. Butler - All organizations in the commission etc. agree that this would be acceptable?

A: These drugs not available OTC at this time. This bill would circumvent the process. If there's broad support, you should work to make this OTC.

Rep. Butler - Step by step.

* Patricia Tilley, DHHS - Support. Increase access to important services. Considered safe. Goal is to reduce unintended pregnancies. Access to health care means NH has a lower teen-pregnancy rate.

Q: Chairman Hunt - Why don't they do it OTC?

A: FDA working on it.

Q: Collaborative practice act on morning-after pill as OTC already in NH.

A: Want a similar set of rules for this bill.

Q: Insurance dept. wants the patient to get the best possible care.

A: We want to have a standard, blessing of the Insurance Dept. rather than each individual pharmacist and doctor.

Paula Rogers, Anthem - Comment(?) rather than pro or con. Last week's discussion with Rep. McKay, etc. How can ins. co. reimburse to non-contracted pharmacists? We added "pharmacy" instead of "pharmacist". Oregon: has network adequacy which would have contract already..... Calif: Fee may be a problem for lower income women. Colorado: chain pharmacies with advertising, possibly a collaborative practice. Anthem still has a problem how this reimbursement would work in New Hampshire.

Rep. Butler - Reference to medical therapy management fee, charged through to ins. companies in certain situations, why not in this?

A: Because there's no contract with pharmacy. Ins. Dept. can better answer this.

Michael Bullek, RPh, NH Board of Pharmacy - Supports. Was member of committee. Board trains in vaccines, etc. retail pharmacies involved in more than Rx prescription. Now, advanced pharmacy training available. Make birth control more accessible. Rules were changed to allow "collaborative practices" with physicians.

Q: Chairman Hunt - Advice from pharmacist was free. Now, where's the compromise in this bill a fee for "initial consult" and gets prescription, shouldn't charge a fee for renewals?

A: In Rules, patient will need to see the provider.

Q: If patient doesn't use insurance to fill prescription?

A: Doctor will get report from pharmacy RS filled./consult.

Q: Where are the checks/balances.

A: Can be defined in Rules.

Tyler Brennan, NH Ins Dept. - There are favorable trends for collaborative health insurer, paying for traditional medical claims (CBT code) on drug PBM administering benefits RX claims process is quite different. CBT maintained by the AMA. In amendment, changes to pharmacists moves the responsible to PBM side from CBT, this is a new service not traditionally provided in the past. 201: fewer than 100 claims, were all paid to VA Center, rather than commercial pharmacists.

Bill wouldn't pharma. Would provide if not paid a fee. This mandates (quoted CBT process).

Bill wouldn't pharma. Would provide if not paid a fee. This mandates (quoted CBT process).

Q: Rep. Butler - There is a mechanism to bill insurer directly. But billing usually occurs through PBMS. Is there any process to now to health insurer?

A. These are administrative changes. There is greater integration need.

Blue sheet: Pro, 7; Con, 0

Respectfully Submitted:

A handwritten signature in cursive script that reads "Barbara Biggie".

Barbara Biggie, CActing Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

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Rep. M. MacKay

Rep. Knirk

Rep. P. Schmidt

Rep. J. MacKay

Rep. Hinch

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Sen. Soucy

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Q: Does a vaccine, quantity, age, etc?

A: Yes.

Q: Estrogen has different strengths, how are you determining which one to choose?

A: Most will be determined by what the woman wants. Rules will be available.

Rep. Abel - Are all prescriptions time-limited?

A: For noncontrolled RX a year. Mail-order: for a renewal would have to be a screening again.

Q; Chairman Hunt - How do we avoid a patient repeating with another pharmacist 3 months later?

A: Could happen.

~~**Rep. Van Houten:** ?~~

Matt Venno , Harvard Pilgrim - Opposes. We support access to contraceptives; worked with patient-advocacy group to expand access. The mandate language is what we oppose to in Section 4, and new section 420-A:17-c added. Interaction with the pharmacist v. a provider is not equal. Liability protections a concern; this bill expands the role of the pharmacist. If passed, carrier would need to oversee quality and delivery .

Q: Rep. Bartlett - Is this all about control by big pharma?

A: Federal health already provided that.

Q: Rep. Butler - All organizations in the commission etc. agree that this would be acceptable?

A: These drugs not available OTC at this time. This bill would circumvent the

process. If there's broad support, you should work to make this OTC.

Rep. Butler - Step by step.

* **Patricia Tilley, DHHS** - Support. Increase access to important services. Considered safe. Goal is to reduce unintended pregnancies. Access to health care means NH has a lower teen-pregnancy rate.

Q: Chairman Hunt - Why don't they do it OTC?

A: FDA working on it.

Q: Collaborative practice act on morning-after pill as OTC already in NH.

A: Want a similar set of rules for this bill.

Q: Insurance dept. wants the patient to get the best possible care.

A: We want to have a standard, blessing of the Insurance Dept. rather than each individual pharmacist and doctor.

Paula Rogers, Anthem - Comment(?) rather than pro or con. Last week's discussion with Rep. McKay, etc. How can ins. co. reimburse to non-contracted pharmacists? We added "pharmacy" instead of "pharmacist". Oregon: has network adequacy which would have contract already..... Calif: Fee may be a problem for lower income women. Colorado: chain pharmacies with advertising, possibly a collaborative practice. If in NH, would have a Anthem still has a problem how this reimbursement would work. *in NH.*

Rep. Butler - Reference to medical therapy management fee, charged through to ins. companies in certain situations, why not in this?

A: Because there's no contract with pharmacy. Ins. Dept. can better answer this.

Michael Bullek, RPh, NH Board of Pharmacy - Supports. Was member of committee. Board trains in vaccines, etc. retail pharmacies involved in more than Rx prescription. Now, advanced pharmacy training available. Make birth control more accessible. Rules were changed to allow "collaborative practices" with physicians.

Q: Chairman Hunt - Advice from pharmacist was free. Now, where's the compromise in this bill a fee for "initial consult" and gets prescription, shouldn't charge a fee for renewals?

A: In Rules, patient will need to see the provider.

Q: If patient doesn't use insurance to fill prescription?

A: Doctor will get report from pharmacy RS filled./consult.

Q: Where are the checks/balances.

A: Can be defined in Rules.

Tyler Brennan, NH Ins Dept. - There are favorable trends for collaborative health insurer, paying for traditional medical claims (CBT code) on drug PBM administering benefits RX claims process is quite different. CBT maintained by the AMA. In amendment, changes to pharmacists moves the responsible to PBM side from CBT, this is a new service not traditionally provided in the past. 201: fewer than 100 clams, were all paid to VA Center, rather than commercial pharmacists.

Q: Rep. Butler - There is a mechanism to bill insurer directly. But billing usually occurs through PBMS. Is there any process to now to health insurer?

A. These are administrative changes. There is greater integration need.

Blue sheet: Pro, 7; Con, 0

Respectfully Submitted:

Barbara Biggie, *C*Acting Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON HB 1822-FN

BILL TITLE: making hormonal contraceptives available directly from pharmacists by means of a standing order.

DATE: 3-14-18

ROOM: 302

Time Public Hearing Called to Order: 12:20pm

Time Adjourned: 2:04pm

(please circle if present)

Committee Members: Reps. Hunt, Biggie, Fraser, Fromuth, Sanborn, Ferreira, Osborne, Costable, Plumer, Schwaegler, Panasiti, Butler, Gidge, Williams, Abel, Luneau, McBeath, Bartlett, Fontneau and Van Houten

Bill Sponsors:

Rep. M. MacKay
Rep. J. MacKay
Rep. L. Ober
Sen. Reagan

Rep. Knirk
Rep. Hinch
Rep. W. Marsh

Rep. P. Schmidt
Rep. LeBrun
Sen. Soucy

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Multiple horizontal lines for entering testimony or amendments.

Hb1822 Hearing Notes Rep. Barbara Biggie

12:20pm

Rep. McKay sponsor Feb 8 VV pass the House. Access to birth control important. HHS commission voted unanimously to pass this bill. Would give women a chance/options with . should not be a legislative decision. Women should make this choice.

Rep. Bartlett: Q. what does the amendment do?

Rep. Marsh serviced on commission. Amendment worked on with Tyler Brennan, insurance, etc. California, only 11% of pharmacies participated, because of reimbursements. Discusses Amendment 2018-1051h. In some states makes pharmacist "prescribers" Management codes, etc.

Chmn: "intellectual time"? time to determine A. bill Doctor creates the protocol; not asking pharmacist to write protocol.

Rjep. Butler: protocol to be set, defining the standard order, how will that be defined/created? A. The state organizations, dept. will create the standard of care.

Rep. Butler: Q. Did the commission understand the kinds to be dispensed be safe enough? A. Yes; rec'd testimony OB/GYN assn. ought to be made OTC.

Rep. Ferriera: few examples A. Ins. Dept. can answer

Rep. Abel: indiv. Elects for contrac. Or other through the mail would not fall under this bill. Can be remotely? A. commission didn't address. Oregon, possibly being done.

Chmn: would there be a fee over the cost of prescription? Board of medicine come up with fees? A. Insurance co. probably do the fee? Q. because of different types of contraceptives? The standing order would show the type except progesterine only pills

Rep. Schwaegler: pharmacist will be taking liability if stroke, etc. as a Chmn Hunt: not liable if follow protocol

Rep. Van Houtin: is protocol renewed. A. presumes Rules would cover this.

*handout Sara Kellogg Meade NH Nurses Assn. supports the bill do all we can to reduce unplanned pregnancies (commission's goal);

Rep. Panasiti: ? A. OTC birth control studies say that patients are more conservative in choosing pills than the providers. Education, via the pharmacist, would be provided.

Chmn Hunt: if this is passed, could a women get this prescription without seeing a doctor again? A. the pharmacist is working under the protocol. A. Papsmeas not necessary anymore, not current information. Cancer not linked.

Rep. Butler: enough experiences in Colorado, etc that access to contraceptives improved? A. would have to look it up.

Rep. Schwaeger: understood this is a short term solution e.g. a college student, just in town, already had a prescription asking a pharmacist. Then, would go to a local doctor afterwards. A. will be addressed by Rules.

Rep. Abel to Chairman: in ref. to amendment only this to Insurance A. sections 4,5,6 Insurance statutes. Possibly premature to tell ins. Companies

Heidi Kroll: AHIP opposes the bill we support access, visits to provider and prescription no cost. Concerns from members "medication therapy management" require a medical claim rather than a disbursing claim. The systems aren't in place to accept these from pharmacists. They are not credentialed the same, none reimbursed the same. There are distinction how carrier contract between doctors and pharmists. This would take time and money to create. And, mentioned fees and e.g. \$10/mo medicine. Not sure how this would work. We're very concerned, access is already there with existing insurance coverages.

Rep. Bartlett: \$10/mo and fee for uninsured.

A. Carriers are already covering costs. The new part for reimbursement as mentioned above "time involved for pharmacists.

Rep. Schwaegler: Are pharmacists already providing these services? A. limited Q. Do you see this expanding to other types of health problems? A. A trend, yes.

Rep. Abel: e.g. pharm now taking vaccinations, as not in the past? A. any time involved for the medication and time, is built into the reimbursements.

Christopher Lopez, NH Pharmacists Ass. Supports the bill

Rep. Butler: Why does a pharmacist have the education expertise to dispense contraceptives? to dispense? A. we do screen for contraindications, etc. which will be built into the screening .

Chmn what other medication in which you have to go through a screening? A. vaccine. Q. does a vaccine, quantity, age, etc? A. Yes Q. estrogen has different strengths, how are you determining which one to choose? A. most will be determined by what the woman wants. Rules will be available.

Rep. Abel: are all prescriptions time-limited? A. for noncontrolled RX a year. A. mail-order: for a renewal would have to be a screening again.

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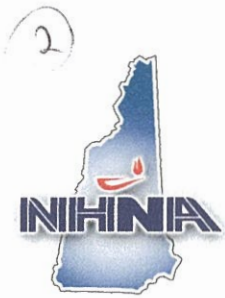
201: fewer than 100 claims, were all paid to VA Center, rather than commercial pharmacists.

Bill wouldn't Pharma. Would provide if not paid a fee. This mandates (quoted CBT process)

Rep. Butler: There is a mechanism to bill insurer directly. But billing usually occurs through PBMS. Is there any process to now to health insurer? A. These are administrative changes. There is greater integration need.

Blue sheet. 2:04pm

Testimony



NEW HAMPSHIRE NURSES' ASSOCIATION

25 Hall St. Unit 1E, Concord, NH 03301

PHONE: (877) 810-5972 Ext 701

EMAIL: office@nhnurses.org

WEBSITE: www.NHNurses.org

Testimony on House Bill 1822

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order
Presented: March 14, 2018

My name is Sara Kellogg Meade. I am representing New Hampshire Nurses' Association, in support of House Bill 1822. I am a registered nurse with 40 years of experience in Women's and Children's Services. 35 of these years have been here in New Hampshire.

Women with unplanned pregnancy have increased risk of cigarette use, alcohol use, domestic violence, depression and late entry to prenatal care. Due to these pregnancy risks, unplanned pregnancy results in higher rates of low birth weight and premature babies.

The American College of Obstetricians and Gynecologists cites a national rate of unintended pregnancy as "unacceptably high, accounting for 50% of all pregnancies." They go on to cite the national cost to taxpayers at \$11.1 billion dollars each year. The national March of Dimes organization cites similar numbers for the cost of preterm birth and newborn intensive care. Newborn intensive care is labor intensive and expensive.

So we need to do all we can to reduce numbers of unplanned pregnancies. If every pregnancy is a planned pregnancy, we will reduce overall health care costs.

Here in New Hampshire, between September and November, 2017, I served on the Commission to study allowing pharmacists to prescribe or make available via protocol oral contraceptives and certain related medications. The outcome of that commission's work is House Bill 1822. It received unanimous endorsement from the Commission's 19 participants, including representatives of the NH Nurses Association, the NH Nurse Practitioner Association, the Board of Nursing, the NH Pharmacists Association, the NH Board of Pharmacy, The American College of Obstetricians and Gynecologists, and the NH Medical Society. Our discussion in this commission centered on reducing unplanned pregnancy. Throughout our work we all remained committed to a process of review, discussion and vote. We are committed to and believe in House Bill 1822 as a means to improve birth control access and therefore reduce numbers of unplanned pregnancies.

As a nurse every day driving home, I ask myself, "Did I do the right thing today?"

It's my check on the day's challenges, discussions, and my own integrity with each interaction. This is how I maintain trust with women, with newborns, with distressed families, and with my professional colleagues. I believe that a vote to support House Bill 1822 and the amendment before you is a vote to reduce the number of unplanned pregnancies and therefore to improve the likelihood that every pregnancy is a planned pregnancy. Improved outcomes, lower costs, the right thing to do.

New Hampshire Nurses' Association supports HB 1822. We ask that you support it.

Thank-you very much.

Bill as
Introduced

HB 1822-FN - AS INTRODUCED

2018 SESSION

18-3030
01/04

HOUSE BILL

1822-FN

AN ACT

making hormonal contraceptives available directly from pharmacists by means of a standing order.

SPONSORS:

Rep. M. MacKay, Hills. 30; Rep. Knirk, Carr. 3; Rep. P. Schmidt, Straf. 19; Rep. J. MacKay, Merr. 14; Rep. Hinch, Hills. 21; Rep. LeBrun, Hills. 32; Rep. L. Ober, Hills. 37; Rep. W. Marsh, Carr. 8; Sen. Soucy, Dist 18; Sen. Reagan, Dist 17

COMMITTEE:

Health, Human Services and Elderly Affairs

ANALYSIS

This bill allows pharmacists to dispense hormonal contraceptives pursuant to a standing order entered into by health care providers.

This bill is the result of the commission established pursuant to 2017, 23.

Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Eighteen

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Pharmacies; Definitions. Amend RSA 318:1, VI-f to read as follows:

2 VI-f. ***"Hormonal contraceptives" means pills, patches, and rings which the United***
 3 ***States Food and Drug Administration (FDA) classifies as available by prescription for the***
 4 ***purpose of contraception or emergency contraception. It does not include similar items***
 5 ***classified as "over the counter" by the FDA, intrauterine devices, shots, or intradermal***
 6 ***implants.***

7 VI-g. "Law enforcement officer" means any officer of the state or political subdivision of the
 8 state who is empowered by law to conduct investigations of or to make arrests for offenses
 9 enumerated in this chapter.

10 2 New Section; Hormonal Contraceptives; Dispensing. Amend RSA 318 by inserting after
 11 section 47-k the following new section:

12 318:47-1 Hormonal Contraceptives; Dispensing.

13 I. In this section, "standing order" means a written and signed protocol authored by one or
 14 more physicians licensed under RSA 329:12 or one or more advanced practice registered nurses
 15 licensed under RSA 326-B:18. Such agreement shall specify a protocol allowing the pharmacist
 16 licensed under RSA 318-B:18 to dispense hormonal contraceptives under the delegated prescriptive
 17 authority of the physician or APRN, specify a mechanism to document screening performed and the
 18 prescription in the patient's medical record, and include a plan for evaluating and treating adverse
 19 events. Any such prescription shall be regarded as being issued for a legitimate medical purpose in
 20 the usual course of professional practice.

21 II. Licensed pharmacists following standing orders may dispense hormonal contraceptives
 22 to persons in this state without a prior prescription.

23 III. A pharmacist, pharmacy, physician, or APRN issuing or following standing orders shall
 24 be prohibited from seeking personal financial benefit by participating in any incentive-based
 25 program or accepting any inducement that influences or encourages therapeutic or product changes
 26 or the ordering of tests or services.

27 IV. Prior to dispensing hormonal contraceptives under this section, a pharmacist shall
 28 complete an Accreditation Council for Pharmacy Education (ACPE) accredited educational training
 29 program related to hormonal contraceptives. In addition, pharmacists shall comply with the most
 30 current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use as adopted by the

1 Centers for Disease Control and Prevention.

2 V. The pharmacist shall provide each recipient of hormonal contraceptives pursuant to this
3 section with a standardized information sheet written in plain language, which shall include, but is
4 not limited to, the indication for the use of the hormonal contraceptive, the importance of follow-up
5 care, and health care referral information.

6 VI. The board shall adopt rules, pursuant to RSA 541-A, relative to:

7 (a) Education and training required under paragraph IV.

8 (b) Content and format of the information sheet required under paragraph V, in
9 consultation with the commissioner of the department of health and human services.

10 (c) A model statewide protocol, with the consent of the board of medicine, the board of
11 nursing, and the department of health and human services to be used for the purposes of paragraph
12 I.

13 (d) Other matters necessary to the proper administration of this section.

14 VII. The board of medicine shall not deny, revoke, suspend, or otherwise take disciplinary
15 action against a physician based on a pharmacist's failure to follow standing orders provided the
16 provisions of this section and the rules adopted under this section are satisfied. The board of
17 nursing shall not deny, revoke, suspend, or otherwise take disciplinary action against an APRN
18 based on a pharmacist's failure to follow standing orders provided the provisions of this section and
19 the rules adopted under this section are satisfied. The board of pharmacy shall not deny, revoke,
20 suspend, or otherwise take disciplinary action against a pharmacist who follows standing orders
21 based on a defect in those standing orders provided the provisions of this section and the rules
22 adopted under this section are satisfied.

23 3 New Paragraph; Pharmacists; Rulemaking. Amend RSA 318:5-a by inserting after paragraph
24 XVIII the following new paragraph:

25 XIX. Dispensing hormonal contraceptives in accordance with RSA 318:47-1.

26 4 Insurance; Group; Coverage for Prescription Contraceptive Drugs and Prescription
27 Contraceptive Devices and for Contraceptive Services. Amend RSA 415:18-i to read as follows:

28 415:18-i Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive Devices
29 and for Contraceptive Services. Each insurer that issues or renews any group policy of accident or
30 health insurance providing benefits for medical or hospital expenses, which provides coverage for
31 outpatient services shall provide to each group, or to the portion of each group comprised of
32 certificate holders of such insurance who are residents of this state, coverage for outpatient
33 contraceptive services under the same terms and conditions as for other outpatient services.
34 "Outpatient contraceptive services" means consultations, examinations, and medical services,
35 provided on an outpatient basis, *including medication therapy management services*
36 *provided by a pharmacist* and related to the use of contraceptive methods to prevent pregnancy
37 which has been approved by the U.S. Food and Drug Administration. Each insurer that issues or
38 renews any policy of group accident or health insurance providing benefits for medical or hospital

HB 1822-FN - AS INTRODUCED

- Page 3 -

1 expenses which provides a prescription rider shall cover all prescription contraceptive drugs and
2 prescription contraceptive devices approved by the U.S. Food and Drug Administration under the
3 same terms and conditions as other prescription drugs. Nothing in this section shall be construed
4 as altering the terms and conditions of a contract relating to prescription drugs and outpatient
5 services.

6 5 Insurance; Health Service Corporations; Coverage for Prescription Contraceptive Drugs and
7 Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 420-A:17-c to read
8 as follows:

9 420-A:17-c Coverage for Prescription Contraceptive Drugs and Prescription Contraceptive
10 Devices and for Contraceptive Services. Every health service corporation and every other similar
11 corporation licensed under the laws of another state that issues or renews any policy of group
12 accident or health insurance providing benefits for medical or hospital expenses, which provides
13 coverage for outpatient services shall provide to each group, or to the portion of each group
14 comprised of certificate holders of such insurance who are residents of this state, coverage for
15 outpatient contraceptive services under the same terms and conditions as for other outpatient
16 services. "Outpatient contraceptive services" means consultations, examinations, and medical
17 services, provided on an outpatient basis, *including medication therapy management services*
18 *provided by a pharmacist*, and related to the use of contraceptive methods to prevent pregnancy
19 which has been approved by the U.S. Food and Drug Administration. Each health service
20 corporation and every other similar corporation licensed under the laws of a different state that
21 issues or renews any group policy of accident or health insurance providing benefits for medical or
22 hospital expenses which provides a prescription rider shall cover all prescription contraceptive
23 drugs and prescription contraceptive devices approved by the U.S. Food and Drug Administration
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25 construed as altering the terms and conditions of a contract relating to prescription drugs and
26 outpatient services.

27 6 Insurance; Health Maintenance Organizations; Coverage for Prescription Contraceptive
28 Drugs and Prescription Contraceptive Devices and for Contraceptive Services. Amend RSA 420-
29 B:8-gg to read as follows:

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31 Devices and for Contraceptive Services. Every health maintenance organization and every other
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33 group health insurance providing benefits for medical or hospital expenses, which provides coverage
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35 certificate holders of such insurance who are residents of this state, coverage for outpatient
36 contraceptive services under the same terms and conditions as for other outpatient services.
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HB 1822-FN - AS INTRODUCED

- Page 4 -

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7 and conditions as other prescription drugs. Nothing in this section shall be construed as altering
8 the terms and conditions of a contract relating to prescription drugs and outpatient services.

9 7 Effective Date. This act shall take effect 60 days after its passage.

HB 1822-FN- FISCAL NOTE
AS INTRODUCED

AN ACT making hormonal contraceptives available directly from pharmacists by means of a standing order.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2019	FY 2020	FY 2021	FY 2022
Appropriation	\$0	\$0	\$0	\$0
Revenue	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill allows pharmacists with a standing order authored by one or more licensed physicians to dispense hormonal contraceptives without a prior prescription and with specific dispensing guidelines. It also allows pharmacists to provide medication therapy management services.

The Office of Professional Licensure and Certification indicates the bill will create additional need for board and staff time to draft rules and will create more work for pharmacy inspectors. Additional staff will most likely be unnecessary, but such need is indeterminable at this time.

The Department of Administrative Services indicates the State Employee and Retiree Health Benefit Plan (HBP) is not subject to the requirements of the Insurance Department and/or the managed care law as a self-insured government plan. However, the HBP's third party benefits manager (PBM) will be subject to these requirements for its fully-insured clients, and therefore may be indirectly impacted by these changes.

The Insurance Department states the bill may result in the provision of services by lower cost

providers, which may in turn lead to an increase in utilization. However, any impact on health insurance premiums, and any resulting impact on premium tax revenues is indeterminable.

AGENCIES CONTACTED:

Office of Professional Licensure and Certification, Department of Administrative Services, and Insurance Department