

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 514
100TH GENERAL ASSEMBLY

2440H.04C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 208.151 and 338.010, RSMo, and to enact in lieu thereof three new sections relating health care.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 208.151 and 338.010, RSMo, are repealed and three new sections
2 enacted in lieu thereof, to be known as sections 208.151, 338.010, and 338.720, to read as
3 follows:

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301,
4 et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet
5 benefits to the extent and in the manner hereinafter provided:

6 (1) All participants receiving state supplemental payments for the aged, blind and
7 disabled;

8 (2) All participants receiving aid to families with dependent children benefits, including
9 all persons under nineteen years of age who would be classified as dependent children except for
10 the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible
11 under this subdivision who are participating in treatment court, as defined in section 478.001,
12 shall have their eligibility automatically extended sixty days from the time their dependent child
13 is removed from the custody of the participant, subject to approval of the Centers for Medicare
14 and Medicaid Services;

15 (3) All participants receiving blind pension benefits;

16 (4) All persons who would be determined to be eligible for old age assistance benefits,
17 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

18 in effect December 31, 1973, or less restrictive standards as established by rule of the family
19 support division, who are sixty-five years of age or over and are patients in state institutions for
20 mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to
22 families with dependent children except for the requirements of subdivision (2) of subsection 1
23 of section 208.040, and who are residing in an intermediate care facility, or receiving active
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section
25 1396d, as amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to
27 families with dependent children benefits except for the requirement of deprivation of parental
28 support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care
31 institution care, subsidized adoption benefits and parental school care wherein state funds are
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who
35 continue to meet the eligibility requirements, except income, for these assistance categories, but
36 who are no longer receiving such benefits because of the implementation of Title XVI of the
37 federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent
41 children, except for the existence of a dependent child who is deprived of parental support as
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the
45 federal poverty level as established and amended by the federal Department of Health and
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget
49 Reconciliation Act of 1989). The family support division shall use an income eligibility standard
50 equal to one hundred thirty-three percent of the federal poverty level established by the
51 Department of Health and Human Services, or its successor agency;

52 (14) Children who have attained six years of age but have not attained nineteen years of
53 age. For children who have attained six years of age but have not attained nineteen years of age,

54 the family support division shall use an income assessment methodology which provides for
55 eligibility when family income is equal to or less than equal to one hundred percent of the federal
56 poverty level established by the Department of Health and Human Services, or its successor
57 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department
58 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.
59 Section 1396a (a)(10)(A)(i)(III) to children who have attained six years of age but have not
60 attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C.
61 Section 1396d using a more liberal income assessment methodology as authorized by paragraph
62 (2) of subsection (r) of 42 U.S.C. Section 1396a;

63 (15) The family support division shall not establish a resource eligibility standard in
64 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO
65 HealthNet division shall define the amount and scope of benefits which are available to
66 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in
67 accordance with the requirements of federal law and regulations promulgated thereunder;

68 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
69 care shall be made available to pregnant women during a period of presumptive eligibility
70 pursuant to 42 U.S.C. Section 1396r-1, as amended;

71 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under
72 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet
73 benefits and to have been found eligible for such assistance under such plan on the date of such
74 birth and to remain eligible for such assistance for a period of time determined in accordance
75 with applicable federal and state law and regulations so long as the child is a member of the
76 woman's household and either the woman remains eligible for such assistance or for children
77 born on or after January 1, 1991, the woman would remain eligible for such assistance if she
78 were still pregnant. Upon notification of such child's birth, the family support division shall
79 assign a MO HealthNet eligibility identification number to the child so that claims may be
80 submitted and paid under such child's identification number;

81 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
82 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
83 HealthNet benefits be required to apply for aid to families with dependent children. The family
84 support division shall utilize an application for eligibility for such persons which eliminates
85 information requirements other than those necessary to apply for MO HealthNet benefits. The
86 division shall provide such application forms to applicants whose preliminary income
87 information indicates that they are ineligible for aid to families with dependent children.
88 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection
89 shall be informed of the aid to families with dependent children program and that they are

90 entitled to apply for such benefits. Any forms utilized by the family support division for
91 assessing eligibility under this chapter shall be as simple as practicable;

92 (19) Subject to appropriations necessary to recruit and train such staff, the family support
93 division shall provide one or more full-time, permanent eligibility specialists to process
94 applications for MO HealthNet benefits at the site of a health care provider, if the health care
95 provider requests the placement of such eligibility specialists and reimburses the division for the
96 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and
97 equipment of such eligibility specialists. The division may provide a health care provider with
98 a part-time or temporary eligibility specialist at the site of a health care provider if the health care
99 provider requests the placement of such an eligibility specialist and reimburses the division for
100 the expenses, including but not limited to the salary, benefits, travel, training, telephone,
101 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such
102 eligibility specialists who are otherwise qualified for such positions and who are current or
103 former welfare participants. The division may consider training such current or former welfare
104 participants as eligibility specialists for this program;

105 (20) Pregnant women who are eligible for, have applied for and have received MO
106 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to
107 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided
108 under section 208.152 until the end of the sixty-day period beginning on the last day of their
109 pregnancy. Pregnant women receiving substance abuse treatment within sixty days of giving
110 birth shall, subject to appropriations and any necessary federal approval, be eligible for MO
111 HealthNet benefits for substance abuse treatment and mental health services for the treatment
112 of substance abuse for no more than twelve additional months, as long as the woman remains
113 adherent with treatment. The department of mental health and the department of social services
114 shall seek any necessary waivers or state plan amendments from the Centers for Medicare and
115 Medicaid Services and shall develop rules relating to treatment plan adherence. No later than
116 fifteen months after receiving any necessary waiver, the department of mental health and the
117 department of social services shall report to the house of representatives budget committee and
118 the senate appropriations committee on the compliance with federal cost neutrality requirements;

119 (21) Case management services for pregnant women and young children at risk shall be
120 a covered service. To the greatest extent possible, and in compliance with federal law and
121 regulations, the department of health and senior services shall provide case management services
122 to pregnant women by contract or agreement with the department of social services through local
123 health departments organized under the provisions of chapter 192 or chapter 205 or a city health
124 department operated under a city charter or a combined city-county health department or other
125 department of health and senior services designees. To the greatest extent possible the

126 department of social services and the department of health and senior services shall mutually
127 coordinate all services for pregnant women and children with the crippled children's program,
128 the prevention of intellectual disability and developmental disability program and the prenatal
129 care program administered by the department of health and senior services. The department of
130 social services shall by regulation establish the methodology for reimbursement for case
131 management services provided by the department of health and senior services. For purposes
132 of this section, the term "case management" shall mean those activities of local public health
133 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in
134 the state's MO HealthNet program, refer them to local physicians or local health departments
135 who provide prenatal care under physician protocol and who participate in the MO HealthNet
136 program for prenatal care and to ensure that said high-risk mothers receive support from all
137 private and public programs for which they are eligible and shall not include involvement in any
138 MO HealthNet prepaid, case-managed programs;

139 (22) By January 1, 1988, the department of social services and the department of health
140 and senior services shall study all significant aspects of presumptive eligibility for pregnant
141 women and submit a joint report on the subject, including projected costs and the time needed
142 for implementation, to the general assembly. The department of social services, at the direction
143 of the general assembly, may implement presumptive eligibility by regulation promulgated
144 pursuant to chapter 207;

145 (23) All participants who would be eligible for aid to families with dependent children
146 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

147 (24) (a) All persons who would be determined to be eligible for old age assistance
148 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
149 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan
150 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
151 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
152 income limit if authorized by annual appropriation;

153 (b) All persons who would be determined to be eligible for aid to the blind benefits
154 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
155 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
156 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.
157 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal
158 poverty level;

159 (c) All persons who would be determined to be eligible for permanent and total disability
160 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
161 Section 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan

162 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
163 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
164 income limit if authorized by annual appropriations. Eligibility standards for permanent and total
165 disability benefits shall not be limited by age;

166 (25) Persons who have been diagnosed with breast or cervical cancer and who are
167 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons
168 shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section
169 1396r-1;

170 (26) ~~[Effective August 28, 2013,]~~ Persons who are in foster care under the responsibility
171 of the state of Missouri on the date such persons attained the age of eighteen years, or at any time
172 during the thirty-day period preceding their eighteenth birthday, **or persons who received foster**
173 **care for at least six months in another state, are residing in Missouri, and are at least**
174 **eighteen years of age**, without regard to income or assets, if such persons:

175 (a) Are under twenty-six years of age;

176 (b) Are not eligible for coverage under another mandatory coverage group; and

177 (c) Were covered by Medicaid while they were in foster care.

178 2. Rules and regulations to implement this section shall be promulgated in accordance
179 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
180 is created under the authority delegated in this section shall become effective only if it complies
181 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
182 This section and chapter 536 are nonseverable and if any of the powers vested with the general
183 assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and
184 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
185 any rule proposed or adopted after August 28, 2002, shall be invalid and void.

186 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance
187 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months
188 immediately preceding the month in which such family became ineligible for such assistance
189 because of increased income from employment shall, while a member of such family is
190 employed, remain eligible for MO HealthNet benefits for four calendar months following the
191 month in which such family would otherwise be determined to be ineligible for such assistance
192 because of income and resource limitation. After April 1, 1990, any family receiving aid
193 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months
194 immediately preceding the month in which such family becomes ineligible for such aid, because
195 of hours of employment or income from employment of the caretaker relative, shall remain
196 eligible for MO HealthNet benefits for six calendar months following the month of such
197 ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6.

198 Each family which has received such medical assistance during the entire six-month period
199 described in this section and which meets reporting requirements and income tests established
200 by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall
201 receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet
202 division may provide by rule and as authorized by annual appropriation the scope of MO
203 HealthNet coverage to be granted to such families.

204 4. When any individual has been determined to be eligible for MO HealthNet benefits,
205 such medical assistance will be made available to him or her for care and services furnished in
206 or after the third month before the month in which he made application for such assistance if
207 such individual was, or upon application would have been, eligible for such assistance at the time
208 such care and services were furnished; provided, further, that such medical expenses remain
209 unpaid.

210 5. The department of social services may apply to the federal Department of Health and
211 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration
212 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars
213 in additional costs to the state, unless subject to appropriation or directed by statute, but in no
214 event shall such waiver applications or amendments seek to waive the services of a rural health
215 clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and (2)
216 or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section
217 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight
218 committee created in section 208.955. A request for such a waiver so submitted shall only
219 become effective by executive order not sooner than ninety days after the final adjournment of
220 the session of the general assembly to which it is submitted, unless it is disapproved within sixty
221 days of its submission to a regular session by a senate or house resolution adopted by a majority
222 vote of the respective elected members thereof, unless the request for such a waiver is made
223 subject to appropriation or directed by statute.

224 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,
225 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
226 subsection 1 of this section shall only be eligible if annual appropriations are made for such
227 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
228 1396a(a)(10)(A)(I).

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and
2 evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section
3 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such
4 orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan
5 as defined by the prescription order so long as the prescription order is specific to each patient

6 for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and
7 devices pursuant to medical prescription orders and administration of viral influenza, pneumonia,
8 shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by
9 written protocol authorized by a physician for persons at least seven years of age or the age
10 recommended by the Centers for Disease Control and Prevention, whichever is higher, or the
11 administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis,
12 meningitis, and viral influenza vaccines by written protocol authorized by a physician for a
13 specific patient as authorized by rule; the participation in drug selection according to state law
14 and participation in drug utilization reviews; the proper and safe storage of drugs and devices and
15 the maintenance of proper records thereof; consultation with patients and other health care
16 practitioners, and veterinarians and their clients about legend drugs, about the safe and effective
17 use of drugs and devices; **the dispensing of self-administered oral hormonal contraceptives**
18 **under section 338.720**; and the offering or performing of those acts, services, operations, or
19 transactions necessary in the conduct, operation, management and control of a pharmacy. No
20 person shall engage in the practice of pharmacy unless he is licensed under the provisions of this
21 chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the
22 direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This
23 assistance in no way is intended to relieve the pharmacist from his or her responsibilities for
24 compliance with this chapter and he or she will be responsible for the actions of the auxiliary
25 personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or
26 interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary
27 medicine only for use in animals, or the practice of optometry in accordance with and as
28 provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or
29 dispensing of his or her own prescriptions.

30 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
31 shall have a written protocol from the physician who refers the patient for medication therapy
32 services. The written protocol and the prescription order for a medication therapeutic plan shall
33 come from the physician only, and shall not come from a nurse engaged in a collaborative
34 practice arrangement under section 334.104, or from a physician assistant engaged in a
35 supervision agreement under section 334.735.

36 3. Nothing in this section shall be construed as to prevent any person, firm or corporation
37 from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed
38 pharmacist is in charge of such pharmacy.

39 4. Nothing in this section shall be construed to apply to or interfere with the sale of
40 nonprescription drugs and the ordinary household remedies and such drugs or medicines as are
41 normally sold by those engaged in the sale of general merchandise.

42 5. No health carrier as defined in chapter 376 shall require any physician with which they
43 contract to enter into a written protocol with a pharmacist for medication therapeutic services.

44 6. This section shall not be construed to allow a pharmacist to diagnose or independently
45 prescribe pharmaceuticals.

46 7. The state board of registration for the healing arts, under section 334.125, and the state
47 board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of
48 protocols for prescription orders for medication therapy services and administration of viral
49 influenza vaccines. Such rules shall require protocols to include provisions allowing for timely
50 communication between the pharmacist and the referring physician, and any other patient
51 protection provisions deemed appropriate by both boards. In order to take effect, such rules shall
52 be approved by a majority vote of a quorum of each board. Neither board shall separately
53 promulgate rules regulating the use of protocols for prescription orders for medication therapy
54 services and administration of viral influenza vaccines. Any rule or portion of a rule, as that term
55 is defined in section 536.010, that is created under the authority delegated in this section shall
56 become effective only if it complies with and is subject to all of the provisions of chapter 536
57 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of
58 the powers vested with the general assembly pursuant to chapter 536 to review, to delay the
59 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
60 grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be
61 invalid and void.

62 8. The state board of pharmacy may grant a certificate of medication therapeutic plan
63 authority to a licensed pharmacist who submits proof of successful completion of a
64 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,
65 including but not limited to clinical assessment skills, from a nationally accredited college or
66 university, or a certification of equivalence issued by a nationally recognized professional
67 organization and approved by the board of pharmacy.

68 9. Any pharmacist who has received a certificate of medication therapeutic plan authority
69 may engage in the designing, initiating, implementing, and monitoring of a medication
70 therapeutic plan as defined by a prescription order from a physician that is specific to each
71 patient for care by a pharmacist.

72 10. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic
73 substitution of a pharmaceutical prescribed by a physician unless authorized by the written
74 protocol or the physician's prescription order.

75 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
76 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
77 an equivalent title means a person who has received a doctor's degree in veterinary medicine

78 from an accredited school of veterinary medicine or holds an Educational Commission for
79 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical
80 Association (AVMA).

81 12. In addition to other requirements established by the joint promulgation of rules by
82 the board of pharmacy and the state board of registration for the healing arts:

83 (1) A pharmacist shall administer vaccines by protocol in accordance with treatment
84 guidelines established by the Centers for Disease Control and Prevention (CDC);

85 (2) A pharmacist who is administering a vaccine shall request a patient to remain in the
86 pharmacy a safe amount of time after administering the vaccine to observe any adverse reactions.
87 Such pharmacist shall have adopted emergency treatment protocols;

88 (3) In addition to other requirements by the board, a pharmacist shall receive additional
89 training as required by the board and evidenced by receiving a certificate from the board upon
90 completion, and shall display the certification in his or her pharmacy where vaccines are
91 delivered.

92 13. A pharmacist shall inform the patient that the administration of the vaccine will be
93 entered into the ShowMeVax system, as administered by the department of health and senior
94 services. The patient shall attest to the inclusion of such information in the system by signing
95 a form provided by the pharmacist. If the patient indicates that he or she does not want such
96 information entered into the ShowMeVax system, the pharmacist shall provide a written report
97 within fourteen days of administration of a vaccine to the patient's primary health care provider,
98 if provided by the patient, containing:

99 (1) The identity of the patient;

100 (2) The identity of the vaccine or vaccines administered;

101 (3) The route of administration;

102 (4) The anatomic site of the administration;

103 (5) The dose administered; and

104 (6) The date of administration.

**338.720. 1. For purposes of this section, "self-administered oral hormonal
2 contraceptive" shall mean a drug composed of a combination of hormones that is approved
3 by the Food and Drug Administration to prevent pregnancy and that the patient to whom
4 the drug is prescribed may take orally.**

**5 2. A pharmacist may dispense self-administered oral hormonal contraceptives to
6 a person who is eighteen years of age or older under a prescription order for medication
7 therapy services as described in section 338.010. A prescription order for a self-
8 administered oral hormonal contraceptive shall have no expiration date.**

9 **3. The board of pharmacy, under section 338.140, and the board of registration for**
10 **the healing arts, under section 334.125, shall jointly promulgate rules regulating the use**
11 **of protocols for prescription orders for self-administered oral hormonal contraceptives.**
12 **Any rule or portion of a rule, as that term is defined in section 536.010, that is created**
13 **under the authority delegated in this section shall become effective only if it complies with**
14 **and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.**
15 **This section and chapter 536 are nonseverable, and if any of the powers vested with the**
16 **general assembly pursuant to chapter 536 to review, to delay the effective date, or to**
17 **disapprove and annul a rule are subsequently held unconstitutional, then the grant of**
18 **rulemaking authority and any rule proposed or adopted after August 28, 2019, shall be**
19 **invalid and void.**

20 **4. The rules adopted under this section shall require a pharmacist to:**

21 **(1) Complete a training program approved by the board of pharmacy that is**
22 **related to prescribing self-administered oral hormonal contraceptives;**

23 **(2) Provide a self-screening risk assessment tool that the patient shall use prior to**
24 **the pharmacist's prescribing the self-administered oral hormonal contraceptive;**

25 **(3) At least once every twelve months refer the patient to the patient's primary care**
26 **practitioner or women's health care practitioner, or the physician with whom the**
27 **pharmacist has a prescription order, before dispensing the self-administered oral hormonal**
28 **contraceptive to the patient;**

29 **(4) Provide the patient with a written record of the self-administered oral hormonal**
30 **contraceptive dispensed and advise the patient to consult with a primary care practitioner**
31 **or women's health care practitioner; and**

32 **(5) Dispense the self-administered oral hormonal contraceptive to the patient as**
33 **soon as practicable.**

34 **5. All state and federal laws governing insurance coverage of contraceptive drugs,**
35 **devices, products, and services shall apply to self-administered oral hormonal**
36 **contraceptives dispensed by a pharmacist under this section.**

37 **6. The provisions of this section shall terminate upon the enactment of any laws**
38 **allowing the provision of oral hormonal contraceptives from a pharmacist without a**
39 **prescription.**

40 **7. Nothing in this section shall be construed to allow a pharmacist to make a**
41 **therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized**
42 **by the written protocol or the physician's written prescription order.**

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