

# **TITLE 856 INDIANA BOARD OF PHARMACY**

## **Economic Impact Statement**

LSA Document # 25-798

### **IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses**

On July 1, 2023, House Enrolled Act No. 1568 (“HEA 1568”) went into effect, adding IC 25-26-25 to allow pharmacists who meet certain requirements to prescribe and dispense hormonal contraceptive patches and self-administered hormonal contraceptives (“hormonal contraceptives”) to individuals who are at least eighteen (18) years of age. The proposed rule establishes a framework for pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered hormonal contraceptives to individuals at least eighteen (18) years of age. The proposed rule (i) defines hormonal contraception, (ii) outlines provider qualifications, (iii) provides procedures regarding the prescribing and dispensing of hormonal contraceptives, including record keeping requirements, and (iv) describes counseling requirements. The proposed rule is needed to comply with IC 25-26-25-6, which requires the Indiana Board of Pharmacy (“Board”) to adopt rules that adopt the state health commissioner’s standing order (“CSO-23-11”) under IC 25-26-25-5.

The compliance costs associated with the proposed rule will be minimal, if any. The proposed rule is required by statute. Pharmacists are not required to prescribe or dispense hormonal contraceptive patches or self-administered hormonal contraceptives under IC 25-26-25. For pharmacists who choose to prescribe and dispense hormonal contraceptives, compliance costs are likely to be administrative and may include developing prescribing protocols, identification of consultation space, acquiring equipment to measure blood pressures, developing appointments and walk-in services, and creating reimbursement mechanisms. Presumably, pharmacists who choose to prescribe and dispense hormonal contraceptives also administer vaccinations. Thus, any associated administrative expenses are likely familiar to pharmacists and are likely already instituted.

The costs of implementing the proposed rule are voluntary for pharmacies, and are likely already sunk costs for pharmacies that provide immunizations because the business costs associated with prescribing hormonal contraception are the same as those for pharmacies that provide immunizations, such as developing prescribing protocols, identification of consultation space, acquiring equipment to measure blood pressures, developing appointments and walk-in services, and creating reimbursement mechanisms. Thus, any associated administrative costs are likely familiar to pharmacists and are likely already instituted. The benefits of the proposed rule likely outweigh any costs.