

THE POTENTIAL IMPACT OF PHARMACISTS PRESCRIBING HORMONAL CONTRACEPTIVES IN WISCONSIN

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As many as one-third of adults have trouble obtaining or filling a prescription for hormonal contraception and experience barriers making, getting to, and paying for clinic appointments for contraceptive services.¹ Members of the Wisconsin state legislature have recently proposed new legislation² that would make it possible for pharmacists to prescribe and dispense hormonal contraception. Research shows that pharmacist provision of hormonal birth control is safe, effective, desirable, and appropriate. If this policy were passed, people in Wisconsin, especially those in rural areas, could have greater access to contraception and improved reproductive health.

What is the policy?

The [proposed bill](#) would permit pharmacists to prescribe and dispense hormonal contraceptive pills and patches to a person who is at least 18 years of age. The person must undergo blood pressure screening and complete a self-assessment questionnaire developed in consideration of guidelines established by the American College of Obstetricians and Gynecologists. The pharmacist must report the prescription to the patient's primary care provider.

The bill requires the state Pharmacy Examining Board, in consultation with state boards of medicine and nursing and the state Department of Health Services, to establish standard procedures for providing this service. The bill also requires that the state Medicaid program reimburse pharmacists for providing contraceptive services under this policy. As proposed, the bill does not address commercial health insurance coverage.

What does research show about pharmacist-prescribed hormonal contraception?

It's Safe. Decades of research have established the safety of hormonal contraception, such that major medical professional societies argue it is safe enough to be provided over the counter.³ Further, research has shown that patients don't have to go to the doctor to determine if hormonal birth control is safe for them—they can self-screen and take a blood pressure test to accurately determine eligibility.⁴

It's Effective. This policy can expand access to contraception. For example, people are more likely to receive a 6-month or longer supply of contraceptives from pharmacist prescription of hormonal contraception compared to clinic-based prescriptions.⁴ Longer supply is associated with improved continuation and fewer unwanted pregnancies.^{5,6} Patients report that the direct pharmacy access approach makes it easier to access birth control.⁷

It's Appropriate. In Wisconsin 89% of people live within a 10-minute drive of a pharmacy and virtually every person (99.7%) lives within a 30-minute drive.¹¹ While nearly 20% of Wisconsin's population lives in a rural area, less than 10% of physicians practice in rural areas,¹² and the deficit of primary care providers and ob-gyns in rural areas is projected to worsen. Pharmacists are also interested in this strategy.⁸ One national survey found that 85% of pharmacists would be comfortable prescribing hormonal contraception to patients.¹³ Pharmacists do express potential barriers to implementing this approach, including payment, time, and training.⁸



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It's Desirable. The best available research suggests that patients are supportive of and likely to use pharmacist-provided hormonal contraception.^{8,9} In an evaluation of a direct pharmacy access community program, 97% of participants said they were comfortable continuing to receive contraception from their pharmacist at one-year follow up.¹⁰

Has this policy worked in other states?

Similar policies have been passed or enacted in 23 states and the District of Columbia.¹⁴ Most policy evaluation has focused on the rates at which pharmacies have implemented these services. Results vary by state. Between 5-11% of California pharmacies introduced pharmacy access hormonal contraception within the first year of its policy implementation,¹⁵ 19% of New Mexico pharmacies did so within two years, and 46% of Oregon pharmacies did so within three years.¹⁶ Differences between states may be explained by differences in Medicaid payment, pharmacist training, and consumer awareness. The success of this approach also hinges on whether pharmacists are reimbursed for their time providing these services. Researchers argue that both Medicaid and private insurers must cover pharmacist-prescribed contraceptive services to ensure equitable contraceptive access, especially in rural and other traditionally underserved communities.¹⁷

On the patient side, most of these evaluations did not examine the rate at which patients accessed these services. However, within two years of Oregon's policy implementation, pharmacists wrote fully 10% of all new pill and patch prescriptions for Medicaid enrollees.¹⁸

Summary

Permitting pharmacists to prescribe and provide hormonal contraception is safe, effective, desired by many, and could expand access to needed birth control for adult Wisconsinites. Evidence from other states indicates that policymakers should consider reimbursing pharmacists for their time, ensure appropriate training, and expand consumer awareness when developing policy. How the bill is written and implemented can have a great impact on how many people benefit from the legislation.

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