

# BEYOND THE BELTWAY



As of May 03, 2023



## Pharmacist Prescribing of Hormonal Contraceptives

Over the last few years, there has been a growing interest in expanding the authority of pharmacists to directly prescribe and dispense some hormonal birth control methods. This eliminates the need for patients to first get a prescription from a doctor before going to have it filled at a pharmacy. Currently, 27 states (including the District of Columbia) have enacted policies to dispense self-administered patch, ring, and shot). See the status

Allowing pharmacists to prescribe birth control. Many states provide prescribing authority for certain

collaborative practice agreements (CPAs), which require pharmacists to have a supervising physician. A plurality of states have statewide protocols specifically for prescribing hormonal contraception (among other drugs). Statewide protocols do not require agreements with physicians, as the authority comes directly from the state. A few other states



**46%** of pharmacies in Oregon prescribe contraception.

allow pharmacists to prescribe and hormonal methods (e.g., the pill, of implementation in [Table 1](#).

is not a new concept or limited to pharmacists with varying levels of products.<sup>1</sup> Some states allow



"Research from **Oregon** and **New Mexico** shows that pharmacists in rural areas are similarly likely to prescribe birth control as pharmacists in urban areas."



are using standing orders. A standing order could act like a CPA or a statewide protocol, depending on whether the authority is derived from a supervising physician the pharmacist has identified and entered into an agreement with (CPA), or the state department of health director who can grant authority to all pharmacists in the state (statewide protocol).

While there are some differences are several similarities. Pharmacists and to refer patients at some point care provider, or local providers have one. Patients are required to identify risks.



**10%** of new prescriptions for pills or patches were written by a pharmacist. (Among Medicaid enrollees in Oregon)

between these states policies, there are required to undergo a training in the process to their primary for patients that do not already complete a self-screening tool to

<sup>1</sup> Adams, A.J. and Weaver, K.K. (2016). The Continuum of Pharmacist Prescriptive Authority. *Annals of Pharmacotherapy*, 50(9): 778-784 <https://doi.org/10.1177/1060028016653608>

States that have done well implementing pharmacist prescribing show the potential it has to increase access to some forms of contraception for some women. For instance, 46% of pharmacies in Oregon prescribe contraception. Among Medicaid enrollees in that state, 10% of new prescriptions for pills or patches were written by a pharmacist.<sup>2</sup> Additional research from Oregon and New Mexico shows that pharmacists in rural areas are similarly likely to prescribe birth

control as pharmacists in urban areas.<sup>3</sup> Dr. Rebecca Stone, University of Georgia Pharmacist, has keenly noted, "Effective hormonal contraceptives have been safely used by women for more than 50 years, and pharmacists are well-trained to help women select and use these medications effectively."<sup>4</sup>

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Allowing pharmacists in more states to prescribe hormonal contraception could be especially useful for women without ready access to a doctor from whom they can get a prescription. Some 67% of women in a nationwide survey said they would benefit from accessing contraception

directly from a pharmacist without having to pay a fee to visit a physician or clinic.<sup>5</sup> As one consumer summarized the benefit of this service, "My prescription had run out and I don't have a doctor to fill it. The pharmacist was just able to take care of it—super easy and convenient."<sup>6</sup> Some research suggests that pharmacists are helping to fill gaps; a 2019 study found women receiving contraception from a pharmacist were more likely to be younger, uninsured, and have less education than women seeing clinicians.<sup>7</sup>

However, as with any law, implementation is key. California, the first state to pass a law giving pharmacists this authority, has had a different experience with the roll-out of its law, where only 5% of pharmacies were prescribing contraception in the first year after implementation.<sup>8</sup> Other states looking into this policy option can learn from the lessons of these early adopter states.<sup>9, 10</sup>

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As other states assess whether to pursue this policy option, there are a variety of factors to take into account. For example, there are concerns about whether pharmacies will be able to provide a private space for patient counseling and how to handle payment for that service provided by pharmacists.<sup>11</sup> States should also consider the financial burden counseling services may pose for uninsured customers. Other factors that could influence a patient's decision to use this service might include the availability of multilingual pharmacy staff, pharmacy hours, and distance to participating pharmacies.<sup>12</sup>

Contraceptive access remains challenging in the US, with more than 19 million women with low incomes living in

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2 Anderson L., Hartung, D.M., Middleton, L., Rodriguez, M.I. (2019). Pharmacist Provision of Hormonal Contraception in the Oregon Medicaid Population. *Obstetrics and Gynecology*, 133(6):1231-1237. <https://doi.org/10.1097/AOG.0000000000003286>

3 Rodriguez, M.I., Garg B., Williams, S.M., Souphanavong J., Schrote K., Darney, B.G. (2019). Availability of Pharmacist Prescription of Contraception in Rural Areas of Oregon and New Mexico. *Contraception*, 101(3):210-212. <https://doi.org/10.1016/j.contraception.2019.11.005>

4 R Street Institute. (April 14, 2020). Webinar: Bipartisan Solutions for Birth Control Access. <https://www.youtube.com/watch?v=s3zoVbGCamg>

5 Rafie, S., Richards, E., Rafie, S., Landau, S.C., and Wilkinson, T.A. (2019) Pharmacist Outlooks on Prescribing Hormonal Contraception Following Statewide Scope of Practice Expansion. *Journal of Pharmacy Education and Practice*, 7(3): 96 <https://doi.org/10.3390/pharmacy7030096>

6 Rodriguez, M.I. (2019) Unpublished research from the PEARL study <https://www.ohsu.edu/womens-health/pearl-study>

7 Rodriguez, M.I., Edelman, A.B., Skye, M., Anderson, L., Darney, B.G. (2020). Association of Pharmacist Prescription With Dispensed Duration of Hormonal Contraception. *Obstetrics and Gynecology*, 3(5):1-12. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766072>

8 Batra P., Rafie S., Zhang Z., Singh A.V., Bird C.E., Sridhar A, Sullivan J.G. (2018). An Evaluation of the Implementation of Pharmacist-Prescribed Hormonal Contraceptives in California. *Obstetrics and Gynecology*, 131(5):850-855. <https://doi.org/10.1097/AOG.0000000000002572>

9 APhA. (2018, April 19). Pharmacist-prescribed contraception still hard to find. <https://www.medscape.com/viewarticle/895334>

10 Manatt. (2021). Implementing Pharmacist Contraceptive Prescribing: A Playbook for States and Stakeholders. Retrieved from [https://www.manatt.com/Manatt/media/Documents/Articles/Implementing-Pharmacist-Contraceptive-Prescribing\\_v3.pdf](https://www.manatt.com/Manatt/media/Documents/Articles/Implementing-Pharmacist-Contraceptive-Prescribing_v3.pdf)

11 Rafie S, Landau S. (2020). Opening New Doors to Birth Control: State Efforts to Expand Access to Contraception in Community Pharmacies. *Birth Control Pharmacist*. <https://birthcontrolpharmacist.com/2021/04/08/updated-report/>

12 Barber J.S., Ela E., Gatny H, Kusunoki Y, Fakh S., Batra, P., Farris K. (2019). Contraceptive Desert? Black-White Differences in Characteristics of Nearby Pharmacies. (2019). *Journal of Racial and Ethnic Health Disparities* 6:719-732. <https://doi.org/10.1007/s40615-019-00570-3>

contraceptive deserts, counties in which there is not reasonable access to a health center offering the full range of contraceptive methods.<sup>13</sup> Given this landscape, and ongoing federal policy challenges, interest in allowing pharmacists to prescribe hormonal contraception is likely to continue gaining traction in states. Many pharmacists are prescribing hormonal contraceptives, seeing it as an opportunity to practice at the top of their license.<sup>14</sup> Though pharmacist participation varies across states, advocacy within the pharmacy community for better implementation and reimbursement may increase pharmacist participation—and research has suggested pharmacist interest in states where they do not yet have the authority to prescribe contraception.<sup>15</sup> Like any policy option, pharmacist prescribing should not be considered a cure-all for barriers to contraceptive access. However, allowing and supporting more pharmacists to prescribe birth control provides another important access point for women, ensuring more have the power to decide if, when, and under what circumstances to get pregnant.

Below is a table that highlights key information from each state that allows pharmacists to prescribe contraception

**Table 1.**

State	Bill / Guidance	Year Passed & Date in Effect for Consumers*	Payment for Pharmacist Services	Type of Authority	Methods Pharmacist can Prescribe	Other Limits (-) or Features (+)
Arizona	<a href="#">SB 1082</a>	2021 TBD	TBD	Standing Order	pill, patch, ring	(-) Age restriction (18 and older)
Arkansas	<a href="#">ACT 408</a>	2021 TBD	<a href="#">Limited grant funds are available to cover costs</a>	<a href="#">Statewide Protocol</a>	pill	(-) Cannot prescribe more than a 6-month supply to those without evidence of a primary care visit within the previous 6 months  (-) Age restriction (18 and older)
California	<a href="#">SB 493 Regulations</a>	2013 January 2014	Medicaid and FamilyPACT	Statewide Protocol	pill, patch, ring, injection	(+) Self-screening tool available in multiple languages <sup>1</sup>  (+) Requires referral to a health care provider if these services are not available, if self-administered hormonal contraception is not recommended for patient, and after furnishing contraceptives to a patient
Colorado	<a href="#">SB 16-135</a> <a href="#">FAQs</a>	2016 March 2017	Limited cases <sup>2</sup>	<a href="#">Statewide Protocol</a>	pill, patch	(-) Age restriction (18 and older)  (-) Cannot continue to prescribe to patient beyond three years from initial Rx, if no evidence of a clinical visit

13 Birth Control Access. Power to Decide. <https://powertodecide.org/what-we-do/access/birth-control-access>

14 The Birth Control Pharmacist project provides education and training, implementation assistance, resources, and clinical updates to pharmacists prescribing contraception, and engages in advocacy, research and policy efforts to expand the role of pharmacists in family planning. Their [Birth Control Pharmacies](#) site helps people to find a pharmacy where they can obtain contraception directly from a pharmacist.

15 Stone R.H., Rafie S., Shealy K., Griffin B., Stein A.B. (2020). Pharmacist self-perception of readiness to prescribe hormonal contraception and additional training needs. *Currents in Pharmacy Teaching and Learning* 12(1):27-34. <https://doi.org/10.1016/j.cptl.2019.10.005>

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Delaware	<a href="#">SB 105</a>	2021 2023	TBD	Standing Order	Contraceptives, defined as contraceptive medications approved by the FDA; injection	(+) No age restriction
District of Columbia	<a href="#">B 22-106</a>	2018 TBD	Yes	Collaborative Practice Agreements	pill, patch, ring	(+) Requires referral to a health care provider after contraceptives are furnished or if self-administered hormonal contraception is not recommended
Hawaii	<a href="#">SB 513</a>	2017 July 2017	No	Statewide Protocol	pill, patch, ring, injection	(+) Requires referral to a health care provider after contraceptives are furnished
Idaho <sup>5</sup>	<a href="#">HB 182</a>	2019	Working on with private insurers	N/A	pill, patch, ring, injection	N/A
Illinois	<a href="#">HB 135</a>	2021 2023	TBD	Standing order	TBD	N/A
Maryland	<a href="#">HB 613 Regulations</a>	2018 January 2019	Medicaid only	Statewide Protocol	pill, patch, ring	(+) Requires referral to a health care provider after contraceptives are furnished
Michigan	<a href="#">Clarification of Regulations</a>	2022 <sup>4</sup>	N/A	Collaborative Practice Agreements	pill, patch, ring	N/A
Minnesota	<a href="#">SF 13 Protocol</a>	2020 2020	No	Statewide Protocol	pill, patch, ring	(-) Age restriction (18 and older, unless minor has existing Rx from a licensed physician, physician assistant, or APRN) (-) Pharmacist who prescribes and dispenses an initial Rx cannot provide a refill if patient has no evidence of a clinical visit within preceding three years.

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Montana	<a href="#">Rule: 24.174.524 for CPAs</a>	See pharmacies in Montana prescribing birth control via birthcontrolpharmacies.com	...	Collaborative Practice Agreements	...	N/A
Nevada	<a href="#">SB 190 Regulation</a>	2021 TBD	TBD	Statewide Protocol	pill, patch, ring, and any other self-administered hormonal method outlined in the protocol	(+) No age restriction (+) Up to 12-month prescription
New Hampshire	<a href="#">HB 1822 Protocol</a>	2018 TBD	No (in discussion with NH Insurance Department)	Standing order	pill, patch, ring	(+) Insurers that cover outpatient contraceptive services must cover initial screening at pharmacy
New Jersey	<a href="#">S 275</a>	2023 TBD	N/A	Standing order	TBD by	(+) No age restriction (+) Includes a provision allowing the Commissioner of Health to establish a public awareness campaign about the availability of the service.
New Mexico	<a href="#">16.19.26.14 NMAC Protocol</a>	2017 June 2017	Yes	Statewide Protocol	pill, patch, ring, injection	(+) Requires referral to a health care provider if hormonal contraception is not recommended, desired method is not available, or if patient experiences side effects
North Carolina	<a href="#">HB 96</a>	2021 February 2022	TBD	<a href="#">Standing order</a>	pill, patch	(-) Age restriction (18 and older)

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Oregon	<a href="#">HB 2527</a> (expanded authority)  <a href="#">HB 2879</a> (only applied to pills and the patch)  <a href="#">Regulations</a>	2017  2015  January 2016	Yes	<a href="#">Statewide Protocol</a>	pill, patch, ring, injection	(+) Self-screening tool also available in Spanish <sup>1</sup> (+) Referral to a health care provider required if hormonal contraception is not recommended (+) Age restriction (18 and older) removed as of January 2020 (-) Cannot continue to prescribe to patient beyond three years from initial Rx, without evidence of a clinical visit
South Carolina	<a href="#">S 628 Protocol</a>	2022  November 2022	N/A	Standing order (each pharmacy must secure their own)	pill, patch, ring, shot	(-) Age restriction (18 and older), unless there's evidence of a previous prescription from a practitioner.
Tennessee	<a href="#">SB 1677</a>  <a href="#">Rule 1140-15</a>	2016  Late 2019	No <sup>5</sup>	Collaborative Practice Agreements	pill, patch, ring, injection	(-) Age restriction (18 and older unless an emancipated minor) (-) Pharmacists may charge an annual administrative fee, except insured patients are not required to pay it
Utah	<a href="#">SB 184</a>  Rule R433-200	2018  April 2019	No	<a href="#">Standing order</a>	pill, patch, ring	(+) Self-screening tool also available in Spanish <sup>1</sup> (-) Age restriction (18 and older), regardless of whether patient has an existing Rx (+) Referral to a health care provider is required if hormonal contraception is not recommended (-) Cannot continue to prescribe to a patient more than 2 years after initial Rx, without evidence of consultation with a primary care provider (-) Not covered by insurance

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State	Bill / Guidance	Year Passed & Date in Effect for Consumers*	Payment for Pharmacist Services	Type of Authority	Methods Pharmacist can Prescribe	Other Limits (-) or Features (+)
Vermont	<a href="#">S 220</a>	2020 July 1, 2021	TBD	<a href="#">Statewide Protocol</a>	pill, patch, ring	(+) <a href="#">H 663</a> ensures that existing health insurance coverage requirements for contraceptives will also apply to self-administered hormonal contraceptives prescribed by a pharmacist
Virginia	<a href="#">HB 1506</a>	2020 January 11, 2021	No	<a href="#">Statewide Protocol</a>	pill, patch, ring, shot	(-) age restriction (18 and older)
Washington <sup>6</sup>	<a href="#">Chapter 90, 1979 Laws</a>	1979 1998	Yes, in private plans	Collaborative Practice Agreements	...	(-) age restriction (18 and older)
West Virginia	<a href="#">HB 2583 Protocol</a>	<a href="#">2019</a> 2020	Yes <sup>7</sup>	<a href="#">Standing order</a>	pill, patch, ring	(+) Referral to a health care provider required if hormonal contraception is not recommended  (-) Cannot continue to prescribe to a patient more than 12 months after initial Rx, w/out evidence of consultation w/ a health care practitioner  (-) Age restriction (18 and older)

**\*Several studies have shown that while these services may theoretically be available, consumers in some states can find it hard to access these services.**

... Information forthcoming

- 1 All states require self-screening tools, but they may not be available in languages other than English.
- 2 HB 18-1112, passed in 2018, requires health benefit plans to cover services provided by a pharmacist if the services are provided within a health professional shortage area, and the plan would cover the services if provided by a licensed physician or APN. They are still pursuing coverage through Medicaid.
- 3 HB 182 expands the scope of practice for pharmacists to prescribe drugs in accordance with the US FDA-approved labeling and that are generally limited to minor conditions that do require a diagnosis.
- 4 CVS has leveraged Collaborative Practice Agreements for the past few years. In 2022, Gov. Whitmer [announced](#) the issuance of an interpretive statement from Licensing and Regulatory Affairs that indicates the Michigan Public Health Code allows a physician licensed in Michigan to delegate limited prescriptive authority to a Michigan-licensed pharmacist with a PharmD degree to prescribe self-administered, hormonal contraceptives.
- 5 Provider status through managed care insurance issuers (HB 405/SB 461)
- 6 While Washington has allowed pharmacists to prescribe contraception for several decades, up-take among pharmacies has been slow.
- 7 While HB 2583 does not provide for reimbursement, SB 787, passed in the 2020 legislative session, gives [pharmacists provider status](#) under WV law, requiring private plans to reimburse in-network pharmacists for services that would be reimbursed if performed by another health care provider.