

BACKGROUND

Presently, 60 percent of American women of a reproductive age use some form of contraception. Well-known hormonal contraceptives such as the pill and the transdermal patch have been used for over 50 years. While these methods are extremely safe and effective for women to use, the current system for accessing contraception restricts women's reproductive and economic freedoms. Through the years, barriers to obtaining women's contraception have remained high, creating a needlessly burdensome process for women seeking autonomy over their reproductive health.

Traditionally, a doctor's visit and examination have been required to get a birth control prescription. However, trips to the doctor are often expensive and difficult—if not impossible—for many women, particularly those in rural and poor areas. Further, as more effective methods have developed in recent years (such as intrauterine devices [IUDs] and implants), these longer-acting forms have increased in popularity among women. Accordingly, the time has come to create a regulatory framework that minimizes these barriers to safe forms of contraception and maximizes women's freedom and autonomy.

CURRENT DEBATE

Nine states and the District of Columbia have already passed legislation to adopt the “pharmacy access model,” which allows pharmacists to prescribe birth control pills (and in some cases, patches or injections) to women after a blood pressure test and a self-reported medical history. Other states, like New Hampshire and Minnesota, have considered following suit but have not yet acted to pass legislation.

However, given the variety of states where pharmacy access is available, support for increased access to birth control is bipartisan. It is an issue of economic freedom insofar as decreasing barriers to safe and effective birth control methods means less government intervention in consumer choice. It is also an occupational licensing scope-of-practice issue, since pharmacists are readily

SUMMARY

- Contraception accessibility is an issue that states must address.
- Pharmacy access to birth control prescriptions is a sensible model that some states have approved and more should consider.
- Scope-of-practice for pharmacists, as well as perhaps other medical professionals, must be expanded to ensure better access to safe contraceptive methods.
- Congress should urge the FDA to review the approved use of certain birth control methods, so that over-the-counter access becomes a possibility.
- As longer-acting birth control methods continue to increase in popularity, states should include them in any scope-of-practice expansion policy debates.

available to provide the same screening for an initial birth control prescription. Lastly, access to family planning is key to women's economic empowerment. Put simply, reducing barriers to access for contraception grants women more autonomy over their decision to have children and allows them to secure better futures for their families.

Debate over and support for the safety of pharmacy access has been well-documented in the medical community. Indeed, both the American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) have gone even further to support over-the-counter birth control access; the ACOG, in particular, argues that “evidence and experience” demonstrate that the practice is perfectly safe.

Despite such expert endorsement, over-the-counter access faces federal and state hurdles. However, passing federal reform creates a much more realistic path at the

state level. Two such bills were introduced in January 2017 by Rep. Mia Love and Sen. Joni Ernst, respectively. Both of these would open the door for states to allow over-the-counter access. To do so would require the Food and Drug Administration to revise the approved use of certain birth control methods so that they can be offered without a prescription. Until then, pharmacy access is still encouraged as a state-level reform.

Additionally, expanding scope-of-practice for certain nursing professionals, such as APRNs and RNs, could also help make birth control easier to access and less costly. Allowing nurses to prescribe or administer contraception outside the supervision of doctors could be particularly worthwhile for longer-acting forms of contraception (like IUDs) that are not readily adaptable to a pharmacy-access or OTC model.

ACTION ITEMS

States must consider the well-conceived pharmacy access model that allows women to see a pharmacist instead of a doctor for a birth control prescription. This lowers the cost to obtain a prescription—especially for those without insurance or without a doctor nearby—and provides the same level of care as a doctor’s visit.

Additionally, Congress should open the door to even more positive reform by revising the approved use of birth control under FDA guidelines. This would signal a major victory in reducing the regulatory barriers and therefore, the costs of obtaining birth control.

As longer-acting methods of birth control like IUDs become more popular among women of reproductive age, scope-of-practice reforms for medical professionals like APRNs and RNs should be explored in states before it becomes an issue facing even more women. Methods like IUDs are extremely effective in preventing unintended pregnancy since they do not depend on daily dosage.

To explore scope-of-practice further, research on the ability of various medical professionals to administer IUDs and implants would lay the groundwork to make more advanced contraception methods readily available. Further, this concept of disintermediating certain medical products could be applied to other drugs in the future.

Birth control methods have not changed much over the last 50 years, and neither has the regulatory regime surrounding them. Proven and well-tested methods should therefore be better dispensed for the benefit of women and healthcare providers alike.

CONTACT US

For more information on this subject, contact the R Street Institute: 1212 New York Ave NW Suite 900, Washington D.C. 20005, 202.525.5717



Courtney M. Joslin
Commercial Freedom Fellow
cmjoslin@rstreet.org
202-900-9736



Caroline Kitchens
Federal Affairs Manager
ckitchens@rstreet.org
919-830-3140