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REPORT SHEET ON PHARMACY ACCESS TO CONTRACEPTION IN ARKANSAS

March 2019

BACKGROUND

In the last several years, 10 states and the District of Columbia have enacted pharmacy access bills, which allow pharmacists to prescribe hormonal contraception directly to women. These efforts expand the scope of practice for pharmacists and increase birth control access—especially for women who may not have a regular physician or cannot afford one.

Relative to other states, Arkansas experiences high rates of unintended pregnancy. In fact, in 2010, the latest year data is available, 55 percent of pregnancies in Arkansas were unintended, whereas 45 percent of pregnancies in the United States overall were unplanned (as of 2011). What's more, in 2015, Arkansas had the highest rate of teen pregnancy at 38 births per 1,000 adolescents (age 15-19).

These unplanned pregnancies come at a high price for taxpayers. In 2010, the associated publicly funded medical expenses cost over \$328 million—\$62 million of which the state government shouldered.

Pharmacy access has seen little opposition in the medical community. In fact, the American College of Obstetricians and Gynecologists (ACOG) believes that no prescription should be necessary for hormonal contraception like birth control pills. And indeed, pharmacists are already well equipped to provide the services needed to prescribe birth control, which typically consist only of a self-reported questionnaire about health history and a blood pressure test.

Nevertheless, current Arkansas regulations impede a pharmacist's ability to perform these examinations with no credible rationale for doing so.

SUMMARY

- Many women have limited access to contraception.
- Over half of pregnancies in Arkansas are unintended.
- Taxpayers spent over \$328 million to cover the medical costs associated with unintended pregnancies in 2010.
- Adopting a pharmacy access model would safely provide women increased access to family planning options.

CURRENT DEBATE

While over-the-counter access to birth control would require federal action, states can reduce barriers to obtaining hormonal contraceptives. In fact, since 2015, states as politically diverse as Tennessee and Oregon have begun to allow pharmacists to prescribe hormonal contraception, and for good reason. Adoption of the pharmacy access model offers women increased access to effective contraception, and helps avoid unintended pregnancies and their effects.

Pharmacy access is crucial for at least two reasons. First, it allows women to have an increased number of contraception providers. Given the shortage of doctors faced by many states, including Arkansas, pharmacists are often the most accessible medical professionals for people who live in remote areas. Second, the pharmacy access model would expand the scope of practice of pharmacists.

Put simply, the pharmacy access model has already proven itself beneficial. It has the potential to reduce unplanned pregnancies and thereby curtail the taxpayer burden associated with them. This can be done without negative side effects, because hormonal contraception is a safe, time-tested and effective method of avoiding unwanted pregnancies.

ACTION ITEMS

For these reasons, Arkansas should implement the pharmacy access model and allow pharmacists to prescribe birth control directly to patients. By joining the growing number of states that have already passed pharmacy access bills, Arkansas can establish itself as a leader in the effort to place healthcare choices back into the hands of citizens. Doing so would also remove unnecessary regulations, provide women with more accessible healthcare options and reduce public health expenditures.

CONTACT US

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