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R SHEET ON

BIRTH CONTROL ACCESS IN ARIZONA

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BACKGROUND

In the last several years, 11 states and the District of Columbia have passed pharmacy access bills, which allow pharmacists to prescribe hormonal contraception to women. These bills expand pharmacists' scope of practice and increase access to birth control for women—especially those who don't have a regular physician, can't afford an appointment or live in areas where doctors are in short supply.

Arizona should consider adopting the pharmacy access model for several reasons. Many Arizonans face a physician shortage and are unable to access the care they need. The Grand Canyon State ranks 44th for access to primary care physicians, with the situation particularly pronounced in rural areas, according to the Arizona Hospital and Healthcare Association.[1] Two Arizona counties have no OB-GYN doctors whatsoever as of 2019. 100 percent of Yuma County residents live in what the state deems a "primary-care shortage area."[2] Clearly, women in need of birth control face many barriers to access, which has adversely affected Arizona's public health.

In 2011 (the latest year for this nationwide data) 51 percent of Arizona pregnancies were unplanned.[3] This is high compared to the national average, which was 45 percent in the same year.[4] The pharmacy access model would offer women in Arizona better access to effective contraception, leading to fewer unintended pregnancies and, in turn, fewer abortions.

Unplanned pregnancies in Arizona are costly for taxpayers, too. In 2010, federal and state funds paid for more than 75 percent of unintended births in Arizona. This amounted to over $670 million—almost $162 million of which was shouldered by the state government.[5]

SUMMARY

- Many women have limited access to contraception.
- 51 percent of pregnancies in Arizona are unintended.
- Taxpayers spent $670 million covering the medical costs associated with Arizona's unintended pregnancies in 2010 alone.
- A pharmacy access model would allow pharmacists to prescribe contraception, which they are qualified to do, and would give women more family planning options.

CURRENT DEBATE

Pharmacy access has seen widespread support from the national medical community. In fact, the American College of Obstetricians and Gynecologists[6] the American Academy of Family Physicians[7] and the American Medical Association believe that no prescription should be necessary for hormonal contraception like birth control pills.[8]

While over-the-counter birth control access would require federal action, states have increasingly implemented the pharmacy access model to expand consumer access. Since 2015, red and blue states alike—including Tennessee, Utah and Oregon—have allowed pharmacists to prescribe hormonal contraception. This is crucial to provide women with access an increased number of contraception providers.[9] Indeed, pharmacies are usually more prevalent than doctor's offices, especially in rural parts of the state.

Furthermore, a comprehensive meta-review of relevant research compiled for the U.S. Surgeon General found that more extensive primary care roles for pharmacists—including prescribing authority—are associated with improved patient outcomes.[10]

What's more, implementing the pharmacy access model can be done without negative side effects, because pharmacists are medication experts and hormonal contraception is a safe, time-tested and effective method of avoiding unwanted pregnancies.

Pharmacists can provide all the services needed for a birth control examination, which consists of a blood pressure check and a self-reported medical history. However, current regulations restrict Arizona pharmacists' ability to prescribe birth control with no credible rationale.

Evidence shows that the pharmacy access model has the potential to reduce unintended pregnancies and the associated tax burden. In 2015, Oregon became the first state to adopt such a model. The results are promising: In the first two years following implementation, Oregonian Medicaid patients experienced 50 fewer unintended pregnancies and around 20 fewer abortions, saving taxpayers roughly $1.6 million.[11] As more pharmacists prescribe birth control and more patients take advantage of this model, those numbers will rise.

Estimates suggest that better access to birth control could ultimately reduce unintended pregnancy rates among low-income women by 7 percent to 25 percent.[12] It's easy to see why. A 2004 survey revealed that 28 percent of women who weren't using contraception would do so if birth control became more readily available.[13]

ACTION ITEMS

The pharmacy access model removes unnecessary regulations, provides women with more accessible healthcare options, reduces public health expenditures and makes the law consistent with other policy areas.

After all, emergency hormonal contraceptives like Plan B, while not a one-to-one comparison, are already available over the counter. Pharmacy access to contraception also allows pharmacists to perform a medical service that is well within their expertise. Encouraging pharmacists to prescribe birth control, especially in rural areas, will provide much-needed access to medical care. For these reasons, the pharmacy access model could aid an untold number of Arizonans.

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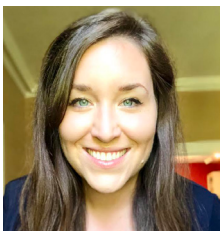

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ENDNOTES

1. Michael Gossie, "Arizona's alarming doctor shortage and what we're doing to fix it," *AZ Big Media*, May 20, 2019.

2. Lauren Gilger, "New bill would send Yuma County much-needed medical care funding," KJZZ, March 27, 2019.

3. *State Facts About Unintended Pregnancy: Arizona*, Guttmacher Institute, 2016.

4. *Unintended Pregnancy in the United States*, Guttmacher Institute, January 2019.

5. *Ibid*.

6. *Over-the-Counter Access to Oral Contraceptives*, American College of Obstetricians and Gynecologists, December 2012.

7. *Over-the-Counter Oral Contraceptives*, American Academy of Family Physicians, March 2019.

8. Report of the Board of Trustees, *Over-the-Counter Contraceptive Drug Access*, American Medical Association, Resolution 110-A-17, 2017.

9. Amanda Dennis et al., "Barriers to Contraception and Interest in Over-the-Counter Access Among Low-Income Women: A Qualitative Study," *Perspectives on Sexual and Reproductive Health*, 44:2 (Spring 2012) pp. 84–91.

10. Office of the Chief Pharmacist, *Improving Patient and Health System Outcomes through Advanced Pharmacy Practice*. A Report to the U.S. Surgeon General, December 2011, U.S. Public Health Service.

11. Maria I. Rodriguez et al., "Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs," *Obstetrics & Gynecology*, 133:6 (June 2019), pp. 1238-46.

12. Diana G. Foster et al., "Potential public sector cost-savings from over-the-counter access to oral contraceptives," *Contraception Journal*, 91:5 (May 2015), pp. 373-9.