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FAQ: IS IT SAFE FOR PHARMACISTS TO PRESCRIBE BIRTH CONTROL

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BACKGROUND

In the United States contraception has historically been prescribed by physicians or advanced practice nurses who see patients by appointment. Roughly 65 percent of American women of reproductive age use some form of birth control, and the pill continues to be the most popular form of hormonal birth control among women.¹ However, access to birth control is currently reduced due to high barriers, such as lacking access to doctors or even to family planning clinics that offer low-cost birth control. In fact, over 19 million American women currently live in “contraceptive deserts,” or areas with few-to-no health centers that provide birth control.²

One way to address this access problem is to allow pharmacists to prescribe certain methods. And indeed, since 2015, 10 states plus the District of Columbia have begun to allow pharmacists to prescribe contraceptives like the birth control pill, patch and vaginal ring. This pharmacy access model expands birth control access in a way that saves time—pharmacists can prescribe and dispense the prescription—and sensibly increases the scope-of-practice that pharmacists can perform. This model is catching on because it takes advantage of pharmacists’ medication expertise, and because it expands access to safe and effective family planning methods.

OKAY, BUT ARE PHARMACISTS CAPABLE OF PRESCRIBING BIRTH CONTROL?

Absolutely! It is a common misconception that a physical (pelvic) exam is required to prescribe birth control.³ In fact, a typical screening with a doctor consists merely of the patient completing a self-reported medical questionnaire, a blood pressure test and a discussion about which birth control method she prefers. Pharmacists can, and in many cases already do, perform these services. Indeed, the portion of the visit that requires the most specialized medical training—a knowledge of medication including

side effects, drug interactions and contraindications—is the precise specialty of trained pharmacists.⁴ They also already routinely counsel patients, administer vaccines, and provide education and support for patients with questions.⁵ Moreover, women who have obtained birth control prescriptions from their pharmacists report nearly 100 percent satisfaction with their experiences, and say they’ll continue to do so.⁶

States that allow pharmacists to prescribe birth control also require contraception-specific training before allowing pharmacists to prescribe. This further increases a pharmacist’s knowledge and capability to counsel birth control users. The pharmacy access model also contributes to positive public health outcomes; for example, pharmacy access in Oregon is already proving successful in that the overall number of women with birth control prescriptions has increased and with no reported adverse effects.⁷

IS BIRTH CONTROL SAFE ENOUGH FOR DEREGULATION?

Yes. In fact, not only does the medical community recognize pharmacy access as safe, but in fact, it actually recognizes some forms of birth control as safe enough for *complete over-the-counter access*, which of course, is an even less regulated model for contraception delivery.⁸ Indeed, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians and the American Medical Association all support over-the-counter access to birth control. Such a position is also consistent with international practices, as almost 70 percent of countries worldwide do not require a prescription for oral contraceptives.⁹

While it is true that every drug has potential side effects and contraindications to users, birth control is extraordinarily safe. Its main side effect is an elevated risk of blood

clots in some users, but this is routinely screened for with a simple blood pressure test. In terms of relative safety, both acetaminophen and diphenhydramine are more acutely risky—and both of which are not only available over the counter already but are present in the medicine cabinets of most American households and commonly accepted as safe.¹⁰ Moreover, while not a one-to-one comparison, emergency hormonal contraceptives like Plan B are also already available over-the-counter after the Food and Drug Administration (FDA) found it safe for women of all ages without direct medical oversight in 2013.¹¹ This expanded access has generally been viewed favorably by medical researchers.¹²

While the first pharmacy-access law for contraception was only implemented in 2015, preliminary medical research suggests that expanding the primary care activities of pharmacists does not increase health risks. On the contrary, 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—was actually associated with improved patient outcomes.¹³

CONCLUSION

Thus far, the pharmacy access model has been favorably received both by women and by medical researchers where it has been adopted. Moreover, it is supported by many major medical associations and is consistent with the practices of a majority of countries worldwide. Perhaps most importantly, however, it has the potential to make birth control more accessible to a larger number of women—irrespective of how far they live from a doctor or family planning clinic. This can both further reduce unwanted pregnancies and their burdens on taxpayers and help to increase women’s reproductive autonomy.

ENDNOTES

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