



R SHEET ON BIRTH CONTROL ACCESS IN NORTH CAROLINA

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BACKGROUND

Over the last several years, state lawmakers have increasingly looked for innovative ways to improve access to primary care medical services and reduce unintended pregnancies. A popular measure across many states—[17 plus Washington, D.C. to date](#)—is allowing pharmacists to prescribe hormonal birth control directly to patients. North Carolina should consider adopting this pharmacy access model for the numerous benefits it brings to citizens.

According to the North Carolina State Office of Rural Health, the state suffers from a [“severe”](#) shortage of primary care professionals, and the [vast majority](#) of North Carolina counties are designated as health professional shortage areas (HPSA). In 2020, North Carolina [ranked 11th](#) for most primary care HPSAs.

Further, survey data from 2016-2017 shows that only [56 percent](#) of pregnancies in North Carolina were intended. This is coupled with the fact that only [27 percent](#) of the postpartum women surveyed in North Carolina were using effective contraceptive methods like birth control pills. The pharmacy access model offers women better access to effective contraception, leading to fewer unintended pregnancies and, in turn, [fewer abortions](#).

Unplanned pregnancies are costly to states and their public health insurance programs. In 2010, unintended pregnancies in North Carolina cost an overall [\\$858 million](#) to taxpayers—almost \$215 million of which was shouldered by the state government.

CURRENT DEBATE

The pharmacy access model has experienced no credible opposition on the basis of safety. In fact, the [American College of Obstetricians and Gynecologists](#), the [American Academy of Family Physicians](#) and the [American Medical Association](#) all maintain that no prescription should be necessary for hormonal contraception like birth control

SUMMARY

- North Carolina suffers a primary care shortage virtually across the state.
- Intended pregnancies in North Carolina only make up 56 percent of all pregnancies, which is likely in part due to this primary care shortage and the ability to obtain prescriptions for effective contraception.
- Taxpayers spent \$858 million on the medical costs associated with unintended pregnancies in North Carolina in 2010.
- The pharmacy access model to contraception means alleviated primary care shortages, as well as fewer unintended pregnancies.

pills. This is because of their long history of safe usage for the overwhelming majority of women, and hormonal contraception’s effectiveness in helping women plan for pregnancies.

However, eliminating prescriptions altogether for hormonal methods like birth control pills is a federal issue. In the meantime, states have increasingly implemented the pharmacy access model to expand consumer access and effectively lower the prescription barrier. Since 2015, red and blue states alike—including [Tennessee, West Virginia, Utah and Oregon](#)—have begun allowing pharmacists to prescribe hormonal contraception.

This is crucial for a few reasons. First, women have long reported having trouble accessing effective birth control methods, and [95 percent](#) of unintended pregnancies occur in women who either do not use contraception or use it inconsistently. The pharmacy access model allows women to access an [increased number](#) of contraception providers. In the states currently employing this model, at least [3,300](#) pharmacies now offer birth control consultations.

Further, a [comprehensive meta-review](#) of relevant research compiled for the U.S. Surgeon General found that increasing pharmacists' ability to conduct some primary care roles—including prescribing authority—is associated with improved patient outcomes.

Pharmacists conduct all the necessary components of a birth control consultation, which entails a blood pressure test and patient-reported medical history. And, pharmacists are able to direct patients to their primary care providers if they decide the patient is unfit for a hormonal birth control prescription.

Emerging evidence on the pharmacy access model's effect on unintended pregnancy rates and state spending is positive. In Oregon, which was the first state to implement the pharmacy access model, [early data](#) showed that Medicaid patients experienced 50 fewer unintended pregnancies and around 20 fewer abortions within the first two years of this service. It also had the benefit of saving taxpayers roughly \$1.6 million. As more pharmacists prescribe birth control and more patients take advantage of this model, those numbers will rise.

In [another study](#) on the pharmacy access model, women seeing pharmacists for birth control consultations were younger, less educated and less likely to be insured than women seeing physicians. This strongly suggests access to physicians for birth control is a problem across the country, and pharmacists are bridging the gap. This also follows what prior research has shown; a [2004 survey](#) revealed that 28 percent of women who were not using contraception would do so if birth control became more readily available.

ACTION ITEMS

The current state of birth control access in many states is overly restrictive and contributes to high unintended pregnancy rates, increased taxpayer spending on public health insurance programs and poor access to this basic primary care service. North Carolina, which is no exception to these issues, should embrace the pharmacy access model and empower both pharmacists and patients when it comes to family planning.

CONTACT US

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