

R SHEET ON BIRTH CONTROL ACCESS IN KENTUCKY

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BACKGROUND

Access to reproductive care, including birth control options, has long been part of policymakers' reform agendas. As states have recently grappled with health care provider shortages and pandemic-induced social distancing, many policymakers are increasingly turning to innovative health care delivery models like pharmacist-prescribed birth control.

As of 2020, over [1.3 million](#) Kentuckians lived in a designated primary care Health Professional Shortage Area (HPSA). Kentucky also [ranks 13th](#) for most HPSAs in the country. For many, this means health care services, like primary care, are much more difficult to come by, as the ratio of patients to providers is much higher than in non-HPSA areas. This problem is usually exacerbated in rural or low-income areas.

Further, 2010 data shows that 47 percent of pregnancies in Kentucky were unplanned, and that 52 [out of every 1,000](#) teens in Kentucky became pregnant in 2013. Both of these rates have been in decline around the country, including in Kentucky, and it is recognized that [better contraceptive access](#) has played a major role in reducing unplanned and teen pregnancies over time.

In recent years, the pharmacy access model has spread to 18 states plus Washington, D.C. since 2015. The pharmacy access model increases access to methods of hormonal contraception, leading to fewer unintended pregnancies and, in turn, [fewer abortions](#).

Unintended pregnancies and the health care costs incurred from them are also costly to taxpayers. In 2010, the federal and state governments spent almost [\\$378 million](#) on these health care costs in Kentucky. The pharmacy access model can reduce these costs by reducing the number of unintended pregnancies.

SUMMARY

- Kentucky has a primary care shortage that affects access to health care services, including reproductive care.
- The unplanned pregnancy and teen pregnancy rates in Kentucky are notable, and better contraceptive access is shown to reduce these rates.
- These pregnancies are also costly; the publicly funded health care costs related to unintended pregnancies in Kentucky were almost \$378 million in 2010.
- Allowing pharmacists to prescribe birth control is proving to reduce unintended pregnancies and the taxpayer funds spent on them.

CURRENT DEBATE

The pharmacy access model, which allows pharmacists to consult directly with patients seeking prescriptions for birth control methods like the pill, patch, ring and injection, has had no credible opposition on the basis of patient safety. Hormonal birth control is considered safe for complete over-the-counter access by leading medical organizations like the [American College of Obstetricians and Gynecologists](#), the [American Academy of Family Physicians](#) and the [American Medical Association](#). Allowing pharmacists to prescribe still requires the patient to complete a self-screening and consultation with the pharmacist, so patients still receive face time with a highly trained medical professional.

Since 2015, states have increasingly turned to the pharmacy access model based on several arguments: 1. Effective contraception is still difficult to obtain for many; 2. State spending on reproductive care decreases as the unintended pregnancy rate does; and 3. Pharmacists are recognized as capable providers who can offer convenient and affordable birth control services.

The overwhelming majority—[95 percent](#)—of unintended pregnancies occur in women who do not use contraception or do so inconsistently. This is in part attributed to access, as women have long reported that obtaining birth control is [costly and time-consuming](#). The pharmacy access model allows women to access an [increased number](#) of contraception providers, which is especially important in HPSAs. Over [3,500](#) pharmacies now offer birth control consultations in states where the pharmacy access model is implemented. Additionally, research has found that women who consult with pharmacists for birth control prescriptions are [younger and less likely to be insured](#) than those consulting with physicians, which suggests that this model is affordable and more accessible. A [2004 survey](#) revealed that 28 percent of women who were not using contraception would do so if birth control became more readily available.

Further, the pharmacy access model has reduced both unintended pregnancies and taxpayer funds spent on the related health care costs. In Oregon, which was the first state to implement the pharmacy access model, [early data](#) found that the pharmacy access model led to 51 fewer unintended pregnancies and saved taxpayers \$1.6 million. As more pharmacies begin to offer these services and more patients take advantage of this model, it is likely those numbers will increase significantly.

Finally, this model is taking further advantage of pharmacists' ability to provide some primary care services competently amidst the growing primary care shortage across the country. 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 also provide these services safely; a pharmacist-led birth control consultation entails a blood pressure test and patient-reported medical history, which is what a physician is also required to do. 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, meaning that gaps in preventive primary care are less likely.

ACTION ITEMS

Birth control access continues to be overly restricted in states like Kentucky, and policymakers must consider the benefits associated with allowing the pharmacy access model. Implementing reforms that would allow pharmacists to prescribe a range of hormonal birth control meth-

ods directly to patients would likely reduce unintended and teen pregnancies, decrease taxpayer funds spent on health care costs covered under public health insurance programs and alleviate one component of the primary care shortage that so many Kentuckians face.

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