



R Sheet On Birth Control Access in Missouri

Background

A national primary care provider shortage has made it difficult for many Americans to access primary and reproductive health care. Health Professional Shortage Areas (HPSAs) are regions where it is particularly difficult to access care due to inadequate amounts of practitioners. Missouri ranks third in the nation with **327 designated HPSAs**. It is estimated that in Missouri, **only 10 percent of the need** for primary care is being met. Unfortunately, the shortage is expected to **increase in the coming years**; a **2016 estimate** found that, just to maintain the existing level of access to care, Missouri would need a healthcare workforce increase of nearly 20 percent by 2035. This has serious implications for many health services, including reproductive and pregnancy care.

Adding to the primary care shortage, **over 374,000** women in Missouri live in contraceptive deserts. Contraceptive deserts are areas with limited to no access to health clinics that provide the full range of contraceptive methods. When women live in areas without access to contraception options, they are at risk of an unintended or mistimed pregnancy. Lack of contraceptive use and sporadic contraceptive use are **leading causes** of unintended pregnancy. In Missouri, **almost 25 percent of women** of reproductive age do not use any form of contraception. **Research** shows a contributing factor to non-use of contraception is lack of access. As a result of contraceptive deserts and access issues, unintended pregnancies—and their associated costs—are high in Missouri. **Thirty-six percent** of live births in Missouri are unintended. In addition, the annual cost associated with unintended pregnancy in Missouri is **\$518 million**. Along with economic costs, the maternal mortality rate in Missouri is **higher** than the national average, making the high percentage of unintended and mistimed births even more significant. Rates of maternal morbidity are also high, which in turn creates **healthcare spending**.

One solution to the provider shortage and access problems is task-sharing, authorizing non-physician healthcare professionals to perform tasks typically restricted to high-level providers. An example of this is the **pharmacy access model**, in which pharmacists are authorized to prescribe and administer oral contraceptives and other prescription medications directly to patients. The pharmacy access model increases access by increasing the pool of health care practitioners that can provide contraception prescriptions. This model also increases access by reducing cost barriers associated with primary care visits and travel time to clinics.

Current Debate

The pharmacy access model is gaining traction around the country; 23 states and the District of Columbia **allow pharmacists to prescribe** hormonal birth control directly to patients. States that have adopted the pharmacy access model have measured

Summary

- Missouri has a primary care shortage that is expected to increase in the coming years.
- The unintended pregnancy rate in Missouri is significant, but better contraceptive access is shown to reduce these rates.
- Unintended and mistimed pregnancies are costly; the annual public cost of unintended pregnancy in Missouri is estimated to be \$518 million.
- Allowing pharmacists to prescribe birth control is a proven solution to reduce unintended pregnancy and its effects.



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decreases in unintended pregnancy and decreases in health care expenditures associated with them. Oregon, the first state to authorize pharmacists to prescribe contraception, found that the pharmacy access model prevented **50 unintended pregnancies and saved the state \$1.6 million** in public costs within the first two years of implementation. Evaluation of the expansion also found that pharmacists and clinicians prescribing contraception have the **same safety profile**, meaning that pharmacists and physicians prescribed contraception to individuals with contraindications at the same rate.

Though Missouri does not currently allow pharmacists to prescribe contraception, pharmacists do have some prescriptive authority. As of 2019, pharmacists in Missouri are **authorized to prescribe** nicotine replacement therapy drugs. This change was made out of the recognition that pharmacists have the technical expertise to act as prescribers for specific medications. Allowing pharmacists to prescribe hormonal contraception is a natural extension of allowing pharmacists to prescribe nicotine replacement therapy drugs. Neighboring Arkansas **recently expanded** pharmacist's prescriptive authority to include oral contraceptives after previously allowing pharmacists to prescribe Naloxone and nicotine replacement therapy drugs.

Pharmacist-prescribed birth control access has increased in states relatively quickly because of the data on hormonal birth control's safety and efficacy. Decades of research shows that the birth control pill, for example, is **relatively low-risk** for the majority of the population. More importantly, research has shown that women can **adequately self-screen** for contraindications to hormonal birth control.

This portfolio of research has led organizations like the **American College of Obstetricians and Gynecologists** and the **American Academy of Family Physicians** to advocate for complete over-the-counter (OTC) access to birth control pills. In fact, one pharmaceutical company announced in July 2022 that it is applying for OTC status for a progestin-only birth control pill, and **another announced** similar plans. If these OTC applications are approved, **access to certain types** of oral contraceptives will increase. However, the need for the pharmacy access model will remain. Pharmacists are able to prescribe multiple types of short-acting hormonal birth control, while OTC access will only include progestin-only pills. Therefore, for those who prefer methods other than progestin-only pills, they will benefit from the pharmacy access model. The pharmacy access model provides more options in addition to potential OTC options.

Action Items

As the primary care shortage in Missouri becomes more severe, and Missourians still face a high rate of unintended pregnancy, policymakers should consider the health and economic benefits associated with the pharmacy access model for birth control. Allowing pharmacists to prescribe contraception would increase access to birth control, reduce unintended pregnancies and likely save Missouri healthcare costs.



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