



Tracking the Implementation of a California Law Allowing Pharmacists to Prescribe Birth Control

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“Easier-to-get birth control: It’s here, it’s accessible, get used to it,” proclaimed *Glamour* magazine in May 2016 on the heels of new measures in California and Oregon authorizing pharmacists to prescribe birth control. But is it actually here? And is it accessible? My colleagues and I are examining the implementation of the California law that authorizes pharmacists to prescribe certain types of contraception. Similar measures are being implemented in Oregon, Colorado, and New Mexico, and have passed or are under consideration in other states. But no research has yet documented the availability of pharmacist-prescribed contraception – and news reports suggest pharmacies are not widely offering this service in California. Our study examined the situation in California one year after implementation of this new policy first started.

Increased Access Improves Women's Ability to Use Contraception

The common birth control methods covered by the California law are very important to women’s reproductive health. One in five U.S. women of childbearing age use short-term, hormonal contraceptive methods like birth control pills, rings, patches, or injections. Typically, women must obtain prescriptions for these methods and regularly check back with health providers. But scheduling and keeping appointments can be difficult, interfering with their ability to use contraception consistently and prevent unwanted pregnancies.

Ease of access to contraception matters. For example, one study found that publicly insured women in California who received twelve-month supplies of birth control pills had 30 percent lower odds of becoming pregnant compared to women who received just one or three months’ worth of supplies. Such research suggests that removing barriers to continuing use of shorter-term contraceptive methods can help women more successfully prevent unwanted pregnancy.

Being able to obtain birth control from a pharmacist could make access easier. California’s Senate Bill 493, passed in 2013, addressed the shortage of healthcare providers by allowing pharmacists to prescribe hormonal contraception and several other medications. Pharmacists have been authorized to prescribe birth control since April 2016 – but are not required to do so. And there is no direct financial incentive for prescribing birth control, because insurers that pay for birth control itself are not required to reimburse pharmacies for providing these services.

Few California Pharmacies are Offering This Service

Between February and April 2017, my research team called 1008 pharmacies across the state to see if they had pharmacists who could prescribe birth control, as allowed by law. California has more than 7000 pharmacies, including some that are not full service, some that are specialized for certain conditions or types

of medications, and others that are located in healthcare institutions and universities. After narrowing the list to 5291 community-based retail pharmacies, we selected a random sample to call so that we could develop an accurate picture of the availability of contraceptive services in this type of pharmacy across the state. Trained research assistants from my team posed as mystery shoppers and – usually speaking with a pharmacist – said, "I heard that you can get birth control from a pharmacy without a prescription from your doctor. Can I do that at your pharmacy?"

Our results revealed that contraception services were available in 11 percent of community-based pharmacies. Availability did not differ regardless of whether a pharmacy was located in an urban versus non-urban setting, or was part of a chain versus independent. When we found pharmacies that did prescribe birth control, we posed several follow-up questions to understand how these services were being delivered. Service fees were charged by most pharmacies (68 percent) offering this service, with 86 percent of chain pharmacies charging fees compared to 33 percent of independents. The typical fee was \$45. When we asked what kinds of birth control were offered, most pharmacies (78 percent) mentioned the pill. Fewer pharmacies said we could get birth control rings (40 percent), patches (38 percent), or shots (9 percent).

The Promise of Better Access is Not Fully Realized

Clearly, not very many pharmacies were offering pharmacist-prescribed birth control one year after California enabled them to do so. Although U.S. women, pharmacists, and other healthcare providers voice general support for easier contraception access, pharmacies may lack immediate incentives and resources to prescribe these medications directly to their patients. Last winter, we also conducted interviews with 36 California pharmacists working in independent pharmacies to understand barriers to offering this service. Though these pharmacists felt that prescribing contraception is an important community service, they expressed concerns about liability, lack of reimbursement, low patient demand, and limited time for counseling.

Our study found that this newly legalized service is actually not widely *available* in California. And these findings also indicate that even if more pharmacies start offering the service, many women may not be able to take advantage of it. Non-urban pharmacies, we found, were no more likely to furnish contraception than their urban counterparts. Chain pharmacies – which are the majority in the state – were more likely than independents to charge fees for this service. Pharmacist-prescribed contraception may therefore be especially inaccessible for underserved women. The fact that most national chain pharmacies are not readily offering contraception prescriptions suggests challenges for other states that adopt laws similar to California's.

Even if pharmacies were to move toward making pharmacist-prescribed contraception widely available, the service fees they directly charge consumers create additional barriers to access. A second California bill authorized its Medicaid program to reimburse pharmacies for these services, with full implementation mandated by 2021. Nevertheless, even when public insurance coverage improves, most California women are not eligible for Medicaid and may still have to pay out-of-pocket for service fees required by pharmacies. This may mean that pharmacy access alone is not enough to ensure affordable, easily obtained contraception for all. Building on my team's study of pharmacist-prescribed contraception, future research should continue to measure precisely if and when the promise of full access is realized for all groups of women – and the impact on their health and well-being.

Read more in Anu Manchikanti Gómez, "Availability of Pharmacist-Prescribed Contraception in

California, 2017" JAMA: The Journal of the American Medical Association (2017).
December 12, 2017

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