

# Lessons for Legislators: Best Practices for Pharmacist-Prescribed Birth Control

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Legislators on both sides of the aisle are increasingly looking for ways to address healthcare accessibility and affordability. Over the past few years, many have turned to pharmacists as a way to improve healthcare access and cost. In many states, pharmacists are largely an untapped resource for some primary care services, including prescribing some routine medications, notably for hormonal birth control.

As legislators work to expand pharmacists' scope of practice to allow them to prescribe hormonal birth control and other routine medications, it is important to highlight best practices that ensure more pharmacists and patients can take advantage of this model. If this model has too many restrictions or does not actually reduce the costs associated with obtaining a birth control prescription, then it is less likely to achieve its goal: safely making birth control more obtainable.

## Best Practices

If pharmacists are not defined as “providers” by state law, then they cannot bill insurance for reimbursement. This means they must require patients to pay out of pocket for a consultation, which discourages both pharmacists and patients from using this model. This is also cost-effective for insurers; pharmacist consultations are less costly than physician consultations, so insurers are billed less for a birth control visit.

### Are pharmacists already recognized as medical providers by state law?

**YES** This should ensure that pharmacists can bill insurance for consultations, but it is important to consult the state's pharmacy board to confirm. The pharmacist-prescribing model will reach more women, and more pharmacists will prescribe if defined as providers.

**NO** Pharmacist and patient participation is likely to suffer; legislators can either include provider status in pharmacist-prescribing of contraception legislation, or they can introduce separate legislation on the issue. States have done both, depending on the political landscape.

Next, it is important to ensure there are no unnecessary restrictions on patients wishing to see a pharmacist for a birth control prescription. The two most common unnecessary restrictions in states that allow pharmacists to prescribe birth control are age and evidence of physician visits.

### Does legislation require that patients must be 18 or older to visit a pharmacist for birth control?

**YES** This is unnecessary for two reasons. First, research shows that access to contraception has directly attributed to a decline in the U.S. teen pregnancy rate. Second, in terms of safety, the generally accepted principle is that most contraindications for hormonal birth control become more likely with increasing, not decreasing, age.

**NO** This is in line with the most relevant research, and will broaden the positive impact of pharmacists prescribing. Birth control that pharmacists can prescribe in other states is not considered to be less safe due to a patient's young age.

Does legislation require that patients must prove they have seen a physician every few years in order to keep seeing a pharmacist for birth control prescriptions?

YES

While well-intentioned—regular visits with a physician are important for well-being—this restriction is misguided. Birth control consultations do not require an examination beyond a blood pressure test and self-reported medical questionnaire. Pharmacists can encourage patients to see a doctor instead if they are concerned about anything a patient has discussed, and this restriction is not included for other pharmacist-administered services like vaccines.

NO

Requiring that patients see physicians within certain timeframes to continue getting a prescription from a pharmacist is unnecessarily restrictive, so this is the best practice. The majority of states that allow pharmacists to prescribe birth control also do not include this restriction.

Finally, legislation on pharmacists prescribing, if passed, implements an authority practice model for pharmacists. The two most common models, which are collaborative practice agreements (CPAs) and statewide standing orders, dictate the level of autonomy pharmacists have to prescribe birth control. While neither of these models are inherently bad, they should be used for different purposes. In the case of legislation on pharmacist-prescribed birth control, statewide standing orders are the best option.

Which of these practice models does legislation employ for pharmacists to prescribe birth control?

**Collaborative Practice Agreement (CPA)**

A CPA requires that a pharmacist enter an agreement with a physician, who technically oversees the pharmacist prescribing, in order to prescribe birth control to a patient population. CPAs are more suited for team-based care, where a pharmacist and physician are working closely together and with the same patients. These agreements are costly and time-consuming compared to standing orders.

**Statewide Standing Order or Protocol**

Standing orders or protocols mean that all licensed pharmacists in a state can prescribe birth control without going through the additional steps to obtain a CPA. These orders give statewide permission, and as such, are the least burdensome method for pharmacists wishing to prescribe.

This brief is based on the best practices compiled in “**Lessons for Legislators: A Guide to Allowing Pharmacist-Prescribed Birth Control**,” **R Street Policy Study No. 207**. This study is available [here](#).

For further information on best practices for this model, see:

Allison B. Orris et al., “Implementing Pharmacist Contraceptive Prescribing: A Playbook for States and Stakeholders,” Manatt Phelps & Phillips LLP, Jan. 25, 2021. <https://www.manatt.com/insights/white-papers/2021/implementing-pharmacist-contraceptive-prescribing>.

“State Reproductive Health Access Policies,” Power to Decide, 2021. <https://powertodecide.org/what-we-do/access/state-policy/rh-access-policies/pharmacist-prescribing>.

Sally Rafie and Sharon Landau, “Opening New Doors to Birth Control: State Efforts to Expand Access to Contraception in Community Pharmacies,” Birth Control Pharmacist, 2019. <https://birthcontrolpharmacist.com/2019/12/21/report>.