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Pharmacist Prescribing of Hormonal Contraception

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Questions

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Introduction

Pharmacist prescribing authority for hormonal contraception represents a promising strategy to improve access to contraception. Prescribing authority is regulated at the state level, and a growing number of states authorize pharmacists to prescribe contraception. However, these policies may not fully translate into practice. This brief examines the uptake of pharmacists' contraception prescribing in 2019, using a large national prescription claims dataset.

Tables 1 and 2 below describe the pharmacist workforce prescribing contraception (the pill, patch, and/or ring) in the 12 states that had authorized pharmacist prescribing as of 2019.

Table 1. Pharmacist Providers of New Contraception Prescriptions

State	Policy Effective Year[a]	Number of Pharmacists with New Contraception Prescriptions	Number of Pharmacists with New Prescriptions, by Volume		Number of Retail Pharmacists[b]	Proportion of Pharmacists Prescribing Contraception
			1-9 Rx	10+ Rx		
CA[c]	2014	723	592	131	18,780	3.8%
OR[c]	2016	345	315	30	3,150	11.0%
CO	2017	280	267	13	2,170	12.9%
WA[c]	1979	164	127	37	3,950	4.2%
NM	2017	72	59	13	360	20.0%
MD	2019	42	42	0	3,330	1.3%
ID	2019	30	29	1	1,140	2.6%
TN	2019	29	26	3	5,060	0.6%
HI[c]	2017	13	10	3	1,050	1.2%
UT	2019	8	8	0	1,660	0.5%
WV	2019	6	6	0	1,280	0.5%
NH	2018	3	3	0	700	0.4%

Source: Authors' analysis of IQVIA LRx prescription claims, 2019

[a] Policy effective date indicates when pharmacist prescribing authority became effective for consumers. This date may be later than the passage date of the initial policy, i.e., to account for the rule-making process or other implementation steps. State policy data from Power to Decide and Eckhaus et al. 2021.

[b] Retail pharmacists include those working in retail settings (e.g., health stores, food and beverage stores, etc.) and excludes those working in hospital settings. Data from BLS.

[c] These states have a large market share with an insurer that also operates its own medical centers and pharmacies, and this insurer has a low volume of prescription claims in the IQVIA Rx dataset. The number of pharmacists prescribing contraception in these states reported here may therefore be an undercount of actual prescribing.

Table 2. Volume of Contraception Prescription by Pharmacists

State	Number of New Prescriptions by Pharmacists	Number of New Prescriptions by Any Provider	Proportion of Pharmacists Prescribing Contraception
CA	4,609	2,316,367	0.2%
OR	1,314	271,400	0.5%
CO	1,001	411,317	0.2%
WA	1,425	492,545	0.3%
NM	758	109,678	0.7%
MD	64	499,432	< 0.05%
ID	61	112,672	0.1%
TN	105	612,116	< 0.05%
HI	53	78,617	0.1%
UT	14	214,312	< 0.05%
WV	8	140,404	< 0.05%
NH	3	133,862	< 0.05%
Total	9,415	5,392,722	-

Source: Authors' analysis of IQVIA LRx prescription claims, 2019

Key Findings

In the 12 states where pharmacists were authorized to prescribe hormonal contraception in 2019, we find wide variation in the actual uptake of this practice.

- **New Mexico, Colorado, and Oregon** have the **highest proportions** of their pharmacist workforce prescribing contraception (11%-20%). **California and Washington** state had over 100 pharmacists prescribing contraception, but these pharmacists represented **lower proportions** of their pharmacist workforce (3.8% and 4.2%, respectively).
- **Maryland, Tennessee, Idaho, Hawaii, Utah, West Virginia, and New Hampshire** had at least one pharmacist prescribing hormonal contraception, but had **relatively low numbers and proportions** compared to other states.
- Most pharmacists who prescribe contraception prescribe a **low volume**, with fewer than 10 prescriptions in a calendar year.
- In these states combined, we identify **1,715 pharmacists** who issued **9,415 new contraception prescriptions**. Pharmacist-prescribed contraception prescriptions made up less than **1% of all contraception prescriptions in all 12 states.**

Discussion

Across the US, there are 181,870 retail pharmacists, which suggests that there is significant potential to expand the workforce that can prescribe contraception. Expanding this workforce to other states could reduce barriers to accessing contraceptive care. However, as this research shows, the existence of state policy is a

necessary but not sufficient mechanism for pharmacists to prescribe, and there may be several barriers to uptake of this practice.

1. Only a few states authorize payment for pharmacist services. If a state's policy does not include this, pharmacists may have a strong disincentive from prescribing contraception. Some states are implementing changes to their policies that require reimbursement. For example, Medi-Cal, California's Medicaid program, was required to start reimbursing for pharmacists' services by July 1, 2021, even though the policy to allow pharmacists to prescribe pill, patch, ring, and shot was established in April 2016.
2. Some states may also require pharmacists to undergo specific training before being eligible to prescribe contraception. While this training may be important and readily available – and in some cases, tailored to a specific state – it nonetheless represents an additional step in the process that may be a barrier for busy pharmacists.
3. Pharmacists who work in chain pharmacy settings (e.g., CVS, Walgreens) are subject to their employer's regulations, which may prohibit prescribing of contraception. Of the states listed in Table 1, CVS locations in California, Idaho, Washington, and Hawaii allowed pharmacists to prescribe and fill birth control (in 2019), while CVS locations in other states did not. Kroger pharmacists could prescribe in California, Colorado, Idaho, New Mexico, Oregon, Utah, and Washington. Smaller, independent pharmacies may also allow for pharmacist prescriptions of hormonal contraception, but they only make up 23% all pharmacies in the US and may be more difficult to access.

It is also worth noting that there may be a lag between when a policy is passed and when it is implemented, as well as the extent to which implementation is supported. In states where policies passed more recently, pharmacists may still be getting trained or even learning about this authority. Regulatory processes may also take time; for example, New Hampshire passed its law in 2018 but the regulatory process is still underway, and we identify only 3 pharmacists prescribing contraception. However, more pharmacists may take up this practice as regulatory details are solidified. Washington state is also notable in how early its law was passed (1979) but we find relatively few prescribers of contraception, which may be due to lack of logistical and financial support that would go in tandem with the policy.

Lastly, this analysis includes data from 2019 only. Several states have passed legislation or implemented regulations in 2020 and 2021 that authorize pharmacist prescribing (AZ, AR, DC, IL, MI, MN, NV, NC, VT, VA), and those states are not represented here.

Methodology

We used full-year 2019 provider month-level counts of prescription claims for contraceptive products from IQVIA, a proprietary health information company. The IQVIA LRx dataset includes an estimated 92% of all US retail prescription claims and associated provider National Provider Identifiers (NPI), provider types, and addresses. We constructed a database of prescription contraceptive service providers by specialty at the state and county-levels, identifying all provider with new (vs. refill) prescriptions for the birth control pill, patch, and/or ring in 2019. We used publicly available BLS data to identify the number of retail pharmacists in each state.

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References

1. Power to Decide. Pharmacist Prescribing of Hormonal Contraceptives. September 2021. https://powertodecide.org/sites/default/files/2021-10/Pharmacist%20Prescribing.pdf
2. Eckhaus LM, Ti AJ, Curtis KM, Stewart-Lynch AL, & Whiteman MK. Patient and pharmacist perspectives on pharmacist-prescribed contraception: A systematic review. *Contraception*. 2021;103(2):66-74. https://doi.org/10.1016/j.contraception.2020.10.012
3. US Bureau of Labor Statistics. Occupational Employment and Wage Statistics: 2019. https://www.bls.gov/oes/tables.htm
4. CVS Pharmacy: Women's Health. 2021. https://www.cvs.com/content/pharmacy/womens-health
5. Kroger Health. Kroger Health Pharmacists Now Prescribing Hormonal Contraceptives in Several Markets. 2019. https://www.krogerhealth.com/news/kroger-health-pharmacists-now-prescribing-hormonal-contraceptives-several-markets
6. IQVIA. U.S. National Pharmacy Market Summary 2021: Market Insights Report. https://www.iqvia.com/locations/united-states/library/publications/us-national-pharmacy-market-summary-2021
7. Guttmacher Institute. Pharmacist-Prescribed Contraceptives. November 2021. https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives
8. Birth Control Pharmacist. https://birthcontrolpharmacist.com/
9. California Legislature. AB-1114 Medi-Cal: Pharmacist services.(2015-2016). https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB1114