A Closer Look at the Women's Health PRN

Overview of the PRN

The Women's Health PRN has multiple opportunities for residents, fellows, and students to get involved. Students, residents, and fellows are encouraged to participate in the PRN's committees (e.g., advocacy and scholarship, communications, programming). The Women's Health PRN also has a committee composed of residents, fellows, and students to focus on their needs. Many exciting initiatives are planned for 2016–2017! The PRN also offers travel awards for all members!

Current Officers:

Chair, Brooke L. Griffin, Pharm.D., BCACP
Chair-Elect, Kathleen Vest, Pharm.D., BCACP, CDE
Secretary/Treasurer, Rebecca H. Stone, Pharm.D., BCPS, BCACP
Public Policy Liaison, Jennifer A. Tussey, Pharm.D.
Student Liaison, Ana Simonyan
Student Liaison, Audra M. Wilson
Board Liaison, Kimberly Thrasher, Pharm.D., FCCP, BCPS

Membership:

Total Members: 286
Student Members: 135
Resident Members: 10
Fellow Members: 1

Current Clinical Issue:

The Means to the End: Methods of Increasing Contraceptive Access Across the Country

Several regulations related to hormonal contraceptive access have been proposed or passed recently. Although similar in purpose, these regulations vary in their process of attaining easier access to contraception. Media coverage on this topic has done a poor job of distinguishing the differences between the regulations. Several news organizations have mistakenly classified the below bills as the same, which can be confusing to both providers and patients.

The difference between the statutes comes down to the language of the law. Federally, a Senate bill has been proposed making contraceptives available over-the-counter (OTC). This law would remove the barrier of a prescription requirement, but it could decrease access by increasing the cost of birth control to a patient.[1] A second Senate bill has been proposed to offset this potentially limiting factor. Pharmacists in Oregon have been granted the authority to prescribe certain forms of hormonal contraception.[2] Pharmacists in California will also soon have the authority to provide hormonal contraception.[3]

Federal Senate Bill 1438, "Allowing Greater Access to Safe and Effective Contraception Act," was introduced on May 21, 2015, and proposes regulations easing the transition of hormonal contraceptives to OTC status. This bill prioritizes OTC oral contraceptive approval by the U.S. Food and Drug Administration but also repeals the ability for health savings accounts and flexible spending accounts to be used on OTC products, which would increase the cost of contraceptives for many women. In addition, it states that patients younger than 18 will still require a prescription for these products.[1]

Senate Bill 1532, proposed on June 9, 2015, as a follow-up to SB 1438, would require insurance companies to cover OTC hormonal contraceptives under the "Affordability Is Access Act." With this act,

OTC contraceptives would still be affordable because of insurance coverage, which reinforces the stance of the Affordable Care Act (ACA) that cost-sharing will not be allowed for preventive care.[2]

House Bill 2879 was passed in Oregon on July 6, 2015, allowing pharmacists to prescribe oral and transdermal hormonal contraceptives to eligible women 18 and older. Women younger than 18 are eligible only if they have previously been prescribed contraceptives by a primary care or women's health provider. Pharmacists must complete an Accreditation Council for Pharmacy Education (ACPE) and board of pharmacy (BOP)-approved training course in order to prescribe in Oregon. Potential patients fill out a self-assessment questionnaire at the pharmacy, and the pharmacist performs a brief physical assessment by taking the patient's blood pressure. The pharmacist then uses a validated treatment algorithm to aid in the decision to prescribe or refer. Because the pharmacist does generate a prescription, the medication is covered according to provisions of the ACA. Of particular interest to pharmacists: the bill is unique because it specifies that the pharmacist's assessment is to be reimbursed by third-party plans at the rate of a mid-level provider. House Bill 2879 went into effect on January 1, 2016, and is currently active in the state of Oregon. As of February 5, 231 of the 3900 pharmacists in the state had completed the training required to provide this service.[4]

California's Senate Bill 493 was introduced on October 1, 2013. The language of the bill authorizes pharmacists to "furnish self-administered hormonal contraception," including oral, transdermal, vaginal, and depot injection products. The protocol is still being established. However, the law does not specify the need for a traditional prescription, nor does it specify third-party reimbursement requirements for either the pharmacist's time or the product.[3] As in Oregon, pharmacists are required to complete a minimum 1-hour training course, and the patient is required to fill out a self-screening questionnaire and undergo a blood pressure screening.[4]

Oregon and California are not the only two states granting pharmacists a role in contraception access. A Missouri house representative has proposed HB 1679.[5] This bill is almost identical to that passed in Oregon. Sometimes, pharmacy provider status allows for collaborative practice agreements covering hormonal contraceptive products. This is true in Washington State and Washington, D.C.

Progress is being made on both the federal and the state level to increase access to hormonal contraceptives. Pharmacists have the opportunity to play an important role in patient education while advancing the scope of the profession.

Legislation Comparison

	Oregon[4]	**California[3]**	**Missouri[5]**	**Federal[1]**	**Federal[2]**
Bill	HB 2879	SB 493	HB 1679	SB 1438	SB 1532
Age restrictions	≥ 18 yr or < 18 with previous prescription	None	≥ 18 yr or < 18 with previous prescription	≥ 18 yr	None
Products	Oral and transdermal	Oral, transdermal, vaginal, depot injection	Oral and transdermal	Not specified	Oral
Pharmacist	Complete	Complete ACPE-	Complete	N/A	N/A

training	ACPE- and BOP-approved training	and BOP-approved training	ACPE- and BOP-approved training		
Insurance coverage	Insurance will cover the pharmacist's assessment, and the prescription will be covered under the current ACA	Not specified	Insurance will cover the pharmacist's assessment, and the prescription will be covered under the current ACA	OTC products would not be covered	Insurance would cover all OTC contraceptive products
Status	Currently active	Passed; pharmacist protocol still not approved	Proposed	Proposed	Proposed

N/A = not applicable.

References

1. Oregon HB 2879 - Relating to Health Care; and Declaring an Emergency. 2015. Available from https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/HB2879/B-Engrossed. Accessed October 22, 2016.
2. California SB 493, Hernandez. Pharmacy Practice. 2013. Available from http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201320140SB493. Accessed October 22, 2016.
3. Missouri HB 1679 - To Repeal Section 338.010, RSMo, and to Enact in Lieu Thereof Three New Sections Relating to Contraceptives. 2016. Available from www.house.mo.gov/billtracking/bills161/billpdf/intro/HB1679I.PDF. Accessed October 22, 2016.
4. SB 1438 - Allowing Greater Access to Safe and Effective Contraception Act. 2015. Available from https://www.congress.gov/bill/114th-congress/senate-bill/1438/text. Accessed October 22, 2016.
5. SB 1532 - Affordability Is Access Act. 2015. Available from https://www.congress.gov/bill/114th-congress/senate-bill/1532/text. Accessed October 22, 2016.

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