

## Oregon Authorizes Pharmacists to Prescribe Hormonal Birth Control

*The state is unlocking the power of pharmacists to increase contraceptive access.*

In 2011, an *Obstetrics and Gynecology* study [found](#) that increasing patients' one- or three-month supplies of oral contraceptive pills to a one-year supply could decrease their odds of pregnancy by 30 percent and reduce the odds of abortion by 46 percent, illustrating how removing barriers to birth control can improve public health outcomes. Four years after the study's publication, it helped inspire Oregon Rep. Knute Buehler to write a [bill](#) authorizing pharmacists to prescribe self-administered birth control and provide same-day dispensing to women aged 18 and older, and women under 18 if they've previously had a birth control prescription.

Forty-six percent of pregnancies in Oregon were [unintended](#) in 2010, [costing](#) the state \$170 million. In 2014, the state [had](#) 2,390 births to teens, 14 percent of which were to teens who already had at least one child. In 2010, teen childbearing [cost](#) Oregon \$88 million.

To pass the law and then implement it, Oregon divided its work into three buckets, says Paige Clark, director of alumni relations and professional development at Oregon State University/Oregon Health and Science University College of Pharmacy. The three buckets are: (1) Legislative and regulatory language; (2) pharmacist certification to provide service; and (3) reimbursement, credentialing, and enrollment and pharmacies' policies.

- In 2014, Oregon had 2,390 births to teens, 14 percent of which were to teens who already had at least one child.
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### Steps Taken:

- Buehler is a member of the Oregon House Committee on Health Care, which was reviewing the pharmacist scope of practice in the 2015 session. During the review process, Buehler thought it was strange that the scope of practice allowed pharmacists to provide emergency contraception, but not preventive contraception. As a physician, he knew that if the former was safe, the latter was, too, and could help more women access effective contraceptives.
- He proposed a bill, HB 2879 (known as the "Free the Pill" bill), to allow pharmacists to prescribe self-administered birth control and provide same-day dispensing.
- Buehler's proposed bill only allowed pharmacists to prescribe birth control pills initially because he believed it would be easier for policymakers to see the connection between pills and pharmacology, whereas the idea of pharmacists prescribing the patch or vaginal ring could be a little daunting to some.
- Buehler says one of the biggest challenges to passing the law was overcoming skepticism and helping other representatives become comfortable with the innovative policy. He worked to reassure representatives that the new policy was a safe and promising practice.
- To advocate for the law, Buehler took a data-driven approach, arguing that the bill would improve the state's unintended pregnancy rates and decrease the concomitant [risk of complications](#) for mother and baby. He also pointed out that there's an increasing body of work

[showing](#) that unintended pregnancy among single women is a leading cause of poverty, so the law could have significant impact on poverty rates as well as maternal and child health.

- Buehler reached out to two Democratic representatives who are also doctors to act as co-sponsors, as well as house majority leaders. “The benefit of myself being a physician and other sponsors, when the three of us come out in support of healthcare bill, people respect that combined knowledge and are pretty supportive,” says Buehler.
- Buehler and other Free the Pill supporters contacted all of the respected healthcare interest groups in the state, such as the Oregon Medical Association, Oregon Academy of Family Physicians, and Oregon Nurses Organization, and almost all were in favor of the law. To raise further support, association representatives testified at hearings, helped with lobbying, wrote letters, and explained the bill to media. Policymakers also found it reassuring to learn that national organizations, such as the American Congress of Obstetricians and Gynecologists (ACOG), supported the move.
- HB 2879 proponents also created a Free the Pill FAQ document to help address skeptical lawmakers’ questions, which ranged from concerns about the bill’s safety to its legality to patients’ privacy. Questions answered in the FAQ include “Is access to birth control without meeting with a doctor safe?”, “Since the FDA has not approved it for OTC, is it constitutional?”, “What is the medical liability for prescribing pharmacists?”, and “Will pharmacists be able to protect the privacy of women who fill out the self-assessment test and purchase birth control?” For the medical questions, the document writers made sure to heavily cite respected health organizations and studies to bolster their arguments.
- Taking the concept to the public and news media was another key to success. “Once we did that, it was impossible to stop the power of a good idea,” Buehler says.
- *The Oregonian* Editorial Board published an editorial endorsing the bill, [writing](#): “Buehler’s proposal has created a refreshing opportunity for bipartisan agreement during a session that has been unusually bitter and partisan. Lawmakers on both sides of the aisle should see that they finish the job by passing the bill.” Later, the newspaper ran a letter to the editor from a psychology of sexual behavior professor, who [wrote](#): “Rep. Buehler’s championing of this bill is a step forward in women’s reproductive health.”
- Oregon Gov. Kate Brown [signed](#) the bill in June 2015, and it went into effect on Jan. 1, 2016.
- To ensure patient safety, each patient is required to complete a one-page, 20-item [questionnaire](#) for the prescribing pharmacist. Questions on the sheet include whether they’ve had a bad reaction to hormonal birth control in the past, the date of their last menstrual cycle and whether they could be pregnant, and whether they have a history of cardiovascular issues.
- If the pharmacist identifies a potential health risk, they must refer the patient to her healthcare provider. According to Buehler, this happens in about 10 percent of cases.
- Following the bill’s enactment, stakeholders quickly realized they needed to create education and certification processes for pharmacists. Clark teamed up with an educational design team to create the [Comprehensive Contraceptive Education for the Oregon Pharmacist program](#), with input from women’s healthcare providers, government officials, and ACOG. It has an assessment at the beginning to measure the participant’s foundational knowledge and videos, interactive content, and embedded quizzes throughout the course.
- The training is divided into five modules: (1) Foundations in women’s healthcare and contraceptive options, which provides an overview of well-woman visits and pros and cons of different forms of birth control; (2) an overview, review, and update of applicable pharmacology; (3) therapeutics of self-administered contraceptives; (4) the pharmacy

questionnaire and its application to the [U.S. Medical Eligibility Criteria for Contraceptive Use](#); and (5) a workflow for seeing patients and business practices.

- The Accreditation Council for Pharmacy Education has accredited the training for five hours of continuing education, which are available in all states. In Oregon, the board of pharmacy approved the course to certify pharmacists to prescribe birth control.
- Although some of the large pharmacies argued that their pharmacists did not need training, some of the pharmacists struggled with their expanded role. The Oregon Board of Pharmacy decided to require all pharmacists to complete the certification program for the foreseeable future to ensure patient safety.
- According to Clark, the training has increased pharmacists' confidence in their new role as prescribers. "Once they were through the certification, they started doing a fantastic job," says Clark. "Pharmacists are now excited to be providing this service and see their patient through the whole process."
- Clark's team has worked closely with public health in Oregon, including Medicaid, the credentialing and enrollment team, the payer team, and coordinated care organizations. Their ad hoc committee meets weekly to share progress in various areas of implementation. Thanks to their collaboration, they have credentialed and enrolled six national chains to offer pharmacist prescribing, and the chains are now beginning the Medicaid billing process. Although pharmacists are used to billing Medicaid for products and through other providers, pharmacists aren't used to billing directly for a service, according to Clark. As of July 2017, Medicaid has officially paid the first pharmacist claim.

#### Results:

- Based on HB 2879's success, Buehler [partnered](#) with a Democratic state senator, who is also a family physician, to expand pharmacists' prescribing authority to [allow](#) them to offer the vaginal ring and hormonal injections. The governor signed the new law in June 2017.
- Oregon policymakers were so pleased with HB 2879's implementation that they authorized the Oregon Board of Pharmacy to determine by administrative rule what pharmacists can prescribe (e.g., asthma inhalers, diabetes medication). One goal of this new policy is to save people an expensive trip to the emergency room because they're out of medication.

#### Lessons Learned:

- Increasing access to contraception is a bipartisan cause. "On the left, access has always been a policy goal. On the right, there's strong interest and support for decreasing unintended pregnancy and abortion," says Buehler. "Increasing access is something all embraced."
- That bipartisan support is essential for passing innovative, sustainable policies. "It's crucial on big, innovative ideas that it's bipartisan," Buehler says. "If just one party has ownership of it, there's lots of ways to undercut it. You have to have buy-in and ownership in both parties, so both have skin in the game for success."
- It's helpful to have a physician legislator who can help drive this legislation. When possible, officials should also team up with a women's healthcare caucus.
- Leverage the power of pharmacists. Pharmacists are experts on medications and easy for the public to connect with because most communities have pharmacies. This makes them a strong but often underutilized force to increase access in statewide health initiatives.

- Reimbursing pharmacists for prescribing birth control is critical to the policy’s uptake and success. Prescribing birth control takes about 20 minutes for pharmacists, so they need to be paid fairly for their time. “If a state has a health initiative where access is truly the key, everyone—Medicaid, public health, and pharmacies—need to come full circle on this and realize they need to reimburse pharmacists for this,” says Clark. “The public health outcome is obvious, and these are dollars that are supposed to [be spent] on clients anyway.”
- To build support for allowing pharmacists to prescribe birth control, Clark recommends making a cost-savings argument using two key pieces of data: The unintended pregnancy rate and the cost avoidance of not having abortions or unintended pregnancies that lead to births.
- For other states and territories looking to allow pharmacists to prescribe, Clark recommends adopting Oregon’s three-step process that focuses on: (1) Legislative and regulatory language; (2) pharmacist certification to provide service; and (3) reimbursement, credentialing, and enrollment and pharmacies’ policies.
- Oregon is happy to help other jurisdictions implement similar policies, and Clark encourages health departments and other stakeholders to contact her for help. “We can show you the language and regulatory framework that worked, and help you build a state-specific version of the training,” says Clark.

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