

Pharmacy Access to Emergency Contraception

Overview of Emergency Contraception

Emergency contraception (EC), also known as “the morning after pill,” is a form of contraception that prevents pregnancy. Currently, there are four FDA-approved emergency contraceptive products on the market. Three products contain the same ingredient found in many birth control pills and are effective at preventing pregnancy up to 3 days (72 hours) after unprotected sex but are more effective the sooner they are taken. One product - ella[®] – is effective up to 5 days (120 hours) after unprotected sex, with the same level of effectiveness over that period of time.

EC is often confused with the abortion pill, RU-486, but EC is approved to *prevent* pregnancy. It will not work if a woman is already pregnant.

Some Emergency Contraception Products Are Available without a Prescription Only for Individuals 17 and Older and One Brand Requires Everyone to Get a Prescription

The three more time sensitive EC products are available without a prescription for individuals 17 and older. Girls 16 or younger still need a prescription in order to obtain these EC products. All individuals who wish to take ella[®] need a prescription.

It Can be Difficult to Obtain a Prescription for EC in a Timely Manner

EC's time sensitivity makes quick access to the drug essential to preventing unintended pregnancy. Requiring girls 16 and younger or those who wish to obtain ella[®] to visit a doctor to obtain a prescription is a needless hurdle that limits the potential for EC to prevent unintended pregnancy. Those needing a prescription may find themselves in need of EC on a weekend or over a holiday, when doctors' offices are closed. Girls who cannot tell their parents or guardians about their need for EC may be unable to see a doctor quickly or may fear breaches of confidentiality. Individuals who live in rural areas might have difficulty getting to their doctor in a timely manner. Many women, particularly those in low-income families, simply do not have a regular medical provider.

What is Pharmacy Access to Emergency Contraception?

Because of the importance of timely access to EC and the difficulty in obtaining prescriptions, some states have taken steps to help women access EC more easily. Currently, nine states allow licensed pharmacists to directly dispense EC to women without advance prescriptions: AK, CA, HI, ME, MA, NH, NM, VT, and WA.¹ Because pharmacies are more widely located and tend to have longer business hours, direct access through pharmacies helps women by removing unnecessary obstacles to obtaining EC.

Pharmacy Access Remains Critically Important Even Though EC Is Now More Available

Even though some EC products are now available without a prescription to individuals age 17 and older, pharmacy access is still important. Girls 16 and younger are still required to get a prescription for every EC product and are therefore subject to the difficulties inherent in obtaining a prescription for EC in a timely manner. Additionally, any individual who needs access to ella[®] – for example, a woman older than 17 who has already passed the 72 hour window of effectiveness for the non-prescription EC products – will need a prescription to access ella[®] within the five day period that it is effective.

How Pharmacy Access to Emergency Contraception Works

States that allow pharmacy access to EC do so through either collaborative practice agreements or a state protocol. Collaborative practice agreements are voluntary arrangements between a pharmacist and a physician that permit the pharmacist to dispense EC directly to patients without an advance prescription.² State protocols are written protocols approved by the state's pharmacy board that give pharmacists authority to dispense EC without an advance prescription under certain conditions.

Pharmacy Access is Voluntary and Carefully Regulated

Participation in pharmacy access programs is *voluntary*; no physician or pharmacist is required to participate. The collaborative agreements or protocols are governed by guidelines detailed in the state's pharmacy regulations and subject to carefully outlined conditions and limitations. In most states that offer pharmacy access, the pharmacists who choose to participate must complete a training course to learn proper standards for administering EC. Additionally, the protocol or guidelines may include provisions for counseling and educating patients on medication, collecting or reviewing patient history, performing a physical assessment, or initiating, modifying, and monitoring the patient's drug therapy.

Pharmacy Access to Emergency Contraception Works

The success of pharmacy access to EC in those states that offered it before EC was available as a non-prescription product shows that the model works effectively to help women prevent pregnancy. By the end of the second year that Washington pharmacists began providing pharmacy access, almost 12,000 women received EC through that option. A review of pharmacy records revealed that 70% of women received EC from a pharmacy within one day of unprotected intercourse, with more than 40% accessing EC during evenings, weekends, or holidays. Six months later, the state's Department of Health linked the state's drop in abortion rates to increased use of contraception, particularly EC.³

Women who have obtained EC through pharmacy access have expressed satisfaction. In a 2006 study of women who used pharmacy access to EC in California, 94% of respondents said that it was important to be able to get EC directly from a pharmacist. The vast majority of the women reported that pharmacy access was faster and more convenient than first seeking a prescription for EC from a doctor. Women were overwhelmingly satisfied with their pharmacy access experience. One-quarter of respondents were actually "more comfortable" going to the pharmacist instead of a doctor.⁴

Pharmacy Access is Critical for Women's Health

Until the FDA approves all EC products for non-prescription use by women of all ages, pharmacy access is an important mechanism to ensure that those seeking to prevent pregnancy have every opportunity to do so.

¹ ALASKA ADMIN. CODE tit. 12, § 52.240; CAL. BUS. & PROF. CODE § 4052; HAW. REV. STAT. ANN. § 461-1; ME. REV. STAT. ANN. tit. 32, §§ 13821-13825; MASS. GEN. LAWS ANN. ch. 94C, § 19A; N.H. REV. STAT. ANN. §§ 318:5-a, 318:47-e; N.M. ADMIN. CODE tit. 16, § 16.19.26; VT. STAT. ANN. tit. 26, §§ 2077-79; WASH. ADMIN. CODE § 246-863-100; WASH. REV. CODE ANN. § 18.64.011.

² It is important to note that because ella is a new product, collaborative practice agreements might not yet apply to ella, depending on the terms of the original collaborative practice agreement between the pharmacist and provider.

³ Don Downing, *Pharmacist Prescribing of Emergency Contraception: The Washington State Experience*, in EMERGENCY CONTRACEPTION: THE PHARMACIST'S ROLE i, iv (Am. Pharmacists Ass'n 2004 Update).

⁴ Diana Greene Foster et al., *Pharmacy Access to Emergency Contraception in California*, 38 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 50 (2006).