

# The pharmacist's role in providing reproductive health and how it's changed since the Dobbs decision

September 23 2022, by Laura Bailey

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Since the Supreme Court overturned Roe vs. Wade in June, the future of abortion and reproductive rights for women is uncertain and varies by

state.

Experts say improved access to contraception and emergency contraception would decrease the number of unwanted pregnancies. Sarah Vordenberg, clinical associate professor of pharmacy, discusses the role of pharmacists in dispensing reproductive health medications and how the Dobbs decision has changed their jobs.

## **Have things changed for pharmacists since the Dobbs decision?**

The practice of pharmacy is regulated by state and federal laws, so pharmacists' experiences vary by state. Contraceptives and emergency contraception continue to be legal in all states and therefore can be dispensed in community pharmacies. However, pharmacists must ensure that they are meeting all [legal requirements](#) in their state when dispensing medications that can be used during a medication abortion or risk penalties that could include revoking their professional license, civil lawsuits or criminal prosecution.

## **What does this mean for patients?**

Medications are often prescribed for a variety of reasons. If a medication is not allowed in some circumstances (abortion) but is allowed in others (miscarriage) and the prescriber didn't indicate the reason for the medication, the pharmacist must clarify this before dispensing the medication to the patient. Some pharmacy companies have implemented additional policies to ensure that their staff follow these new state laws, which is controversial because the process may delay [patient care](#).

## **Can U.S. pharmacists prescribe birth control or other**

## **reproductive health medications without a doctor's order?**

Currently, pharmacists in at least 17 states and the District of Columbia may provide contraceptive care without requiring medical visits, and requirements for pharmacists and patients are set by state policies. For example, in many states patients answer screening questions to ensure contraceptives are safe options. In about half the states minors are excluded and must see another health care professional for a prescription. Some states require patients to have a medical visit within a specified period of time in order to continue receiving a pharmacist-prescribed contraceptive.

The Food and Drug Administration has received an application from HRA Pharma to switch the prescription progestin-only oral contraceptive, Opill, to an over-the-counter medication. This change is supported by several professional medical associations including the American College of Obstetricians. If successful, this [medication](#) that was originally approved nearly 50 years ago will be the first oral contraceptive that would be available directly to consumers in the U.S. The FDA decision is expected in early 2023. In the meantime, pharmacist prescribing of these products may be an intermediate step toward increasing access to effective and safe prescription-only contraceptives.

## **What is the status in Michigan?**

Per the Michigan Public Health Code, physicians licensed in the state of Michigan may delegate authority to prescribe self-administered contraceptives to pharmacists. In practice, this model hasn't been widely adopted and few pharmacists prescribe contraceptives in Michigan. However, that may change with the Michigan Department of Licensing

and Regulatory Affairs Sept. 19, 2022, announcement that it now directly supports this practice in most cases. Additionally, Michigan House Bill 5655 seeks to allow pharmacists to be able to prescribe contraceptives in Michigan without requiring delegated authority from a physician, and is currently assigned to the Health Policy Committee for consideration.

## **What are the pros and cons of pharmacists dispensing these reproductive health medications without a doctor's order?**

Individuals seeking to prevent pregnancy frequently use prescription medications in addition to or instead of over-the-counter options such as condoms and contraceptive sponges. If pharmacists prescribe contraceptives, patients' access to [birth control](#) will increase as the need for expensive or time-consuming medical exams decreases. Pharmacists are trained to educate patients on proper use of prescription contraceptives and can also provide education about related topics such as complementary forms of contraception that can protect against sexually transmitted infections.

However, some patients may not be good candidates for pharmacist-prescribed contraceptives, such as those who may be pregnant, have a complex medical history or are at higher risk for side effects. Additionally, contraceptives that cannot be self-administered (e.g., intrauterine devices) are not available by pharmacists.

Also, patients seeking [pharmacist](#)-prescribed contraceptives may need to pay a consultation fee that may not be covered by their health insurance, and this consult doesn't replace the need for health screenings (screenings for high blood pressure, diabetes, breast cancer, cervical cancer) that are often provided during medical visits where

contraceptives are traditionally prescribed.

Provided by University of Michigan

Citation: The pharmacist's role in providing reproductive health and how it's changed since the Dobbs decision (2022, September 23) retrieved 30 April 2024 from

<https://medicalxpress.com/news/2022-09-pharmacist-role-reproductive-health-dobbs.html>

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