

Oregon's new birth control law increases access, but more still to be done

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Researchers at Oregon Health & Science University, University of Minnesota School of Public Health and George Mason University applaud Oregon's new birth control law which allows women age 18 or older to obtain some methods of hormonal contraception directly from pharmacies, without having to visit a prescribing clinician, yet note how the law could go even further to improve access to all forms of contraception, according to a viewpoint article published in the *Journal of the American Medical Association* today.

"This law is a step forward for contraceptive access. Yet, Oregon women can only obtain two types of hormonal [contraception](#) - oral contraceptive pills and hormonal patches - from their pharmacists," says Katy B. Kozhimannil, Ph.D., M.P.A., associate professor at the University of Minnesota School of Public Health and article co-author. "For other highly effective forms of birth control such as intrauterine devices (IUDs) or contraceptive implants, women must still make an appointment and come to a clinic to get a prescription from a clinician."

California has followed Oregon's lead, passing a law allowing pharmacist-prescribed contraception in 2015 that will be implemented later this year. The new birth control laws in Oregon and California lower some barriers to contraception access and may reduce costs and unintended pregnancies. But authors contend that instead of providing over-the-counter, easily accessible birth control for women, the need for a pharmacist's prescription still creates barriers.

"Even though this approach provides an excellent way to economize [health](#) care costs and free up physicians and resources, there are other ways in which the states can improve access even more," says Y. Tony Yang, Sc.D., L.L.M., M.P.H., associate professor in the Department of Health Administration and Policy at George Mason

University and article lead author. "In addition, the age limit requirement of the Oregon law, as well as identification requirements, may discourage vulnerable women from seeking contraceptive care."

The authors note that there are several benefits to women, thanks to the new Oregon law. More access to birth control can decrease the number of unintended pregnancies, and there are positive health side effects for women such as lighter and less painful menstrual periods, reduced risks for ovarian and fallopian tube cancer and pain relief from endometriosis. Studies also show that it's safe for women to obtain hormonal contraception without a clinician's prescription. Costs may also decrease more broadly, as the law allows both pharmacists and physicians to work at their full scope of practice.

"This bill presents an important first step in increasing access to contraception for women in Oregon," says Maria Isabel Rodriguez, M.D., M.P.H., assistant professor in the Department of Obstetrics and Gynecology at OHSU who was involved in passage and implementation of the Oregon law. "OHSU is leading efforts to research the safety, efficacy and acceptability of this policy to understand how it impacts contraceptive access and unintended pregnancy. By documenting its safety and efficacy, we hope the bill will eventually be expanded to include equal access for adolescents, as well as provision of progestin injectables and implants."

The effectiveness of contraceptive methods must also be considered, the authors note, as well as women's preferences for methods. The American Congress of Obstetricians and Gynecologists has specifically expressed concern that allowing pharmacist-prescribed [birth control](#) pills may shift contraception use away from highly effective long-acting reproductive contraception (LARC) such as implants and IUDs, out of convenience.

The authors describe how the Oregon [law](#) represents an example of bipartisan support in ensuring access to evidence-based preventive women's health care, but that federal efforts on women's health remain highly partisan and politicized. In the immediate term, state-level efforts may hold the greatest hope for progress on expanding contraceptive access and reducing unintended pregnancy.

Jonathan Snowden, Ph.D., assistant professor with the Department of Obstetrics and Gynecology at OHSU, contributed to the article and notes that as similar laws make their way through state legislatures across the nation, it will be essential to ensure optimal implementation and to strategize how to further increase [women's](#) access to contraceptive health services.

Provided by Oregon Health & Science University

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