

Improving Access to Essential Sexual and Reproductive Health Service: Findings from the California Pharmacist Survey

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Despite state legislative efforts to increase access to sexual and reproductive health (SRH) services through pharmacists, available research suggests that the potential impact of these policies has not yet been fully realized. To better understand implementation barriers to the provision of SRH services, including emergency contraceptives and self-administered hormonal contraceptives (e.g., patch, the pill, ring, injections), we conducted an on-line survey of California pharmacists (N=919) in the fall of 2022. High levels of support for SRH were found among pharmacists; however, access to these services at pharmacies was far lower. Main findings include:

- Over 90% of pharmacists agreed that providing access to levonorgestrel emergency contraception and hormonal contraception is important.
- Three-quarters (75%) of pharmacists were willing to prescribe hormonal contraception to pharmacy clients regardless of age.
- A majority were confident in their knowledge of hormonal contraception (72%) and their ability to prescribe contraception (61%).
- Slightly more than half (52%) of pharmacists indicated that their pharmacies provided emergency contraception (e.g., levonorgestrel as Plan B, One-Step) without an outside provider's prescription (i.e., over-the-counter or pharmacist-prescribed).
- Fewer than one-third (30%) of pharmacists worked in pharmacies offering pharmacist-prescribed self-administered hormonal contraception (e.g., the pill, patch, ring, or injection).
 - Pharmacists working in community pharmacies were more likely to report contraceptive provision without an outside provider's prescription (79% levonorgestrel/Plan B, One-Step emergency contraception, 46% self-administered hormonal contraception) than pharmacists working in other practice settings.

- Inadequate staff or time to add new services (42%), lack of knowledge and/or training about hormonal contraception (32%), and no coverage for the service even if the medication is covered (24%) were most often selected as reasons for lack of service provision by pharmacists working in pharmacies that did not offer pharmacist-prescribed self-administered hormonal contraception.

Findings suggest a need to expand reimbursement for pharmacist provided SRH services, beyond the cost of medication, and to expand SRH training opportunities for pharmacists.

Source: [Improving Access to Essential Prevention Services: The Opportunities and Challenges of Expanding the Role of California’s Pharmacists](#)

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