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Barriers to Minor Access to Emergency Contraception in California Pharmacies

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INTRODUCTION

Despite California's clear commitment to expanding access to sexual and reproductive healthcare,[1] there is evidence that young people in the state continue to face barriers to obtaining contraception, including emergency contraception.

Emergency contraception (colloquially known as "the morning after pill" or referred to by brand names such as Plan B One-Step, ella, and others) prevents pregnancy by preventing or delaying ovulation (the release of an egg from the ovary).[2] Levonorgestrel emergency contraception (e.g., Plan-B One Step) and ulipristal acetate emergency contraception (e.g., ella) have been approved to prevent pregnancy when taken within 72 (levonorgestrel) or 120 (ulipristal acetate) hours after unprotected sex. Taking emergency contraception (EC) as soon as possible after sex maximizes its effectiveness.[3]

Pharmacies are a key access point for emergency contraceptive pills, which may be provided over the counter (OTC), through a prescription from an outside provider, and by pharmacist-initiated prescription in 27 states, including California.[4] In California, minors under 18 have a right to access medical care to prevent pregnancy, including emergency contraception, without parental consent.[5]

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[1] *See, e.g.*, Press Release, Office of Governor Gavin Newsom, In Response to Supreme Court Decision, Governor Newsom Signs Legislation to Protect Women and Providers in California from Abortion Bans in Other States (Jun. 24, 2022), https://www.gov.ca.gov/2022/06/24/in-response-to-supreme-court-decision-governor-newsom-signs-legislation-to-protect-women-and-providers-in-california-from-abortion-bans-by-other-states/.

[2] ACOG, *Emergency Contraception* (Nov. 2021), https://www.acog.org/womens-health/faqs/emergency-contraception.

[3] Planned Parenthood, *What Kind of Emergency Contraception Should I Use?*, https://www.plannedparenthood.org/learn/morning-after-pill-emergency-contraception/which-kind-emergency-contraception-should-i-use.

[4] Power to Decide, *Pharmacist Prescribing of Hormonal Birth Control* (May 2023), https://powertodecide.org/what-we-do/information/resource-library/pharmacist-prescribing-hormonal-birth-control.

[5] Cal. Fam. Code § 6925 ("A minor may consent to medical care related to the prevention or treatment of pregnancy"); *Id.* at § 6927 ("A minor who [may] have been sexually assaulted may consent to medical care related to the diagnosis, . . . treatment and the collection

Further, the FDA removed age restrictions on OTC Levonorgestrel emergency contraception in 2013.[6] Ulipristal acetate EC remains available by prescription only.

Although there has been a steady decline in the adolescent birth rate in California since 2008,[7] adolescents aged 15-19 have the highest mistimed or unwanted pregnancy rate of any group in California.[8] Some sexually active adolescents don't use any contraceptive method at all, and many do not use the most effective forms of birth control available,[9] making it important to increase access to emergency contraception among minors. While most high school students report using some method of birth control during their last sexual encounter, 13.7% of high school students did not use any method to prevent pregnancy during their last sexual intercourse with a different-gender partner.[10] Contraceptive use may be less common among younger youth: data from the National Center for Health Statistics shows that 43% of adolescent girls 14 and under did not use any method of contraception at first sexual intercourse.[11]

Among adolescents who do use contraception, there is a heavy reliance on coitally-dependent methods (methods used near the time of sexual intercourse) like condoms[12] which have a higher failure rate with typical use when compared with higher efficacy hormonal or long-acting contraceptives.[13] In 2021, the CDC found that only one third (33%) of sexually active high school students in the United States used higher efficacy methods including birth control pills, an IUD,

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of medical evidence with regard to the . . . assault.").

[6] Alexandra Sifferlin, *Timeline: The Battle for Plan B*, TIME (June 11, 2013), https://healthland.time.com/2013/06/11/timeline-the-battle-for-plan-b/; Office of Women's Health, *Approval of Emergency Contraception* (Dec. 17, 2020), https://www.womenshealth.gov/30-achievements/19#:~:text=The%20FDA%20first%20approved%20prescription%20emergency%20contraceptive%20pills%20in%201998.&text=In%202006%2C%20the%20FDA%20approved,for%20women%2018%20and%20older.&text=In%20June%202013%2C%20the%20FDA,all%20ages%20without%20a%20prescription.

[7] Cal. Dep't of Pub. Health & MCAH, *Adolescent Births in California 2000 – 2018* (2021), https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Adolescents/Adolescent-Births-in-CA-2018.pdf.

[8] Cal. Dep't Pub. Health, *MIHA Data Snapshot, California by Maternal Age, 2013-2015* (2018), https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/2013-2015/Snapshot_ByMaternalAge_2013-2015.pdf.

[9] Elizabeth Witwer et al., *Sexual Behavior and Contraceptive and Condom Use Among U.S. High School Students, 2013-2017*, Guttmacher Inst. (Sept. 2018), https://www.guttmacher.org/report/sexual-behavior-contraceptive-condom-use-us-high-school-students-2013-2017.

[10] CDC, *YRBS Explorer: High School Students Who Did Not Use Any Method to Prevent Pregnancy During Last Sexual Intercourse With An Opposite-Sex Partner** (2021), https://yrbs-explorer.services.cdc.gov/#/graphs?questionCode=QNBCNONE&topicCode=C04&location=XX&year=2021.

[11] Gladys M. Martinez & Joyce C. Abma, *Sexual Activity and Contraceptive Use Among Teenagers Aged 15-19 in the United States 2015-2017*, NCHS Data Brief No. 366 (May 2020), *https*://www.cdc.gov/nchs/products/databriefs/db366.htm.

[12] Centers for Disease Control and Prevention (CDC), *1991-2021 High School Youth Risk Behavior Survey Data*, http://yrbs-explorer.services.cdc.gov/; Witwer et al., *supra* n. 9.

[13] ACOG, *Effectiveness of Birth Control Methods* (Apr. 2023), https://www.acog.org/womens-health/infographics/effectiveness-of-birth-control-methods.

implant, a shot, patch, or ring before their last sexual intercourse.[14] Thus, access to emergency contraception as a backup birth control method has the potential to reduce rates of unintended pregnancy among adolescents, for whom consistent use of highly effective birth control methods remains relatively low.[15]

Although the FDA removed age restrictions for OTC emergency contraception in 2013,[16] and California has strong laws in place affording minors the right to access emergency contraception without parental consent, barriers to accessing emergency contraception for adolescents remain.[17] Research has shown that barriers for young people include cost,[18] lack of availability of the drug in pharmacies,[19] and pharmacy practices of keeping EC in a locked cabinet or behind the counter (i.e., customers, including adolescents, must talk with pharmacy staff to receive the medication).[20]

Further research indicates that one of the most significant barriers minors face is wrongly being denied access to EC because of their age.[21] For example, a 2017 mystery shopper telephone survey of all retail pharmacies in Los Angeles County found that nearly half (43%) of those that carried OTC emergency contraception refused to dispense it to girls younger than 18.[22] A 2015 telephone survey

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[14] CDC, *YRBS Explorer: High School Students Who Used Birth Control Pills; An IUD (E.G., Mirena Or ParaGard Or Implant (E.G., Implanon Or Nexplanon); Or A Shot (E.G., Depo-Provera), Patch (E.G., OrthoEvra), Or Birth Control Ring (E.G., NuvaRing) Before Last Sexual Intercourse* (2021), https://yrbs-explorer.services.cdc.gov/#/graphs?questionCode=QNOTHHPL&topicCode=C04&location=XX&year=2021

[15] Suzanne Ryan, Kerry Franzetta, & Jennifer Manlove, *Knowledge, Perceptions, and Motivations for Contraception: Influence on Teens' Contraceptive Consistency* 39 Youth & Soc'y 182 (2007), https://journals.sagepub.com/doi/abs/10.1177/0044118X06296907.

[16] FDA, *Plan B One-Step (1.5 mg levonorgestrel) Information* (Dec. 23, 2022), https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/plan-b-one-step-15-mg-levonorgestrel-information; *see* U.S. Dep't of Health & Human Servs., Approval of Emergency contraception (2020), https://www.womenshealth.gov/30-achievements/19; Sifferlin, *supra* n. 6.

17 See Erin Fitzpatrick & Benita Walton-Moss, Barriers to Emergency Contraception for Adolescents, 7 J. for Nurse Practitioners 282 (2011), https://www.sciencedirect.com/science/article/pii/S1555415510003612#bib1; Sujatha Seetharaman, Sophia Yen, & Seth D. Ammerman, Improving Adolescent Knowledge of Emergency Contraception: Challenges and Solutions, 7 Open Access J. Contracept. 161 (2016), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5683156/; Kelly Cleland et al., Access to Emergency Contraception in the Over-the-Counter Era, 26 Women's Health Issues 622 (2016), https://www.sciencedirect.com/science/article/pii/S1049386716301153?via%3Dihub.

[18] Rubina Hussain & Megan L. Kavanaugh, *Changes in Use of Emergency Contraceptive Pills in the United States from 2008 to 2015*, 3 Contraception: X (2021), https://www.sciencedirect.com/science/article/pii/S2590151621000125#bib0018.

[19] American Society for Emergency Contraception, *Inching Towards Progress: ASEC's 2015 Pharmacy Access Study*, http://americansocietyforec.org/uploads/3/4/5/6/34568220/asec_2015_ec_access_report_1.pdf.

[20] Van Chau et al., *Barriers to Single-Dose Levonorgestrel-Only Emergency Contraception Access in Retail Pharmacies*, 27 Women's Health Issues 518 (2017), https://www.sciencedirect.com/science/article/pii/S1049386716303048?via%3Dihub; Am. Soc. for Emergency Contraception, 2022 Emergency Contraception Access Report (Feb. 2023), https://www.americansocietyforec.org/_files/ugd/0cdab4_422a82474dfb49deae3c20ecb1007bf0.pdf.

[21] Fitzpatrick & Walton-Moss, *supra* n. 17.

[22] Dima Mazen Qato et al., *Pharmacist-Prescribed And Over-The-Counter Hormonal Contraception in Los Angeles County Retail Pharmacies*, 39 Health Affairs 1219 (2020), https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.01686?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed.

of retail pharmacies sampled from five U.S. cities (outside of California) found that, although 83% of pharmacies carried OTC emergency contraception, nearly half of pharmacists were unaware of the FDA's decision to remove age restrictions.[23] Similarly, a 2015 online survey of U.S. pharmacies found that 40% of pharmacies incorrectly reported an age restriction for purchasing emergency contraception without a prescription; most pharmacy staff stated that the customer had to be at least 17 or 18 to purchase nonprescription emergency contraception.[24] Additional studies have shown that incorrect understandings about age restrictions on EC and pharmacy practices requiring those who purchase EC to show identification restrict access for minors.[25]

The present study uses data gathered from the 2022 California Pharmacist Survey, which we helped conduct, to evaluate the availability of emergency contraception in California community pharmacies, with an emphasis on OTC access for minors.

KEY FINDINGS

- **A strong majority of pharmacists provide emergency contraception to clients without an outside prescription, but less than half provide it over the counter (OTC).** Nearly four out of five (79%) community pharmacists reported that their pharmacy provided levonorgestrel emergency contraception (e.g., Plan B One-Step) without an outside provider's prescription (i.e., available by pharmacist prescription, behind the counter, and/or OTC). Of these, about half (56%) offered the medication OTC. Thus, overall, 44% of community pharmacists reported that their pharmacy provided levonorgestrel EC OTC.
- Among community pharmacists who reported that their pharmacy provided levonorgestrel EC without an outside provider's prescription:
    - **Only half reported that teens could purchase EC OTC at their pharmacy**. About half (53%) reported that teenagers under age 18 could purchase levonorgestrel EC OTC at their pharmacy.
    - **A significant number of pharmacies wrongly require parental consent or do not sell EC to minors at all.** One in four reported that their pharmacy either required parental consent for purchase by a minor (13%) or did not provide EC to minors regardless of parental consent (12%).
    - **OTC EC is less frequently available at independent pharmacies.** Pharmacists at chain pharmacies were more likely to report that EC was available OTC than independent pharmacies (65% vs. 39%).

[23] Tracey A. Wilkinson et al., *Access to Emergency Contraception After Removal of Age Restrictions*, 140 PEDIATRICS e20164262 (2017), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5495529/.

[24] Cleland et al., *supra* n. 17.

[25] Wilkinson et al., *supra* n. 23; Chau et al., *supra* n. 20; Richard Stein et al., *Emergency Contraception: Access and Challenges,* 29 AM. J. OF THERAPEUTICS 553 (2022), https://journals.lww.com/americantherapeutics/fulltext/2022/10000/emergency_contraception__access_and_challenges_at.8.aspx.

FINDINGS

CHARACTERISTICS OF STUDY POPULATION

All analyses were limited to practicing licensed pharmacists who currently or most recently worked in a community pharmacy (N=316, 34% of participants in the California Pharmacist Survey). Consistent with the underlying population of California pharmacists,[26] many survey participants were female (cisgender) (59.7%) and/or of Asian ancestry (58.5%) (Appendix Table 1). 55.7% worked at chain pharmacies and 41.5% worked at independent pharmacies. Just over half of participants worked at pharmacies located in Los Angeles County (33.3%) or the San Francisco Bay Area (19.2%).

EMERGENCY CONTRACEPTION PROVISION

Nearly four out of five (78.9%) community pharmacist participants reported that their pharmacy provided levonorgestrel emergency contraception (e.g., Plan B One-Step, among others) without an outside provider's prescription (Table 1). However, only 21.1% reported provision of ulipristal acetate (ella) emergency contraception without an outside provider's prescription.

Participants working at chain pharmacies were more likely to report provision of both forms of emergency contraception without an outside provider's prescription (87.9% levonorgestrel EC, 22.4% ulipristal acetate EC) than those at independent pharmacies (66.9% levonorgestrel EC, 20.5% ulipristal acetate EC).

Table 1. Community pharmacy provision of emergency contraception without an outside prescription by pharmacy type, California Pharmacist Survey (N=308), 2022

	All practicing licensed community pharmacists N=308*		Pharmacists at independent pharmacies n=127		Pharmacists at chain pharmacies n=174		Independent vs. chain
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	PR (95% CI)
Pharmacy currently offers levonorgestrel (Plan B, One-Step, others) emergency contraception without an outside provider's prescription	78.9	21.1	66.9	33.1	87.9	12.1	0.76 (0.67, 0.87)
Pharmacy currently offers ulipristal acetate (ella) emergency contraception without an outside provider's prescription	21.1	78.9	20.5	79.5	22.4	77.6	0.91 (0.59, 1.42)

PR: prevalence ratio, CI: confidence interval. *Excluding 8 missing responses. Overall column includes 7 community pharmacists that did not specify independent or chain pharmacy type (excluded from stratified columns).

[26] University of California, San Francisco Healthforce Center, *Pharmacist Workforce and Education in California* (July 2020), https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/Pharmacist%20Workforce%20and%20Education%20in%20California.pdf; Cal. Health Care Found., *California's Pharmacists and Pharmacy Technicians* (Mar. 2021), https://www.chcf.org/wp-content/uploads/2021/03/HealthCareWorkforceAlmanac2021PharmacyQRG.pdf.

Slightly more than half (55.6%) of survey respondents who reported that their pharmacy provided levonorgestrel EC without an outside prescription reported that it was offered OTC, while 63.4% reported it was available behind the counter (BTC) (i.e., customers, including adolescents, must talk with pharmacy staff to receive the medication) (Table 2). This practice was more common among independent pharmacies, more than two-thirds (76.5%) of which offered levonorgestrel EC BTC; only one third (38.8%) offered it OTC. Of pharmacists who reported that their pharmacy provided levonorgestrel EC without an outside prescription, only 23.5% reported that pharmacists prescribe levonorgestrel EC.

Table 2. How levonorgestrel emergency contraception is offered by community pharmacies that offered this form of emergency contraception in the California Pharmacist Survey (N=243), 2022

	All practicing licensed community pharmacists N=243		Pharmacists at independent pharmacies n=85		Pharmacists at chain pharmacies n=153		Independent vs. chain
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	PR (95% CI)
Over the counter	55.6	44.4	38.8	61.2	65.4	34.6	0.59 (0.44, 0.79)
Behind the counter (available by talking with pharmacy staff)	63.4	36.6	76.5	23.5	56.2	43.8	1.36 (1.13, 1.63)
Prescribed by a pharmacist at this pharmacy	23.5	76.5	29.4	70.6	20.9	79.1	1.41 (0.90, 2.21)
Dispensed if prescribed by an outside provider	33.7	66.3	37.6	62.4	32.0	68.0	1.18 (0.82, 1.68)

PR: prevalence ratio, CI: confidence interval.

MINOR ACCESS TO EMERGENCY CONTRACEPTION AND PHARMACIST ATTITUDES

Among participants who reported that their pharmacy provides levonorgestrel EC without an outside prescription, only about half (52.7%) indicated that teenagers under age 18 could purchase it OTC (Table 3). When asked about pharmacy protocols, 13.3% of pharmacists in this group said their pharmacy (wrongly) requires parental consent for those under 18 to purchase levonorgestrel EC (Table 4). Another 12.1% of pharmacists reported that their pharmacy does not provide levonorgestrel EC to minors under 18 at all regardless of parental consent, in contravention of the FDA's approval of OTC emergency contraception for minors.

Table 3. Who can buy over the counter levonorgestrel emergency contraception at community pharmacies that offered this form of emergency contraception in the California Pharmacist Survey (N=243), 2022

	All practicing licensed community pharmacists N=243		Pharmacists at independent pharmacies n=85		Pharmacists at chain pharmacies n=153		Independent vs. chain
	Selected (%)	Not selected (%)	Selected (%)	Not selected (%)	Selected (%)	Not selected (%)	PR (95% CI)
Teenagers (under 18)	52.7	47.3	49.4	50.6	54.9	45.1	0.90 (0.69, 1.17)
Adults	91.4	8.6	89.4	10.6	92.8	7.2	Not calculated
Women	81.9	18.1	78.8	21.2	83.7	16.3	Not calculated
Men	74.9	25.1	69.4	30.6	78.4	21.6	Not calculated

PR: prevalence ratio, CI: confidence interval.

Table 4. Protocols about who can buy levonorgestrel emergency contraception without a provider's prescription at community pharmacies that offered this form of emergency contraception in the California Pharmacist Survey (N=240), 2022

	All practicing licensed community pharmacists N=240*		Pharmacists at independent pharmacies n=85		Pharmacists at chain pharmacies n=150		Independent vs. chain
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	PR (95% CI)
Parental consent required for those under 18	13.3	86.7	16.5	83.5	12.0	88.0	1.37 (0.72, 2.62)
Do not provide to minors (under 18) regardless of parental consent	12.1	87.9	12.9	87.1	11.3	88.7	1.14 (0.56, 2.32)

PR: prevalence ratio, CI: confidence interval. *Excluding 3 missing or contradictory responses.

One third (32.6%) of participants believed that emergency contraception should only be available to minors with parental consent; 67.4% disagreed (Table 5).

Table 5. Pharmacist attitudes towards minor access to emergency contraception among community pharmacists in the California Pharmacist Survey (N=276), 2022

	All practicing licensed community pharmacists N=276*		Pharmacists at independent pharmacies n=114		Pharmacists at chain pharmacies n=155		Independent vs. chain
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	PR (95% CI)
Emergency contraception should only be provided to minors (under 18 years) with parental consent	32.6	67.4	33.3	66.7	32.3	67.7	1.03 (0.73, 1.46)

PR: prevalence ratio, CI: confidence interval. *Excluding 40 missing or 'not applicable' responses.

DISCUSSION

Despite California's strong laws on access to reproductive health care, including for minors, young people under the age of 18 face barriers to accessing EC without parental involvement or a prescription. Among surveyed pharmacists who reported working in pharmacies that offered levonorgestrel EC without an outside prescription, only half (52.7%) reported that their pharmacy provided levonorgestrel EC to teenagers under age 18. This finding mirrors earlier studies which found that nearly half of pharmacies incorrectly imposed age restrictions on emergency contraception.[27]

In the present study, there was some discrepancy between participants' responses to questions about minor access which complicates the interpretation of our findings. As stated, 52.7% of participants at pharmacies that provide levonorgestrel EC indicated that adolescents could purchase it OTC. However, among this same group, only 25.4% identified a specific protocol that the pharmacy had limiting minor access to levonorgestrel EC: 13.3% said their pharmacy required parental consent for those under 18 to purchase levonorgestrel and 12.1% said their pharmacy did not provide it to minors regardless of parental consent. This suggests that some pharmacists may not fully understand their store's policy regarding minor access to emergency contraception or are limiting minor access to EC (in violation of their rights) without the existence of a specific store policy that directs them to do so. Regardless of why they are occurring, these practices are inconsistent with the FDA label, as well as California law, which gives minors under age 18 the right to access sexual and reproductive health care services, including treatment to prevent or treat pregnancy, without parental consent,[28] and the state constitution.[29]

Beyond age-specific restrictions, broader EC provision practices revealed by the survey are also likely to affect minor access to emergency contraception. Just over half (55.6%) of pharmacists at pharmacies that offered levonorgestrel EC reported that it was available OTC. This protocol is inconsistent with federal law and agency policy, which has allowed OTC sales of levonorgestrel EC at pharmacies since 2006. A survey conducted by the American Society for Emergency Contraception found that nearly half of OTC EC pills are kept in a portable plastic box that customers must bring to a register to have unlocked, while 14% of stores locked the product in a fixed display case in a store aisle.[30] This introduces an additional barrier to emergency contraceptive access, even in stores that carry the pill OTC, as researchers found that having to ask an employee to unlock or locate EC can be

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[27] Cleland et al., *supra* n. 17; Qato et al., *supra* n. 22.

[28] Cal. Fam. Code § 6925 ("A minor may consent to medical care related to the prevention or treatment of pregnancy"); *Id.* at § 6927 ("A minor who [may] have been sexually assaulted may consent to medical care related to the diagnosis, . . . treatment and the collection of medical evidence with regard to the . . . assault.").

[29] Cal. Const. art. 1, § 1.1 ("The state shall not deny or interfere with an individual's reproductive freedom in their most intimate decisions, which includes their fundamental right to choose to have an abortion and their fundamental right to choose or refuse contraceptives.").

[30] *See* American Soc. for Emergency Contraception, *supra* n. 19.

embarrassing and draw unwanted attention, which might present particular difficulties for minors.[31]

Furthermore, our results showed that independent pharmacies are less likely to be providing levonorgestrel EC OTC (66.9%) than chain pharmacies (87.9%), suggesting that adolescents' access to emergency contraception may be affected by the type of pharmacy located near them.

Another EC provision practice that could affect minor access to emergency contraception is that it seems many pharmacies may be providing levonorgestrel EC OTC but ***not*** offering it through a pharmacist prescription. This matters because it impacts affordability: customers with insurance who obtain the medication through a prescription (whether pharmacist or outside provider) can often have it covered or reimbursed through insurance even if the medication is available OTC or BTC. Of pharmacists who reported that their pharmacy provided levonorgestrel EC without an outside prescription, only 23.5% reported that pharmacists prescribe levonorgestrel EC.

Finally, only one third of pharmacists reported that their pharmacy offered ulipristal acetate (ella) EC without an outside provider's prescription; 64.3% of respondents indicated it was not available or were unsure. Unlike levonorgestrel EC (e.g., Plan B), which is recommended for use up to three days after unprotected sex, ulipristal EC may be used up to five days after unprotected sex.[32] Minors can face compounding barriers to access which may delay their ability to purchase emergency contraception,[33] meaning ella offers minors two additional days to access an option that is more efficacious than levonorgestrel EC.

This study offers insights into barriers to pharmacy access of emergency contraception facing minors, but a study of a representative sample of California pharmacies and clientele, including minors, is needed to confirm the true scope and prevalence of these barriers. Nonetheless, the findings of this study, in combination with prior studies of young people's access to emergency contraception at pharmacies, suggest that practice- and policy-level changes are needed to improve equitable emergency contraception access for minors in California.

NEEDED SOLUTIONS

- **Educate pharmacists and chain and independent community pharmacy operators on minors' rights to access EC under state law**. Our results indicate that pharmacy practices regarding minor access to emergency contraception are out-of-step with California law and the attitudes of most pharmacists surveyed. This means that better training about the rights of minors to access EC without parental consent is needed for pharmacists and all pharmacy staff.

[31] Cleland et al., *supra* n. 17.

[32] Planned Parenthood, *What's the ella morning-after pill?*, https://www.plannedparenthood.org/learn/morning-after-pill-emergency-contraception/whats-ella-morning-after-pill.

[33] Diana Greene Foster et al., *Pharmacy Access to Emergency Contraception in California*, 38 Perspect. Sex. Reprod. Health 46 (2006), https://pubmed.ncbi.nlm.nih.gov/16554271/.

While our study focuses on California law and pharmacists operating in the state, education on minors' rights is likely needed in other states across the country in order to improve access to EC.

- **Educate pharmacists and other stakeholders that the FDA has approved OTC levonorgestrel for people of all ages.** In addition to training on the state law, our results indicate a lack of awareness among pharmacists about the FDA's removal of any age restrictions on levonorgestrel EC. In addition to better training, prior research suggests that uniform package labels for all levonorgestrel emergency contraception that clearly state the regulations permitting minors to access the medication without parental consent could increase access.[34]
- **Educate adolescents on emergency contraception and their right to access it.** Young people should receive better education on their legal right to access reproductive health care, including emergency contraception without parental consent. In addition, education to counter misinformation about how emergency contraception works to prevent pregnancy is needed.[35] This information should be made available during school-based sex education and public awareness campaigns.[36] The California Healthy Youth Act (CHYA), which took effect in January 2016, already requires that students receive comprehensive sex and HIV prevention education at least once in middle school and once in high school, and that instruction must include information about the safety and effectiveness of all FDA-approved contraception methods, including emergency contraception.[37] CHYA also requires instruction about students' legal rights to access contraception.[38] However, funding for CHYA implementation is lacking[39] and some school districts have resisted implementation.[40] Funding for and enforcement of CHYA would help increase adolescent knowledge of emergency contraception to support access and uptake. One unique model that may facilitate uptake of reproductive healthcare services, including emergency contraception, is the use of "teen health vans," which are mobile health clinics that park in familiar places near schools or shopping centers to create a welcoming atmosphere where minors can learn more about their rights.[41]

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[34] Wilkinson et al., *supra* n. 23.

[35] *Id.*

[36] *See, e.g.*, Reina Ahern et al., *Knowledge and Awareness of Emergency Contraception in Adolescents*, 23 J. Pediatric. and Adolescent Gynecology 273 (Oct. 2010), https://www.sciencedirect.com/science/article/abs/pii/S1083318810001105 ("Despite being at high risk for unintended pregnancy, adolescents in this population had lower rates of emergency contraceptive awareness in than has been reported in adults.").

[37] Cal. Ed. Code § 51934(a)(9)

[38] Cal. Ed Code § 51934(a)(8).

[39] SIECUS, *California State Profile* (Apr. 12, 2022), https://siecus.org/state_profile/california-state-profile-22/.

[40] *See, e.g.*, David Washburn, *Most Districts Complying with California's Sex Ed Law, but Resistance Remains*, EdSource (Sept. 13, 2018), https://edsource.org/2018/most-districts-complying-with-californias-sex-ed-law-but-resistance-remains/602236.

[41] Seetharaman et al., *supra* n. 17.

- **Stock levonorgestrel emergency contraception on the shelf without any barriers rather than behind a counter or in locked shelves**. Levonorgestrel emergency contraception has been approved by the FDA for OTC sale since 2006; however, many pharmacies restrict access by stocking the medication behind the counter or placing it in locked cases or boxes, practices which customers have identified as obstacles.[42] All pharmacy locations should make levonorgestrel emergency contraception available on the shelf with no barriers—not behind the counter, locked in a box, or in another in a location which requires asking an employee to provide the medication.
- **Increase the number of pharmacists who prescribe levonorgestrel emergency contraception, even though it is available OTC, to allow young people to receive reimbursement.** Cost remains a barrier to emergency contraception access, particularly for young people.[43] One way to reduce the cost is for pharmacists in states where they are authorized to prescribe emergency contraception to do so at the point of sale to allow customers to receive insurance coverage and reimbursement for the cost of the medication. Efforts should be made to increase implementation of these scope of practices laws, including offering training and support for pharmacists to prescribe levonorgestrel EC at point of sale.
- **Increase access to ulipristal acetate emergency contraception**. Our results indicate that levonorgestrel is more commonly available at pharmacies than ulipristal acetate, particularly without an outside provider's prescription. However, ulipristal acetate is a more effective medication for people at higher weights and can be taken longer after unprotected sex. Encouraging and supporting pharmacies in stocking this medication will allow for better access and more effective pregnancy prevention, including for minors.
- **Conduct more research on pharmacy practices regarding minor access to emergency contraception.** Our findings demonstrate that, despite protective laws, minors may continue to face barriers to accessing emergency contraception in California. However, our study results come from a convenience sample of California pharmacies, and further, representative data collection on minor access and barriers is needed, both in California and beyond.

[42] *See* American Soc. for Emergency Contraception, *supra* n. 19.

[43] *Id.*

APPENDIX

STUDY METHODS

Data for this brief were drawn from the California Pharmacist Survey, a cross-sectional, online survey of California pharmacists and pharmacy students conducted from October-December, 2022. The California Pharmacist Survey was developed to understand the attitudes, knowledge, and preferences of pharmacists regarding the provision of sexual and reproductive health services in pharmacies, including contraception and medication abortion. The survey also gathered information about the implementation of policies enabling pharmacist-prescribed hormonal contraception at pharmacies as reported by pharmacist employees. The study was approved by the Office of the Human Research Protection Program Institutional Review Board at UCLA with partner organizations holding reliance agreements.

STUDY POPULATION AND RECRUITMENT

Eligible participants in the California Pharmacist Survey were: 1) ≥ 18 years of age, 2) licensed pharmacists or pharmacy students, 3) currently residing in the state of California, and 4) willing to provide informed consent. Participants were excluded from the survey if they did not meet the inclusion criteria or were identified via security and quality control measures as being a duplicate or bot. A multi-stage recruitment plan included both online and in-person recruitment. In the first phase, participants were recruited through the California Society of Health-System Pharmacists and California Pharmacists Association membership email listservs and newsletters. Information about the study was also distributed through flyers and presentations at two conferences: the annual meetings of the American College of Clinical Pharmacy and the California Society of Health-System Pharmacists. The second phase included participant recruitment through the social media channels (i.e., Facebook, LinkedIn, and Twitter) of partner organizations and a focused recruitment effort to include diverse representation of California pharmacists. The survey was also promoted to professional groups on social media representing Black, Indigenous, and other People of Color pharmacists and pharmacists outside of major metropolitan areas in California (e.g., California's rural Central Valley).

DATA COLLECTION

The self-administered survey was implemented via ***Qualtrics*** online survey software. Survey modules included: demographic information; professional information (years of experience, training, whether currently practicing); pharmacy information; and knowledge, attitudes, and implementation of PrEP, PEP, hormonal contraception, emergency contraception, and medication abortion. Upon completing the survey, participants had the option to enter their email address to receive a $20 Amazon gift card and/or enter weekly ($250) or grand prize ($500) raffles. Only participants verified as valid were eligible for gift cards and raffle prizes.

DATA ANALYSIS

The analytic sample was limited to practicing licensed pharmacists who reported currently or most recently working in a community pharmacy. Descriptive statistics were generated for the full analytic sample and separately by community pharmacy type (independent vs. national or state chain). All analyses were conducted in *R* statistical computing software. Log-binomial regression was used to estimate unadjusted prevalence ratios comparing the prevalence of each outcome among pharmacists who worked in independent versus chain pharmacies. 95% confidence intervals that do not cover one are considered evidence of a statistically significant difference in the prevalence of an outcome between pharmacy types.

Table A.1. Characteristics of practicing licensed community pharmacists and community pharmacies in the California Pharmacist Survey (N=316), 2022

Participant characteristics	N	% (95% CI)
Age		
20-34	98	33.1 (27.0, 39.5)
35-44	104	35.1 (29.1, 41.5)
45+	94	31.8 (25.7, 38.2)
Gender		
Cisgender woman	169	59.7 (54.1, 65.8)
Cisgender man	114	40.3 (34.6, 46.3)
Race and ethnicity		
Asian, non-Hispanic	159	58.5 (52.6, 64.6)
White, non-Hispanic	84	30.9 (25.0, 37.0)
Other race/ethnicity	29	10.7 (4.8, 16.8)
Proficient language(s) for service provision		
English only	171	57.8 (52.0, 63.6)
At least one other language	125	42.2 (36.5, 48.0)
Characteristics of participants' pharmacies	**N**	**% (95% CI)**
Pharmacy type		
Chain	176	55.7 (50.3, 61.6)
Independent	131	41.5 (36.1, 47.4)
Pharmacy region		
Los Angeles County	104	33.3 (27.9, 39.4)
San Francisco Bay Area	60	19.2 (13.8, 25.3)
Orange County	35	11.2 (5.8, 17.3)
Superior California	26	8.3 (2.9, 14.4)
Other region	87	27.9 (22.4, 34.0)

Type of insurance held by majority of clients		
Private insurance	102	34.5 (28.7, 40.7)
Medi-Cal/Medicaid	144	48.6 (42.9, 54.9)
Medicare	43	14.5 (8.8, 20.8)
Uninsured or other insurance	7	2.4 (0.0, 8.6)

CI: confidence interval. Missing responses (excluded from percentages): age n=20, gender n=33, race and ethnicity n=44, language n=20, pharmacy region n=4, type of insurance n=20

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