A newly published study in JAMA Network Open finds that nearly 70% of licensed practicing community pharmacists in California would be willing to prescribe medication abortion if permitted by law. However, fewer were confident in their knowledge (48%) or ability to do so (40%).

Medication abortion now accounts for nearly two-thirds of all abortions in the U.S. and consists of two medications—mifepristone and misoprostol—taken within days of each other. In 2023, the U.S. Food and Drug Administration began allowing retail pharmacies to apply for certification to dispense mifepristone, a change currently being challenged at the Supreme Court. After the U.S. Supreme Court’s decision in Dobbs v. Jackson Women’s Health, chain pharmacies Walgreens and CVS announced they would begin dispensing abortion pills, but the practice is not yet widespread. Expanding scope of practice to allow pharmacists to directly prescribe medication abortion would further increase access to abortion services.

Researchers analyzed survey data collected online from 316 California-licensed practicing community pharmacists to examine their attitudes, knowledge, and confidence in prescribing medication abortion and hormonal birth control. They also explored pharmacy-level barriers to prescribing hormonal birth control, which California has allowed since 2016.

“Our findings suggest that pharmacies could be an effective channel for expanding access to medication abortion in California,” said lead author Cathren Cohen, staff attorney at the Center on Reproductive Health, Law, and Policy at UCLA School of Law. “It is important that future efforts to improve access to reproductive health services engage early adopters of contraceptive prescribing and are developed to meet the needs of underserved communities.”
Pharmacists who agreed that providing access to hormonal contraception was important were four times more likely than those who disagreed to indicate willingness to prescribe medication abortion if the law allowed.

“Pharmacies can play a pivotal role in facilitating access to reproductive health,” said study author Jaclyn Serpico, a fellow at the UCLA School of Law Center on Reproductive Health, Law, and Policy. “Pharmacies are often more easily accessible than medical offices, and many individuals already rely on them for obtaining over-the-counter products and prescriptions, including emergency contraception and condoms.”

Despite high levels (91%) of pharmacist support for pharmacist-prescribed hormonal birth control, slightly less than half (47%) of the community pharmacists surveyed said their pharmacies provided it. The most common barriers pharmacists cited were lack of knowledge or training (44%), insufficient staff or time (39%), and lack of insurance reimbursement for service provision (34%). Liability concerns, difficulty obtaining medical history, and not enough demand were also reported. Chain pharmacies were more likely to provide hormonal birth control than independent pharmacies.

“It is vital that pharmacy-level barriers to reproductive health products and services are addressed and monitored – particularly in relation to the service needs and preferences of the many people in California who don’t intend to get pregnant and aren’t using contraceptives” said co-author Kerith J. Conron, Research Director at the Williams Institute. “There also needs to be support for continued training of pharmacists on reproductive and other health care delivery and to reimburse pharmacies for services beyond the cost of the medication.”

Read the full study

ABOUT THE STUDY

The article, “Willingness of Pharmacists to Prescribe Medication Abortion in California” appears in JAMA Network Open and is co-authored by Cathren Cohen, J.D., Lauren A. Hunter, Ph.D., Raiza M. Beltran, Ph.D., Jaclyn Serpico, J.D., M.P.H., M.A., Laura Packel, Ph.D., Ayako Miyashita Ochoa, J.D., Sandra I. McCoy, Ph.D., and Kerith J. Conron, Sc.D.

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