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Implementation Strategies for Pharmacist-Prescribed Contraception

Today, The Center on Reproductive Health, Law, and Policy (CRHLP) at UCLA School of Law released a new policy brief focused on expanding access to contraception through the increased involvement of pharmacists. The brief, linked <u>here</u>, outlines actionable recommendations to address common barriers to the implementation of existing state laws that allow pharmacists to prescribe hormonal contraception.

Our recommendations are tailored to stakeholders working in the 29 states that have already adopted laws, protocols, or standing orders that permit pharmacists to prescribe hormonal contraception, which may include additional formulations of the pill, as well as the patch, the ring, and the shot. These recommendations may also be useful to those advocating for new laws in additional jurisdictions. As one formulation of oral contraceptive pills is now available over-the-counter, pharmacies are poised to become a critical point of access for millions of people seeking contraceptive care. The brief provides tailored recommendations in six key areas: reimbursement, compliance, workflow, training, liability, and demand.

The policy brief is based on stakeholder feedback gathered through interviews and a multi-day in-person convening funded by Arnold Ventures, with input from pharmacy executives, public and private payers, government officials, researchers, and advocates. This input, combined with the Center's research, informs a strategy for overcoming obstacles to successful implementation of pharmacy-based contraception prescription across states.

To further advance the implementation of pharmacy-based contraception initiatives, CRHLP will host a webinar series in 2025, *Pharmacist-Prescribed Contraception: Framing Challenges, Sharing Successes, Identifying Opportunities on the Horizon.* Each session will explore key aspects of CRHLP's recommendations and feature a diverse range of participants sharing lessons learned and best practices.

The series will feature two sessions:

Part One: Strategies for Increasing Public Awareness of Over-the-Counter and Pharmacist-Prescribed Contraception, moderated by Melissa Goodman, CRHLP Executive Director, featuring Victoria Nichols, MPH Project Director at Free the Pill, Mollie Ashe Scott Pharm D. BCACP, CPP, FASHP, Regional Associate Dean at the University of North Carolina at Chapel Hill's Eshelman School of Pharmacy, Jill Sergison, cofounder of Points True North Consulting and Lawrencia Louise Brown, MA Clinical Pharmacy Teaching Lead for the Masters in Pharmacy at the School of Pharmacy at the University of London.

Part Two: Insurance and Medicaid Coverage, Reimbursement, and Billing for Pharmacist-Prescribed Contraception, moderated by Lindsay Wiley, JD, MPH, professor of law and Faculty Director of the Health Law and Policy Program at UCLA Law, and featuring Andrea Estes, Sexual & Reproductive Health Programs Innovation Manager at Washington State Health Care Authority, Dr. Mark Jansen, Chief Medical Officer at Arkansas Blue Cross Blue Shield, Denise Clayton, RPh, FAPhA, clinical pharmacist manager, commercial pharmacy, Arkansas Blue Cross and Blue Shield, and Ryan Pistoresi, Assistant Chief Pharmacy Officer at Washington State Health Care Authority.

We invite interested participants to join this critical dialogue. To express interest in attending, please fill out <u>this form</u>. Please feel free to share this brief and the webinar information with your colleagues and network.

The full brief, Implementation Strategies for Pharmacist-Prescribed Contraception, can be accessed <u>here</u>.

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About the UCLA Law Center on Reproductive Health, Law, and Policy:

The UCLA Law Center on Reproductive Health, Law, and Policy is a think tank and research center developing long-term, lasting solutions that advance all aspects of reproductive justice and address the current national crisis of abortion access. We are lawyers, policy experts, scholars, and researchers who are working to increase access to abortion and contraception, end racial and economic disparities in maternal health outcomes, support people who decide to build families, and dismantle the gender bias that limits reproductive justice.