



7-17-2023

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Recommended Citation

Garrett, Kennedy (2023) "Pharmacists and Contraceptive Care: Accessibility Over Control," *The Mall*: Vol. 7, Article 9.

Retrieved from: <https://digitalcommons.butler.edu/the-mall/vol7/iss1/9>

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Pharmacists and Contraceptive Care: Accessibility Over Control

Kennedy Garrett

Contraceptive care has become a deeply complex issue largely debated in political, social, and economic contexts. The controversy over contraceptive usage is rooted back to eugenic policies of the mid-twentieth century, in which the line between women's use of birth control as a form of freedom and a woman's coercive use of birth control fixated on population control became blurred. The eugenic movement of this time gave society's interest in reproduction more control than the individual desire of women. Conservative eugenicists of the mid-twentieth century, those who fought for strict reproduction of "fit" white women and limitations on reproduction among minority groups deemed "unfit," would likely be surprised to hear of the advancement of pharmacists' ability to prescribe hormonal birth control currently being granted across the United States in an effort to make contraceptive care more accessible to the public, although this change is being made in the interest of accessibility of a woman's choice rather than population control. In order to understand why this shift is occurring and its place in eugenics, healthcare challenges of the current time must be taken into consideration and the desire for access to contraceptive care must be closely analyzed. As a young woman seeking a career in pharmacy one day, it is also critical to look into what these changes mean for my career path and those that follow me.

To begin, the current scene of healthcare seems much different than that of the mid-twentieth century. The Post-World War Two eugenic ideologies inspired by Hitler's use of eugenics sprouted "a crusade to purify the American population through reproductive cherry-picking on the basis of race," (Holstein 2) namely through coercive use of birth control and involuntary sterilization. However, this crusade was unable to withstand the social reform of the Civil Rights Movement of the 1960s, in which the efforts of Margret Sanger and those alongside her allowed for the introduction of the birth control pill and her Planned Parenthood organization, giving women the opportunity to "impede pregnancy for the first time by their own choice" and striving to

“offer affordable reproductive services to women” (HUSL Library). Since this time, the controversy over birth control access and women’s autonomy has revolved around accessibility. Much uproar has risen because of states imposing laws outlawing abortion or states making access to contraceptive medication more easily available, as seen through pharmacists’ expanding prescribing abilities. The focus on birth control has shifted away from the intense actions of population control to the argument debating when women should have access to the option of choosing the fate of their pregnancy.

Although legislation allowing pharmacists to prescribe contraceptive medications began being passed in 2016, with Oregon and California becoming the first states to pass such legislation (Rodriguez, Maria I et al), much bigger strides have been made in passing this legislation following the COVID-19 pandemic. Access to sexual and reproductive health care was hard to come by during the pandemic, as displayed by data collected in Arizona, Iowa, and Wisconsin between May 2020 and May 2021. According to this study, 57% of Arizona respondents, 38% of Iowa respondents, and 30% of Wisconsin respondents “indicated that they were either unable to access or delayed accessing SRH care or a contraceptive method due to the COVID-19 pandemic,” (Kavanaugh, Megan L et al). In the last few years, pharmacists have been called to action, with now twenty-four states allowing pharmacists to prescribe self-administered hormonal birth control and eleven states with pending legislation (Potential for Pharmacies).

As is common with newly emerging practices, there are some obvious benefits along with some minor kinks that still need to be worked out logistically to get a more cohesive understanding among healthcare workers and patients. Apparent benefits resulting from pharmacists prescribing contraceptive medications are the reduction of logistical barriers, such as “scheduling appointments, taking time off work, travel time, [and] child care” (Jones). Pharmacists’ power to prescribe vital medication in providing women with bodily autonomy has the power to inch a society closer to equal access to care and to overcome the roadblocks too many faces when seeking contraceptive care. Pharmacists are often more accessible than other healthcare providers with their extended hours and convenient locations, making contraceptive care a reality rather than a fantasy for those living in underserved communities or rural

areas (Jones). This new option has also been proven cost-effective, as a measured “51 unintended pregnancies” were prevented following Oregon’s implementation of its pharmacist-prescribed contraceptive protocol, saving the state \$1.6 million (Jones). The savings possible through this new legislation could be allocated to other areas of healthcare calling for more resources and improve the quality of care across all healthcare settings.

On the flip side, typical challenges of the new legislation have caused some adversity when it comes to implementing these practices. Gaps in the system regarding training, payment for pharmacist services by health plans, and workflow have proven it hard for some pharmacies to participate in the practice of contraceptive medication dispensing. However, training and state protocols have begun knocking down these barriers, as seen in a study of a convenience sample of all 350 pharmacists from 118 pharmacies in the Mid-Atlantic Division of Kroger, in which pharmacists felt 18% more comfortable integrating contraceptive prescribing into their services after receiving a 1-hour Accreditation Council for Pharmacy Education (ACPE)-accredited continuing education live lecture session (Lio, Ivy, et al). With such improvement in comfort level displayed after a brief review session, it is clear that pharmacists’ comfort levels with prescribing contraceptive medication will improve over time as training and resources are provided, and it is critical that access to these services is offered consistently across all participating pharmacies. As pharmacists become more acclimated to the proper legalities of this new practice, contraceptive care will be more widely accepted and even expected in a pharmaceutical setting, and these initial roadblocks are not permanent barricades in the process.

This rise in pharmacists’ prescribing abilities, while convoluted at times, has elevated the future career prospects for future pharmacists like me. As explained in a discussion following an analysis of pharmacists’ outlooks on providing contraceptive medications, this “major shift in responsibility and time from dispensing only to prescribing and dispensing” for pharmacists calls for “expected changes to workflow,” meaning that “payment for pharmacist services will be necessary for employers to allow and encourage participation” (Rafie). With this broadening of pharmacists’ scope of practice, compensations in pharmacists’ wages are to be expected, opening the door for retail pharmacists to elevate

themselves closer to a clinical pharmacist's wage. Furthermore, this expansion of pharmacist practice has the potential to allow pharmacists to fully utilize their education. As explained by Dr. Veronica Vernon, assistant professor of pharmacy practice at Butler University and president of the Indiana Pharmacy Association, "Pharmacists are going to be receiving the same training using the same standards that other health care opportunity to implement the entirety of their training in retail practice, and legislation such as that revolving around contraceptive dispensing can open countless doors for pharmacists to fully for pharmacists to continue broadening their scope to better suit their education.

Circling back to eugenic attitudes surrounding birth control, today, the goal of providing contraceptive care to the public in a more accessible way is to prevent unintended pregnancies and reduce strains across healthcare systems, while providing an easy access point for women to receive the reproductive care they desire, which varies greatly in purpose from reasons of the eugenics movement. While early eugenicists of the mid-twentieth century and eugenic proponents of the current time would likely be in support of pharmacists prescribing contraceptive care, their support would likely stem from their desire to selectively produce offspring "fit" for society, which lies extremely far from the true purpose of this legislation, being to provide all women of all backgrounds with autonomy in their reproduction.

Overall, a culmination of current healthcare difficulties, the need for accessibility to contraceptive care, and future career prospects for aspiring pharmacists create the narrative of pharmacists' ability to prescribe contraceptive care contributing to the elevation of convenience in healthcare and abilities of a pharmacist, rather than the narrative that such changes were motivated by eugenic ideologies. Had these advancements been made during the eugenics movement, a horrific story of forced sterilization and selective reproduction could've followed; however, the time that has elapsed since this time period has contributed to the shifting in perspectives when it comes to contraceptive care. While there is still much controversy regarding how much autonomy a woman should have, if any, in her reproduction, this discussion has shifted away from intense eugenic outlooks to questions of morality. The next time you find yourself in a pharmacy, whether supportive or opposing to pharmacists' expansion of care, consider how far the

conversation of birth control has shifted since the mid-twentieth century and how this new opportunity of pharmacists is telling of healthcare possibilities following a change in conversation.

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