Emergency Contraception -

Collaborative Practice

Greater use of emergency contraception would reduce the number of unintended pregnancies and abortions. Collaborative drug therapy—the practice of dispensing drugs directly from pharmacists—is a viable approach for states to increase access to emergency contraception.

★ 2004 POLICY SUMMARY ★

Emergency Contraception - Collaborative Practice

Summary

- **Emergency contraception has been available for more than 25 years—it is safe and effective.**
- **Emergency contraception does not induce abortion.**
- **Despite its effectiveness, a large percentage of women do not know that emergency contraception is available.**
- **Greater use of emergency contraception would reduce the number of unintended pregnancies and abortions.**
- **Even when women are aware of emergency contraception, it can be difficult to obtain in a timely manner because the pills require a prescription.**
- **Collaborative drug therapy—the practice of dispensing drugs directly from pharmacists—is a viable approach to increasing access to emergency contraception.**
- **The public and pharmacists both support increased access to emergency contraception through collaborative practice.**
- **Currently Alaska, California, Hawaii, New Mexico, and Washington allow pharmacists to dispense emergency contraceptives without a prescription.**

Emergency contraception has been available for more than 25 years—it is safe and effective.

Emergency contraception has been available for more than 25 years, and has been proven safe—so safe that emergency contraceptives are available without a prescription in many industrialized nations. Two types of emergency contraception options exist: special doses of regular birth control pills, commonly known as "morning after pills," and use of a copper-T intrauterine device (IUD). If taken within 120 hours after intercourse, the commonly used emergency contraceptive pills substantially reduce the risk of pregnancy. Copper-bearing IUDs have an even higher success rate.

Emergency contraception does not induce abortion.

Emergency contraception inhibits ovulation, fertilization or implantation before a pregnancy occurs. Mifeprex, commonly called RU-486 or the "abortion pill," is not an emergency contraceptive.

Despite its effectiveness, a large percentage of women do not know that emergency contraception is available.

In a recent nationwide survey, fully one-third of women aged 18-44 said they did not know there is something a woman can do to prevent pregnancy after unprotected sex.[1] And because many women confuse it with Mifeprex, it is likely that substantially more than one-third do not know enough about emergency contraception to request it.[2] Further, women who may need emergency contraception the most know the least. A survey in New York City found that 95 percent of inner-city youth aged 14-18 had never heard of emergency contraception.[3]

Greater use of emergency contraception would reduce the number of unintended pregnancies and abortions.

Increased use of emergency contraception could reduce the number of unintended pregnancies by half, thereby greatly reducing recourse to abortion.[4]

Most medical professionals and facilities underutilize or misuse emergency contraception.

While nearly all OB/GYN doctors believe emergency contraception is safe and effective, only 31 percent prescribe emergency contraception more than five times per year. Only 20 percent of OB/GYNs discuss emergency contraception with their patients most or all of the time as part of routine contraceptive counseling.[5] One survey found that 37 percent of New York City pharmacists knew nothing or provided only incorrect information about emergency contraception.[6]

Even when women are aware of emergency contraception, it can be difficult to obtain in a timely manner because the pills require a prescription.

Because emergency contraceptive pills are more effective within 120 hours of unprotected sex—and most effective within the first 12 hours—barriers to obtaining a prescription pose a serious threat to women's reproductive health. Currently, women have difficulty obtaining emergency contraceptives in a timely manner because they must first make an appointment with a physician to get a prescription. Women in rural areas may have to travel great distances to reach the nearest doctor or clinic, making a prescription within 120 hours of unprotected sex difficult to obtain.

Collaborative drug therapy—the practice of dispensing drugs directly from pharmacists—is a viable approach to increasing access to emergency contraception.

Collaborative drug therapy authorizes pharmacists to dispense specified prescription drugs without requiring patients to consult a doctor. In 1999, the state of Washington completed a successful two-year pilot project that tested collaborative practice for emergency contraception, providing pills to nearly 12,000 women.

The public and pharmacists both support increased access to emergency contraception through collaborative practice.

A January 2000 Peter Hart Research poll in New Jersey and Oregon found strong support for access to emergency contraception: 62 percent of voters in New Jersey, and 64 percent in Oregon. Additionally, pharmacists in these states support adding emergency contraceptives to the list of drugs prescribed under collaborative drug therapy programs: 56 percent in New Jersey, and 67 percent in Oregon.

Currently Alaska, California, Hawaii, New Mexico, and Washington allow pharmacists to dispense emergency contraceptives without a prescription.

In 2003, New Mexico issued a regulation and Hawaii enacted a law allowing pharmacists to dispense emergency contraception without a doctor's prescription.

This policy summary relies in large part on information from NARAL Pro-Choice America.

Endnotes

[1] Kaiser Family Foundation and SELF Magazine, "A National Survey of Women about Their Sexual Health," 2003.

[2] See e.g., Kaiser Family Foundation and Lifetime Television, "Vital Signs Index No. 2: Emergency Contraception," 2000.

[3] "Adolescents Unaware of Emergency Contraception, According to Survey," Kaiser Daily Reproductive Health Report, November 19, 2003.

[4] Cynthia Dailard, "Increased Awareness Needed to Reach Full Potential of Emergency Contraception," *The Guttmacher Report on Public Policy*, Vol. 4, No. 3, June 2001.

[5] Kaiser Family Foundation, "Women's Health Care Providers' Experiences with Emergency Contraception," Survey Snapshot, November 2000.

[6] Tammy Draut, "Emergency Contraception: Do Pharmacists Know About This Important Method to Prevent Pregnancy?," Planned Parenthood of New York City, 1999.

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Emergency Contraception - Collaborative Practice

Collaborative Practice for Emergency Contraception Act

Summary: The Collaborative Practice for Emergency Contraception Act would authorize pharmacists to initiate emergency contraception drug therapy in accordance with standardized protocols developed by the pharmacist and an authorized prescriber acting within his or her scope of practice.

SECTION 1. SHORT TITLE

This Act shall be called the "Collaborative Practice for Emergency Contraception Act."

SECTION 2. COLLABORATIVE PRACTICE

After section XXX, the following new section XXX shall be inserted:

COLLABORATIVE PRACTICE FOR EMERGENCY CONTRACEPTION

1. Notwithstanding any other provision of law, a pharmacist may initiate emergency contraception drug therapy in accordance with standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within his or her scope of practice.

2. Prior to performing any procedure authorized under this section, a pharmacist shall successfully complete emergency contraception drug therapy education and training in accordance with continuing education requirements established by the [State Board of Pharmacy]. A pharmacist who has had sufficiently recent education and training in emergency contraception may be exempted from this requirement.

3. For each emergency contraception drug therapy initiated pursuant to this section, the pharmacist shall provide each recipient of the emergency contraceptive drugs with a standardized fact sheet that includes: the indications for the use of the drug, the appropriate method for using the drug, information on the importance of follow-up health care, and healthcare referral information. The [Secretary of Health] shall develop this fact sheet in consultation with the American College of Obstetricians and Gynecologists and other relevant healthcare organizations. The provisions of this section do not preclude the use of existing publications developed by nationally recognized medical organizations.

4. Nothing in this section shall affect the requirements of existing law relating to maintaining the confidentiality of medical records.

SECTION 3. EFFECTIVE DATE

This Act shall take effect on July 1, 2004.

This model is based on legislation developed by NARAL Pro-Choice America.