

# Leveraging Pharmacists to Expand Vital Access to Contraception for Teens

[Adolescent Health & Well-Being](#)

## Date Posted:

Oct 12, 2018

Image



*Editor's note: The [United Nations sustainable development goals](#) identify access to sexual and reproductive health services as a priority under the health and well-being goal. As we just celebrated the [International Day of the Girl](#) on October 11, this post explains one way to eliminate a barrier to contraceptive access by allowing pharmacists to prescribe birth control.*

One of the key indicators of an adolescent's health and well-being is their access to sexual and reproductive health services. This is largely because adolescent pregnancy is associated with negative outcomes such as lower educational and economic achievement throughout a mother's lifetime and higher likelihood of her reliance on social services. Unintended pregnancies disproportionately affect [young women under the age of 24](#), and as many as [90 percent](#) of pregnancies in adolescents ages 15-17 are unintended. One well-established way to address [unintended pregnancies](#) is through greater access to [birth control](#).

Since 2013, nine states (Table 1) have passed legislation allowing pharmacists to prescribe certain types of birth control without an initial visit with a health care provider. While some may be concerned about taking the birth control conversation out of the context of a provider visit, research has suggested that women are able to choose which method is best for them and assess their risks just as well, if not better, for themselves through a [medical self-screener questionnaire—without direct guidance from a physician](#). In addition to being safe and effective, researchers estimated that pharmacist-prescribed birth control could prevent up to half of all unintended pregnancies each year, which would equate to approximately [\\$250 billion](#) in public savings annually.

## What does this mean for adolescent girls?

Considering [many teens](#) don't regularly visit a primary care provider, and the burden of unintended pregnancy is greatest in the adolescent population, the ability for them to receive contraception through a pharmacist could remove a significant barrier to accessing quality reproductive health services. Of the nine states with laws, at

this time, four states clearly exclude adolescents from pharmacist-prescribed birth control, with one state, New Hampshire, yet to implement the law and finalize its regulations. These four states' laws either do not apply to adolescents or place more restrictions on adolescents seeking contraceptives, even though there is clear evidence that there is [no added risk for adolescents](#) to receive birth control from a pharmacist rather than their provider.

Pharmacist-prescribed contraceptives could be a big step forward in eliminating barriers to contraceptive access. However, policymakers must craft and implement these policies in a way that meets the needs of all young women, including—perhaps especially—adolescents given the higher proportion of adolescents with unintended pregnancies and the lifetime impacts that can result. We as public health professionals, policymakers and clinical providers, need to ensure that well-meaning policies intended to increase contraceptive access are inclusive of young women of all ages and enable adolescents to safely receive the reproductive health care that meets their needs.

Table 1: Review of State Policies Allowing Pharmacist-Prescribed Birth Control

<b>State</b>	<b>Year</b>	<b>Exclude women &lt;18 years</b>	<b>Contraceptives covered</b>
<a href="#">California</a>	2013	No	The pill, the patch, Depo Provera injection, the vaginal ring
<a href="#">Colorado</a>	2016	Yes	Oral contraceptives and the patch
<a href="#">Hawaii</a>	2017	Yes	The pill, the patch, Depo Provera injection, the vaginal ring
<a href="#">Maryland</a>	2017	No	all FDA approved contraceptive medications and self-administered contraceptive devices
<a href="#">New Mexico</a>	2017	No	The pill, the patch, Depo Provera injection, the vaginal ring
<a href="#">Oregon</a>	2015	No, but minor needs evidence of previous prescription from clinician	The pill and the patch

<a href="#">Tennessee</a>	2016	Yes	The pill and the patch
<a href="#">Washington</a>	2016	Yes	The pill and the patch
<a href="#">New Hampshire</a>	2018	TBD	The patch, the pills, the vaginal ring

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