

Improving Access to Emergency Contraception at California Pharmacies

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In a post-*Roe* United States, access to timely and affordable preventive reproductive health care—such as contraception and emergency contraception—is more critical than ever. Pharmacies are a crucial site of opportunity for expanding access: for many Californians, getting to a pharmacy is easier and more convenient than making a doctor’s appointment. Pharmacies are often closer to home, have more work-friendly hours, and relieve the cost and burden of scheduling medical appointments and any discomfort associated with medical offices. Increased demand on physicians and other advanced practice providers paired with workforce burnout and shortages can lead to long wait times and overburdened healthcare providers. In this environment, pharmacies have great potential for expanding access to needed medications.

California is one of 27 states plus D.C. that permit pharmacists to prescribe certain contraceptive methods directly to patients (the permitted methods vary in some states, but generally include contraceptive pills, the patch, vaginal ring, and shot). California pharmacists are also permitted to write prescriptions for emergency contraception (EC)—even though the most common form of EC has been available over the counter at pharmacies for over a decade, obtaining a prescription allows a patient to use insurance to cover the cost of the medication.

However, the potential of pharmacists prescribing reproductive health medications has been underutilized, both in California and nationally. In May 2023, the Center on Reproductive Health, Law, and Policy released a [report on pharmacist prescribing of contraception in California](#), finding that slightly less than half (46%) of surveyed pharmacists worked in community pharmacies offering pharmacist prescribing of contraception. The same study also identified points of improvement for access to EC.

In the past month, CRHLP released two new issue briefs which emphasize the urgent need for action to ensure equitable access to effective emergency contraception in pharmacies, particularly in the face of increasing restrictions on abortion rights.

Both recent briefs draw on data from a 2022 survey of California pharmacists to identify areas where access to EC in pharmacies—a crucial resource for preventing unintended pregnancies—can be improved. Both policy briefs found that barriers to access to EC remain.

Our first brief, titled [Barriers to Minor Access to Emergency Contraception in California Pharmacies](#), found that, although California state law gives minors the right to consent to treatment to prevent pregnancy, including EC, young people in the state are still wrongly denied access because of their age. Among community pharmacists who reported that their pharmacy provided levonorgestrel EC (i.e., Plan B) without an outside provider’s prescription, one in four reported that their pharmacy either (wrongly) required parental consent for purchase by a minor (13%) or did not provide EC to minors regardless of parental consent (12%). Further, one-third

(32.6%) believed that emergency contraception should only be available to minors with parental consent.

Being able to access all forms of contraception, including emergency contraception, is a core tenet of reproductive justice. ella® EC (ulipristal acetate) is more effective than Plan B, including increased efficacy for a longer period of time after unprotected sex, and for people at higher weights. However, our second policy brief, titled [Access to ella® Emergency Contraception at California Pharmacies](#), found that community pharmacists in California offer ella much less frequently than Plan B (21% vs 79%). The study also found that one in four Californians assigned female at birth weighs between 155-187 lbs., the weight range in which ella is more effective than Plan B.

The results of our two briefs indicate a need for more training and awareness of the potential role of pharmacies in increasing access to reproductive care, and also better patient and pharmacist education on rights under state law.

For pharmacists and pharmacy operators, more education on their ability to prescribe reproductive health medications, as well as the rights of all in California, including minors, to access them. Increasing the number of pharmacists who are trained to prescribe contraception will also increase access to ella by allowing prescribing at the point of sale. In addition, we need to increase the education of individuals, including young people, so that these services are available and that they have a right to access them. California's Healthy Youth Act already provides that schools must educate middle and high school students on EC and their right to access it and should be comprehensively implemented. Increasing knowledge of these services will also increase demand for pharmacies to provide them.

Further, more reproductive health medications can safely and efficaciously be made available over-the-counter and should be, following the example of levonorgestrel EC and recently the first brand of hormonal contraception.

Given that pharmacies can play a vital role in expanding access to reproductive healthcare, CRHLP is committed to continuing our work to maximize their potential to help make reproductive healthcare more readily available to all.