



April 7, 2023

[submitted electronically via: BerginS@dca.njoag.gov]

Susan Bergin
Assistant Deputy Director, Policy and Strategic Planning
New Jersey Division of Consumer Affairs
124 Halsey Street
Newark, New Jersey 07102

Re: New Jersey Legislation Removing Prescription Requirement for Self-Administered Hormonal Contraceptives

Dear Assistant Deputy Director Bergin:

The American Pharmacists Association (APhA) would like to thank Governor Phil Murphy, the New Jersey Board of Pharmacy, and the State Board Medical Examiners for their work to implement P.L. 2023, c. 2. This legislation will increase New Jerseyans' access to hormonal contraceptives by allowing pharmacists to furnish these medications through a standing order. We appreciate the opportunity to submit comments on the New Jersey Board of Pharmacy's and the State Board of Medical Examiners' development of standardized procedures and protocols to allow pharmacists to furnish hormonal contraceptives.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In New Jersey, with 9,060 licensed pharmacists and 10,960 pharmacy technicians, APhA represents the pharmacists, student pharmacists, and pharmacy technicians that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

As the New Jersey Board of Pharmacy and State Board of Medical Examiners begins this implementation process, APhA recommends the following when drafting the standardized procedures and protocols and standing order for hormonal contraceptives:

Minimal barriers to patient access to hormonal contraceptives

To optimize access to hormonal contraceptives, we recommend minimal barriers and administrative burden be placed on pharmacists within standardized procedures and protocols and the standing order for hormonal contraceptives, including the following considerations:

Contraceptive method

We recommend that the standing order allow pharmacists to furnish all self-administered hormonal contraceptives, including, but not limited to, oral contraceptives, transdermal patches, and vaginal rings. We additionally encourage New Jersey to join with the eight states¹ that allow pharmacists to furnish and administer contraceptive injections.

Referral

Nearly 90% of Americans live within five miles of a pharmacy,² and pharmacies are often open nights and weekends when other care settings are closed. Pharmacists are frequently referred to as the most accessible healthcare professional, as many patients can ask for advice and counseling regarding their health and medications without the requirement of an appointment. Given this high level of accessibility, we recommend that prerequisite barriers to patients receiving hormonal contraceptives furnished by a pharmacist not be included in standardized procedures and protocols and the standing order for hormonal contraceptives. For example, we recommend that a referral from a patient's primary care provider to the pharmacist not be included in standardized procedures and protocols and the standing order for hormonal contraceptives as this will create barriers and inefficiencies in access to hormonal contraceptives, which is misaligned with the intent of the legislation.

Place of service

Pharmacists practice in a variety of settings across the healthcare system, including, but not limited to, community pharmacies, physician offices, clinics, federally qualified health centers, rural health clinics, and health-systems. Due to the various settings, pharmacists may practice in, we recommend there not be any restrictions placed on the place of service a pharmacist practices within to furnish hormonal contraceptives. We feel this will optimize access to hormonal contraceptives furnished by pharmacists across the healthcare settings they practice in.

Utilization of high-quality training program

N.J.S.A. 45:14-67.9 sets the requirement that pharmacists "complete a training program jointly approved by the Board of Pharmacy and the State Board of Medical Examiners" prior to furnishing self-administered hormonal contraceptives to their patients. APhA offers an online interactive training program that will prepare pharmacists to discuss the hormonal contraceptive options available to furnish in accordance with New Jersey state laws. This program is accredited by the Accreditation Council for Pharmacy Education (ACPE) and provides pharmacists with a *Certificate of Completion* upon successful completion of all four module activities. We recommend that APhA's *Increasing Access To Hormonal Contraceptive Products* training program be included in New Jersey Board of Pharmacy and the State Board Medical Examiners standardized procedures and protocols as a required or recommended option to complete training program requirements.

¹ Rafie S, Landau S. Opening New Doors to Birth Control: State Efforts to Expand Access to Contraception in Community Pharmacies. Birth Control Pharmacist, 2021. Available at <https://birthcontrolpharmacist.com/policies>.

² Berenbrok LA, Tang S, Hernandez I. Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis. *Journal of the American Pharmacists Association*. 2022;62(6):P1816-1822. DOI:<https://doi.org/10.1016/j.japh.2022.07.003>.

We do not recommend any additional training requirement or licensure beyond having an active New Jersey pharmacist license.

Coverage of pharmacists' patient care services

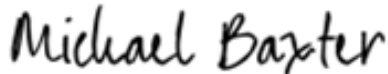
In order to optimize the implementation of pharmacist-furnished hormonal contraceptives, coverage of pharmacists' services under the medical benefit of health plans is needed. APhA encourages coverage of these services by Medicaid and commercial insurers to establish practice models that incentivize pharmacist participation in furnishing hormonal contraceptives to increase patients' access to these needed medications. Allowing for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist.

Within New Jersey's Medicaid program, a state plan amendment should be submitted to the U.S. Department of Health and Human Services to add pharmacists as "Other Licensed Practitioners," to allow reimbursement of the necessary services required to furnish hormonal contraceptives. Other states that have allowed pharmacists to furnish hormonal contraceptives have taken this step. For example, Nevada³ and Colorado⁴ recently implemented programs allowing pharmacists to bill their state Medicaid programs for clinical services, including hormonal contraceptive services.

While we recognize that coverage of pharmacists' services within the state's Medicaid program is outside the scope of the New Jersey Board of Pharmacy and the State Board Medical Examiners, it is necessary context that these agencies should be aware of and encourage the New Jersey Department of Human Services to implement these recommendations. We are concerned that the current implementation of this program, without coverage of pharmacists' patient care services, will significantly limit the participation of pharmacists and serve as a barrier to patients' access to hormonal contraceptives.

Thank you again to Governor Murphy, the New Jersey Board of Pharmacy and the State Board of Medical Examiners for their work to prioritize patients' access to health care services and medications. We urge the Boards and Department of Human Services to accept the recommendations above to ensure the law increases access to hormonal contraceptives. We would be happy to meet with you to discuss our recommendations and encourage your team to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs, by email at mmurphy@aphanet.org to organize a meeting with us.

Sincerely,



Michael Baxter
Acting Head of Government Affairs
American Pharmacists Association

cc: The Honorable Governor Phil Murphy

³ Pharmacist Provider Type 91 Billing Guide. Nevada Division of Health Care Financing and Policy. Available at https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT91.pdf

⁴ Pharmacist Services Billing Manual. Colorado Department of Health Care Policy & Financing. Available at <https://hcpf.colorado.gov/pharm-serv#otherCovPharm:-:text=Back%20to%20Top-,Other%20Covered%20Pharmacist%20Services,-Effective%20January%2014>

Jennifer Langer Jacobs, Assistant Commissioner of New Jersey Division of Medical Assistance
and Health Services

Elise Barry, Chief Executive Officer, New Jersey Pharmacists Association