



August 1, 2023

[submitted electronically to jennifer.l.klein@who.eop.gov]

Jennifer Klein, JD
Assistant to the President
Director of the White House Gender Policy Council
1600 Pennsylvania Avenue NW
Washington, DC 20500

RE: How Pharmacists Can Support President Biden's Executive Order on Strengthening Access to Contraception

Dear Director Klein:

The American Pharmacists Association (APhA) appreciates the work championed by President Biden and the Gender Policy Council (GPC) to maintain access to comprehensive reproductive health care services. This letter serves to highlight the integral role pharmacists across the country can play in implementing the President's recent Executive Order¹ and strengthening access to contraception. As one of the most accessible and trusted health care providers in their communities,² pharmacists have a significant role to contribute to initiating and maintaining access to contraception. Nearly 90% of the U.S. population lives within five miles of a community pharmacy and this high level of accessibility allows pharmacists to serve in a unique role as another access point for patients. Programs allowing pharmacists to furnish hormonal contraceptives have expanded in the past ten years, a trend fueled by a shortage of primary care providers across the country. However, barriers exist that could hinder further expansion of these programs, which represent target areas to address through the implementation of this Executive Order.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including but not limited to 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.

Pharmacists make up the third largest health care profession and have the second most training behind physicians, graduating with a Doctor of Pharmacy (PharmD) degree. Some pharmacists pursue additional training through one to two-year postgraduate pharmacy residency programs.

¹ Executive Order on Strengthening Access to Affordable, High-Quality Contraception and Family Planning Services. June 23, 2023. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/06/23/executive-order-on-strengthening-access-to-affordable-high-quality-contraception-and-family-planning-services/>

² Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I, Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, Journal of the American Pharmacists Association (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

With extensive training in the properties and appropriate use of medications, their application to acute and chronic disease management, and prevention and wellness services, pharmacists provide a variety of primary health care services, in coordination and collaboration with others in their communities. These services include: chronic condition management where medications are a treatment modality; medication management services – optimizing medication regimens and addressing medication safety issues; coordinating medications during care transitions; providing patient education; delivering prevention and wellness services, including vaccinations and health screenings; conducting point-of-care testing; and treating minor illnesses, where authorized.

Overview of programs allowing pharmacists to furnish hormonal contraceptives

In 29 states and the District of Columbia, pharmacists can furnish hormonal contraceptives without a prescription.³ Pharmacist prescribing of contraceptives has clear, documented benefits to patients and the entire health care system by reducing logistical burdens and health care costs.⁴ For example, two years after Oregon implemented its pharmacist-prescribed contraception protocol, 51 unintended pregnancies were prevented, and the state saved \$1.6 million.⁵

Pharmacists' scope of practice to furnish hormonal contraceptives

Pharmacists' scope of practice has grown substantially across the country over the last 25 years, unlocking an array of new opportunities for pharmacists to provide added services and value to patients while working as an equal member of an interprofessional and collaborative healthcare team. Pharmacists' foundational scope of practice traditionally has been limited to making medication therapy recommendations that require prescriber approval to make medication changes. Through expanded state authorities, pharmacists can use their medication expertise to autonomously prescribe medications through various mechanisms.

Pharmacists' prescriptive authority is variable from state-to-state and falls on a spectrum of how independently they may prescribe. This is often completed through collaborative arrangements with physicians, nurse practitioners, physician assistants, or other prescribing practitioners. In recent years, there has been an expansion in pharmacists' ability to provide services in response to public health needs and disease states (examples include hormonal contraceptives, HIV PrEP/PEP, tobacco cessation, and naloxone). Many of these services are provided by pharmacists under statewide protocols or standing orders.

While 29 states and the District of Columbia have expanded access to pharmacist-provided hormonal contraceptives, there is a need for the 21 remaining states to take comparable action to be more consistent and increase access to hormonal contraceptives across the country.

Payment for pharmacists' services associated with the furnishing of hormonal contraceptives

As stated in the National Academies of Sciences, Engineering, and Medicine (NASEM) report, "The greatest challenge to integrating the role of the pharmacist in primary care relates to

³ Pandey M, Selvey R. Where you can get birth control from a pharmacist without a prescription. July 11, 2023. <https://www.nbcnews.com/health/health-news/get-birth-control-from-pharmacists-states-map-rcna93146>

⁴ Jones K. Advancing Contraception Access in States Through Expanded Pharmacist Prescribing. *Center for American Progress*. January 31, 2023. <https://www.americanprogress.org/article/advancing-contraception-access-in-states-through-expanded-pharmacist-prescribing/>

⁵ Rodriguez MI, Hersh A, et al. Association of Pharmacist Prescription of Hormonal Contraception With Unintended Pregnancies and Medicaid Costs. *Obstet Gynecol*. 2019 Jun;133(6):1238-1246. doi: 10.1097/AOG.0000000000003265.

financing barriers...”⁶ Pharmacists and their services are not currently recognized in Medicare Part B, and coverage is variable in state Medicaid and private sector plans indicating inequitable access to coverage of pharmacist-provided patient care services. Lack of payment to cover the pharmacist’s time to deliver professional services is a significant barrier that must be addressed to fully utilize pharmacists as medication experts. Another barrier related to sustainable models for pharmacists’ services is under value-based payment models. While APhA supports these models, many are still dependent on fee-for-service (FFS) payment as a component, and the lack of FFS payment for pharmacists further complicates their involvement. In addition, pharmacists’ documentation of patient care data is often not accepted or attributed in quality metric calculations, preventing their contributions to care from being fully recognized in these models.

In Congress, bipartisan legislation, H.R. 1770 / S. 2477, the Equitable Community Access to Pharmacists Services (ECAPS) Act, has been introduced that would amend title XVIII of the Social Security Act to provide coverage of certain services by pharmacists under Medicare Part B.^{7,8} Additionally, there are numerous efforts at the state level to add pharmacists as “Other Licensed Practitioners,” allowing reimbursement of their services under the medical benefit through the submission of a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) by state medical assistance programs.

Other barriers to implementation

Pharmacist workplace conditions: As early as the 1980s^{9,10}, articles were published describing pharmacist and pharmacy personnel working conditions and burnout. The practice of pharmacy has evolved since those initial articles were published, but workforce issues continue to permeate pharmacy practice settings. Pharmacists are highly trained medication experts providing accessible¹¹ direct patient care and medication distribution nationwide in all geographical areas to under-/uninsured,¹² commercially insured, and Medicaid/Medicare eligible patients. Pharmacists and pharmacy personnel clearly demonstrated their essential role in our communities throughout the COVID-19 pandemic by administering 300+ million COVID-19 vaccines, conducting 42+ million COVID-19 tests, and contributing to billions of dollars in savings.^{13,14} To address pharmacist workplace conditions, and, in order to leverage pharmacists to their full potential as a part of an interprofessional and collaborative health care team, there is a need to align their scope of practice with their education and training and cover pharmacists’ services under the medical services side of Medicare Part B, and the medical benefit of state Medicaid programs and commercial health plans.

Health information technology access: Another barrier for some pharmacists, especially those in community pharmacies, is electronic health record (EHR) access and the ability to send and receive clinical information needed for providing patient care. A salient example was the Food and Drug Administration’s (FDA) authorization of pharmacists to prescribe the COVID-19

⁶ National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

⁷ <https://www.congress.gov/bills/118/congress/house/bills/1770/text>

⁸ <https://www.congress.gov/bills/118/congress/senate/bills/2477/text>

⁹ [https://doi.org/10.1016/S0160-3450\(16\)32767-2](https://doi.org/10.1016/S0160-3450(16)32767-2)

¹⁰ [https://doi.org/10.1016/S0160-3450\(16\)31647-6](https://doi.org/10.1016/S0160-3450(16)31647-6)

¹¹ <https://pharmacist.com/Advocacy/Issues/Inequity-to-COVID-19-Test-to-Treat-Access-Pharmacists-can-help-if-permitted>

¹² <https://www.pharmacist.com/Publications/Pharmacy-Today/Article/serving-underserved-populations>

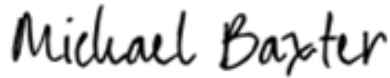
¹³ <https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19/Infographic>

¹⁴ <https://pharmacist.com/Practice/COVID-19/The-Essential-Role-of-Pharmacy-in-Response-to-COVID-19>

antiviral, Paxlovid, under certain conditions, during the COVID-19 public health emergency.¹⁵ Pharmacists had to have access to lab values to review a patient's renal status before prescribing Paxlovid. Having EHR access to this necessary information, as required under information blocking regulations, would have greatly streamlined service delivery and helped to provide timely access to this medication for eligible patients. Similarly, pharmacists' access to EHR information could facilitate more efficient delivery of hormonal contraceptives to patients in community pharmacy settings.

Please consider integrating pharmacists into President Biden's Executive Order implementation plan. **APhA requests the opportunity to meet with you to further discuss the pharmacist's role in strengthening access to contraception. Please contact Michael Baxter, APhA Acting Head of Government Affairs at mbaxter@aphanet.org to schedule a meeting with us.**

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The script is cursive and fluid.

Michael Baxter
Acting Head of Government Affairs
American Pharmacists Association

¹⁵ Food and Drug Administration. Fact Sheet for Healthcare Providers: Emergency Use Authorization for Paxlovid. Available at: <https://www.fda.gov/media/155050/download>.