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American Academy of Pediatrics

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Maryland Chapter



TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Shelly Hettleman

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 10, 2017

RE: **OPPOSE** – House Bill 613 – *Pharmacists – Contraceptives – Prescribing and Dispensing*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **opposition** for House Bill 613.

House Bill 613 expands the scope of practice for pharmacists to allow them to prescribe and dispense contraceptives. While access to contraceptives is supported by, and a priority of both Medchi and MDAAP, authorizing pharmacists to prescribe and dispense contraceptives will not meaningfully increase access and may have significant unintended consequences that negatively impact those who need access of contraception. These unintended consequences are particularly compelling given the lack of evidence showing that there are barriers to accessing contraceptives in Maryland.

First and foremost, are concerns about patient safety and health implications. Contraceptive medications and devices are prescriptive medications, not available “over-the-counter”. While there is discussion at the federal level to transition some contraceptive medications to “over-the-counter,” that transition has not yet occurred, in large part because there remain contraindications for prescribing contraceptives based on health factors. The recognition of potential health risk factors is evidenced in this legislation which requires a patient to complete a “self-screening” risk assessment prior to a pharmacist prescribing contraceptives. A pharmacist does not have the education and training necessary to critically evaluate the patient’s health risks to determine whether it is appropriate to prescribe contraceptives. Failure to identify health status contraindications places these women at risk for other health complications with no assurance that there will be any follow up with a licensed health care provider.

There is also concern that providing access to contraceptives through a pharmacy further fragments the provision of health care services and decreases the likelihood that women, adolescents, and young women, in particular, will not receive other important health care services that are often associated with the provision of contraceptive services. For example, a visit to a health care provider for contraception may also provide the provider the opportunity to discuss safe sexual practices, educate a patient on sexually transmitted diseases, screen for sexually transmitted disease, or perform other “well-

woman” services like annual exams, pap smears, etc. Direct access through a pharmacy inadvertently results in a missed opportunity for more comprehensive services.

There are also concerns about the cost implications to women who access contraceptives through a pharmacy. While the bill requires insurers to cover services in the same manner covered for other providers, there is no “billing” code for the assessment related services required of the pharmacist. In the two states where this law has been passed, very few pharmacies have chosen to participate based on the costs associated with developing the ability to provide the health assessment services, etc., without a mechanism for reimbursement. Furthermore, for those without insurance, the pharmacies that do participate often charge a fee for the assessment in addition to the cost of the contraceptive. It is not clear how access will increase if few pharmacies offer the service and there are added costs to those seeking contraceptives.

Maryland has historically been a leader in broadening access to women’s health care services including contraception. Last year, Maryland passed the Contraceptive Equity Act, which has become a national model for addressing increased access to contraceptives. Enactment of this legislation ensures that Marylanders have access to the contraception method that works best for them. The legislation also significantly expanded the number of contraception options without copayments; eliminated prior authorization requirements; required health insurers to cover up to 6-months of contraception; increased coverage of vasectomies; required coverage of over-the-counter contraceptive medications approved by the FDA; ensured consumers have access to clear cost-sharing information on formularies; and ensured that women can go off-formulary for contraceptives that work best for them. The Maryland Insurance Administration is currently working with stakeholders to develop the regulations and guidance necessary for proper implementation. It is unclear whether passage of this legislation will complicate the implementation of last year’s legislation which is a far more effective tool for ensuring expanded access than granting pharmacists the prescribing authority.

For the reasons stated above, an unfavorable report is requested.

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