

The Other Side of Pharmacy Refusal: Pharmacy Access

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You've heard the stories. A woman fearing she might be pregnant goes to a local pharmacy to fill a prescription for emergency contraception. She understands that if she takes it within 72 hours, she could avoid an unintended pregnancy. When she presents her EC prescription, she's stunned and confused by the pharmacist's reaction. The pharmacist tells her emphatically and unequivocally, "I don't believe in this medication, and I won't fill the prescription."

Although there are no hard numbers about the extent of the problem, women with valid prescriptions for EC are being turned away at pharmacies – mostly in red states and rural communities where anti-choice conservatism runs amuck, but sometimes in major urban cities like Chicago.

In some cases, advocates have confronted the objecting pharmacy and pharmacist head on – staging protests and waging letter-writing campaigns. As was the case in Chicago, Planned Parenthood successfully targeted the pharmacy where the refusal occurred, forcing the pharmacy to reevaluate its policy. Last August, the state's Governor has issued an emergency rule requiring Illinois pharmacists to fill all prescriptions for EC.

Ensuring patient access to EC and ongoing contraception has become a new battlefield in the fight for reproductive justice. Abortion opponents have shifted their focus from late-term abortion to what they see as a threat to the beginning of life. They willfully ignore accepted medical science that EC does not cause abortion and that it is not the same as the abortion pill – RU-486. Once again, the woman becomes secondary to their mission of advancing an anti-choice agenda. But let's not make a woman's right to obtain birth control about the radical right. It's a distraction we can't afford. It's about women's lives and what women want – access to affordable reproductive health services and supplies when they need them, and the respect from medical professionals with the duty to ensure a patient's access to care.

Moreover, women need the power to make personal, responsible decisions about their own health.

Yet, I sometimes worry that these values are buried in our struggle to fight the good fight. In our resolve to right a wrong, do we explore what happens to women when they don't get what they need? What happens to the woman who is turned away at Wal-Mart – sometimes the only pharmacy in rural communities – because the company's policy is to not stock Plan B, the dedicated product for EC?

No, we can't afford to allow pharmacists anywhere to deny access to birth control. And we can't allow drug store chains to hide behind refusal clauses. What we need is a comprehensive approach to the problem of pharmacy refusal that not only includes legislation and political action, but pharmacist and pharmacy participation as well. Indeed, many pharmacists and pharmacies are stepping up to the plate to provide women with the services and supplies they need.

In fact, in California alone, Pharmacy Access Partnership has supported and facilitated the training of nearly 3,400 pharmacists who have voluntarily stepped up to the plate to provide pharmacy access to EC – meaning the pharmacist initiates the prescription rather than the physician. For example, 100% of Walgreens stores in San Francisco stock EC; and in over 75% of the chain's San Francisco stores, pharmacists initiate the EC prescription, thereby alleviating the need for women to visit a doctor or clinic first.



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Pharmacy access to EC is available in 85% of the California's 58 counties. Currently, seven other states – WA, NM, AK, HI, ME, NH, MA – allow pharmacists to provide direct EC access under collaborative agreements with licensed prescribers (doctors, nurse practitioners).

Yet many women, particularly women who could benefit the most – young women, women of color and low-income women – don't know about this option. And there are still too many women who don't know that EC can prevent an unintended pregnancy up to five days after unprotected sex, although it is most effective when taken in the first 24 hours. While timely access to EC to prevent pregnancy has been the driving force behind pharmacy access, the model offers promising opportunities to give women more of what they want and need.

In 2004, Pharmacy Access Partnership commissioned a national Field Research Corporation random digital survey of 811 American women crossing all demographic lines – race, ethnicity, income, education, age and religion. We asked women if they were interested in directly accessing prescription birth control in pharmacies if it was available – namely, pills, patches and rings. An overwhelming majority of women (68%) reported that they would support and use pharmacy access to hormonal contraception, and two out of three women (63%) agree that pills, patches and rings should be available without a prescription if a pharmacist screens a woman first. And pharmacists are ready to meet this demand, as indicated by the 85% of pharmacists nationally who said they would be interested in pharmacy access to hormonal contraception.

Still, major gaps exist between what women want and need, and what the healthcare system provides. Women need expanded options to reproductive healthcare services, including pharmacy access. They need affordable contraception and better information about where they can go to get it. Women need universal healthcare.

In the meantime, Pharmacy Access Partnership is working to build stronger alliances between the pharmacy, medical provider and women's advocacy communities to improve awareness of and access to reproductive health services – at the community level and within pharmacy settings. Imagine how many more women can be served.

It's the other side of pharmacist refusal.

For more information about pharmacy access, visit www.GO2EC.org and www.PharmacyAccess.org. For a listing of EC pharmacies, visit www.EC-HELP.org.