

1 Why is this legislation needed to address gaps in patient access to sexual and reproductive health services?

Pharmacist education and training aligns with the clinical services needed for many sexual and reproductive health conditions. Recognizing sexual and reproductive health as a key component to overall health and well-being, we identified a need for pharmacists to use their clinical expertise to expand access to sexual and reproductive health services — for the benefit of patients and public health.

2 How will implementation of this model language impact patients?

Unfortunately, there are longstanding barriers to patient access to sexual and reproductive health services. For example, studies demonstrate access and outcome disparities in sexual and reproductive health services in the U.S., especially for racial and ethnic minorities. According to a [study published](#) by the Journal for the American Medical Association, approximately 45% of women faced at least one barrier to sexual and reproductive health services in 2021, an increase from 10% in 2017. Nearly 19% of participants reported experiencing at least three barriers to sexual and reproductive health in 2021, up from 16% in 2017. The study also found that the largest increases in barriers to reproductive health were found in historically marginalized groups, such as Black, Hispanic, or Asian/Pacific Islander populations.

3 What does this model legislation do?

- Defines sexual and reproductive health services
- Provides clear authority for pharmacists to provide person-centered sexual and reproductive health services
- Creates a mechanism for state Medicaid programs and commercial insurance companies to pay for these services
- Includes federal preemption and severability language
- Removes pre-existing state barriers to pharmacist provision of services (e.g., prohibition of pharmacists providing specific services)

4 What sexual and reproductive health conditions, aligning with pharmacist training and the standard of care, can this model legislation apply to?

The model legislation outlines authorization for the pharmacist to offer patient assessment, preventative, and treatment services for sexual and reproductive health conditions consistent with the pharmacist's training and the standard of care which may include but are not limited to:

- contraception
- certain sexually transmitted infections and exposure to sexually transmitted infections
- vaccine preventable sexually transmitted infections
- uncomplicated urinary tract infections
- uncomplicated yeast infections

In addition, the model legislation enables patients to access pharmacist-provided supportive services, consistent with the pharmacist’s training and the standard of care related to the prevention and management of co-morbid conditions and/or side effects associated with sexual and reproductive health needs. Examples of supportive care for sexual and reproductive health conditions include ordering and administering recommended vaccines and supplements during pregnancy, screening for gestational diabetes during pregnancy, screening for mental health conditions, and management of bone health for patients receiving post-menopausal hormonal therapy.

Does the model legislation apply to termination of pregnancy?

5 This model legislation does not change existing state restrictions on termination of pregnancy, including restrictions on use of medications to terminate pregnancy. Under this legislation pharmacist initiation of medications to terminate pregnancy would be subject to the same limitations as those that apply to other clinicians, as well as the requirement that pharmacists may only provide such services when doing so is consistent with their training and the standard of care in that state.

What are the references to standard of care in the model legislation?

6 Most healthcare providers (e.g., physicians, nurses, advanced practice providers) are not limited to a defined list of patient care services that they are authorized to offer. Instead, their state practice acts are structured as standard of care models, which enable them to provide patient care consistent with their training and education and allows more flexibility for conditions and treatments that constantly evolve.

The National Association of Boards of Pharmacy Model State Pharmacy Act defines standard of care as “the degree of care a prudent and reasonable licensee or registrant with similar education, training, and experience will exercise under similar circumstances.” Adopting a standard of care legislative and regulatory model enables more of a “top-of-education” approach, which allows pharmacists to provide a range of clinical services aligned with their education and training. It also ensures that only those pharmacists with appropriate training and education may provide the services. It is incorporated into this model legislation to ensure flexibility and autonomy in the provision of sexual and reproductive health services.

How can states utilize this model language to expand patient access to sexual and reproductive health services?

7 We encourage states to use this model legislation and the accompanying materials as they see fit. States are free to adapt or modify language as necessary to fit their pharmacy practice acts, patient populations, and legislative drafting needs. States may implement some or all of the legislative provisions or use the supporting materials to build consensus around empowering pharmacists to provide these sexual and reproductive health services.

Do states need to implement the model legislation in its entirety for it to be effective?

8 No. This model legislation was developed as a “best case scenario” to enhance patient access to sexual and reproductive health services from pharmacists in their community, but we recommend each state adapt the language as necessary to meet the sexual and reproductive health needs of its residents.