

## EXECUTIVE SUMMARY

Optimal sexual and reproductive health is essential to a patient's overall health and well-being. Sexual and reproductive health is the state of physical, emotional, mental and social well-being in relation to sexuality and the reproductive system. Unfortunately, there are longstanding barriers to 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.

The model legislation articulates the authorization of a pharmacist to voluntarily offer preventative services, patient assessment, and patient care services for sexual and reproductive health conditions. The model legislation only authorizes pharmacists to provide these services when doing so is consistent with the pharmacist's training and the standard of care. States are free to adapt or modify language as necessary to fit their pharmacy practice acts, patient populations, and legislative drafting needs.

### **Examples of sexual and reproductive health services that may align with a pharmacist's education and training include:**

- Initiation of pre- and post- exposure prophylaxis for sexually transmitted infections
- Initiation of expedited partner therapy for exposure to sexually transmitted infections
- Ordering and administration of vaccinations to prevent sexually transmitted infections
- Initiation and management of hormonal contraception
- Ordering and administration of vaccines and supplements recommended during pregnancy
- Assessment and treatment of uncomplicated urinary tract infections
- Assessment and treatment of uncomplicated vulvovaginal candidiasis

The model legislation also includes authorization to provide supportive care for prevention and management of co-morbid conditions associated with sexual and reproductive health conditions. Examples of supportive care for sexual and reproductive health conditions include, but are not limited to, screening for gestational diabetes during pregnancy, screening for diabetes for patients receiving hormonal therapy, and therapy for bone density for patients receiving post-menopause hormonal therapy.

## EXPLANATION OF KEY ELEMENTS

### **1 Defines and scopes sexual and reproductive health services**

The model legislation defines sexual and reproductive health services and supportive care services often provided to patients. While specific services are not listed in the model legislation, there is language authorizing pharmacists to provide patient care in a way that is consistent with their training and the standard of care for a particular sexual and reproductive health condition. States should adapt or modify language as necessary to fit their pharmacy practice acts, patient populations, and legislative drafting needs.

### **2 Provides clear authority, independent and collaborative, for pharmacists to provide person-centered sexual and reproductive health services**

The model legislation establishes clear authority, either independent or collaborative, for pharmacist assessment, treatment, and prevention of sexual and reproductive health conditions. It outlines enabling legislative language for pharmacists to initiate, monitor (including ordering and interpreting laboratory tests), modify, discontinue, or administer medications. When collaborative authority is the best option for advancement in the state, the model legislation allows states, institutions, and/or physicians and other advanced practice providers to establish protocols or collaborative practice agreements with pharmacists to manage medication therapy indicated for the full spectrum of sexual and reproductive health services. If needed, it authorizes boards of pharmacy to determine the standard of care related to sexual and reproductive health and develop additional materials to assist pharmacists in providing sexual and reproductive health services. This may require consultation with other health professional boards such as boards of medicine and nursing.

### **3 Establishes a requirement and creates a mechanism for state Medicaid programs and commercial insurance companies to pay for these services**

If the state does not have an existing Medicaid payment mechanism for clinical services provided by pharmacists, add this authority to the Medicaid statute to allow reimbursement of pharmacist services related to sexual and reproductive health.

If the state does not have an existing commercial insurance payment mechanism for clinical services provided by pharmacists, add this authority to the insurance statute, to allow reimbursement of pharmacist services related to sexual and reproductive health. Some states may have separate statutes governing group health plans, HMOs, or other plan types. Replicate this language in those statutes.

### **4 Includes federal preemption and severability language**

Given the interconnected nature of federal and state policy related to sexual and reproductive health, the model legislation includes federal preemption language to clarify that federal law supersedes conflicting state laws. In addition, a severability clause is added due to the nature of sexual and reproductive health policy to ensure existing provisions in the legislation are not invalidated should one or more of the provisions be removed or become unenforceable or illegal.

**5 Suggests removal of any pre-existing state barriers to pharmacist provision of sexual and reproductive health services.**

Potential prohibiting language in state statutes will need careful and thorough evaluation. For example, authorizing language for sexual and reproductive health services may expressly prohibit prescriptions of specific medications in some states. Some state statutes may include physician only authorizing language or restrict pharmacists (i.e., referrals to non-pharmacist providers) from providing these types of patient care services. Therefore, consideration is needed to identify and remove any language in the state pharmacy, medical, or other healthcare professional practice acts which prohibit pharmacists or expressly authorizes care from non-pharmacist providers only.