

New Data from Power to Decide and The George Washington University Show the Need for Increasing the Number of Contraceptive Providers in New York

Despite the availability of various birth control methods and expansions in health insurance coverage across New York State, people continue to encounter barriers accessing birth control. In New York, over half of all pregnancies are unintended.¹ Unintended pregnancies are associated with a significantly increased risk of low birth weight and preterm births.² Additionally, unintended pregnancies are associated with an increased risk of maternal depression and parental stress.^{3,4,5}

Data from Power to Decide shows that 1.2 million women in New York currently live in a contraceptive desert-county in which there is no reasonable access to a health center offering the full range of contraceptive methods.⁶ Contraceptive deserts are defined as counties where the number of health centers offering the full range of methods is not enough to meet the needs of the county's number of women eligible for publicly funded contraception, defined as at least one health center for every 1,000 women in need of publicly funded contraception.⁷

New Yorkers Continue to Face Birth Control Barriers

Accessibility disparities affect women across New York State. Data available in this report, recently released by Power to Decide, highlights the need for increased access to birth control. In upstate and Western New York where 25,000 women live in a county without access to a single clinic with the full-range of contraceptives. Counties include Orleans County, Herkimer County, Schuyler County, Rensselaer County, Washington County, Madison County, and Hamilton County. Due to the absence of full-range contraceptive clinics, in some cases women must cross county lines to receive the contraception they want. For some, it could take hours before arriving at a clinic with a full range of contraceptive methods.

Data also reveals that contraceptive disparities extend beyond rural counties. In Bronx County, nearly 40 percent of women of reproductive age live in a contraceptive desert. Inaccessibility to full-range contraception clinics sheds light on the high incidence of teen pregnancy in New York State. For decades, Bronx County has remained one of the highest, often the highest, counties for the rate of teen pregnancies.^{8,9}

There is an increasing need to expand the number of contraceptive providers in New York. Beyond contraceptive deserts, New York State lags behind the rest of the country in contraceptive providers. The George Washington University recently released workforce data on contraceptive access in the United States. The number of contraceptive providers per person in New York ranks near the bottom in the country - alongside Texas, Mississippi and Florida.¹⁰

Recent changes at the state level, in New York and across the country, signal the need for increased access to birth control.¹¹ For instance, in 2019 New York passed a law requiring public and private insurance to cover an extended supply of prescription contraceptives, provides for coverage of over-the-counter

emergency contraception, and protects insurance coverage of contraceptives without cost-sharing.¹² However, despite efforts like these, people continue to encounter birth control access barriers.

Pharmacy Access Expands Birth Control Availability

To overcome accessibility obstacles and address increasing contraceptive disparities across New York State, the New York State Legislature should pass a bill allowing patients to receive both their prescription and their birth control in one visit to the pharmacy. This policy is often referred to as ‘pharmacist prescribing contraception’.¹³ The New York legislation should include comprehensive provider training; patient screening protocols and consulting services; payment to pharmacists for consultation; and funding for a public awareness campaign.

There are currently over 16,000 providers in New York State who prescribe contraception and over 13,000 pharmacists.¹⁴ If New York were to implement this policy, the potential number of contraceptive providers per person would increase by nearly 80%.¹⁵ Authorizing pharmacists to prescribe self-administered hormonal contraception across New York State, will ultimately improve access to birth control, reduce reproductive health costs, address health disparities, and improve overall health outcomes.¹⁶

Equity, Efficacy, and Safety

Pharmacies are convenient locations for accessing birth control given their prevalence in communities and their flexible hours.¹⁷ Pharmacists prescribing birth control improves access for marginalized communities of young people, rural communities, people who are undocumented or are uninsured, and other individuals who have historically experienced barriers to care.

Allowing for access to contraception in pharmacies will provide individuals an additional resource in their community, particularly if clinics or access to physician appointments are limited due to cost, lack of insurance, limited availability, or insufficient transportation.

Consultation with a pharmacist for dispensing contraception is found to be just as safe as clinician-prescribed contraception.¹⁸ Further, the American College of Obstetricians and Gynecologists (ACOG) states that yearly exams, cervical cancer screening, and sexually transmitted infection screening are not required before starting birth control and should not be used as reasons to deny access to birth control.¹⁹ Additionally, ACOG has concluded that oral contraceptives are safe and effective for adolescent users and there is no scientific rationale for limiting access by age.²⁰

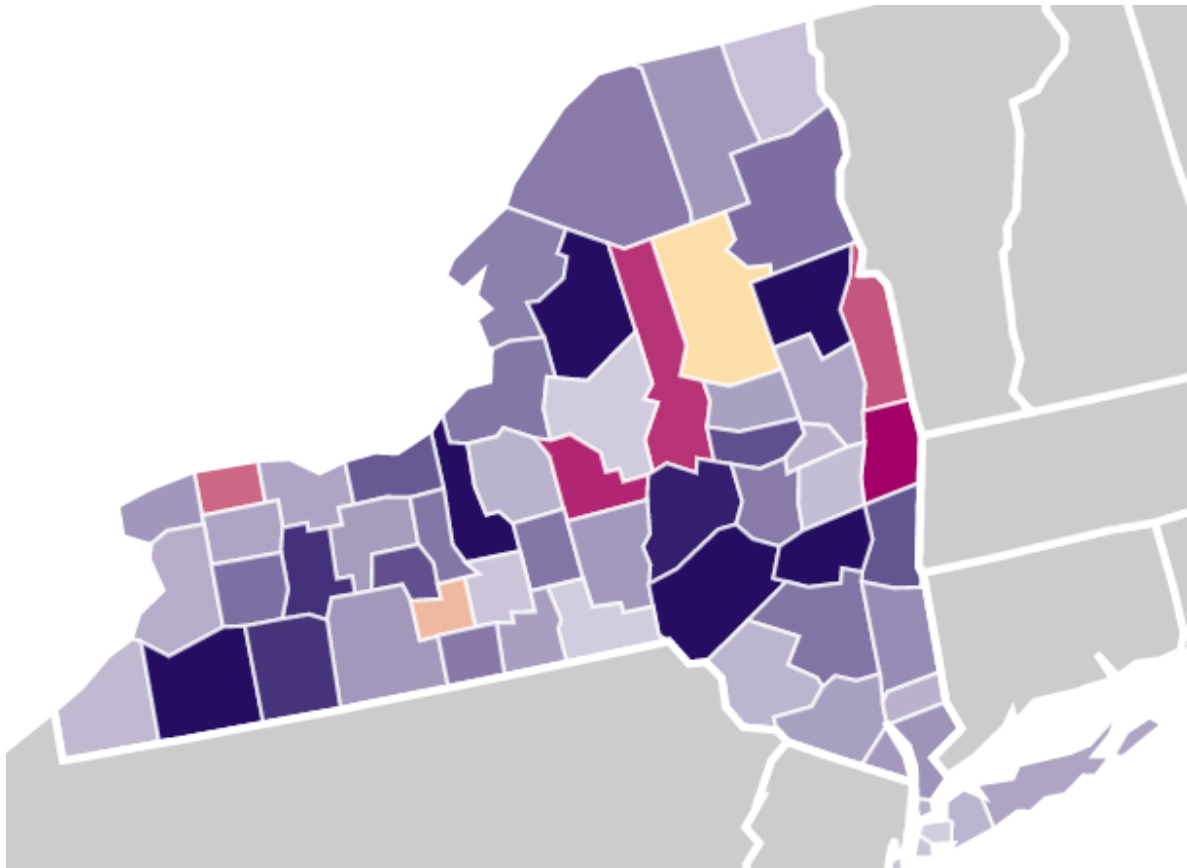
Furthermore, other states are benefiting from cost savings as a result of this policy. Within two years of implementing pharmacist prescribed birth control in Oregon, a study of women receiving Medicaid showed a savings of about \$1.6 million.^{21,22} Implementing pharmacist prescribing authority in New York could avert unintended pregnancies among women in need of publicly funded family planning services and generate a cost savings of nearly \$7.7 million to state Medicaid.²³

Conclusion

Despite the availability of various birth control methods and expansions in health insurance coverage, people continue to encounter barriers to birth control access. New data supports the need for additional birth control access points across New York State. Implementing a pharmacist prescribing birth control policy supports the reduction of unintended births and abortions while simultaneously producing savings for Medicaid.²⁴ Most importantly, this policy improves access to essential health care and addresses health disparities.

We understand the importance of fighting against efforts that seek to dismantle Roe, and we also see great opportunity in developing and passing legislation that supports reproductive health through additional avenues. During COVID-19, pharmacists in New York dispensed vaccines through pharmacies, which proved widely successful in expanding vaccination access across the state. We must learn from the successes of expanded health care access during the pandemic to continue to improve outcomes for patients and reduce disparities for all. By expanding birth control access through pharmacies, New York will improve health outcomes, reduce costs, and ultimately improve quality of life for New Yorkers.

Contraceptive Deserts in New York



1,211,270

Women in need live in
contraceptive deserts,
counties that lack reasonable
access to the full range of
methods.*

New York Women living in contraceptive deserts*

By County - NY State	Population of women aged 13 to 44	Women living in contraceptive deserts	Women living in contraceptive deserts	Women without access to single clinic that provides full methods
Albany County	68,180	20,460	30%	0
Allegany County	10,120	3,610	36%	0
Bronx County	341,880	138,300	40%	0
Broome County	40,900	15,080	37%	0
Cattaraugus County	15,550	Data Unavailable	Data Unavailable	Data Unavailable
Cayuga County	14,860	Data Unavailable	Data Unavailable	Data Unavailable
Chautauqua County	26,450	9,170	35%	0
Chemung County	16,880	5,930	35%	0
Chenango County	9,260	2,760	30%	0
Clinton County	17,220	5,510	32%	0
Columbia County	10,900	2,940	27%	0
Cortland County	11,550	3,820	33%	0
Delaware County	8,330	Data Unavailable	Data Unavailable	Data Unavailable
Dutchess County	61,340	14,160	23%	0
Erie County	189,480	59,140	31%	0
Essex County	6,560	1,780	27%	0
Franklin County	9,130	2,650	29%	0
Fulton County	10,700	3,060	29%	0
Genesee County	11,690	3,240	28%	0
Greene County	8,320	Data Unavailable	Data Unavailable	Data Unavailable
Hamilton County	690	180	26%	180
Herkimer County	12,380	3,860	31%	3860
Jefferson County	25,230	8,330	33%	0
Kings County	616,530	207,830	34%	0
Lewis County	5,130	Data Unavailable	Data Unavailable	Data Unavailable
Livingston County	13,730	4,730	34%	0
Madison County	15,690	4,210	27%	4210
Monroe County	161,190	51,360	32%	0
Montgomery County	9,780	2,850	29%	0
Nassau County	265,940	46,110	17%	0
New York County	428,720	110,780	26%	0
Niagara County	42,830	13,280	31%	0
Oneida County	45,620	14,410	32%	0
Onondaga County	101,030	32,210	32%	0
Ontario County	20,930	5,670	27%	0
Orange County	77,490	17,890	23%	0
Orleans County	8,620	2,730	32%	2730
Oswego County	26,150	9,650	37%	0
Otsego County	13,480	4,320	32%	0
Putnam County	18,980	3,960	21%	0
Queens County	516,930	148,870	29%	0
Rensselaer County	33,430	9,770	29%	9770
Richmond County	101,440	23,130	23%	0
Rockland County	62,090	13,880	22%	0
Saratoga County	44,250	9,870	22%	0
Schenectady County	32,010	8,320	26%	0
Schoharie County	6,440	1,990	31%	0
Schuyler County	3,290	970	29%	970
Seneca County	6,280	1,920	31%	0
St. Lawrence County	23,160	7,990	34%	0
Steuben County	18,860	5,460	29%	0
Suffolk County	305,940	58,000	19%	0
Sullivan County	14,560	4,230	29%	0
Tioga County	9,280	2,900	31%	0
Tompkins County	27,770	12,180	44%	0
Ulster County	36,020	11,300	31%	0
Warren County	12,270	Data Unavailable	Data Unavailable	Data Unavailable
Washington County	11,550	3,120	27%	3120
Wayne County	17,830	4,550	26%	0
Westchester County	194,270	43,630	22%	0
Wyoming County	7,340	1,790	24%	0
Yates County	4,940	1,430	29%	0
Totals	4,289,390	1,211,270	28%	24,840

*Contraceptive deserts are areas where people lack reasonable access to a health center that offers the full range of contraceptive methods. (Recently released data: Power to Decide)

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