PHARMACIES PRESCRIBING BIRTH CONTROL IN MINNESOTA

Minnesota is one of 18 states to allow pharmacists to prescribe self-administered hormonal birth control (e.g., pills, patch, ring, shot).

Policy Impact

Minnesota first passed this legislation in 2020 and is in its implementation phase. This graphic highlights the potential scale of pharmacy prescribing if Minnesota fully adopts and implements this policy. It shows the estimated number of zip codes in Minnesota that could contain at least one pharmacist certified to prescribe birth control. If Minnesota follows in the footsteps of Oregon, the gold standard among states that have adopted this policy, then approximately 607 out of 963 zip codes (63%) in the state could contain at least one pharmacist certified to prescribe birth control post legislation.¹

In order for Minnesota to achieve the best results, the state should engage stakeholders and the community, promote and support pharmacist participation, and more.² For additional strategies, read Manatt's Implementing Pharmacist Contraceptive Prescribing: A Playbook for States and Stakeholders.³

More Information

For more information about pharmacy prescribing in Minnesota, see our <u>interactive map</u>. To learn more about pharmacist prescribing of contraception policies, see our <u>infographic</u> and <u>fact sheet</u>.

Graphics were created using available data from the 2019 U.S. National Pharmacy Market Summary Report from IQVIA, birthcontrolpharmacies.com, research conducted by Dr. Maria Rodriguez, MD, MPH, and colleagues (2018, 2019), and state-level zip-code information.

For more details about our methods, please read.

Estimated number of zip codes (63%) in Minnesota that could contain at least one pharmacist certified to prescribe birth control



Checklist for Optimal Implementation

- ☑ Engage stakeholders and the community
- **☑** Offer multiple training programs
- Promote and support pharmacist participation

^{3.} Not all pharmacist-prescribing laws are the same – some state laws are more expansive while others are more restrictive. Consequently, implementation alone cannot determine a state's ability to reach these estimates.



^{1.} Rodriguez MI, Hersh A, Anderson LB, Hartung DM, Edelman AB. Association of Pharmacist Prescription of Hormonal Contraception With Unintended Pregnancies and Medicaid Costs. Obstet Gynecol. 2019 Jun;133(6):1238-1246. doi: 10.1097/AOG.000000000003265. Erratum in: Obstet Gynecol. 2019 Jul;134(1):182. PMID: 31135740

^{2.} Orris AB, Mauser GE, Bachrach D, Craven M. Implementing Pharmacist Contraceptive Prescribing: A Playbook for States and Stakeholders. Manatt Health. January 2021.