

THE ACCESS PROJECT

2005 Pharmacy Access Series, No. 1

ISSUE BRIEF NO. 1: DELAYED AND DENIED: A LOOK AT RATES OF STOCKING, ORDERING AND PHARMACY REFUSALS IN MISSOURI.



NARAL
Pro-Choice Missouri Foundation



Executive Summary

In Missouri in 2002, there were approximately 38,000 unintended pregnancies. More than 12,000 of these pregnancies ended in abortion. Wide-spread distribution of emergency contraception (EC) in our state could have prevented more than 19,000, or 50% of all unintended pregnancies in Missouri.

Often referred as the morning-after pill, EC is a higher dose of ordinary birth control pills, which may be used when other birth control methods fail or are not used, including when a woman is sexually assaulted. EC must be taken within 120 hours of unprotected intercourse, but is seven times more effective if taken within 24 hours. EC prevents pregnancy by inhibiting ovulation, fertilization, or implantation before a pregnancy occurs, and *does not* work if a woman is already pregnant.

In early spring of 2005, the NARAL Pro-Choice Missouri Foundation conducted a population-based, cross-sectional survey on pharmacy access to emergency contraception in Missouri. The survey yielded the following findings, which demonstrate Missouri women's lack of access to emergency contraception:

- Of all 920 pharmacies surveyed by the NARAL Pro-Choice Missouri Foundation, 347, or 38%, do not stock EC and said "No" when asked if they could order EC.
- Approximately 9 in 10 pharmacies in rural counties in Missouri do not stock EC.
- Of the 131 non-stocking pharmacies in rural areas, only 28% (37) reported that they would order EC if requested.
- Only 9% of hospital/hospital-affiliated pharmacies reported stocking EC.
- Less than 40% of the non-stocking hospital/ hospital-affiliated pharmacies said they would order EC.

These alarming results demonstrate that pharmacies are failing Missouri women, especially those who reside in rural regions. Women who wish to access EC after unprotected intercourse face a devastating lack of pharmacy access in Missouri. The inequities revealed by the Pharmacy Access Survey demand attention and more importantly – action.



Organizational Background

Founded in 1997, the NARAL Pro-Choice Missouri Foundation is the 501 (c) (3), tax-exempt research, educational, and training arm of NARAL Pro-Choice Missouri. The Foundation functions to: provide leadership training and development for activists; promote the right of every woman to make personal decisions regarding the full range of reproductive choices; engage in legal and policy research; assist the safe passage of women seeking legal contraception or abortion; and educate the public on issues of women's health and welfare, including reproductive freedom, reproductive choices, and abortion rights.

The Access Project is a grant-funded education initiative dedicated to researching the obstacles to accessing reproductive health services within hospitals and pharmacies. The three primary goals of the Access Project are: creating an accurate assessment of reproductive health services in Missouri; educating the public regarding the full range of reproductive choices; and mobilizing our constituents towards positive change for reproductive choice.

Rationale for Pharmacy Access Project Survey

The chief objective of Phase 1 of the NARAL Pro-Choice Missouri Foundation Pharmacy Access Survey was to assess whether disparities based on geographic location and type of pharmacy impacted rates of stocking, ordering and moral objections to EC. Released in the fall of 2001, the first Access Project Report was soundly constructed and generated critical information about the lack of pharmacy access in Missouri. However, it was limited in its size and scope and now, in 2005, it is in need of an update. It is the goal of the NARAL Pro-Choice Missouri Foundation to use the second pharmacy access project to generate a comprehensive analysis of the state of pharmacy access in *all* regions of Missouri.

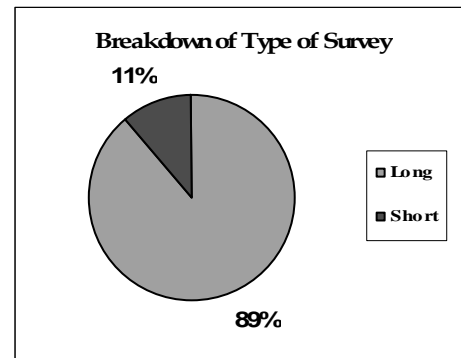
To our knowledge, the Pharmacy Access Survey update is the largest survey conducted on pharmacy access and emergency contraception to date. Several other studies on pharmacy access have been executed in other states such as California, Kentucky, Minnesota and Colorado; however, no other survey comes close to the response rate or sample size of the NARAL Pro-Choice Missouri Foundation Pharmacy Access Survey. We hope that the results of our survey will inform the debate on emergency contraception and pharmacy/pharmacist refusal clauses in Missouri and the nation.



Pharmacy Access Survey Methodology

In January of 2005, the NARAL Pro-Choice Foundation developed a broad pharmacy survey designed to collect information on pharmacy access to EC. Our goal was to conduct a population-based, cross-sectional survey on access to emergency contraception in Missouri. A list of all licensed pharmacies in Missouri was obtained from the Missouri Division of Professional Registration. To be included in the Pharmacy Access Survey, pharmacies had to meet set inclusion criteria (Appendix 1).

From the initial list, 920 pharmacies met the inclusion criteria. All 920 pharmacies who met the criteria were contacted and asked questions on stocking, ordering and moral objection policies. Additionally, 89% of pharmacies participated in a long version of the pharmacy survey that included questions on pricing, knowledge and referrals.



Using a “mystery patient” survey format, (explained below), each pharmacist was asked questions about 1) whether or not their pharmacy stocks/would order emergency contraception 2) questions on their knowledge of EC, and 3) information about whether they would be willing to fill a prescription for EC.

The Pharmacy Access Survey was designed to simulate a realistic potential call situation. In such a situation, a woman calls a pharmacy with an interest in EC, but little or no information on the product. The script directed the caller to state that she, a partner or a close loved one (girlfriend, sister, daughter) had engaged in unprotected sex and a “friend” had told her that she should try and get “the morning-after pill.”

In order to control for external influences and potential bias, the survey included a series of controls to ensure that valid and reliable information was collected from each participant. Some of the controls employed were: comprehensive volunteer training; gathering information only from the pharmacist on duty; and the use of a predictive dialer. The predictive dialer was used to reduce the chance that a wrong number would be dialed or a pharmacy would get excluded from the call list. In addition, since the survey questions varied depending on a pharmacist’s answer to the questions, the screen automatically “prompted” volunteers to the next question on the track. This feature helped ensure that pharmacists were asked the correct question in the set, and that all pharmacists in each track were asked the same set of questions in the same order.

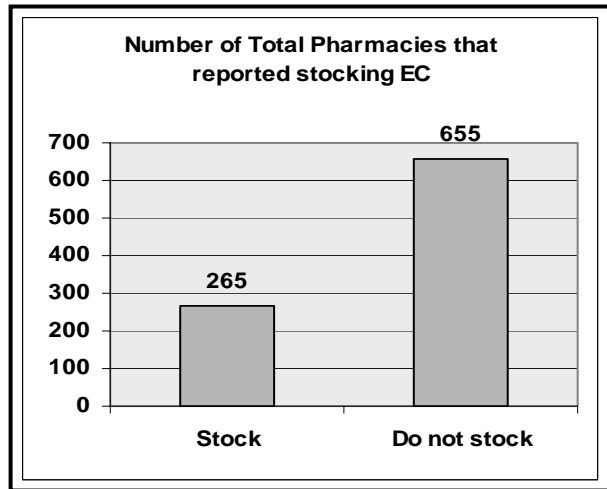


PHARMACY ACCESS SURVEY RESULTS

MO PHARMACIES AND STOCKING

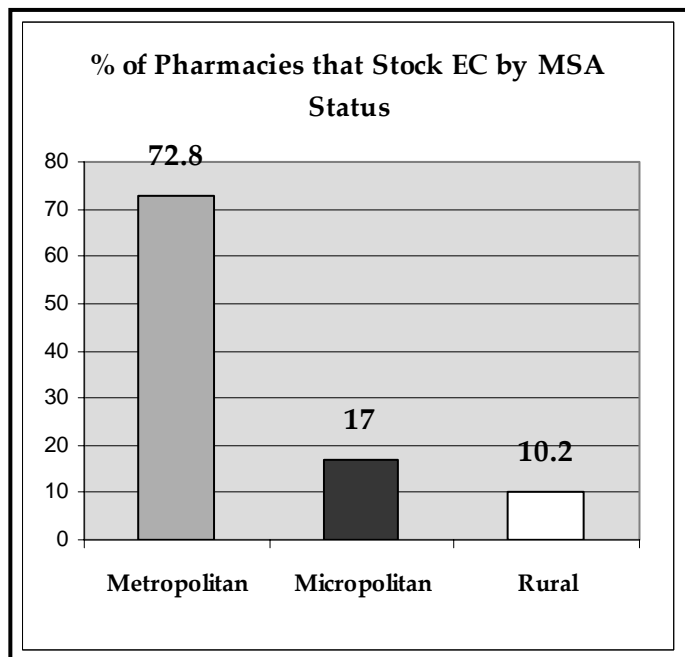
EC:

- Only 29% (265) of all pharmacists surveyed reported that their pharmacy stocked emergency contraception.



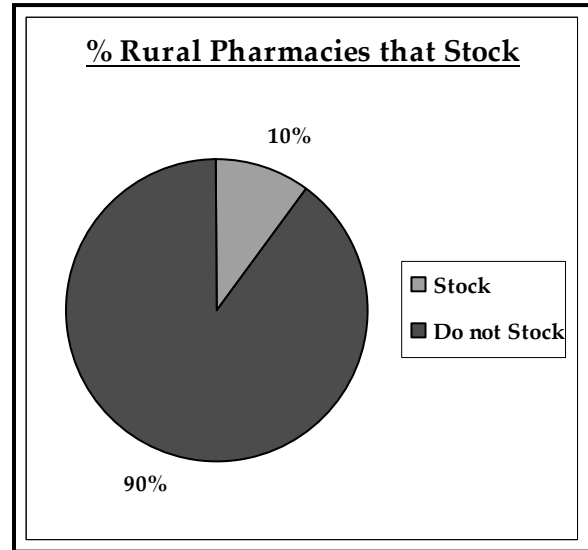
MSA STATUS AND STOCKING:

- When the data on pharmacies who stock EC is segregated by MSA status, large disparities in rates of stocking are revealed.
- An overwhelming majority (72.8%) of pharmacies who stock EC are located in Metropolitan regions of Missouri.
- While women in rural areas fare the worst (10.2%), women in Micropolitan areas also face limited access to pharmacies that stock EC.





- Approximately 9 in 10 pharmacies in rural Missouri **DO NOT STOCK EC**.
- This means that women in rural Missouri not only have access to the fewest number of pharmacies, they also have the lowest odds of finding a pharmacy that stocks EC.



CHAIN STATUS AND STOCKING POLICIES: NOT ALL PHARMACIES ARE CREATED EQUAL!

At the start of the Pharmacy Access Survey, the NARAL Pro-Choice Missouri Foundation was aware of Wal-Mart’s well-documented and strictly enforced corporate policy that prevents all of its stores from stocking EC. We did not, however, expect the poor showing we discovered at hospital and hospital-affiliated pharmacies in Missouri.

- Only 9% of hospital/hospital-affiliated pharmacies surveyed reported stocking EC.
- With the exception of Walgreens, all types of pharmacy chains had very low reported stocking rates. 85% of the pharmacy chains included in the survey had a lower than 1 in 3 chance of stocking EC.

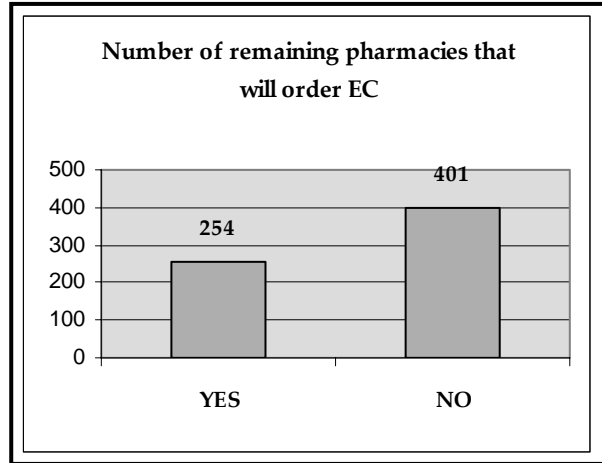
| PERCENTAGE OF PHARMACIES WITHIN EACH CHAIN STATUS CATEGORY THAT STOCK EC | |
|---|-----|
| Wal-Mart/Sam’s | 0% |
| Hospital/Affiliated | 9% |
| Medicine Shoppe | 13% |
| Retail | 21% |
| Oscos/CVS | 23% |
| Independent | 24% |
| Grocery Store | 30% |
| Walgreens | 79% |



MO NON-STOCKING PHARMACIES AND ORDERING EC:

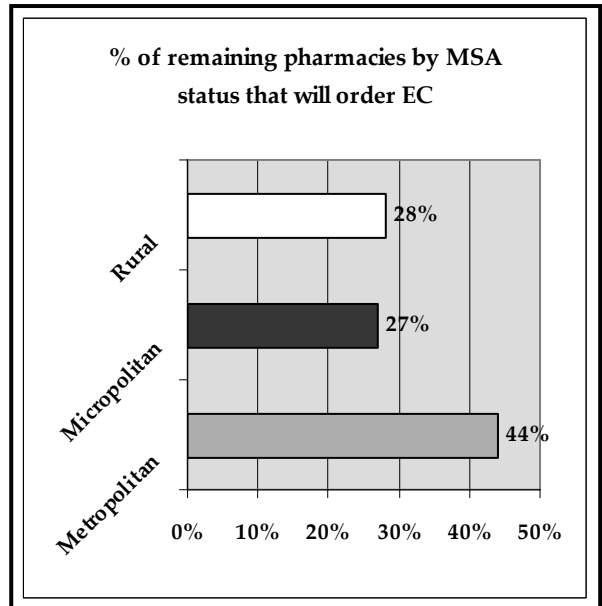
Of the 655 pharmacies who reported that they *did not* stock EC--which will be referred to as non-stocking pharmacies--254, or approximately 39% of the remaining pharmacies, reported that they would order EC.

- To put it another way, 61% of the non-stocking pharmacies reported that they would not even *order* EC.



MSA STATUS AND ORDERING EC:

- Of the 395 non-stocking pharmacies in Metropolitan regions, 175, or 56% of the non-stocking pharmacies reported that they do not order EC.
- Of the 140 non-stocking pharmacies in Micropolitan areas, 73% of non-stocking pharmacies reported that they do not order EC.
- Of the 131 non-stocking pharmacies in rural areas, 72% of non-stocking pharmacies reported that they do not order EC.





CHAIN STATUS AND ORDERING EC:

An examination of the aggregated ordering data by chain status reveals that grocery store, retail and Osco's/CVS's performed well. While all of these pharmacy chains have very low rates of stocking, a large majority of pharmacies in these categories are willing to order EC.

- More than 70% of non-stocking retail pharmacies and 60% of non-stocking grocery store and Osco's/CVS's stated they would be willing to order EC.

By contrast, Wal-Mart/Sam's, Medicine Shoppe, hospital/ hospital-affiliated, and independent pharmacies again scored extremely low in this category. These pharmacy chains have low rates of stocking *and* low rates of ordering. Of the pharmacies that did not stock EC:

- Only 33% of non-stocking Medicine Shoppe's are willing to order this product.
- Less than 40% of non-stocking hospital/ hospital-affiliated pharmacies said they would order EC.

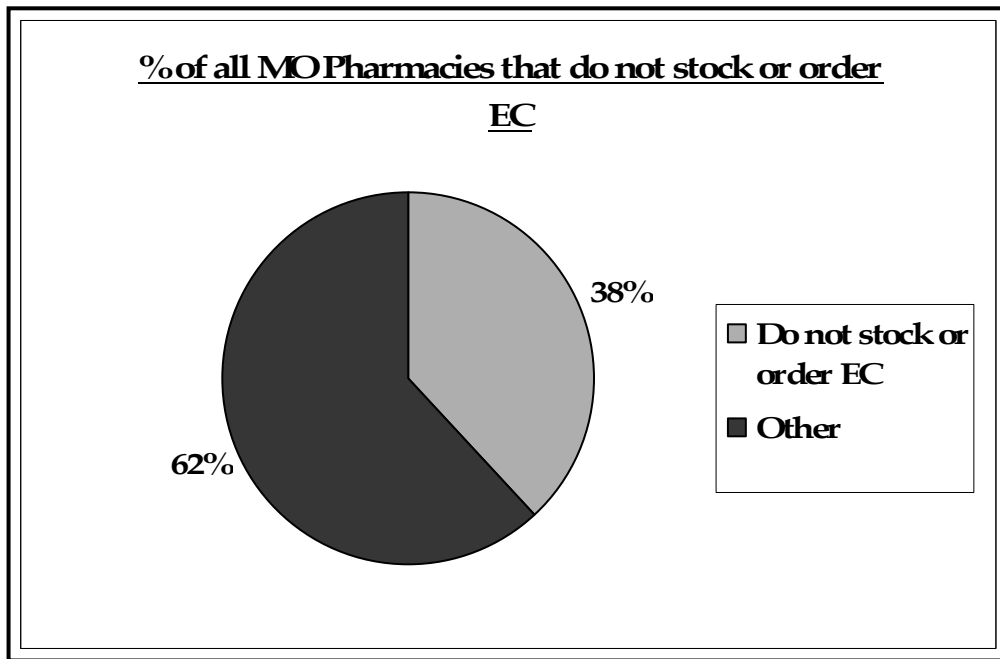
Independent pharmacies, the largest type of pharmacies in Missouri, also had low rates of ordering. Only 40% of non-stocking independent pharmacies said they would order EC.

| PERCENTAGE OF NON-STOCKING PHARMACIES WITHIN EACH CHAIN STATUS CATEGORY THAT ORDER EC | |
|--|-----|
| Walgreens | 46% |
| Grocery Store | 61% |
| Retail | 71% |
| Independent | 40% |
| Hospital/Hospital Affiliated | 37% |
| Wal-Mart/Sam's | 0% |
| Medicine Shoppe | 33% |
| Osco's/CVS | 61% |



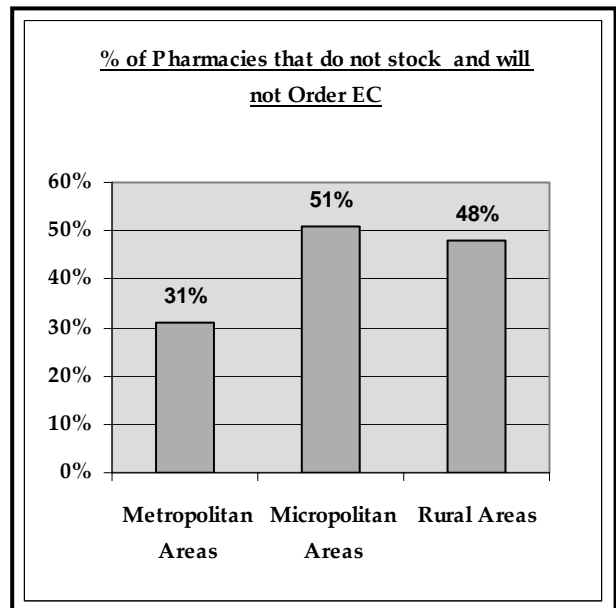
MO PHARMACIES THAT DO NOT STOCK OR ORDER:

Of all 920 pharmacies surveyed by the NARAL Pro-Choice Missouri Foundation 347, or 38%, do not stock EC and said “No” when asked if they could order EC.



DO NOT STOCK/DO NOT ORDER BY MSA STATUS:

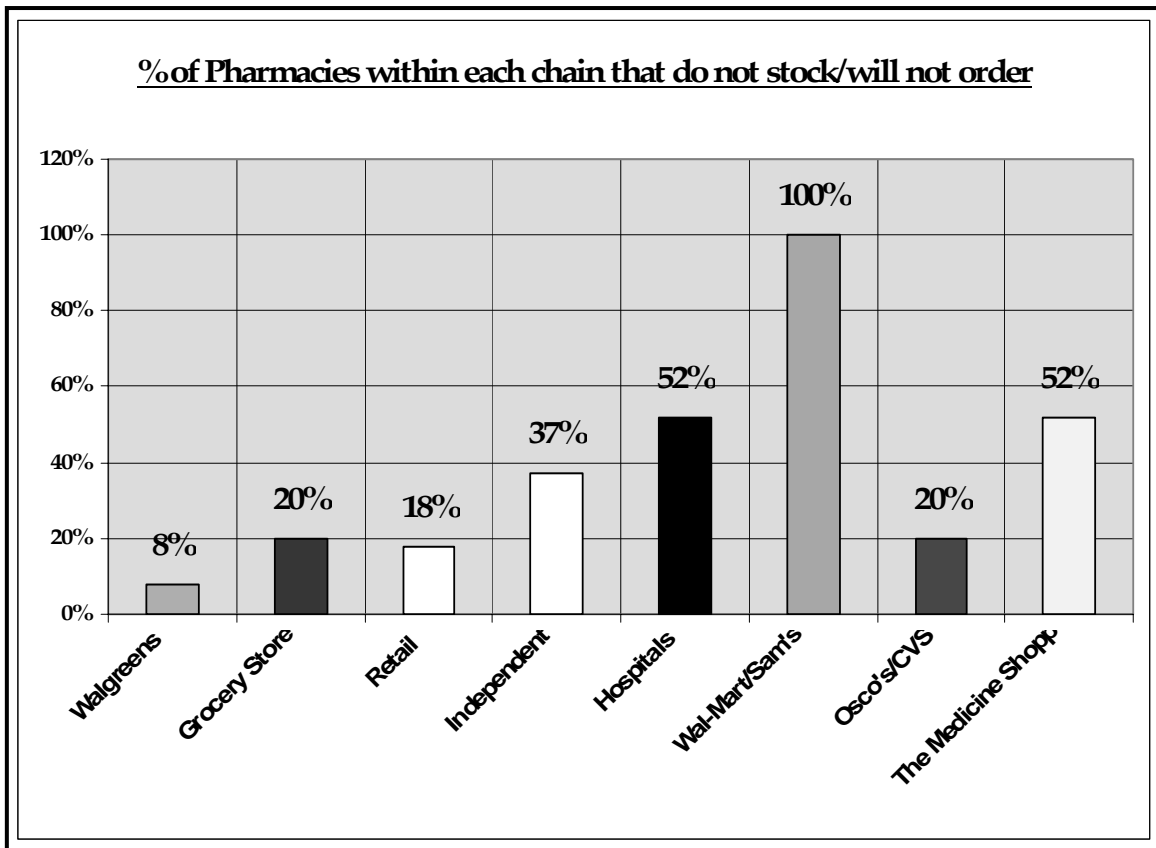
- 182 of the 588 (or 31%) total pharmacies in Metropolitan areas do not stock and do not order EC.
- In Micropolitan and rural areas approximately 1 in 2 pharmacies do not stock and will not order EC.





DO NOT STOCK/DO NOT ORDER BY CHAIN STATUS

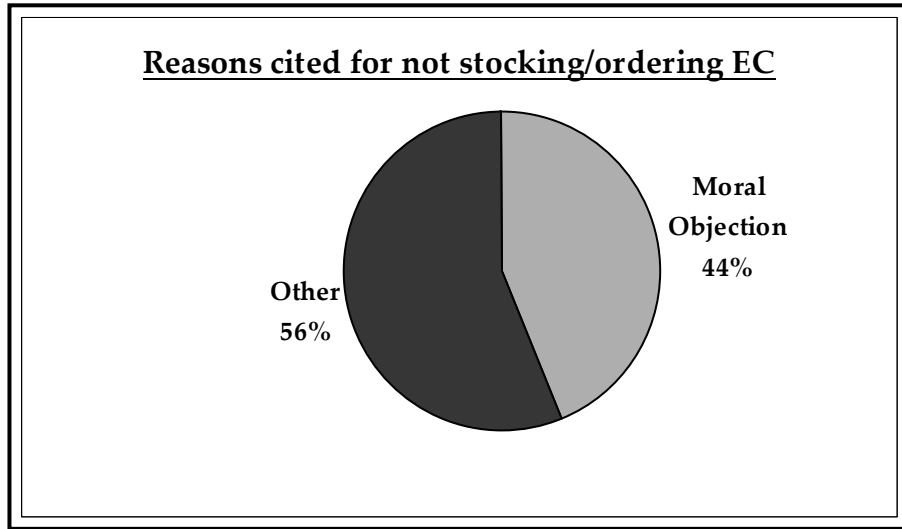
- Compared to its peers, Walgreens again stands out in this category: only 8% of Walgreens do not stock and do not order EC.
- At 100%, Wal-Mart/Sam's represent the worst pharmacy policies towards stocking and/or ordering EC, followed by outpatient hospital and the Medicine Shoppe pharmacies.



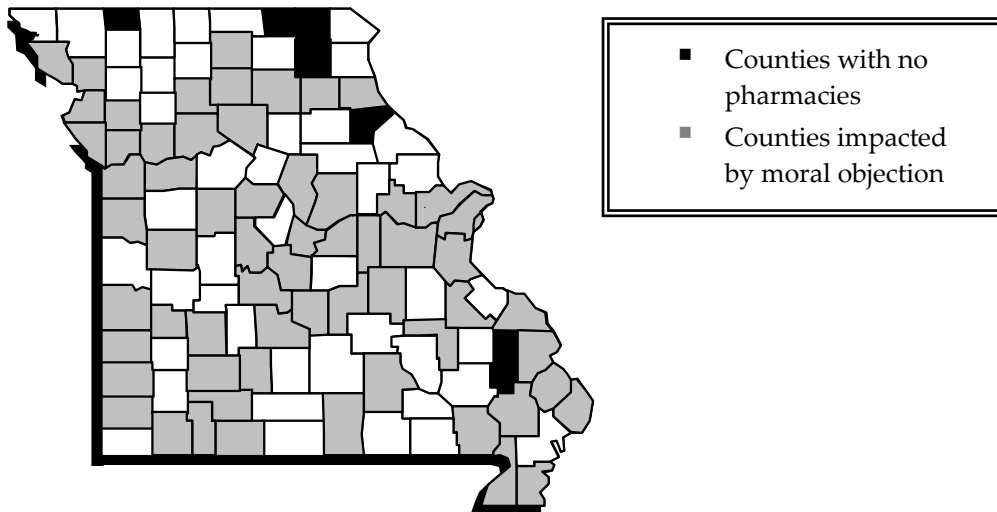


Reasons Cited by MO Pharmacists for Not Stocking/Not Ordering EC

Of the 38% of pharmacies that do not stock or order EC, approximately 44% (152) cited an explicit moral objection as the reason they would not stock or order the product.



Pharmacists who cited an explicit moral objection are scattered throughout all regions of Missouri. 58% of all counties that have at least one pharmacy are home to a pharmacist with an expressed moral objection to stocking, ordering or filling EC. However, it is important to note that pharmacists with an explicit moral objection to EC are disproportionately employed in Micropolitan and rural areas.

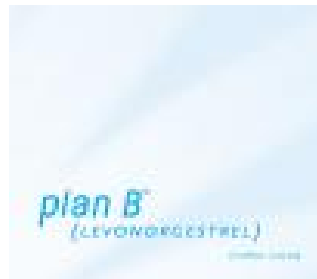




ADDITIONAL REASONS PROVIDED BY PHARMACISTS IN MO FOR NOT ORDERING/NOT STOCKING EC

Of all pharmacists who stated they did not stock, order or dispense EC, approximately 44% did so based on an explicit moral objection. The remaining 56% of pharmacists who stated they did not stock, order or dispense EC, included pharmacists who said they did not stock and would not order for a number of other reasons. Additional reasons cited by pharmacists for not stocking or ordering EC include:

- **Lack of demand**
- **Wholesaler does not have it**
- **It would be “too late” by the time they ordered it**
- **Corporate policy (Wal-Mart and Sam’s)**



“ADDITIONAL REASONS” CITED: A CLOSER INSPECTION

Several of the “additional reasons” provided by the pharmacists for not stocking the product or being able to order it do not stand up to scrutiny.

“Lack of Demand”:

Some pharmacists said they did not stock and will not order EC because of a lack of demand. This excuse does not explain why so many pharmacies are not willing to order EC, since a pharmacy who does not stock a product for “lack of demand” could still order it if a need arises.

However, since Plan B, the only “morning-after pill” specifically marketed in the U.S., has a shelf life of 48 months (4 years), a “lack of demand” does not seem to warrant a decision to not stock this product. Given the fact that a dose of EC costs less than a tank of gas and lasts for four years, all pharmacies in Missouri should have at least one dose of EC on their shelf.



“When queried many pharmacists said they do not stock the method [EC] because demand is low. This may be the result of a vicious cycle: Many women do not know that a postcoital method of contraception exists, and many doctors do not mention it to their patients. As a result, women are not coming in with prescription to fill, and pharmacies do not feel the need to keep a supply of the drug.”

--AGI analysis of a survey conducted in NYC

“My wholesaler can’t order it:”

During the phonebanking, a pharmacist at a CVS in Missouri responded that his store did not stock and could not order EC because his wholesaler did not stock the product. Several other pharmacists echoed this reason for their own store’s EC practices. A follow-up phone call revealed that all CVSs have the same wholesaler, who does in fact carry EC. Other CVSs in Missouri indicated that they would order EC if it was needed. The CVS pharmacist who responded that the wholesaler did not order EC was either misinformed about the ordering policies of the wholesaler or simply used this excuse to conceal a different reason for not stocking EC.

- Duramed Pharmaceuticals has a customer service hotline that allows any pharmacy to order a single dose of EC into their store. There is no shipping charge and the direct cost of the product is less than \$20.00.

“Can’t order it because it will be too late:”

Of the reasons provided by pharmacists for not stocking and not being able to order EC, this is the most destructive to a woman trying to prevent an unintended pregnancy. A “No” to ordering EC occurred in several instances because a pharmacist’s lack of knowledge of the time window for taking the product caused a chain reaction.

Many pharmacists who believed that EC had to be taken within 12, 24 and 48 hours and who also did not stock EC said they couldn’t order it for the “patient” because it would not get to the store in time. If a woman takes the information provided by these pharmacists at face-value she may stop her search for EC and incorrectly assume that her time window has expired.



Corporate Policy

All of the pharmacies surveyed in Missouri have a corporate policy that allows pharmacies to decide for themselves if they will stock/order EC except pharmacies with religious affiliations and Wal-Mart. Pharmacies with religious affiliations, such as St. Johns or St. Mary's, do not stock or order EC for religious reasons. However, Wal-Mart claims they do not stock or order EC for "corporate reasons." Since Wal-Mart is the largest pharmacy chain in America, the fact that they refuse to stock or order EC has important ramifications, particularly for rural women. Former Wal-Mart executive Don Soderquist recently said, "Is Wal-Mart a Christian company? No, but the basis of our decisions was the value of scripture¹."



**NARAL
Pro-Choice Missouri Foundation**

To obtain additional copies of the report or to get additional information please e-mail or call:

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For additional information on The Access Project, or to access this document online, please see the "Healthcare Access" section of our website at www.prochoicemissouri.org.



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We extend a special thank you to all of the volunteers who spent their mornings and evenings at the dialer center helping the NARAL Pro-Choice Missouri Foundation complete the Pharmacy Access Survey.

The creators of the first Access Project Report for their drive and creativity in developing a document that has propelled the NPCM Foundation to new and challenging paths.



APPENDIX I: INCLUSION CRITERIA

A list of all licensed pharmacies in Missouri was obtained from the Missouri Division of Professional Registration. The list contained 1747 licensed pharmacies in Missouri. From this initial list, 398 pharmacies were eliminated from the contact list because they were not located in Missouri. An additional 429 pharmacies were excluded from the survey because they failed to meet the inclusion criteria. In order to be included in the Pharmacy Access Survey, a pharmacy had to be:

- Located in the state of Missouri (398 pharmacies were excluded based on this criteria).
- Open to the public. Pharmacies that only served employees or patients were not included in the survey.
- Engaged in general, not specific, pharmacy sales. For example, pharmacies that focused on IV, respiratory or medical equipment sales were not included in the survey.



8) How much is the morning after pill if I just pay cash for it?

9) Are you willing to dispense the medication to me?

a. Yes

b. No

c. Not Sure

If not, can you order it?

If yes: How long will it take to get in?

- a. one day
- b. two days
- c. three days
- d. four days
- e. other

Do you take Medicaid?

Yes

No

Not sure

How much is the morning after pill if I just pay cash for it?

Are you willing to dispense it to me?

Yes

No

Not sure

Do you know where I can get a prescription for the morning-after pill?

Yes

No

Not Sure

Thank you for talking to me.

If no:

Is it because of a moral objection?

Yes

No

Do you know where I can go to get prescription for “the morning-after pill filled?

Yes

No

Thank you for your time.



APPENDIX 3: LIST OF COUNTIES IN MISSOURI BY MSA STATUS

Total # of Counties in Missouri: 115 (including St. Louis City)

Metropolitan: Boone, Howard, McDonald, Callaway, Cole, Moniteau, Osage, Jasper, Newton, Bates, Caldwell, Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray, Andrew, Buchanan, DeKalb, St Clair, Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren, Washington, St. Louis City, Christian, Dallas, Greene, Polk, Webster

Micropolitan: Stone, Taney, Bollinger, Cape Girardeau, St. Francois, Pulaski, Marion, Ralls, Dunklin, Clark, Adair, Schuyler, Laclede, Saline, Nodaway, Audrain, Randolph, Butler, Lewis, Phelps, Pettis, Scott, Johnson, Howell

RURAL: Atchison, Barry, Barton, Benton, Camden, Carroll, Carter, Cedar, Chariton, Cooper, Crawford, Dade, Daviess, Dent, Douglas, Gasconade, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Iron, Lawrence, Linn, Livingston, Macon, Madison, Maries, Mercer, Miller, Mississippi, Monroe, Montgomery, Morgan, New Madrid, Oregon, Ozark, Pemiscot, Perry, Pike, Putnam, Reynolds, Ripley, Shannon, Shelby, St. Genevieve, Stoddard, Sullivan, Texas, Vernon, Wayne, Wright, Knox, Worth, Scotland



APPENDIX 4: DEFINITIONS OF CHAIN STATUS

Types of pharmacies were broken down by chain status into the following categories:

Walgreens: (n=136)

Grocery Store: (n=125)

Pharmacies located in and affiliated with a grocery store which included: Schnuck's, Dierbergs, Hy-Vee, Gerbes, Krogers, Shop 'n Save, Price Cutter, and Price Chopper.

Retail: (n=34)

Pharmacies located within larger retail stores (excluding Wal-Mart). This category included Costco, Target and K-Mart's.

Hospital/Hospital Affiliated: (n=33)

Included all out-patient hospital pharmacies and "open" hospital-affiliated pharmacies (e.g. Unity Pharmacy). Some hospital pharmacies that were included are Des Peres Hospital, Freeman Neosho Hospital Pharmacy and St. John's Pharmacy.

Independent: (n=401)

The largest category of pharmacies in MO. Included dozens of local pharmacies, including some smaller regional chains. Some examples are: Ladue Pharmacy, Grove Pharmacy, Good Neighbor Pharmacy, and Joe's Pharmacy.

Wal-Mart and Sam's: (n=106)

Oscos (n=24)/CVS (n=7)

Medicine Shoppe: (n=46)

¹ Article "Deliver us from Wal-Mart" can be found at <http://www.christianitytoday.com/ct/2005/005/17.40.html>