

## **Pharmacists Role in Reproductive Health Post-Dobbs**

### APhA Listening Session Top Takeaways

#### **Background**

On June 24, 2022, the U.S. Supreme Court's ruling on *Dobbs v Jackson Women's Health Organization* overturned *Roe v Wade*, turning abortion policy regulation over to individual states to determine. This new landscape leaves pharmacists with many questions and uncertainties to navigate – both in terms of their pharmacy practice and patient care.

APhA recognizes the feelings, thoughts, and perceptions on this topic are varied and complex. To allow members an opportunity to share comments, APhA held two one-hour Listening Sessions on August 17<sup>th</sup> and 24<sup>th</sup>. The sessions were designed to provide members an open forum to provide feedback directly to APhA on the implications and uncertainties that this decision has brought to pharmacy practice and the role that professional associations play in navigating this change. Over 140 members, including pharmacists, student pharmacists, and pharmacy technicians from all pharmacy settings attended the sessions. During the sessions, members were encouraged to share their diverse perspectives regarding the personal and professional consequences of this decision, as well as the regulatory and clinical issues that they may be experiencing in their practices.

Prior to the live sessions, APhA received and considered 39 member-submitted questions and comments. APhA posed two broad questions to its membership during the live listening sessions, in addition to opening the floor for any additional comments and questions:

1. What are some ways in which you've seen the *Dobbs v Jackson* ruling impact pharmacy practice and patients?
2. What action and resources do pharmacists need in this area? How can APhA help its members?

To develop top takeaways, APhA staff and leadership curated member questions and comments submitted before, during and after the sessions. In addition, notes captured via live notetaking and internal recordings were consulted to identify key themes and direct quotes.

In contrast to the national discourse on the *Dobbs v Jackson* ruling, it became clear during both listening sessions that this subject may not be entirely dichotomous. Instead, there was a general recognition among participants that both patient needs and

pharmacists' professional judgement need to be considered and prioritized as described below.

### **Top Takeaways**

- I. Pharmacists' duty to exercise professional judgment in the best interest of the patient must be protected.
  - II. Patient access to abortion, as an essential component of reproductive health care, must be protected.
  - III. Pharmacists are concerned about legal implications of providing necessary patient care, both for patients seeking abortion as well as patients who need medications with indications both for abortion and unrelated conditions.
  - IV. Additional education is warranted for health care professionals, policy makers, and the public regarding contraception, management of miscarriage, and abortion.
  - V. As navigating reproductive health discussions can be challenging in a professional setting, pharmacy personnel could benefit from tools and resources for discussions with patients, student pharmacists, and colleagues.
  - VI. APhA members expect timely responses to current events by their professional associations, and there was an opportunity for APhA to have responded more quickly following this decision.
  - VII. APhA members expressed additional concern regarding the personal impact this decision has for all women and highlighted the role that employers and health insurance providers have in ensuring access to safe, comprehensive reproductive healthcare services.
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- I. **Pharmacists' duty to exercise professional judgment in the best interest of the patient must be protected.**

The protection of pharmacist professional judgment was highlighted as a top priority. Pharmacists practicing in states with newly enforced restrictions on abortion medications and procedures expressed concern with perceived limits on using their professional judgment. Many on the listening session advocated on behalf of pharmacists' right to exercise professional judgment in assessing their patients' needs for safe and effective medication therapy, including for abortion and/or reproductive health indications.

The principle of professional judgment was not limited to one side of the debate. Some on the listening session advocated against mandating pharmacists to dispense medications for these indications, should they deem those medications to be against

their personal and/or professional judgment. The topic of conscientious objection was also discussed, and some called for review of existing policy on Pharmacist Conscience Clause. Specifically, guidance regarding how pharmacists should exercise conscientious objection while ensuring that patient care is not disrupted and the dignity and wishes of the patient are respected.

**II. Patient access to abortion, as an essential component of reproductive health care, must be protected.**

Members were largely in agreement on the importance of protecting patient access to care, should there be a pharmacist who has conscientious objection to providing the reproductive care a patient requests. This entails reasonable access to alternatives, whether that be onsite OR at an alternative location nearby, and the pharmacist referring them to that care site or provider.

**III. Pharmacists are concerned about legal implications of providing necessary patient care, both for patients seeking abortion as well as patients who need medications with indications both for abortion and unrelated conditions.**

There is significant concern among APhA members that they may be liable for penalties for exercising their professional judgment in good faith. This includes concerns of hefty fines, license revocation, and criminal convictions. Pharmacists need assurances that they are free to provide care to their patients as needed, with as much legal protection and guidance as possible. Otherwise, as members stated it, they feel put in a place where they are forced to prioritize legal considerations above their patients. Concerns were raised regarding both patients seeking abortion services, as well as those with other conditions (including miscarriage) who may experience barriers to necessary care.

**IV. Additional education is warranted for health care professionals, policy makers, and the general public regarding contraception, management of miscarriage, and abortion.**

With national protections for legal abortion removed, and now placed upon state governments to legislate, it becomes important for healthcare professionals, policy makers, and the general public to have open, comprehensive discussions about abortion and reproductive health procedures and medications. This includes contraception, procedures and medications for managing miscarriages, as well as medications that serve multiple purposes which may or may not be related to reproductive health. It is important to use accurate language and terminology in these conversations to reduce confusion in our communities.

- V. As navigating reproductive health discussions can be challenging in a professional setting, pharmacy personnel could benefit from tools and resources for discussions with patients, student pharmacists, and colleagues.**

Similar to the opportunity for additional education, pharmacy personnel may benefit from practice tips, conversation starters, talking points, and strategies on how to best care for patients, communicate effectively, and express empathy in a period of great uncertainty. This also entails methods of deescalating high emotions.

- VI. APhA members expect timely responses to current events by their professional associations, and there was an opportunity for APhA to have responded more quickly following this decision.**

Perhaps the loudest and most repeated grievance voiced by members during APhA's Listening Sessions was the question of what factors influenced the timing of APhA's response to the SCOTUS ruling. Members cited the June 22<sup>nd</sup> date of the ruling, and compared APhA's press release on July 25<sup>th</sup> to other member organizations that issued press releases much sooner than APhA's. Multiple members expressed disappointment and confusion that APhA did not respond to this monumental change in a timely fashion. When APhA's statement did ultimately come, members were underwhelmed by the content, even considering the lack of an explicit adopted policy to refer to.

On the other hand, many members did acknowledge APhA's unique decision to hold open listening sessions for members to share their perspectives and appreciated the opportunity to participate, as well as the inclusive approach to building APhA's response strategy.

- VII. APhA members expressed concern for the personal impact this decision has for all women, and highlighted the role that employers and health insurance providers have in ensuring access to safe, comprehensive reproductive health care services.**

Several APhA members during the listening session remarked that the Dobbs ruling not only has implications on pharmacy practice, but also society as a whole. Pharmacists should be sensitive to and supportive of the needs of pharmacy personnel who are of child-bearing potential. Additionally, members recognized that access to abortion services varies state-by-state, and that health insurance providers should evaluate these unique challenges in determining coverage policies.