EC Network Spring Meeting
March 27, 2006
Notes

1. Welcome and Introductions
   - Daniel Robinson, Dean of the Northeastern University School of Pharmacy, welcomed us to Northeastern.
   - Stacie Garnett, EC Network Coordinator, shared highlights from the EC Network this past year. The EC Network is a coalition working together to help prevent unintended pregnancies in our state. The audience represented reproductive rights organizations, sexual assault and domestic violence organizations, teen pregnancy prevention programs, health care providers, pharmacists, government agencies, students, and others.
     - We are in an exciting position with the passage of the new EC law. However, there is still much to be done to make sure increased access to EC becomes a reality, including continued outreach to health care providers, pharmacists and women.
     - The EC Network is the recipient of a grant from the Pharmacy Access Partnership to enable continued outreach to pharmacists, materials development, and support for training programs. We are one of only 7 states to receive funding.
     - We will be adding a new button to the EC Network website - www.massECnetwork.org – for women to find pharmacies that provide EC services.
     - We are conducting a survey of EC provision in hospital ER's. Preliminary findings show that access is much improved since the last survey in 2004, but barriers still exist.

2. Update on New EC Law: Elizabeth Cohen, Jenny VanAmburgh, Lucia Zuniga
   Lucia Zuniga, Director of the Massachusetts SANE (Sexual Assault Nurse Examiner) Program
   - Originally, in 1997 when SANE (Sexual Assault Nurse Examiner program) was piloted, SANE protocol was just for 16 years and older, but 50% of rape victims were between 12-15 years old. Now have a program for younger women and a pediatric program for girls under 12.
   - Even with the law, women are still not getting EC pills in the hospital, just prescriptions.
   - 25 designated SANE sites out of 71 Massachusetts hospitals. At those 25 sites, hospitals sign a memorandum of understanding to provide EC, but there is an option to just write a prescription. We are seeking to change this.
   - In my experience, patients want EC when offered and take it.
   - In MA, you may have evidence collected within 120 hours, most states only collect evidence up to 72 hours.

- Some hospitals are giving Ovral and Lo/Ovral instead of Plan B, which isn't what we believe to be the best choice because it causes nausea and can only be used within 72 hours.
- We will start asking ER providers to record when they administer EC and report the data.

Elizabeth Cohen, Rape Crisis Services of Greater Lowell

- Very conservative community in Lowell. Not a lot has changed since law passed.
- There is no SANE site within 13 cities/towns in the Lowell area. We send rape victims to Lawrence which is a great hospital for those services, but isn't necessarily close.
- Saint's Memorial Hospital, Catholic hospital, is our closest acute care facility, and we're facing many problems there.
- Criticism of bill by state representative from Lowell because it will allow rape victims to bypass hospital and evidence collection keeping rapists on the street (essentially blaming rape victims for keeping rapists on the street when they choose not to present at hospitals for evidence collection).
- Not a lot of choices for pharmacy options in more rural areas; women have to travel distances to find pharmacists to fill a prescription.
- Bill is a great first step, but without a liberal college student movement and community like what we have in Boston, there is a lot to be done in our community.

Jenny VanAmburgh, Professor, Northeastern University School of Pharmacy

- The good news is: we're the 8th state to pass the bill.
- Since the law went into affect, we've had two live EC trainings.
- However, only two pharmacists are listed on EC Network website right now who are able to dispense EC. We need to get more pharmacists who take the training to get a standing order and file it.
- This is a new process/concept for pharmacists; pharmacists are somewhat apprehensive about the new responsibility this involves.
- Don't need a live training; there is an online training, through Northeastern Univ. continuing education. It is also available on Itunes as a podcast.
- Pharmacists need a certificate of training readily available at every pharmacy you work at or you may have access to it online.
- Lots of questions from pharmacists; DPH has put out frequently asked questions on their website.

Questions

- How did you manage to get the law passed?
  - We built a broad coalition, worked with rape crisis community and made it a two-pronged bill that included access for rape survivors which made it harder for people to oppose it. We also got the Massachusetts Medical Society to endorse this early on, which really helped.
- If you go to EC website to find pharmacy, do you need to call ahead?

  - Yes, you should call because the pharmacist who is trained and able to dispense EC might not be there. The website tells people to call ahead.
- How are we telling pharmacists to administer Plan B?
  - Basically, the physician and the pharmacist collaborate on the language and protocol of the standing order, and that is the protocol the pharmacist will follow.
  - FDA approved for 72 hours, but research shows 120 hrs is still ok. The timing should be specified on the standing order by the physician and agreed to by the pharmacist.
  - Two pills at once? Depends on standing order with physician.
- How does this compare to other states with getting pharmacists on board?
  - This is typical. It will take some time; we need to retrain pharmacists to remind them they have the tools to do this, make them comfortable about this.
  - Medicare Part D came out at the same time; pharmacists have been totally bombarded by this, so once this slows down, we'll target those who've taken the EC training to get them connected with a physician who'll write them a standing order.
  - After May 15, the initial enrollment period will be over for Medicare Part D, so we hope more pharmacists will be on board by then.
  - Very few pharmacists know about this now.
- As a physician, how do I find a pharmacist in my area to write a standing order?
  - The EC Network is trying to make those connections. Please contact Stacie if are willing to sign standing orders, and she will help interested pharmacists can get in touch with you.
- How many pharmacists work at an average chain pharmacy store? How will we as physicians know when pharmacies have enough pharmacists so we can change our procedure of advising/writing prescriptions for EC?
  - Don't change your protocol of writing prescriptions for EC for awhile. We're still waiting on the major pharmacy chains to write their rules and regulations on this, and get more of their pharmacists to participate.
- What can we do as a network to get hospitals to follow the law?
  - Lucia: I am told about violations. I then call the hospital and talk about the policy; we do trainings for providers (for nurses and physicians) about standard of care and protocol. We want to be notified of any violations.
  - You can also notified DPH directly and file a complaint.

3. <u>Adolescents and EC: Debunking the Myths</u>

Dr. Melanie Gold, University of Pittsburgh School of Medicine

(Please see attachment for full Powerpoint presentation)

- Dr. Gold's background is as a pediatrician but focused on adolescent medicine.
- Survey about EC with doctors who work with adolescents found that most did not feel comfortable about advising teens on EC and only thought about it in the context of sexual assault.
- Approximately 20% of teens who are sexually active will become pregnant.
- Concerns about adolescents and EC:
    - Adolescents might have more unprotected sex: No evidence to date that this is true
    - Adolescents might use EC repeatedly - "abuse EC": No evidence to date that this is true
    - Adolescents might discontinue using condoms and other methods of contraception: Most studies show no difference, 1 study showed higher condom use, 1 study showed less effective contraception use
    - Adolescents might get more STIs and have more unintended pregnancies: No studies showed higher pregnancy rates or higher STI rates with advance provision or pharmacy access to EC (but no lowering of pregnancy rates either!)
- Study from Seattle: Adolescents' Use of EC Services in Washington State
    - Important role for pharmacists to refer adolescents seeking EC to physicians for follow-up for STI testing/prevention and birth control.
    - Many adolescents are unlikely to get EC elsewhere if not available at pharmacy, most didn't know where else to get it other than the pharmacy.
    - In this situation, pharmacies increased EC access for adolescents, the teens were satisfied with experience, and pharmacists should be then be giving referrals to the teens to go back to health care provider for aspects of care they can't receive at pharmacy, just as physicians should be referring adolescents to pharmacies.

Questions/Comments

- Can you speak to how physicians are trained about contraception and EC?
    - It varies, from school to school; there is no uniformity about how doctors are trained about contraception. I learned nothing about it in med school.
- Can you speak to how adolescents are dealing with the embarrassment of walking into a pharmacy setting to get EC as compared to the privacy of the physician's office?
    - It depends on how welcome adolescents feel in the environment; through signals, posters, educational materials. If teens feel welcome, there is no shame or embarrassment.
    - If teens have had positive experiences with other health care providers, they will be more likely to seek help.
- Is there a fear among physicians that EC will reduce use of hormonal contraceptive methods?
    - Depends on their background. For someone trained in infectious diseases, they view the best method as condom use, then EC when condom use

fails. But from a pediatrician's standpoint, to prevent pregnancy, hormonal methods are the best. I think kids can distinguish STI prevention and pregnancy prevention. Some teens are in monogamous relationships with little risk of STI, so condom use might not be necessarily appropriate and hormonal pregnancy prevention is a better choice.

- Have there been any similar studies about pre- and post-intervention studies for men?
    - Not as of yet, but there are several people who are seeking that out now.
- What about confidentiality with the parents of minors?
    - Many medical offices will come to an understanding with parents and adolescents about confidentiality issues when they come as new patients.

4. Next Steps
    - EC network is working on a tool kit for pharmacists. We are also putting together an activist packet for women to go to pharmacists and talk to them about getting trained to dispense EC. We need everyone's help to involve pharmacists.
    - We're publishing brochures to educate women about EC, which we plan to distribute to community health centers, pharmacies, and community programs.
    - We're trying to get funding in the state budget for a hotline about EC so that women can find out which pharmacies offer EC services. The funding would be part of the family planning line item and include money for outreach. Please ask your legislators to support this funding!
    - Stay in touch with us at the EC Network. You can sign up for the email newsletter which goes out once a month.