

Proposed Changes for Maintaining Reproductive Health Care
Prepared by Full Circle Health

1. One Key Question
 - a. During rooming, nursing staff will ask all adult reproductive age people who can get pregnant the one key question: “would you like to become pregnant in the next year?”
 - i. Enter answer in clinic note under History of Present Illness
 - ii. Enter LMP in rooming tab vitals
 - b. Add this to office note templates so provider easily sees it
2. Availability of Emergency Contraception (EC)
 - a. Two types of emergency contraception available for prescription:
 - i. Ella (ulipristal) – cash price \$45 (preferred in almost all situations)
 - ii. Plan B (levonorgestrel) – cash price \$30 (only use if cost an issue). Also available OTC without a prescription.
 - b. Providers will prescribe to patients who do not want to become pregnant in the next year and are not already on contraception
 - c. If the prescription has expired In Idaho, pharmacists are allowed to prescribe contraception but some insurances won’t pay if it is written by a pharmacist
 - i. Patient needs to have had a clinic visit in the last 15 months. If a patient presents to the pharmacy asking for contraception and has not had an appointment in the last 15 months, pharmacy staff will direct them to scheduling.
 - ii. Pharmacy would then send a note to the provider to let them know about the newly filled prescription
 - iii. Please also note that this works the other way around. Pharmacists are able to refuse the fill of a prescription for emergency contraception. It may be best to call different pharmacies that you usually use and identify pharmacists that are willing to prescribe EC.
 - d. Please note that Mirena, Liletta, and Paragard may also be used as EC if patient had unprotected intercourse within the last 5 days. This would require an office visit be scheduled the same day.
3. Pregnancy tests in clinic
 - a. If a patient walks in for pregnancy testing and it is **positive**, nursing staff will alert an available provider in clinic and have patient wait to talk to a provider.
 - i. PCP if there; if not, then another available provider.
 - ii. Provider will discuss with patient their positive result and provide brief options counseling. Depending on what patient wishes to do with positive pregnancy test, they will be scheduled accordingly.
 1. If patient wishes to pursue termination, depending on LMP and clinical situation the patient may need an ultrasound that day. Provider will arrange. The purpose of this preliminary ultrasound

should be to determine if there is fetal cardiac activity. If there is not, they may be eligible for abortion in Idaho. If there is, they will need to have arrangements to travel outside of the state for this care.

- b. If a patient walks in for pregnancy testing and it is **negative**, nursing staff will ask the patient if they would like to talk to a provider about contraception. If the patient answers yes, they should be scheduled for a same-day appointment at that clinic with any available provider. Provider should discuss both contraception and options for emergency contraception if patient had unprotected intercourse in the last 5 days. If it has been more than 5 days, advise patient that they should return for another pregnancy test in 14 days since unprotected intercourse. If patient does not want to be scheduled, they will be given a handout with both contraception options and planning for pregnancy tips.