Evaluation of Attitudes Towards Misoprostol In Louisiana Following Senate Bill 246

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Purpose/ Objectives

This qualitative study is a continuation of an ongoing project assessing outpatient access to misoprostol across Louisiana since the reclassification as a Schedule IV controlled substance on October 1, 2024 as a result of Act 246. This phase specifically examines how medical students perceive pharmacist attitudes and how those interactions may reflect or influence misoprostol availability in retail settings.

Materials & Methods

A cross-sectional phone survey was conducted using a list of retail pharmacies in metropolitan and rural parishes obtained through the New Orleans Health Department (NOHD). Medical students conducted phone surveys using a standardized script that included questions about having misoprostol in stock, ability to fill misoprostol prescriptions since the reclassification on October 1st, 2024, and any change to pharmacy policy regarding misoprostol. Students are making calls to metro, surrounding metro, and rural areas that meet the criteria for a maternity care desert. After each call, students recorded their reflections on the tone, attitude, and overall interaction with the respondent. These reflections serve as the primary data source for this qualitative component. Data collection is ongoing.

650 pharmacies were contacted in this study. After each call was completed, students were asked to rate their interaction as either Excellent, Good, Average, Fair, or Poor. Out of 650 calls, 363 calls were left blank in regard to rating their interaction. Analysis is currently ongoing.

General Trends:

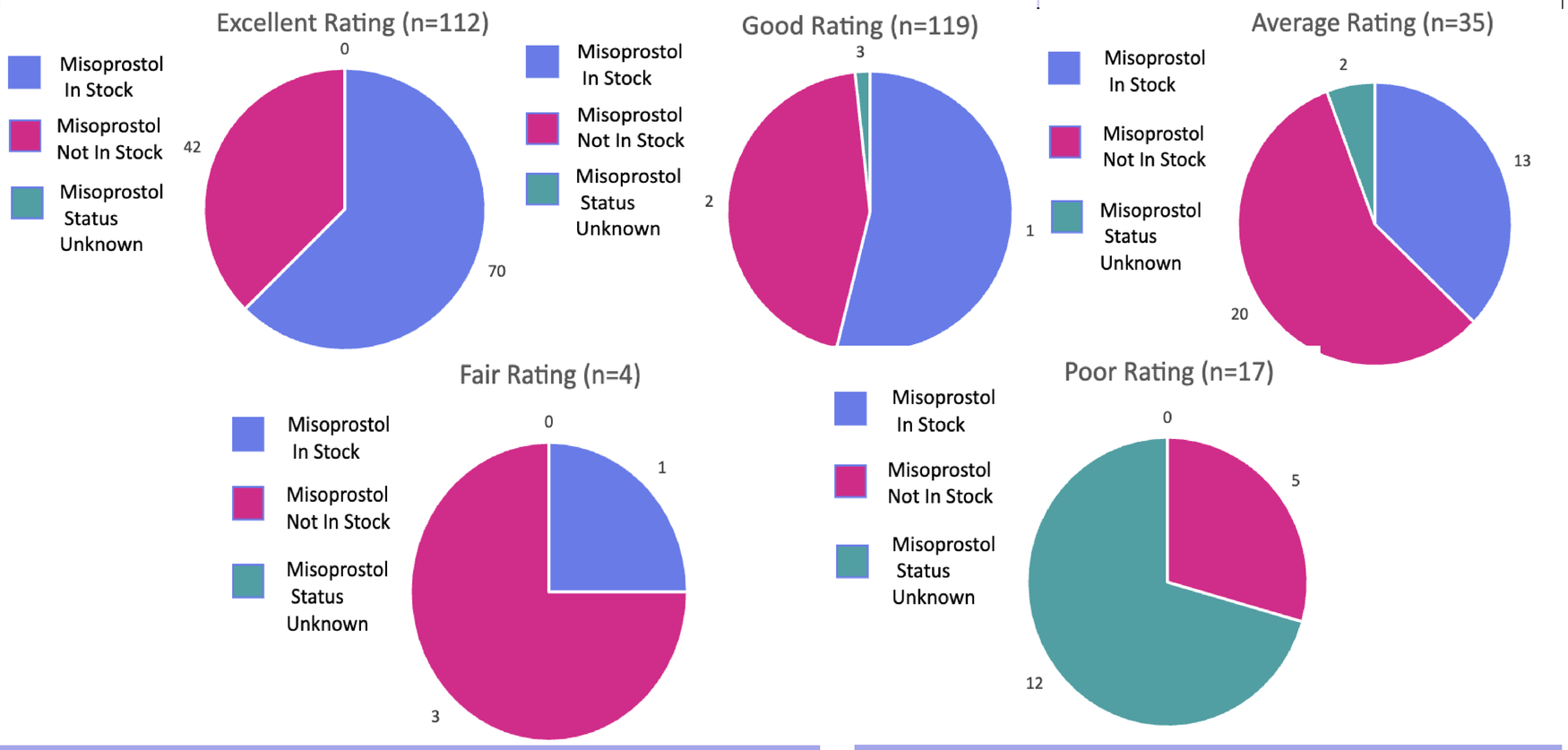
Excellent: Comments of calls with this rating generally described the person they spoke with as "kind" and "helpful" with multiple comments indicating that the person looked up prescriptions or checked stock rooms.

Good: General trends of comments with this rating were that pharmacists were "polite and answered all questions" or that pharmacists were able to elaborate on their answers with confidence.

Average: Comments made by students generally either indicated that the responses were "abrupt" or "curt," that the person they spoke with had just started working at the pharmacy, or that the person was eager to get off the phone.

Fair: Comments made by students indicated that either there was a misunderstanding during the conversation that needed to be clarified or that the person they spoke to did not know their company's policy.

Poor: Comments made by students fell into three broad categories: students were either told that pharmacists could not answer over the phone, that they were not allowed to talk about misoprostol, or they were hung up on after explaining the project. This explain the high percentage of unknown status in this category.



References

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Results

The null hypothesis for this qualitative study is that there is no relationship between pharmacist attitudes as perceived by medical students and the availability of misoprostol in outpatient retail settings. However, based on preliminary reflections, we predict that student-perceived negative or dismissive interactions will correlate with pharmacies not stocking misoprostol or having recently changed policies in response to SB 246. While data collection is still ongoing, early patterns suggest a possible association between the tone and content of pharmacist-student interactions and the presence or absence of misoprostol in stock. Further qualitative analysis will explore these potential patterns.

Summary / Conclusion

The reclassification of misoprostol has the potential to limit timely access to this medication in medically necessary, non-abortive cases. Pharmacists play a significant role in medication stocking decisions, particularly in independently owned pharmacies. This qualitative study may contribute to a better understanding of how provider perspectives and regulatory changes interact to affect access to essential medications.