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“Evaluation of Attitudes Towards Misoprostol In Louisiana Following Senate Bill 246”

BACKGROUND: Effective October 1, 2024, the Louisiana State Senate passed Bill 246, reclassifying misoprostol and mifepristone as Schedule IV controlled substances. Misoprostol is widely used in reproductive and gynecologic care, including for cervical ripening, miscarriage management, and treatment of postpartum hemorrhage. Despite its broad clinical utility, misoprostol has become politically and legislatively controversial due to its role in medication abortion. In Louisiana, the elective use of misoprostol for abortion is illegal except under narrow exceptions defined by state law. As a result, misoprostol is not prescribed for elective abortion in the state. Nevertheless, the reclassification has raised concerns that increased regulation may restrict access to this essential medication even for medically necessary, non-abortive indications. This study builds on an ongoing project evaluating outpatient access to misoprostol in Louisiana and aims to qualitatively examine the role of pharmacists—particularly their attitudes and behaviors—as a potential influence on medication availability in retail settings.

OBJECTIVES: This qualitative study is a continuation of an ongoing project assessing outpatient access to misoprostol across Louisiana. This phase specifically examines how medical students perceive pharmacist attitudes and how those interactions may reflect or influence misoprostol availability in retail settings.

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.

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.

CONCLUSIONS: The reclassification of misoprostol has the potential to limit timely access to this medication even 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.