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Testimony from:
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Contraception Access in the States

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House Children and Families Committee

Chairwoman and members of the committee,

My name is Courtney Joslin and I am a Commercial Freedom Fellow for the R Street Institute, which is a nonprofit, nonpartisan, public policy research organization. Our mission is to engage in policy research in many areas, including access to hormonal contraception and accordingly, I lead R Street's research on the pharmacy access model. I appreciate the opportunity to broadly discuss other states' birth control paradigms and the generally accepted best practices regarding contraceptive access.

Today, 10 states plus the District of Columbia allow pharmacists to prescribe hormonal contraception to patients. These states are Oregon, Washington, California, Utah, Tennessee, Maryland, New Mexico, New Hampshire, Hawaii and Colorado.

For these states, allowing pharmacists to prescribe birth control has already proven beneficial in many ways. The first is that expanding pharmacists' scope-of-practice in this manner allows them to perform medical services that they are well-equipped and educated to do. For example, a typical doctor's visit to obtain birth control includes a self-reported medical questionnaire, a blood pressure test and a quick chat with the doctor about which types of contraceptive are right for the patient. All of these are things that pharmacists can do.

The second is that expanding the options when it comes to birth control providers means more women can access safe and effective contraception. In 2011, 45 percent of pregnancies in the United States were unintended. This has negative outcomes, both with respect to maternal health and public expenditures.

For example, in 2010 alone, federal and state governments spent over \$21 billion combined on the medical costs associated with unintended pregnancies. Of that, state governments shouldered nearly \$6.4 billion.

In part, this is because, for many women—especially in rural areas—access to doctors is limited. Put simply, expanding the number of healthcare providers means more ways to get birth control. Given this, allowing pharmacy access could significantly reduce the amount of tax dollars spent on unintended pregnancy costs.

Over the past several years, the pharmacy access model has gained traction in the states. What's more, medical professionals have largely agreed with allowing easier access to birth control. In fact, the American Congress of Obstetricians and Gynecologists has stated that birth control should be over-the-counter instead of prescribed. This is because it is safe, effective and women are capable of choosing which method works for them—without requiring a doctor as an unnecessary intermediary.

Thank you for your time.

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