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Testimony from:
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Testimony on Contraception Access in the States

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Senate Committee on Human Resources

Chairwoman Miller-Meeks and members of the committee,

My name is Courtney Joslin. I lead research on pharmacy access to birth control for the R Street Institute, a nonprofit, nonpartisan public policy research organization. Our mission is to engage in policy research and outreach to promote free markets and limited, effective government in many areas, including access to hormonal contraception in the states.

To date, 10 states and the District of Columbia have passed pharmacy access models that allow pharmacists to prescribe hormonal contraception to patients. These states are Oregon, Washington, California, Utah, Tennessee, Maryland, New Mexico, New Hampshire, Hawaii and Colorado.

In these states, allowing pharmacists to prescribe birth control has already proven beneficial in many ways. First, this expands pharmacists' scope of practice and permits them to provide medical services that they are already well-equipped to perform. When a patient sees a doctor to get a birth control prescription, she typically fills out a self-reported medical questionnaire, takes a blood pressure test and talks with the doctor about which form of contraception is right for her. Pharmacists can expertly perform all of these services.

Second, expanding the number of birth control providers gives more women access to safe and effective contraception. This is a pressing need that the state of Iowa has addressed in other ways, such as the Iowa Initiative, which gave Iowans better access to long-acting methods like intrauterine devices (IUDs). However, improved access to birth control is always benefitted by a multi-pronged approach. It is well-known that Iowa has historically experienced high rates of unintended pregnancies. [43 percent of pregnancies](#) were unintended in 2010. This is partially because access to doctors is limited, especially in rural areas. Passing a pharmacy access model would contribute to the efforts of the Iowa Initiative by further increasing the number of healthcare providers that can prescribe birth control.

Each unintended pregnancy strains mothers, families and the state's budget. In 2010 alone, taxpayers funded the medical costs of over 61 percent of unintended pregnancies in Iowa, which totaled over \$175 million – the state of Iowa shouldered [\\$48 million](#) of these costs. When unintended pregnancies are reduced, these tax dollars can go toward other family-oriented programs, or even education.

Pharmacy access models have grown in popularity in the states over the last few years. What's more, medical professionals have largely endorsed the idea of providing easier access to birth control. In fact,

the American College of Obstetricians and Gynecologists has stated that [birth control should be available over the counter](#) instead of prescribed. The over-the-counter model is a federal issue, however, so states can get ahead of the curve by allowing better access to birth control through the pharmacy access model.

The pharmacy access model provides all the aforementioned benefits. It reduces unnecessary regulation, expands consumer choice, provides better women's healthcare access and has the potential to save millions of taxpayer dollars. Most importantly, it does all of this without increasing any risks. It's easy to see that the pharmacy access model is a system in which everybody benefits.

Thank you for your time.

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