



1212 New York Ave. N.W.
Suite 900
Washington, D.C. 20005
202-525-5717

Free Markets. Real Solutions.
www.rstreet.org

Testimony from:
Courtney Joslin, Commercial Freedom Fellow, R Street Institute

Contraception Access in the States

March 27, 2019

House Committee on Health, Education & Welfare

Chairman McNamara and members of the committee,

My name is Courtney Joslin and I am a Commercial Freedom Fellow for the R Street Institute, 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 elaborate on other states' birth control paradigms and how they have safely increased access to effective family planning methods.

Pharmacists are now allowed to prescribe hormonal contraception in 10 states and the District of Columbia. These states are Oregon, Washington, California, Utah, Tennessee, Maryland, New Mexico, New Hampshire, Hawaii and Colorado. While first available in Oregon in 2016, the pharmacy access model has been studied for its safety and ability to increase birth control access for at least a decade.

Allowing pharmacists to prescribe hormonal contraception has proven beneficial in many ways. The expansion of pharmacists' scope of practice in this manner allows them, as medication experts, to offer services that they are well-equipped and educated to provide. 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 contraceptives are right for the patient.

All of these are things that pharmacists can do. A 2008 study in the *Journal of the American Pharmacists Association* found that almost all of the women who were prescribed birth control by a pharmacist in a trial study reported that they were happy with their experience and would like to continue seeing a pharmacist for their prescription.¹

Furthermore, expanding consumer options of birth control providers means more women can access safe and effective contraception during a time when doctors are increasingly hard to come by in the

¹ Gardner, Jacqueline S.; Donald F. Downing; et al. "Pharmacist prescribing of hormonal contraceptives: Results of the Direct Access study." [https://www.japha.org/article/S1544-3191\(15\)31232-2/pdf](https://www.japha.org/article/S1544-3191(15)31232-2/pdf)



1212 New York Ave. N.W.
Suite 900
Washington, D.C. 20005
202-525-5717

Free Markets. Real Solutions.
www.rstreet.org

states. In 2018, the Association of American Medical Colleges estimated that by 2030, the United States will face a shortage of 120,000 primary and specialty physicians.² Simply put, many women—especially in rural areas—have limited access to doctors. Expanding the number of healthcare providers means more ways to get birth control.

Almost half of pregnancies in the United States are 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.³ The introduction of 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 supported easier access to birth control. In fact, the American College of Obstetricians and Gynecologists has stated that hormonal birth control should be over-the-counter instead of prescribed.⁴ This is because it is safe and effective, and women are capable of choosing which method works for them without a doctor's unnecessary intermediation.

Thank you for your time.

Courtney Joslin
Commercial Freedom Fellow
R Street Institute
(865) 414-5466
cmjoslin@rstreet.org

² Association of American Medical Colleges. April 11, 2018. https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018/

³ Sonfield, Adam and Kathryn Kost. "Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010." Guttmacher Institute. February 2015. <https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy>

⁴ "Over-the-Counter Access to Oral Contraceptives." The American College of Obstetricians and Gynecologists. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Over-the-Counter-Access-to-Oral-Contraceptives?IsMobileSet=false>