



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

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Testimony from:

Courtney Joslin, Resident Fellow, Competition, R Street Institute
Marc Hyden, Director of State Government Affairs, R Street Institute

SB 151, “A bill to enact the Pharmacy Access Act.”

February 25, 2021

Senate Medical Affairs Committee

Chairman and members of the committee,

Our names are Courtney Joslin and Marc Hyden, and we are with the R Street Institute, which is 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 public health. That is why SB 151 is of special interest to us.

While we are not advocating for any particular action on this legislation, we believe that the status quo cannot continue in perpetuity. As it stands, South Carolina has the nation’s 15th-highest teen birth rate; 50 percent of all of South Carolina’s pregnancies are unplanned—of which 29 percent result in abortions; and in 2010, the general public funded the medical expenses associated with nearly 80 percent of the state’s unintended pregnancies, costing over \$400 million.¹

Furthermore, South Carolina is suffering from a medical provider shortage. In fact, the Palmetto State has the country’s 13th-lowest physician-to-population ratio, which has been stretched ever thin in the wake of the COVID-19 pandemic.² Moreover, thanks to many issues, rural hospitals are struggling to pay their bills, while others have been shuttering their doors.³

¹ National Center for Health Statistics, “Stats of the State of South Carolina,” United States Centers for Disease Control and Prevention, April 9, 2018.

<https://www.cdc.gov/nchs/pressroom/states/southcarolina/southcarolina.htm>; “State Facts About Unintended Pregnancy: South Carolina,” Guttmacher Institute, 2016.

https://www.guttmacher.org/sites/default/files/factsheet/sc_8_0.pdf

² “South Carolina Physician Workforce Profile,” American Association of Medical Colleges, 2019.

<https://www.aamc.org/media/38041/download>

³ Mary Katherine Wildeman, “South Carolina agency to try to save rural hospitals from closing,” *The Post and Courier*, Sept. 14, 2020. https://www.postandcourier.com/health/south-carolina-agency-to-try-to-save-rural-hospitals-from/article_f08f52f0-a6ec-11e8-ae66-b7c33cfec350.html; Ayla Ellison, “South Carolina hospital to close: 4 things to know,” *Becker Hospital Review*, Aug. 22, 2018.

In the last several years, numerous other states have grappled with many of the same issues currently facing South Carolina—namely, physician shortages and high unintended pregnancy rates. To address these issues, 17 states and the District of Columbia now allow pharmacists to prescribe hormonal contraception directly to women. This is intended to alleviate the physician shortage problem by increasing the number of providers women can see for a birth control prescription, and in turn, reduce the unintended pregnancy rate.

Research on Oregon, which was the first state to adopt this paradigm, shows that pharmacists prescribing birth control led to fewer unintended pregnancies within the first two years following implementation.⁴ This also saved taxpayers around \$1.6 million in reduced health care costs covered by public health insurance. As more pharmacists prescribe birth control and more patients take advantage of this model, those numbers will likely increase.

In all states allowing pharmacists to prescribe, pharmacists provide all the services needed for a birth control examination. They check patients' blood pressures, and they review their self-reported medical histories to check for contraindications and determine any potential risks of side effects.

Pharmacy access has seen little opposition from the national medical community, especially with regards to safety. Indeed, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians and the American Medical Association believe that hormonal contraception like birth control pills should be available completely over the counter with no prescription barrier. This is because birth control is time-tested and well-researched to be safe and effective. Allowing pharmacists to prescribe does not make birth control over the counter, but it does still markedly increase access.

Better access—however it is achieved—to birth control could ultimately reduce unintended pregnancy rates among low-income women by 7-25 percent, according to a 2015 estimate.⁵ It is easy to see why. A 2004 poll revealed that almost 30 percent of women who were not using contraception would do so if birth control somehow became more readily available.⁶

While it is up to the South Carolina Legislature to determine how to improve access to contraceptives best, we can all agree that the current model is not serving women well.

<https://www.beckershospitalreview.com/finance/south-carolina-hospital-to-close-4-things-to-know.html>

⁴ Maria Rodriguez, et al., "Association of Pharmacist Prescription of Hormonal Contraception With Unintended Pregnancies and Medicaid Costs," *Obstetrics & Gynecology*, Volume 133, Issue 6, (June 2019).

https://journals.lww.com/greenjournal/Fulltext/2019/06000/Association_of_Pharmacist_Prescription_of_Hormonal.23.aspx

⁵ Diana G. Foster, et al., "Potential public sector cost-savings from over-the-counter access to oral contraceptives," *Contraception Journal*, Volume 91, Issue 5, Pp. 373-379, May 1, 2015.

[https://www.contraceptionjournal.org/article/S0010-7824\(15\)00011-6/fulltext](https://www.contraceptionjournal.org/article/S0010-7824(15)00011-6/fulltext)

⁶ Daniel Grossman, et al., "Interest in over-the-counter access to oral contraceptives among women in the United States," National Center for Biotechnology, April 23, 2013.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769514/>

Thank you for your time.

Courtney Joslin
Resident Fellow, Competition
R Street Institute
(202) 900-9736
cjoslin@rstreet.org

Marc Hyden
Director, State Government Affairs
R Street Institute
(404) 918-2731
mhyden@rstreet.org