



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

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Testimony from:  
Caroline Kitchens, Director of Government Affairs, R Street Institute

Regarding Senate Bill 30, “Permitting pharmacists to prescribe certain contraceptives, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, granting rule-making authority, and providing a penalty.”

February 9, 2021

Senate Committee on Health

Chairman Testin and Members of the Committee:

Thank you for the opportunity to testify today. My name is Caroline Kitchens and I am director of government affairs at the R Street Institute. R Street is a nonprofit, nonpartisan public policy research organization based in Washington, D.C., whose mission is to engage in policy research and outreach to promote free markets and limited, effective government. I appreciate the opportunity to offer insight on birth control delivery in Wisconsin and the pharmacy access model.

In Wisconsin and most U.S. states, women are required to make routine visits to a doctor or advanced practice nurse to get a prescription for hormonal contraception. This is unnecessary from a medical standpoint and puts an undue burden on Wisconsin women, families and taxpayers. If enacted, Senate Bill 30 would allow Wisconsin to join a growing number of states who have safely expanded access to birth control and given women more autonomy over their reproductive health.

At the R Street Institute, we have worked with a number of state legislatures who have adopted the pharmacy access model, which allows women to safely obtain a birth control prescription directly from pharmacists. To date, 17 states across the country and political spectrum, plus Washington, D.C., have adopted this model.<sup>1</sup> In these states, preliminary evidence shows that the new model has been received favorably and is working effectively to reduce unintended pregnancies and associated public health care expenditures. Currently, there are ongoing legislative efforts to bring pharmacy access to many other states, including Iowa, Illinois, South Carolina, and more.

Evidence for the pharmacy access model’s successes is promising. In Oregon, a study found that 10 percent of all new birth control prescriptions given to Oregon Medicaid enrollees were written by

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<sup>1</sup> Courtney M. Joslin and Steven Greenhut, “Birth Control in the States: A Review of Efforts to Expand Access,” R Street Institute, November 2018. <https://www.rstreet.org/wp-content/uploads/2018/11/Final-159.pdf>



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pharmacists. 74 percent of the women prescribed birth control by pharmacists had no history of birth control prescriptions in the past month.<sup>2</sup> This suggests that the pharmacy access model has been able to reach women who otherwise would not be using hormonal birth control due to the time and money spent accessing a doctor.

Oregon's pharmacy access program has also decreased unintended pregnancies and saved money for taxpayers. A study examining Oregon's program and Medicaid enrollees shows that, over just two years, pharmacists prescribing birth control reduced the publicly funded medical costs associated with unintended pregnancies by \$1.6 million and prevented more than 50 unplanned pregnancies.<sup>3</sup> Because 42 percent of unintended pregnancies end in abortion<sup>4</sup>, it is reasonable to conclude that the pharmacy access model reduced abortions in the state as well.

There is longstanding evidence showing that birth control access increases women's workforce participation, reduces public spending and drives down rates of unintended pregnancy and abortion. Unintended pregnancies are at an all-time low in the United States and in Wisconsin but still represent about 45 percent of all pregnancies. This rate has decreased substantially from 54 percent in 2008. An overall increase in birth control use and the use of more effective methods is credited as the primary reason for this decrease.

While the R Street Institute does not take a direct position on abortion, historical data clearly demonstrates that better access to contraception and declining abortion rates have gone hand-in-hand. As mentioned above, 42 percent of unintended pregnancies end in abortion at present, and that has remained constant since 2008. However, from 2008 to 2015, while the percentage of unintended pregnancies that end in abortion remained stable, the overall abortion rate declined by 25 percent. The declining abortion rate is attributable to fewer unintended pregnancies, largely made possible by birth control access.<sup>5</sup>

There's no denying that hormonal birth control is effective. When taken properly, the pill has a failure rate of less than one percent. Meanwhile, couples who do not use any method of contraception have an

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<sup>2</sup> Maria Rodriguez et al., "Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs" *Obstetrics & Gynecology* 133:6, p. 1238-1246.

[https://journals.lww.com/greenjournal/Abstract/2019/06000/Association\\_of\\_Pharmacist\\_Prescription\\_of\\_Hormonal.23.aspx](https://journals.lww.com/greenjournal/Abstract/2019/06000/Association_of_Pharmacist_Prescription_of_Hormonal.23.aspx)

<sup>3</sup> Lorinda Anderson et al., "Pharmacist Provision of Hormonal Contraception in the Oregon Medicaid," *Obstetrics & Gynecology* 133:6, pp. 1231-1237.

[https://journals.lww.com/greenjournal/Abstract/2019/06000/Pharmacist\\_Provision\\_of\\_Hormonal\\_Contraception\\_in.22.aspx](https://journals.lww.com/greenjournal/Abstract/2019/06000/Pharmacist_Provision_of_Hormonal_Contraception_in.22.aspx)

<sup>4</sup> "Fact Sheet: Contraceptive Use in the United States," Guttmacher Institute, July 2018.

<https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>

<sup>5</sup> "Fact Sheet: Unintended Pregnancy in the United States," Guttmacher Institute, January 2019.

<https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>



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85 percent chance of getting pregnant within a year.<sup>6</sup> Unnecessary barriers like doctors' visits impede women's ability to access hormonal contraception and use it consistently without interruption. The pharmacy access model reduces these barriers.

Evidence from across the country and around the world has shown that birth control can safely be prescribed without the unnecessary intermediation of a doctor. The United States is outside the norm with its strict regulatory approach: In the vast majority of countries, birth control is available with no prescription at all.<sup>7</sup> Leading medical groups like the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians and the American Medical Association all agree that birth control is appropriate for use without any prescription barrier.<sup>8</sup>

Improved birth control access is tied to many positive outcomes, but the current regulatory environment in Wisconsin needlessly restricts access and limits women's choices. Allowing pharmacists to prescribe hormonal contraception is a proven strategy to expand birth control access and increase women's autonomy over their family planning preferences, while also reducing the public health and taxpayer burdens of unplanned pregnancies.

For these reasons, SB 30 is a significant step toward more sensible regulation and deserves serious consideration.

Respectfully submitted,

Caroline Kitchens  
Director of Government Affairs  
R Street Institute

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<sup>6</sup> "Fact Sheet: Contraceptive Use in the United States," Guttmacher Institute, July 2018.

<https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>

<sup>7</sup> Kate Grindlay, Bridgit Burns and Daniel Grossman, "Prescription Requirements and Over-the-Counter Access to Oral Contraceptives: A Global Review," *Contraception* 88:1, p. 91-96.

[https://www.contraceptionjournal.org/article/S0010-7824\(12\)01029-3/abstract](https://www.contraceptionjournal.org/article/S0010-7824(12)01029-3/abstract)

<sup>8</sup> See, e.g., "Committee Opinion: Over-the-Counter Access to Oral Contraceptives," *The American College of Obstetricians and Gynecologists*, No. 544, December 2012 (Reaffirmed 2018) <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Increasing-Access-to-Contraceptive-Implants-and-Intrauterine-Devices-to-Reduce-Unintended-Pregnancy>; Report of the Board of Trustees, "Over-the-Counter Contraceptive Drug Access," American Medical Association, Resolution 110-A-17, 2017. <http://ocsotc.org/wp-content/uploads/2018/06/2018-AMA-OCs-OTC-resolution-110-A-17.Pdf>; "Policies, Over-the-Counter Oral Contraceptives," *The American Academy of Family Physicians*, 2014. <https://www.aafp.org/about/policies/all/otc-oral-contraceptives.html>.