



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

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Testimony of Courtney Joslin  
Resident Fellow, R Street Institute

Illinois House Health Care Licenses Committee

March 24, 2021

In Support of House Bill 135

Chairperson Mah, Vice-Chairperson Burke and members of the House Health Care Licenses Committee:

My name is Courtney Joslin and I am a resident fellow for the R Street Institute, a nonprofit, nonpartisan public policy research organization whose mission is to engage in policy research that supports free markets and limited, effective government. I lead R Street's research on state policies for birth control access, with a focus on sensible deregulatory efforts such as pharmacist-prescribed birth control. I appreciate the opportunity to elaborate on pharmacist-prescribed birth control, and how other states have implemented this.

So far, 17 states and Washington, D.C., now allow pharmacists to prescribe hormonal birth control. 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 over a decade. A 2008 study in the *Journal of the American Pharmacists Association* found that almost all the women who were prescribed birth control by a pharmacist reported that they were happy with their experience and would like to continue seeing a pharmacist for their prescription.<sup>1</sup>

The pharmacy access model, as it is often called, has experienced bipartisan success in state houses. Many champions of this legislation are conservative; this is due to the pharmacy access model's deregulatory spirit that increases individual autonomy, and reduces both government intervention and spending.

Women who see pharmacists for birth control prescriptions are shown to be more likely to be uninsured and younger than women who see a doctor, which strongly suggests the time and cost of doctor's visits is too prohibitive for many.<sup>2</sup> In fact, many leading medical organizations, such as the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians, support access to birth control without any prescription barrier.<sup>3</sup> This is due to birth control's time-tested safety and efficacy. Further, pharmacists are trained medication experts, and over 3,300 pharmacies are now safely offering birth control consultations.<sup>4</sup> Additionally, research has shown that pharmacists are no more likely than



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doctors to prescribe hormonal birth control to a patient with contraindications, which suggests that they are successfully prescribing just as accurately.<sup>5</sup> Keeping pharmacists from prescribing birth control is simply government overreach.

In Illinois, the pharmacy access model would likely reduce both unintended pregnancies and government spending. An Oregon-based study found that pharmacist-prescribed birth control led to a reduction in unintended pregnancies, as well as a \$1.6 million savings to the state's Medicaid program within two years of this model being implemented.<sup>6</sup> Unintended pregnancies in the United States are costly to women, their families and taxpayers. 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.<sup>7</sup>

Finally, R Street has spent nearly three years analyzing states that allow the pharmacy access model and highlighting the best practices that optimize increased access, fewer unintended pregnancies and reduced government spending. One factor that has split the states is whether or not age restrictions are a good idea for patients receiving birth control from a pharmacist. We have found that about half of states do not include age restrictions for patients receiving birth control from a pharmacist.<sup>8</sup> Age restrictions are not considered best practices, as medical research shows no reasons for excluding patients, particularly under 18 years of age.<sup>9</sup> If anything, contraindications for hormonal birth control, like the pill, are more likely to occur with increasing age.<sup>10</sup> As such, age restrictions unnecessarily restrict patients.

The pharmacy access model for birth control is proving a safe and effective way for women to achieve their family planning goals without jumping through unnecessary hoops, and the medical community supports this deregulated access to care. Lowering barriers to medical care is crucial to consider for Illinois. We recommend passage of House Bill 135.

Thank you for your time.

Courtney Joslin  
Resident Fellow, R Street Institute  
202-900-9736  
[cmjoslin@rstreet.org](mailto:cmjoslin@rstreet.org)

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<sup>1</sup> Jacqueline S. Gardner et al., "Pharmacist prescribing of hormonal contraceptives: Results of the Direct Access study," *Journal of the American Pharmacists Association* 48:2 (March 1, 2008), pp. 212-266.  
[https://www.japha.org/article/S1544-3191\(15\)31232-2/pdf](https://www.japha.org/article/S1544-3191(15)31232-2/pdf).



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<sup>2</sup> Maria I. Rodriguez et al., “Association of Pharmacist Prescription with Dispensed Duration of Hormonal Contraception,” *Journal of the American Medical Association’s JAMA Network Open* 3:5 (May 20, 2020). <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766072>.

<sup>3</sup> The American College of Obstetricians and Gynecologists, “Over-the-Counter Access to Hormonal Contraception: Committee Opinion No. 788,” *Obstetrics and Gynecology* 134 (October 2019). <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/10/over-the-counter-access-to-hormonal-contraception>; “Over-the-Counter Oral Contraceptives,” American Academy of Family Physicians, 2015. <https://www.aafp.org/about/policies/all/otc-oral-contraceptives.html>.

<sup>4</sup> “Find a Birth Control Pharmacy Near You,” Birth Control Pharmacies, last accessed Feb. 8, 2021. <https://www.birthcontrolpharmacies.com>.

<sup>5</sup> Rodriguez et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766072>.

<sup>6</sup> Maria I. Rodriguez et al., “Association of Pharmacist Prescription of Hormonal Contraception With Unintended Pregnancies and Medicaid Costs,” *Obstetrics & Gynecology* 133:6 (June 2019) [https://journals.lww.com/greenjournal/Fulltext/2019/06000/Association\\_of\\_Pharmacist\\_Prescription\\_of\\_Hormonal.23.aspx](https://journals.lww.com/greenjournal/Fulltext/2019/06000/Association_of_Pharmacist_Prescription_of_Hormonal.23.aspx).

<sup>7</sup> Adam Sonfield 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>.

<sup>8</sup> Courtney M. Joslin, “Lessons for Legislators: A Guide to Allowing Pharmacist-Prescribed Birth Control,” *R Street Institute Policy Study* No. 207, September 2020. <https://www.rstreet.org/2020/09/30/lessons-for-legislators-a-guide-to-allowing-pharmacist-prescribed-birth-control/>.

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*