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Testimony of Courtney Joslin
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Illinois Senate Insurance Committee

May 12, 2021

In Support of House Bill 135

Chair Harris, Vice-Chair Munoz and members of the Senate Insurance 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 why I support HB 135, and how this model has brought positive outcomes to other states

Since 2015, 18 states and Washington, D.C., have begun allowing pharmacists to prescribe hormonal birth control. The pharmacy access model, as it is often called, has caught on for several reasons. First, this model is safe. 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.¹ 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.² Research has also shown that pharmacists are no more likely than doctors to prescribe hormonal birth control to a patient with contraindications, which suggests that they are successfully prescribing just as accurately.³

Additionally, the pharmacy access model has found popularity across the political aisle in many state houses, and many champions of this model are conservatives. This is because the pharmacy access model reduces unnecessary barriers to health care without promising additional taxpayer dollars to fund it. Instead, this model often saves state funds because of the positive health outcomes associated with it. For instance, 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 the first two years of implementation.⁴ 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.⁵ Of that, state



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governments shouldered nearly \$6.4 billion.⁶ In Illinois, the pharmacy access model would likely reduce both unintended pregnancies and government spending.

Finally, 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.⁷ Given the growing support for pharmacist-prescribed birth control, preventing pharmacists from prescribing is also negatively affecting these women.

The pharmacy access model is 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.

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¹ 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>.

² "Find a Birth Control Pharmacy Near You," Birth Control Pharmacies, last accessed May 11, 2021. <https://www.birthcontrolpharmacies.com>.

³ 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>.

⁴ 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.

⁵ 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,"



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Guttmacher Institute, February 2015. <https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy>.

⁶ Ibid.

⁷ Rodriguez et al., "Association of Pharmacist Prescription with Dispensed Duration of Hormonal Contraception." <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766072>.