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Testimony of Courtney Joslin
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Nevada Assembly Committee on Commerce and Labor

May 10, 2021

In Support of Senate Bill 190

Chair Jauregui, Vice-Chair Carlton, and members of the Assembly Committee on Commerce and Labor:

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 it has been successful in other states.

For over a decade, the pharmacy access model, as it is often called, has been studied for its safety and ability to increase birth control access. A 2008 study found that virtually everyone who received a pharmacist-initiated prescription reported that they were happy with the experience and would like to continue seeing a pharmacist for their prescription.¹ Since that study, 18 states and Washington, D.C. have begun allowing pharmacists to prescribe hormonal birth control. And, to date, over 3,300 pharmacies are now safely offering birth control consultations with the same basic protocols—such as a blood pressure test and the patient's self-reported medical history.²

Women who see pharmacists for birth control are shown to be more likely to be uninsured and younger than women who see a doctor, which suggests that obtaining regular doctor's visits just to maintain a birth control prescription is too high a barrier for many.³ Further, many leading medical organizations, such as the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians, have been vocal about this unnecessarily high barrier; these organizations support removing the prescription barrier altogether.⁴ This is due to birth control's time-tested safety and efficacy.

Further, pharmacists are trained medication experts, and research has shown that pharmacists prescribe birth control very similarly to doctors when it comes to patients with contraindications.⁵ This suggests that they prescribe just as accurately.⁶



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Additionally, we support this type of medical reform because of its deregulatory nature. If research and the medical industry both support lowering the barriers to birth control prescriptions, then preventing pharmacists from prescribing birth control is simply government overreach. As we have all seen with the COVID-19 pandemic, this overreach is especially harmful when patients are unable to get to a doctor's office in the first place. The pharmacy access model was likely crucial in allowing women to maintain their preferred family planning methods during the pandemic.

The pharmacy access model also saves taxpayer funds and reduces burdens on families. Currently, 52 percent of pregnancies in Nevada are unplanned, which is costly to families, taxpayers and the government.⁷ For example, in 2010 alone, Nevada taxpayers shouldered over \$37 million in unintended pregnancy-related costs under public health insurance programs, while the federal government spent over \$65 million on these costs in Nevada.⁸ However, 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 its implementation.⁹ If Nevada implements a similar model, it may see similar returns.

In summary, the pharmacy access model is safe, effective, supported by the national medical community and reduces burdens on all Nevadans. For these reasons, we support the passing of SB190.

Thank you for your time.

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¹ 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).

² "Find a Birth Control Pharmacy Near You," Birth Control Pharmacies, last accessed May 10, 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 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->



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[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>.

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

⁶ Ibid.

⁷ “Nevada Data,” Power to Decide, last accessed May 9, 2021. <https://powertodecide.org/what-we-do/information/national-state-data/nevada>.

⁸ “State Facts About Unintended Pregnancy: Nevada,” Guttmacher Institute, 2014. https://www.guttmacher.org/sites/default/files/factsheet/nv_15.pdf.

⁹ 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.