

# R SHEET ON PHARMACY ACCESS TO CONTRACEPTION IN WISCONSIN

September 2021

# BACKGROUND

urrently, Wisconsinites are required to visit a doctor or advanced practice nurse (APN) simply to obtain a birth control prescription. This physician- and APN-only prescription model is unnec essary and prohibitive. Doctor or APN visits for birth control prescriptions typically consist of a self-reported questionnaire about health history and a blood pressure test. Pharmacists are well-equipped to perform these services. And in many other states they already do, so that patients are no longer required to visit a doctor or APN to obtain a birth control prescription.

In the last several years, 23 states and the District of Columbia have enacted pharmacy access bills, which allow pharmacists to prescribe and dispense hormonal contraception to women. The pharmacy access model expands the scope of practice for pharmacists and increases birth control access for women—especially those in rural areas, or those who cannot afford a visit to a doctor or APN. Importantly, the pharmacy access model is critical to preventing unintended pregnancies in Wisconsin and around the country.

The United States has high rates of unintended pregnancy, and Wisconsin is no exception. In 2010, the latest year data is available, 46 percent of pregnancies in Wisconsin were unintended, which is just above the national average; in 2011, 45 percent of pregnancies in the United States were unplanned.

Unplanned pregnancies in Wisconsin cost taxpayers millions in healthcare expenses. In 2010, the publicly funded medical expenses associated with unintended pregnancies in Wisconsin cost over \$313.5 million—\$92.1 million of which the state government shouldered.

### SUMMARY

- Many women have limited access to contraception.
- Nearly half of pregnancies in Wisconsin are unintended.
- In 2010, taxpayers spent over \$313 million to cover the medical costs associated with unintended pregnancies in Wisconsin.
- Adopting a pharmacy access model would safely provide women increased access to family planning options.

# **CURRENT DEBATE**

Pharmacy access has seen little opposition in the medical community. In fact, the American College of Obstetricians and Gynecologists (ACOG) believes that no prescription should be necessary for hormonal contraception like birth control pills.

While over-the-counter access to birth control would require federal action, states can reduce barriers to obtaining hormonal contraceptives. In fact, many states have already implemented the pharmacy access model to expand consumer access. Since 2015, states as politically diverse as Utah and Oregon have begun to allow pharmacists to prescribe hormonal contraception, and for good reason. Adopting the pharmacy access model in Wisconsin would increase access to effective contraception, and would in turn help individuals avoid unintended pregnancies and their effects.

Pharmacy access is crucial for at least two reasons. First, it allows women to have an increased number of contraception providers. Pharmacies are typically more prevalent than doctors or APNs, and pharmacists are often the most accessible medical professionals for people who live in rural areas. Second, the pharmacy access model would expand the scope of practice of pharmacists, who already provide many of the services needed for a birth control examination. Current Wisconsin regulations impede pharmacists' ability to perform these examinations with no credible rationale.

The pharmacy access model has proved beneficial to citizens of many other states. It has the potential to reduce the frequency of unintended pregnancies and thereby curtail the taxpayer burden associated with them. This can be done without negative side effects, because hormonal contraception is a safe, time-tested and effective method of avoiding unwanted pregnancies.

#### **ACTION ITEMS**

The pharmacy access model removes unnecessary regulations, provides women with more accessible healthcare options, and reduces public health expenditures. Expanding the scope of practice for pharmacists in this way increases consumer freedom while alleviating governmental burden.

For these reasons, Wisconsin should implement the pharmacy access model and allow pharmacists to prescribe birth control directly to patients. By joining the growing number of states that have already passed pharmacy access bills, Wisconsin would show that it is a leader in putting healthcare choices back into the hands of its citizens.

## **CONTACT US**

For more information on this subject, contact the R Street Institute, 1212 New York Ave. NW, Washington, D.C. 20005, 202-525-5717.



Courtney M. Joslin Resident Fellow, Competition Policy <u>cmjoslin@rstreet.org</u>



Caroline Kitchens Director of Government Affairs <u>ckitchens@rstreet.org</u>

Note: This is an updated version of a previously published R Sheet. Changes have been made to reflect the most recent data.