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

Regarding Assembly Bill 36, "An Act to amend 450.095 (title) and 450.095 (3); and to create 49.46 (2) (bg), 450.01 (16) (L), 450.095 (1) (ag) and (ar) and 450.095 (2m) of the statutes; Relating to: 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. (FE)"

Oct. 7, 2021

Assembly Committee on Health

Chairman Sanfelippo 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 many U.S. states, women are required to make routine visits to a doctor or advanced practice nurse to get a prescription for hormonal contraception.[1] This is unnecessary from a medical standpoint and puts an undue burden on Wisconsin women, families and taxpayers. If enacted, Assembly Bill 36 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 obtain a birth control prescription safely and directly from pharmacists. To date, 22 states across the country and political spectrum, including Washington, D.C., have adopted this model. 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.[2]

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[1] "Pharmacist Prescribing of Hormonal Contraceptives," Power to Decide, Sept. 30 2021. https://powertodecide.org/sites/default/files/2021-09/Pharmacist%20Prescribing.pdf.
[2] Ibid.

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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 pharmacists. In addition, 74 percent of the women prescribed birth control by pharmacists had no history of birth control prescriptions in the past month.[3] 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.[4] Because 42 percent of unintended pregnancies end in abortion, it is reasonable to conclude that the pharmacy access model reduced abortions in the state as well.[5]

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.[6] An overall increase in birth control use and the use of more effective methods is credited as the primary reason for this decrease.[7]

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[3] Maria Rodriguez, et al., "Association of Pharmacist Prescription of Hormonal Contraception with Unintended Pregnancies and Medicaid Costs" *Obstetrics & Gynecology* 133:6 (June 2019) pp. 1238-1246. .https://journals.lww.com/greenjournal/Abstract/2019/06000/Association_of_Pharmacist_Prescription_of_Hormonal.23.aspx.

[4] Lorinda Anderson, et al., "Pharmacist Provision of Hormonal Contraception in the Oregon Medicaid Population," *Obstetrics & Gynecology* 133:6 (June 2019) pp. 1231-1237. https://journals.lww.com/greenjournal/Abstract/2019/06000/Pharmacist_Provision_of_Hormonal_Contraception_in.22.aspx.

[5] "Contraceptive Use in the United States by Demographics," Guttmacher Institute, May 2021. https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states.

[6] Rachel K. Jones and Jenna Jerman, "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014," *American Journal of Public Health* 107:12 (December 2017) pp. 1904-1909. https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304042.

[7] Laura D. Lindberg, et al., "Changing Patterns of Contraceptive Use and the Decline in Rates of Pregnancy and Birth Among U.S. Adolescents, 2007-2014," *Journal of Adolescent Health*, 63:2 (Aug. 1, 2018), pp. 253-256. https://www.jahonline.org/article/S1054-139X(18)30200-3/fulltext; M.A. Biggs, et al., "Did increasing use of highly effective contraception contribute to declining abortions in Iowa?" *Contraception* 91:2 (Feb. 1, 2015), pp. 167-173. https://www.contraceptionjournal.org/article/S0010-7824(14)00733-1/fulltext.

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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 2014, 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.[8]

There is no denying that hormonal birth control is effective. When taken properly, the pill has a failure rate of less than 1 percent. Meanwhile, couples who do not use any method of contraception have an 85 percent chance of getting pregnant within a year.[9] 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.[10] Leading medical groups like the American College of Obstetricians and Gynecologists, the American Medical Association and the American Academy of Family Physicians all agree that birth control is appropriate for use without any prescription barrier.[11]

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[8] "Unintended Pregnancy in the United States," Guttmatcher Institute, January 2019. https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states.

[9] "Contraceptive Use in the United States by Demographics," Guttmacher Institute (2021). https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states.

[10] Kate Grindlay, et al., "Prescription requirements and over-the-counter access to oral contraceptives: a global review," *Contraception* 88:1 (Dec. 10, 2012) pp. 91-96. https://pubmed.ncbi.nlm.nih.gov/23352799/.

[11] "Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy," American College of Obstetricians and Gynecologists, *Committee Opinion* No. 642, October 2015 (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; "Memorial Resolutions Adopted Unanimously," American Medical Association, 2017. https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/hod/a17-resolutions.pdf; "Over-the-Counter Oral Contraceptives," American Academy of Family Physicians, 2014. https://www.aafp.org/about/policies/all/otc-oral-contraceptives.html.

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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, AB 36 is a significant step toward more sensible regulation and deserves serious consideration.

Respectfully submitted,

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