



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

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Written testimony of Courtney Joslin  
Resident Fellow, R Street Institute

Rhode Island House Committee on Health and Human Services

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Pharmacist-Prescribed Birth Control in the States

Chairman Casey and members of the House Health and Human Services 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 how other states have safely increased access to effective family planning methods with this model.

To date, 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 trial 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 is meant to increase access to preferred family planning methods by reducing the usual—and sometimes prohibitive—cost and time associated with obtaining a birth control prescription from a doctor. Further, if more women can access the birth control methods they want, then unintended pregnancies and the public healthcare costs associated with them should decrease.

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 prohibitive for many.<sup>2</sup> Further, 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>3</sup> Unintended pregnancies in the United States are costly to women, their families and taxpayers. For example, in 2010 alone, federal and state



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governments spent over \$21 billion combined on the medical costs associated with unintended pregnancies. Of that, state governments shouldered nearly \$6.4 billion.<sup>4</sup>

Of course, any healthcare-related reform must ensure patient safety. Pharmacists are trained medication experts, and over 3,300 pharmacies are now safely prescribing birth control.<sup>5</sup> Additionally, research has 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.<sup>6</sup> Moreover, 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>7</sup>

Finally, expanding options for birth control access means more women can access preferred contraceptive methods during a time when doctors are difficult to come by. The COVID-19 pandemic drastically shifted access to healthcare providers, and many states issued temporary orders allowing pharmacists to extend prescriptions for patients suddenly unable to visit their doctor during stay-at-home orders. Unfortunately, limited access to doctors will extend beyond the pandemic. In 2018, the Association of American Medical Colleges estimated that by 2030 the United States will face a shortage of 120,000 primary and specialty physicians.<sup>8</sup> Simply put, many women—especially in rural areas—have increasingly limited access to doctors, and pharmacists can somewhat alleviate the problem.

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 as states move forward from the pandemic.

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 (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> 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>4</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>5</sup> “Find a Birth Control Pharmacy Near You,” Birth Control Pharmacies, last accessed Feb. 8, 2021. <https://www.birthcontrolpharmacies.com>.

<sup>6</sup> Rodriguez et al. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2766072>.

<sup>7</sup> American College of Obstetricians and Gynecologists, “Over-the-Counter Access to Hormonal Contraception: Committee Opinion No. 788,” *Obstetrics & 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>8</sup> Association of American Medical Colleges, “New Findings Confirm Predictions on Physician Shortage,” Press Release, April 23, 2019. [https://news.aamc.org/press-releases/article/workforce\\_report\\_shortage\\_04112018](https://news.aamc.org/press-releases/article/workforce_report_shortage_04112018).