Enhancing Delivery of Patient Care and Access to Hormonal Contraceptives for Women at Pharmacy Healthcare Destinations in Rhode Island

Support House Bill 7073 to provide women in Rhode Island the opportunity to receive pharmacist-prescribed hormonal contraceptives at their local, community pharmacy.

Women in Rhode Island deserve more convenient healthcare options.

- According to the Centers for Disease Control and Prevention (CDC), in 2015-2017, about two-thirds of the 72 million women (ages 15 to 49) in the United States used contraception.
- The American College of Obstetricians and Gynecologists (ACOG) reports that approximately nearly half of pregnancies are unintended in the United States, which is higher than most similar countries.ⁱⁱ Unintended pregnancies result in \$21 billion in healthcare costs annually.ⁱⁱⁱ
- To achieve the Healthy People 2020 goal to decrease the rate of unplanned pregnancies, iv ACOG has endorsed recommendations to expand access to contraceptives.

Women benefit from expanded access to hormonal contraceptives. Pharmacies offer such accessible and affordable care in neighborhoods across the nation.

- Deemed as the most accessible member of the healthcare team, through expanded hours and numerous locations, pharmacists are well-positioned to manage and provide hormonal contraceptives.
- In one state, nearly 74% of patients who received a prescription from their pharmacist had never previously had
 a contraceptive prescription. Further, the safety profile of pharmacist initiation was equal to physician
 prescribing.vi
- Facilitating increased access to contraceptives could result in major healthcare savings. For each \$1 spent on publicly funded contraceptives, nearly \$6 could be saved downstream systemwide.^{vii}

Rhode Island should join the 10 states (including Washington, DC)^{viii} that have already taken action to provide women with expanded access to contraceptives at pharmacy healthcare destinations.

• Currently, 10 states – including Maryland, West Virginia, and Washington, DC – authorize pharmacists to prescribe contraceptives without a collaborative practice agreement.^{ix}

Request:

We urge Chair Joseph McNamara and members of the House Health, Education and Welfare Committee to support HB7073 (Wilkinson) to expand women's access to contraceptives in pharmacies. This bill would allow pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives. Women deserve to receive this convenient, affordable, and quality care at pharmacy healthcare destinations.

About NACDS

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Our members operate 40,000 pharmacies and include regional chains with as few as four stores as well as national companies. Within the state of Rhode Island, NACDS members employ more than 6,190 people throughout 178 pharmacy locations; and on a national level, chain pharmacies employ more than 3 million people, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. For more information, please visit nacds.org.

¹ CDC. Current Contraceptive Status Among Women Aged 15-49: United States, 2015-2017. Updated February 2019. https://www.cdc.gov/nchs/products/databriefs/db327.htm

[©] Committee on Healthcare for Underserved Women. The American College of Obstetricians and Gynecologists. January 2015 (Reaffirmed 2019). https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception?IsMobileSet=false

Committee on Healthcare for Underserved Women. The American College of Obstetricians and Gynecologists. January 2015 (Reaffirmed 2019). <a href="https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Committee-Opinions/Co

Department of Health and Human Services. Healthy People 2020 summary of objectives: family planning. Available at: http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives

v Committee on Healthcare for Underserved Women. The American College of Obstetricians and Gynecologists. January 2015 (Reaffirmed 2019). https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception?IsMobileSet=false

vi Anderson L, Hartung DM, Middleton L, Rodriguez MI. Pharmacist Provision of Hormonal Contraception in the Oregon Medicaid Population: Obstetrics & Gynecology. 2019;133(6):1231-1237. https://www.ncbi.nlm.nih.gov/pubmed/31135739

vii Committee on Healthcare for Underserved Women. The American College of Obstetricians and Gynecologists. January 2015 (Reaffirmed 2019). https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception?IsMobileSet=false

viii NASPA. Pharmacist Prescribing: Hormonal Contraceptives. May 2019. https://naspa.us/resource/contraceptives/

ix NASPA. Pharmacist Prescribing: Hormonal Contraceptives. May 2019. https://naspa.us/resource/contraceptives/