



JOEL KITCHENS

STATE REPRESENTATIVE • 1ST ASSEMBLY DISTRICT

Testimony for the Assembly Committee on Health Assembly Bill 36 Thursday, Oct. 7, 2021

Thank you Chairman Sanfelippo and committee members for holding a public hearing and giving me the opportunity to testify on Assembly Bill 36, which will authorize pharmacists to prescribe certain contraceptives.

Under current state law, women can only obtain most birth control through a prescription from a physician or an advanced practice nurse who has met the required qualifications.

AB 36 would, under specific circumstances, allow a woman to obtain hormonal contraceptive patches and self-administered oral hormonal contraceptives, including common birth control pills, through a prescription from a pharmacist.

The rules to establish the standard procedures for pharmacists prescribing contraceptives will be promulgated by the Pharmacy Examining Board, after consulting with the Medical Examining Board, Board of Nursing and Department of Health Services

In order to acquire a prescription for birth control from a pharmacist, the person must complete a self-assessment questionnaire and undergo a blood pressure screening. The questionnaire must be developed in consideration of the guidelines established by the American College of Obstetricians and Gynecologists.

If there are any red flags, the pharmacist is not required to prescribe and dispense birth control and can instead refer the patient to their primary health care practitioner. If the woman is deemed a match, the pharmacist must dispense the contraceptive as soon as practicable and report the prescription to that individual's primary health care practitioners. Participation by pharmacists is voluntary and they will not be required to take part in this program if they have moral objections to birth control.

I will point out that women can currently purchase birth control online after answering a few questions by telephone from a doctor. That process is a far less rigorous than that proscribed in this bill.

This bill only applies to women who are at least 18 years of age.

One of the reasons we introduced AB 36 is because of the high costs associated with unplanned pregnancies.

According to the latest available statistics, nearly half of pregnancies in both Wisconsin and across the nation are unplanned, with the highest rates reported by women in their 20s and those who live in poverty.

A study from the Guttmacher Institute found that state and federal taxpayers spend about \$21 billion annually on unplanned pregnancy-related care, with public insurance programs such as Medicaid financing 68 percent of unintended births, compared to 38 percent of planned births. This figure does not include additional costs that stem from an unplanned pregnancy's impact on educational attainment, family economics and a child's health and well-being.

Almost 63 percent of unplanned births are publically-funded in Wisconsin, with the federal and state governments spending \$313.5 million each year on this care. Of that total, \$221.4 million is paid for by federal tax dollars and \$92.1 million by state tax dollars. The total public cost for unintended pregnancies in Wisconsin is \$286 annually for every woman in the state, which is considerably higher than the national average of \$201 per woman.

Significant intergenerational health effects also exist with unplanned pregnancies. According to the Institute of Medicine, women with unintended pregnancies are more likely to smoke or drink alcohol during pregnancy, have depression and experience domestic violence. They are also less likely to obtain prenatal care or breastfeed.

Furthermore, short interpregnancy intervals have been associated with adverse neonatal outcomes, including low birth weight and prematurity, which increase the chances of children having health and developmental problems throughout their lives. Plus, these youth are more likely to score worse on behavioral and developmental measures than children who were born as a result of a planned pregnancy.

An unintended pregnancy can also severely disrupt a woman's educational goals, which in turn has a tremendous influence on future earning potential and family financial well-being. Community colleges are typically the place first generation college students begin their post-secondary education. Nationally, unplanned births are the reason 10 percent of women drop out of community college and most never obtain their degree. This perpetuates the intergenerational cycle of poverty.

Knowing all of these sobering facts, we should not be putting up artificial barriers that deny women more choices when it comes to their reproductive healthcare.

When the common birth control pill became available in the United States in the 1960s, you could only obtain the oral contraceptives through a prescription from a doctor. That made sense at the time, particularly since the pills had incredibly high hormone levels and experts were not sure how the medication would affect women physiologically.

Fast-forward almost 60 years and things have definitely changed. Decades of research has shown us that formulations for oral contraceptives have become much more benign. While all drugs come with the potential for harmful side effects – even Aspirin can cause bleeding disorders – the consensus of the medical community is that birth control pills are no more dangerous than ibuprofen.

More than 100 countries across the world allow access to birth control without a prescription. Yet, women in the United States still need a prescription from their doctor or nurse practitioner to be able to obtain birth control pills. Even the morning-after pill, which is seven times more potent than your average oral contraceptive, is available over-the-counter and doesn't require a prescription.

To understand why we need to update our laws in Wisconsin, I would like to explain that there are only two factors that are supposed to be used to determine whether a medication should be prescribed by a physician. Drugs are made prescription-only because they either have high abuse potential or they have a low margin of safety which requires a doctor's oversight.

There is no documentation that birth control pills have ever been abused and the American College of Obstetricians and Gynecologists, American Academy of Family Physicians, the Wisconsin Medical Society, the American Medical Association and the Wisconsin Nurses Association all agree that birth control pills are so safe they should be available over-the-counter and with no prescription. While that may be their preferred direction, only the Federal Food and Drug Administration can make a medication over-the-counter.

Dr. Eliza Bennett, from the UW School of Medicine and Public Health's Department of Obstetrics and Gynecology, said that the "risks associated with pregnancy are infinitely greater than those associated with birth control."

The primary health risk that comes with taking birth control is the potential for developing blood clots. The blood pressure screening performed by the pharmacist will prevent most of these problems. According to the College of OB/Gyns, this problem is easily managed and there are now multiple brands of pills with ultra-low levels of estrogen that avoid this problem. The risk of blood clots is also far greater in pregnancies than birth control.

I have also heard concerns that because birth control pills use hormones to block pregnancy, they may overstimulate breast cells, which can increase the risk of breast cancer. While there is a slight increased risk, especially in older women, a study published by *Cancer Research* shows that using birth control pills with a low dose of estrogen has not been linked to a higher probability of being diagnosed with breast cancer. While saying that birth control pills are a Class I carcinogen for breast cancer sounds ominous, it is worth noting that alcoholic beverages and working the late shift are also listed as Class I carcinogens for breast cancer.

Research also has found that birth control pills can lower the risk of uterine and ovarian cancer by 50 percent. In fact, women with family histories of these two types of cancer are frequently put on birth control as a preventive measure.

I trust the medical community which overwhelmingly believes it is much safer than many current over-the-counter drugs and should be dispensed with no screenings at all.

A couple of groups will testify today who are opposed to any birth control on moral grounds. While I respect their moral convictions, five percent of the population does not have the right to impose their morality on the other 95 percent.

You will hear very misleading data from these groups questioning the safety and efficacy of hormonal birth control. While every major medical group supports this bill, for instance, the Catholic Physicians Guild says it is dangerous to allow pharmacists to prescribe birth control. This is just one example of twisting science to justify a moral position.

I will address a couple of the criticisms you may hear from the opponents of this bill. While these critics may not agree with many of the things I'm about to say, if you have any questions regarding the validity of the forthcoming information, please contact my office and we will be happy to provide you with science-based documentation.

First, they will tell you that birth control is not effective and gives women a false sense of security. There is always room for some human error, but when used consistently and correctly, oral contraceptives are 99.9 percent effective.

In any given year, the two-thirds of American women at risk of unintended pregnancy who use contraceptives regularly throughout the year account for only 5 percent of all unplanned pregnancies. Meanwhile, 95 percent of unintended pregnancies are attributed to the one-third of women who do not use contraceptives or who use them inconsistently.

They may point to a Canadian study that says that most unplanned pregnancies occur in women who are using birth control. What they leave out is that this study considers such unreliable means of preventing pregnancy as the rhythm method and withdrawal to be "birth control."

The primary cause of irregular use is a lack of access. I think it is ironic that the people who oppose increased access to birth control are citing ineffectiveness when that lack of access is the major contributor to failure. Many OBGYNs have told me that women will frequently run out of oral contraceptives and cannot get an appointment with their doctors in a timely fashion. A large number of women also forget to bring their pills with them when they go on vacation. This bill will help alleviate that.

Some opponents are also claiming that birth control pills are an abortifacient that works by blocking the implantation of a viable embryo. However, that claim is purely hypothetical – there is no scientific evidence that oral contraceptives work this way.

Birth control pills stop pregnancies from happening by blocking ovulation and thickening the cervical mucus, which prevents sperm from entering the uterus. OGBYNs tell me that if oral contraceptives did block the implementation of a viable embryo, we would expect to see large numbers of ectopic pregnancies with women on the pill – and that is simply not happening.

A report from the Committee on Health Care for Underserved Women that was provided to my office by the American College of Obstetricians and Gynecologists says clearly that none of the current forms of the pill that are available are abortifacients. The current label on birth control pills says that it may prevent implantation of a viable embryo. ACOG says that this label was written in 1999 and does not reflect current research nor the opinion of the medical community.

I am also hearing from critics of AB 36 that birth control actually increases the number of unplanned pregnancies and abortions in our state and country.

According to a 2018 report from the Centers for Disease Control, unintended pregnancy is the major contributor to induced abortion. “Increasing access to and use of effective contraception can reduce unintended pregnancies and further reduce the number of abortions performed in the United States,” the report states.

Data from the Guttmacher Institute also shows that from 2008 to 2014, the steep drop in unintended pregnancies — including births and abortions— was likely driven by improved contraceptive use. The U.S. abortion rate decreased 25 percent between 2008 and 2014, while the percentage of unplanned pregnancies that are terminated by abortion, about 40 percent of unplanned pregnancies, has remained unchanged.

The evidence shows that increased contraceptive access played a larger role in reducing the number of abortions than new abortion restrictions. While I support the other pro-life bills being heard today, this bill will have a far greater impact on reducing the number of abortions in Wisconsin than any of them.

I would also like to point out that making birth control available with a prescription from a pharmacist is gaining popularity across the country.

There are currently 23 states that allow women to get their birth control prescriptions from a pharmacy. Washington, D.C., does as well. Several other states are currently considering similar legislative proposals. That number is up from 15 when I first introduced this bill just two years ago. This is not a Republican or Democratic issue. Most of the states to recently enact this legislation have been red states. Already this year, North Carolina, Arkansas, Arizona, Illinois and Nevada have passed this legislation.

Oregon was the first state to pass the pharmacist/birth control law and the results so far have been very encouraging. According to research conducted by Oregon State University, Oregon prevented more than 50 unintended pregnancies and saved an estimated \$1.6 million in

associated taxpayer costs in the first two years the law went into effect. Knowing that 40 percent of unplanned pregnancies end in abortion, this means 20 less abortions occurred.

As you can see, we are proposing AB 36 to give women more choices with their reproductive healthcare, decrease the number of unplanned pregnancies and abortions in our state, save taxpayer dollars and reduce generational poverty.

I respect the position of those who morally oppose birth control, but we must not allow a small group to impose their morality onto others. We should not be putting up artificial barriers that prevent increased access to birth control – especially when there is no medical basis to do so.

I want to thank you for taking the time to listen to my testimony, and I hope you consider supporting AB 36. I am also extremely appreciate of all the work that my co-authors, Sen. Felzkowski and Rep. Magnafici, and their staff put into this bill. I am now happy to answer any questions if you have them.