

PHARMACIST-PRESCRIBED CONTRACEPTION

HB 233
Rep. Dogan

Access Matters. Being able to get and use birth control is vital for women's health and ability to plan and control their lives. Couples who do not use any method of contraception have an approximately 85% chance of experiencing a pregnancy over the course of a year.

How Does Pharmacist-Prescribed Contraception Work? This legislation would add to a pharmacist's allowable duties the ability to prescribe oral contraceptives to women age 18 and over. Women who are under the age of 18 will be required to show proof of a previous prescription.

51% of all pregnancies in Missouri are unintended and MO HealthNet (Medicaid) pays for 43% of all births in Missouri. Access to contraception is critical for reducing unintended pregnancies.

While 37% of Missouri's population lives in rural counties, only 18% of the primary care physicians are located in rural counties. This presents a barrier to reproductive health care for many Missourians, which HB 233 could alleviate.

The American College of Obstetricians and Gynecologists has called for improved access to contraceptives for women, including the possibility of over-the-counter status. Studies have suggested that patients with an appropriate survey document can effectively self-screen for risks. California & Oregon have passed similar legislation and are also in the process of writing rules and enhancing pharmacist education.

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Increased Access = Increased Savings. Because contraception can help women avoid unintended pregnancies, contraceptive supplies and services can substantially reduce the societal costs. The weight of the evidence across numerous studies shows that preventing unplanned pregnancy results in significant cost savings to society, and that *making contraception affordable and accessible plays a direct and obvious role in helping women avoid such pregnancies.*

Unintended pregnancy costs federal and state taxpayers between \$9.6 and \$12.6 billion annually in medical costs.

Prenatal, postpartum, and infant care costs for unintended pregnancies that were publicly funded range between \$7,664 to \$12,613 per pregnancy. Access to contraception would decrease unintended pregnancy, thereby decreasing publicly funded births.

The UCSF Bixby Center found that if women were able to obtain oral contraceptives without a prescription, there would be an 11 to 21% increase in the number of women using the Pill. As a result, the rate of unintended pregnancies in the U.S. would decrease by 7 to 25%.



As access to contraception increases, cost savings to the State and Federal governments also increase.