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New Jersey Health Care Quality Institute Testimony on Senate Bill 404

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Thank you for inviting me to provide expert testimony for the committee's consideration of S.404. My name is Brittany Lee. I am a Program Officer at the New Jersey Health Care Quality Institute where I lead our work on improving the quality and equity of reproductive health in New Jersey. Senate Bill 404 would permit pharmacists to furnish self-administered hormonal contraceptives without an individual prescription, including birth control pills, vaginal rings, and diaphragms.

The mission of the Quality Institute is to improve the safety, quality, and affordability of health care for everyone. Reproductive health, and specifically access to the full range of contraceptive methods for everyone in New Jersey, is a focus area of the Quality Institute. Over the past few years, our organization has conducted significant research and stakeholder convening around barriers to birth control, the impact they have on personal and public health and solutions to move towards improved access.

Contraceptive care is an essential health care service and helps individuals make very important and personal decisions about when and if they choose to have children. Access to birth control is directly associated with reductions in unintended and high-risk pregnancies, supports safe spacing of pregnancies, and reduces rates of maternal and infant mortalityⁱ.

Unfortunately, New Jersey lags behind much of the country in providing access to quality contraceptive services. Studies show:

- As of March 2020, over **435,000** New Jersey women in need lived in "contraceptive deserts," which are counties where there is no reasonable access to a health center that offers all forms of birth controlⁱⁱ
- New Jersey ranks **4 out of 50** for states with the highest number of teen birthsⁱⁱⁱ
- In 2019, over **25%** of pregnancies in New Jersey were unintended^{iv}

Barriers to accessing contraceptives, including costs of physician appointments, time-off from work and childcare needed to attend appointments, and a lack of available family planning providers all contribute to these statistics. If, however, an individual can avoid multiple trips to their clinician's office and the pharmacy to get their birth control, they are less likely to face gaps in contraceptive use and may avoid an unplanned pregnancy. Increasing the role of pharmacists to furnish specific forms of birth control without a prescription, as S.404 proposes, would improve access to birth control. By doing so, this bill, would also address health care disparities that make it more difficult for low-income or underserved populations to get the contraceptive method of their choice.

To date, over a dozen states have passed legislation allowing pharmacists to prescribe contraceptives. These policy changes have allowed individuals who were interested in but not using contraception, to obtain a

prescription via a pharmacist. In a 2019 study of four states with these laws, women who were prescribed contraceptives by a pharmacist, as opposed to a clinician, were younger, had less education, and were more likely to be uninsured.^v In Oregon, which has one of the most established pharmacy prescribing programs in the country, almost three-fourths of patients enrolled in the state's Medicaid program who were prescribed contraception by pharmacists did not have a prescription for one in the past month – indicating that they were either newly using contraceptives or previously experiencing a gap in contraceptive use.^{vi}

Early data from Oregon's program also points to cost savings as a result of the program, with research indicating that the program resulted in fewer unintended pregnancies and a \$2 million reduction in associated publicly funded health care costs within the first two years^{vii}. Research has also shown that when contraceptives are prescribed by pharmacists, patients are more likely to receive extended supplies for their birth control, which has been proven to result in higher rates of continuation and adherence of the medication^{viii}.

One of the primary concerns raised around pharmacist prescribing of contraceptives is that of patient safety in taking a new medication without consultation with a physician. However, major professional organizations, including American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the American Medical Association support access to self-administered forms of birth control via over the counter^{ix}. Research has demonstrated that these contraceptives are safe enough for individuals to screen themselves for contraindications, which is why they are available over the counter in many other countries^x. The additional training and oversight of pharmacist prescribing models, such as that included in this legislation, provides for even further opportunities for screening and consultation to ensure patient safety and satisfaction beyond what might be medically necessary.

This policy change is an essential step forward to advancing access to reproductive health services and removing undue barriers to contraceptive care. The proposed legislation effectively ensures that patients receive their contraceptives in safe manner, while also utilizing standing orders versus a collaborative agreement process seen in other states that would impose additional hurdles for pharmacists to provide this service. The inclusion of a consumer education campaign mentioned in the legislation will also help this program be successfully implemented, which has been a challenge in other states.

We strongly recommend, however, that S.404 be amended to include individuals covered by the state's Medicaid program. This change would maximize the law's impact and increase equity in contraceptive access. Additionally, we suggest expanding the types of contraceptives pharmacists can furnish to include injectable contraceptives, including the birth control shot, to mirror the work of other states in expanding access to all forms of birth control deemed safe for pharmacist administration, such as is done in Oregon^{xi} and New Mexico^{xii}.

We thank the Committee for its invitation to submit expert testimony on this important topic. We look forward to continued opportunities to work with the State to ensure everyone in New Jersey can access essential reproductive health services.

ⁱ <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception#:~:text=Contraceptive%20use%20confers%20significant%20health,unsafe%20abortions%2C%20and%20medic al%20therapy.>

ⁱⁱ <https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-new-jersey>

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