

IMPROVING WOMEN'S ACCESS TO HORMONAL CONTRACEPTION

HB5747- Representative Michelle Mussman, D-Schaumburg

Please Vote Yes!

HB5747: Amends the Pharmacy Practice Act to expand Illinois women's access to hormonal contraceptives.

Background:

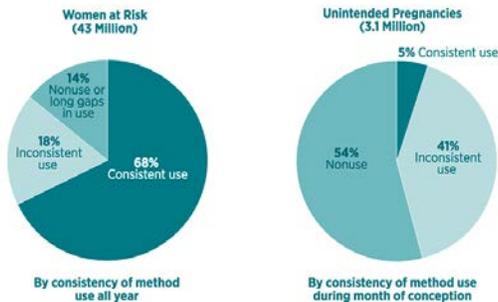
- In 2014, 772,510 Illinois women aged 13-44 were in need of publicly funded family planning services.²
- 154,660 women received contraception from publicly supported family planning centers in 2014²
- Only 20% of Illinois women's needs for contraception services and supplies were met. ²
- In 2010, unintended pregnancies cost the federal and state governments \$21 billion dollars.³
- By decreasing the number of unintended pregnancies through family planning services, taxpayers saved \$13.6 billion in 2010, with a savings of \$7.09 for every \$1 spent.³
- Having pharmacists able to prescribe oral contraceptives could decrease the number of unintended pregnancies by 7-25%.⁴
- Currently, Oregon, California, Colorado, New Mexico, Maryland, and Hawaii allow pharmacists to prescribe contraception.

In 2010, 52% of all pregnancies in Illinois were unintended.¹

Pharmacists and HB5747 United:

MODERN CONTRACEPTION WORKS

In 2008, the two-thirds of U.S. women at risk of pregnancy who used contraceptives consistently accounted for only 5% of unintended pregnancies.



NOTES: "Nonuse" includes women who were sexually active, but did not use any method of contraception. "Long gaps in use" includes women who did use a contraceptive during the year, but had gaps in use of a month or longer when they were sexually active. "Inconsistent use" includes women who used a method in all months that they were sexually active, but missed taking some pills, or skipped use or incorrectly used their barrier method or condom during some acts of intercourse. "Consistent use" includes women without any gaps in use who used their method consistently and correctly during all months when they were sexually active, including those who used a long-acting or permanent method.

Access to contraceptives is crucial in reducing unintended pregnancies. Studies have shown that the requirement to see a doctor and obtain a prescription before receiving birth control can be a substantial obstacle for some women, especially those of lower socioeconomic levels. Allowing women to purchase birth control without a previous doctor's visit will be empowering for women by providing improved access, more options, and better health.

Under the bill, pharmacists with specialized training will be authorized to provide hormonal contraceptive patches, vaginal ring, and self-administered oral hormonal contraceptives after a screening process in which women fill out a questionnaire about their health and medical history. The contraceptives would be covered by insurance, as they are now.

Pharmacists are the most accessible healthcare professional that receives the most extensive training in proper use of all medications; it only makes sense to utilize these providers to expand access to ensure women have access to additional, very effective, preventative options for contraception.

1. Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002*, New York: Guttmacher Institute, 2015, <https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002>.
2. Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update*, New York: Guttmacher Institute, 2016, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.
3. Sonfield A and Gold RB, *Public Funding for Family Planning Sterilization and Abortion Services, FY 1980-2010*, New York: Guttmacher Institute, 2012, <https://www.guttmacher.org/report/public-funding-family-planning-sterilization-and-abortion-services-fy-1980-2010>.
4. Potential public sector cost-savings from over-the-counter access to oral contraceptives Foster, Diana G. et al. *Contraception*, Volume 91, Issue 5, 373 – 37.
5. Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014.



Vote Yes for HB5747!

