

Alison Lutz, MD
OPR pharmacist prescribing testimony

Good afternoon members of the Senate Government Operations Committee, and thank you for your time. My name is Dr. Ali Lutz, and I am currently in my last year of residency training in Obstetrics and Gynecology at the University of Vermont Medical Center. I am here today in support of granting pharmacists the ability to prescribe hormonal contraception. The ability of a person to control whether and when they want to become pregnant is a key element of patient autonomy. While there are numerous options for hormonal contraception, many barriers exist to access. By granting pharmacists the ability to prescribe medications, the state of Vermont will be removing one key barrier to access to hormonal contraception, and improve patient-centered care.

In 2010, 46% of all pregnancies in Vermont were unintended. The rate of unintended pregnancies for economically disadvantaged women is five times that of higher income women. Unintended pregnancy is more likely in women who do not use contraception or who use it inconsistently. Those who are economically disadvantaged are more likely to face barriers to care, which are one reason for inconsistent or nonuse of contraception. One national survey of 1385 women reported that among the 68% of the individuals who had ever tried to obtain a prescription for hormonal contraception, 29% had problems accessing the initial prescription or refills. Some people have trouble finding a provider, getting an appointment, or affording a day off work. Some have established providers that require a clinic visit or pap smear prior to a prescription, neither of which is necessary to safely obtain contraception. I recently saw a young woman in clinic who is a sophomore at the University of Vermont. She is originally from out of state, and had been unable to get her home provider to prescribe her birth control without an appointment. She had trouble getting into a provider in Burlington, so went two years without her birth control pills. Many of these difficulties would be addressed with authorizing pharmacists to prescribe hormonal contraception.

While many are in support of decreasing barriers to contraception, a frequent concern is that prescribing many medications safely requires more than is within the purview of pharmacist training and education. However, a number of studies have demonstrated the safety and efficacy of non-physician prescribers. In a study specifically on pharmacist provision of hormonal contraception, pharmacists successfully used checklists and blood pressure measurements to identify women without contraindications to hormonal contraception. It is true that a number of contraindications exist to different hormonal contraceptives. However this is the case with many over-the-counter medications today, and we trust people to safely take these medications without physician oversight. A pharmacist with four years of postgraduate, doctorate level education in pharmacy has the training and knowledge base to guide patients in the appropriate initiation and use of hormonal contraception, as well as number of other medications. Pharmacists are responsible for going through patients' medication lists that may have been prescribed by many

different doctors, and make sure they can safely be taken together. They have a complex understanding of the interactions between medications, as well as the role for medications in treatment and health maintenance. They are a valuable component of a patient's medical care team, and granting pharmacists the ability to prescribe birth control is a reasonable extension of this role, especially in light of a physician shortage and access barriers.

In an effort to address barriers to access to contraception, thirteen states and the District of Columbia have granted pharmacists the ability to legally prescribe or directly administer hormonal contraception. The American College of Obstetricians and Gynecologists, as well as many other professional organizations, support improving access to hormonal contraception through provision outside of physician administration. As a physician invested in the well-being of Vermont women, I urge you to support the establishment of infrastructure and protocols to allow pharmacists to prescribe certain medications. We know unintended pregnancy is a problem, and barriers to care lead to unintended pregnancy. Vermonters deserve every effort to support their ability to choose when to start a family, and to control their reproductive future.