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Subject: HB 5436 Pharmacists Prescribing Birth Control  
HB 5435 Insurance Coverage for Pharmacists Prescribed Birth Control  
HB 5013 12-Month Birth Control Supply

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Chair Rogers and the members of the House Committee on Health Policy:

Thank you for the opportunity to speak on House Bills 5013, 5435, and 5436. My name is David Bright, and while I am a Professor at Ferris State University, I am here today on behalf of the Michigan Society of Community Pharmacists Board of Directors, and my views do not necessarily represent that of Ferris State University.

As has been mentioned earlier, pharmacists across 29 US States have been empowered to prescribe and dispense hormonal contraception products since 2013, meaning that pharmacists across the country have leveraged this authority to improve access to contraception, reduce unintended pregnancies, and reduce overall health care spending. Michigan has the opportunity leverage more than a decade of experience and research across other states to drive a strong and successful path of implementation. I would like to briefly highlight a few of these findings in other states and then describe how those findings reflect why the MPA supports these three bills in Michigan.

First, findings in Oregon identified that pharmacists quickly began prescribing roughly 10% of all new pill and patch contraception products for Medicaid enrollees. Roughly 3 in 4 patients receiving a prescription from a pharmacist did not have a contraception prescription filled in the past 30 days, suggesting that contraception access was drastically improved. Even after accounting for fees paid to pharmacists for the service of seeing patients and issuing prescriptions, this model demonstrated an estimated cost savings to Medicaid of \$1.6MM in just the first 24 months of operation. In other states where a clinical payment model did not exist, implementation was far slower, and access was impeded. The combination of House Bills 5435 and 5436 appears to leverage these lessons to better ensure a more rapid and widespread implementation of contraception prescribing by pharmacists in Michigan through simultaneously advancing both a clinical and a financial model for this service.

Second, language in House Bill 5436 requires "use of a self-screening risk assessment tool that is based on best practices for contraception use." This language closely resembles processes implemented in other states and provides very clear information to guide the prescribing decisions. While there is always fear of making clinical errors with processes like this, error rates using this model are very low and are also very consistent regardless of whether the prescription originates from a physician, a mid-level provider, a telemedicine provider, or a pharmacist. Therefore, the processes outlined in House Bill 5436 mirrors the safe practices that exist in other settings and other states.

Third, we have seen in recent years that contraception access issues exist everywhere. Even if you do not personally take a hormonal contraception product, I am confident that most people in the room have at one time or another seen a physician to obtain a written (or electronic) prescription before travelling next to a pharmacy to obtain the prescribed drug product. While some in Michigan may not find transportation or schedules to be a barrier to seeing a physician, we cannot overlook that these may be a significant challenge for

some in our state, particularly those in more rural areas. Not only does House Bill 5013 offer reduced logistical hurdles through 12-month supplies of contraception products, but transportation and schedule logistics would be greatly improved if patients had to only go to a pharmacy and not to both their physician's office and a pharmacy to obtain a contraception prescription. While House Bill 5436 offers such convenience to patients, data also suggest that patients recognize the convenience and time savings of skipping the physician's office and going straight to the pharmacy.

In fairness, reasonable people can hear or read about what is done in other states and still have concerns, particularly when phrases like "skip the physician's office" are uttered. In this case, skipping physician office visits sounds like a potential to risk missing other health screenings or care from their provider. However, to quote the American College of Obstetricians and Gynecologists (ACOG) Committee Opinion 788, "Pelvic and breast examinations, cervical cancer screening, and sexually transmitted infection screening are not required before initiating hormonal contraception and should not be used as reasons to deny access to hormonal contraception." In essence, these bills follow the direction of ACOG in prioritizing access and dispelling fears about potentially lacking health screenings, and instead offer to the patient a pharmacist as a solution. House Bill 5436 includes language about "notifying the individual's primary care provider, if provided by the individual," which creates a great opportunity for the pharmacist to emphasize team-based care and to encourage the patient to not miss any other critical health care needs.

Reasonable people may also be concerned that pharmacists may need training before taking on the role of contraception prescribing. Just as is the case in the majority of other states where pharmacists have begun prescribing contraception products, House Bill 5436 specifically references a training requirement to help ensure that pharmacists are appropriately prepared for this task. In this way, it is reasonable to expect that pharmacists in Michigan may be able to very quickly obtain the necessary training to offer such a service in a safe and effective way.

While it is easy for me as a pharmacist to advocate for pharmacists, I would like to again quote the ACOG Committee Opinion 788 where it is stated that "pharmacist-provided contraception may be a necessary and immediate step to increase access to contraception..." The Michigan Pharmacists Association appreciate the work done to construct House Bills 5435, 5436, and 5013 to empower pharmacists in Michigan to take this "necessary and immediate step" to increase access to contraception, to reduce unintended pregnancies, and to reduce health care spending in Michigan.

Thank you, and I would be happy to address any questions or concerns that you may have.

Respectfully submitted,



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