

June 18, 2025

The Honorable Melissa A. Murray, Chair
The Honorable Pamela J. Lauria, Vice Chair
Senate Health and Human Services Committee
Rhode Island Senate
Providence, RI 02903

RE: SUPPORT FOR S 476 – RELATING TO BUSINESS AND PROFESSIONS – PHARMACIES

Dear Chair Murray, Vice Chair Lauria, and members of the Senate Health and Human Services Committee:

We thank you for the opportunity to submit testimony for S 476, a bill that removes the three-month supply limit from pharmacist prescribed contraceptives. The legislation also changes the stakeholders involved in adopting rules for these changes to only include the state's Board of Pharmacy with the Department of Health. The state's medical board and nursing board will no longer be in consultation with rulemaking. We are proud to support the bill not only because it improves access to critical care and gives pharmacists greater autonomy within their profession and greater freedom to provide contraceptive services.

NCPA represents the interest of America's community pharmacists, including the owners of more than 19,400 independent community pharmacies across the United States and 18 independent community pharmacies in Rhode Island. These Rhode Island pharmacies filled over a million prescriptions last year, impacting thousands of patients in your state. Our members are small business owners who are among America's most accessible healthcare providers, and they provide an expanding set of health care services to millions of patients every day.

Currently at least 21 states have authorized pharmacists to prescribe hormonal contraceptives. In Oregon, this authorization helped the state avert an estimated 51 unintended pregnancies and save \$1.6 million in the first year of implementation.¹ As 45% of pregnancies in the United States are unintended, this expanded access to contraception is critical.² Data reported in two studies, conducted by researchers at OHSU and the OSU/OHSU College of Pharmacy and published May 9, 2019, in the journal *Obstetrics and Gynecology* underscores that pharmacist-prescribed

¹ Anderson L, et.al. Pharmacist Provision of Hormonal Contraception in the Oregon Medicaid Population. *Obstet Gynecol.* 2019;133(6):1231-1237. doi: 10.1097/AOG.0000000000003286.

²<https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm#:~:text=In%202008%2C%20women%20reported%20that,higher%20rates%20of%20unintended%20pregnancy.>

contraception is an innovative program that can reach such outcomes. The studies also show that in the first two years after the policy change, pharmacist prescription of contraception averted more than 50 unintended pregnancies and estimated **\$1.6 million** in public costs, such as those required for medical care associated with poor maternal and infant outcomes.

Contraceptive care is well within the profession's scope of knowledge. Pharmacy school requires many weeks-months of education in pharmacy school on this subject. Pharmacists have a long history of supporting the teaching of pharmacotherapy courses for other providers such as physician assistants, nurse practitioners, physicians, and other specialists to help support and build the essential knowledge of drug therapy and establish a collaborative nature during the critical years of education.

We appreciate the bill's sponsor Senator Mack, and the Rhode Island Pharmacists Association for championing these critical issues and urge this bill to be approved by this committee and brought to the floor for a full vote.

Sincerely,

A handwritten signature in black ink, reading "Joel Kurzman". The signature is written in a cursive, flowing style.

Joel Kurzman
Director, State Government Affairs
National Community Pharmacists Association