



Testimony in Support of -4 Amendment to HB 2879

House Committee on Rules

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Anna Stiefvater, RN, MPH, Chair, ONA Cabinet on Health Policy
Sarah Baessler, Director of Health Policy and Government Relations, ONA

Chair Hoyle and Members of the Committee:

Thank you for the opportunity to provide this testimony in support of the -4 amendment to House Bill 2879, which aims to increase access to birth control by allowing pharmacists to prescribe oral contraceptives and the patch.

ONA is proud to represent more than 12,000 nurses, nursing students, and nurse practitioners from around the state. Our members work in nearly every health care setting, from hospitals and clinics, to county public health departments and corrections. ONA's nurse practitioner (NP) members serve as primary care providers and women's health care providers. Oregon NPs have full prescriptive authority and routinely prescribe the medications covered by this bill.

ONA is working with the sponsors of this bill on an amendment that would include the Oregon State Board of Nursing (OSBN) as one of the key groups the Board of Pharmacy would consult with during the rulemaking process. The bill's current language lists only the Oregon Medical Board and the Oregon Health Authority. Oregon NPs are licensed by the Board of Nursing, which also has rules and policy around prescriptive authority. Because the OSBN regulates primary care providers, it is appropriate to have them as central stakeholders in the rulemaking process.

ONA has a long history of supporting policies that improve access to care. Our health policy platform specifically identifies supporting the right of women to access reproductive care, supporting health programs to meet the specific needs of vulnerable and underserved populations, supporting patient autonomy, and supporting policies and programs that promote access to health care for all Oregonians. The need for women to have access to comprehensive primary and preventive care fits all of these policy goals.

The need for this bill indicates that women aren't always able to quickly access the care they need. We know that half—and even more for some populations—of pregnancies are unintended and that unintended pregnancies come with significant risks for both the mother and baby. The risks of unintended pregnancy are greater than the risks of taking oral contraceptives, and the data indicates that through the self-assessment tool, women are very good at identifying risk factors they may have that would indicate oral contraceptives or the patch aren't a safe choice for them.

Women should have access to comprehensive contraceptive counseling so they can be counseled on which methods of contraception are the most effective. Women should also have access to care for other health care needs. Comprehensive care for women of childbearing age entails more than a prescription for birth control, though that is certainly an important component of care. This bill should not be seen as a substitute for continued work to ensure that all women, and all Oregonians, have timely access to comprehensive primary care. Nor should a birth control prescription issued by a pharmacist replace a relationship between a patient and her primary care provider.

However, the current process that requires a patient to see a prescribing provider in order to access most methods of birth control is a barrier to timely access to care for some patients.

ONA urges your support of the -4 amendment to HB 2879.