



WISCONSIN CATHOLIC CONFERENCE

TESTIMONY REGARDING ASSEMBLY BILL 304: PHARMACIST CONTRACEPTIVE PRESCRIBING

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The Wisconsin Catholic Conference (WCC), the public policy voice of the Catholic bishops of Wisconsin, urges you to oppose Assembly Bill 304, which allows pharmacists to prescribe certain hormonal contraceptives. This bill not only impacts women's health in Wisconsin, but also alters established medical standards and impacts the individual conscience rights of pharmacists.

The Catholic Church opposes the use of artificial contraception. However, the Church's objection to artificial contraception is not about trying to penalize or control individuals. It is about prizing the most creative power that we human beings possess. It is about protecting the human dignity of parents and their unborn children. It is about reminding society that women should not have to radically delay childbirth, artificially suppress their fertility, or ingest strong chemicals in order to get an education and participate in the workforce at every level.

The Church teaches that the use of artificial contraception restricts the total self-giving of spouses and introduces a "false note" in a marriage, sometimes causing one or both spouses to treat each other more like objects rather than people. In some cases, the failure of contraception may tempt couples to seek an abortion when an unwanted life is conceived. In other cases, hormonal contraception interferes with implantation, thus ending a new human life. Finally, scientists now recognize that the growing presence of hormonal contraceptives in our waterways is having an adverse effect on the environment and on aquatic species. For all these reasons, the Church encourages all to "go organic" and utilize Natural Family Planning rather than artificial hormonal contraception.

In addition to these concerns, pharmacist prescription of contraceptives could have adverse health impacts on both a woman and her unborn child. This is because under AB 304, there would be no requirements that a pharmacist test for pregnancy, order diagnostic exams that would provide a comprehensive assessment of a woman's current health status, or even have access to a woman's complete medical history and records, all of which normally inform the medical decision-making process. For example, hormonal contraception may be contraindicated if a woman has certain health conditions, such as hypertension, diabetes, certain types of migraines, or multiple risk factors for heart disease. A doctor would have access to the woman's full medical history, as well as diagnostic tests, but a pharmacist would not.

Furthermore, while AB 304 charges certain state entities with designing the standards and rules for implementing pharmacist prescribing, these requirements are limited by the bounds of state law regarding who may engage in the practice of medicine.

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Lastly, in an era when public health advocates and policy makers are trying to improve comprehensive and high-quality primary care through regular patient-provider interactions, it is difficult to understand the need for a law that discourages individuals from annually meeting with their primary provider.

In permitting pharmacists to prescribe contraceptives, the bill also significantly alters the current legal requirements for dispensing prescriptions. Currently under Wisconsin Statutes s. 450.095, the duty to dispense lies with a pharmacy, not the individual pharmacist. A pharmacy may forgo filling a prescription if it is incompatible with another drug or device prescribed for the patient, is prohibited by state or federal law, or is fraudulent, among other reasons.

Under AB 304, once a pharmacist opts to prescribe contraceptives, the bill directs the pharmacist to immediately dispense the contraception. However, what if a pharmacist were to learn, after writing the prescription, of new information that would trigger an option under current law to forgo dispensation, such as the customer committed fraud and lied about their age? It is uncertain, given the AB 304's mandate to dispense, whether the pharmacist must continue to dispense in these circumstances.

Also, the current pharmacy duty to dispense preserves an individual pharmacist's right of conscience. This aligns with Article I, Section 18 of our Wisconsin Constitution, which explicitly affirms, "nor shall any control of, or interference with, the rights of conscience be permitted." Should AB 304 become law, commercial pharmacy chains will likely make corporate policies instituting mandatory prescribing for their pharmacists, negating the permissive choice for pharmacists highlighted by AB 304's supporters. Facilitating a commercial market where pharmacists will be expected to prescribe contraception will drive pharmacists of conscience to other states, including those that surround Wisconsin, where no such pressure to prescribe contraceptives exists.

As a Church, we recognize an inherent and inalienable dignity in every human being. Our health care system should preserve this dignity by ensuring that best practice standards are observed when prescribing synthetic hormonal medications to women. Legislation that fails to promote and protect our humanity and coerces the conscience of medical professionals should not be supported. We urge you to oppose AB 304.

Thank you.