



## WISCONSIN CATHOLIC CONFERENCE

TO: Representative Clint Moses, Chair  
Members, Assembly Committee on Health, Aging and Long-Term Care

FROM: Tia Westhoff, Associate Director for Human Life & Social Concerns

DATE: June 6, 2023

RE: Opposition to AB-176, Permitting Pharmacists to Prescribe Certain Contraceptives

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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 176, which allows pharmacists to prescribe certain hormonal contraceptives. This bill not only negatively impacts women's health in Wisconsin, but also alters established medical standards and harms the individual conscience rights of pharmacists.

Pharmacists prescribing contraceptives does not best serve the health of women in our state. Under AB-176, there are 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. A doctor would have access to the woman's full medical history, as well as diagnostic tests, but a pharmacist would only be able to rely on self-assessment.

Hormonal contraceptives are strong drugs that have been shown to increase the risk of serious diseases.<sup>1</sup> Oral contraceptives have been associated with increased risk of depression;<sup>2</sup> venous thromboembolism (VTE);<sup>3</sup> thrombotic stroke and myocardial infarction;<sup>4</sup> HIV-1 acquisition and transmission;<sup>5</sup> breast and cervical cancer;<sup>6</sup> hypertension;<sup>7</sup> and bone fractures, Crohn's disease, ulcerative colitis, systemic lupus erythematosus, and other autoimmune diseases.<sup>8</sup> Due to these risks, hormonal contraceptives are not meant to be taken without thorough evaluation and ongoing consultation with a doctor. Today when public health advocates and policy makers are trying to increase regular patient interactions with their primary care providers, it is difficult to understand a law that disincentivizes individuals from seeking such care.

In permitting pharmacists to prescribe contraceptives, the bill 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. This preserves an individual pharmacist's right of conscience and 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-176 become law, commercial pharmacy chains will likely institute corporate policies requiring mandatory prescribing for their pharmacists, undermining the argument that pharmacists will not be forced to prescribe.

While the Catholic Church opposes the use of artificial contraception with contraceptive intent, it is not opposed to the use of contraceptives for treatment of a medical disorder, such as heavy menstrual bleeding. However, fertility is not a disorder or disease. In addition, sometimes the failure of contraception can prompt couples to seek an abortion when an unexpected life is conceived.

Furthermore, now that there exist effective fertility-awareness-based methods, such as the Marquette Method developed here in Wisconsin, that give women the tools they need to understand their own reproductive health, the State of Wisconsin should not be pushing for the expansion of powerful artificial drugs.

Whether or not one agrees with the Church's stance on contraception, there are serious risks that should give everyone pause. Legislation that fails to promote and protect women's health and coerces the conscience of individual pharmacists should not be supported. We respectfully urge you to oppose AB-176.

## References

- <sup>1</sup> Rebecca Peck & Charles W. Norris, *Significant Risks of Oral Contraceptives (OCPs): Why This Drug Class Should Not Be Included in a Preventive Care Mandate*, 79 *Linacre Quarterly* 41, 42 (Feb. 2012), <https://doi.org/10.1179%2F002436312803571447>.
- <sup>2</sup> Charlotte Wessel Skovlund, et al., *Association of Hormonal Contraception with Depression*, *JAMA Psychiatry* (Sept. 2016), <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2552796> (“Use of hormonal contraception, especially among adolescents, was associated with subsequent use of antidepressants and a first diagnosis of depression, suggesting depression as a potential adverse effect of hormonal contraceptive use.”) *See also* Eveline Mu and Jayashri Kulkarni, *Hormonal contraception and mood disorders*, *Australian Prescriber*, 45(3): 75–79 (Jun. 2022). <https://doi.org/10.18773/austprescr.2022.025> (“There is evidence to suggest that both oestrogen and progesterone influence brain function, which may be responsible for the negative mood changes and depression commonly reported in women taking oral contraceptive pills. One of the most common reasons given for the discontinuation of oral contraceptive pills is changes in mood or an increase in depressive symptoms.”)
- <sup>3</sup> Peck & Norris, *supra*, at 43 (“Oral contraceptives are associated with a three to five times higher risk of VTE”); *see also* Yana Vinogradova, et al., *Use of Combined Oral Contraceptives and Risk of Venous Thromboembolism: Nested Case-Control Studies Using the QResearch and CPRD Databases*, *BMJ* (Mar. 19, 2015), <https://www.bmj.com/content/350/bmj.h2135> (“Current exposure to any combined oral contraceptive was associated with an increased risk of venous thromboembolism ... compared with no exposure in the previous year.”); *see also* Robert A. Hatcher et al., *Contraceptive Technology*, 18th rev. ed. (New York: Ardent Media, 2004), at 405-07. A 2018 systematic review of evidenced-based articles from the 1960s to 2018 concluded that “136-260 women die from VTE a year in the United States from hormonal contraception.” William V. Williams, et al., *Hormonally Active Contraceptives Part I: Risks Acknowledged and Unacknowledged*, *THE LINACRE QUARTERLY* 126-48 (May 2021), <https://pubmed.ncbi.nlm.nih.gov/33897046>, citing L. Keenan, et al., *Systematic Review of Hormonal Contraception and Risk of Venous Thrombosis*, *The Linacre Quarterly*, 470-77 (Nov. 2018), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6322116>.
- <sup>4</sup> Ojvind Lidegaard, et al., *Thrombotic Stroke and Myocardial Infarction with Hormonal Contraception*, *New England Journal of Medicine* 366:2257-2266 (Jun. 2012), <https://www.nejm.org/doi/full/10.1056/nejmoa1111840> (finding that risks of thrombotic stroke and myocardial infarction were “increased by a factor of 0.9 to 1.7 with oral contraceptives that included ethinyl estradiol at a dose of 20 mg and by a factor of 1.3 to 2.3 with those that included ethinyl estradiol at a dose of 30 to 40 mg”); Peck & Norris, *supra*, at 45 (reporting a 200 percent increase in the risk of myocardial infarction among users of low-dose oral contraceptives); *see also* Hatcher, *supra*, at 404-05, 445.
- <sup>5</sup> Renee Heffron, et al., *Use of Hormonal Contraceptives and Risk of HIV-1 Transmission: A Prospective Cohort Study*, *The Lancet* 12(1):19-26 (Jan. 2012), <https://pubmed.ncbi.nlm.nih.gov/21975269> (“Use of hormonal contraceptives was associated with a two-times increase in the risk of HIV-1 acquisition by women and HIV-1 transmission from women to men.”); *see also* *Hormonal Contraception Doubles HIV Risk, Study Suggests*, *Science Daily* (Oct. 2011), <https://www.sciencedaily.com/releases/2011/10/111003195253.htm>.
- <sup>6</sup> NIH Fact Sheet, *Oral Contraceptives and Cancer Risk* (Feb. 2018), <https://www.cancer.gov/about-cancer/causes-prevention/risk/hormones/oral-contraceptives-fact-sheet>. A 2023 study published in *PLOS Medicine* by researchers at Oxford Population Health’s Cancer Epidemiology Unit found that use of combined oral or progestogen-only hormonal contraceptives is associated with a 20-30% higher risk of breast cancer: Danielle Fitzpatrick, et al., *Combined and progestagen-only hormonal contraceptives and breast cancer risk: A UK nested case-control study and meta-analysis*, *PLOS Med* 20(3) (Mar. 2023), <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004188>.
- <sup>7</sup> Hatcher, *supra* n. 3, at 407, 445.
- <sup>8</sup> Williams et al., *Hormonally Active Contraceptives*, *supra* n. 3.