WISCONSIN CATHOLIC CONFERENCE

TO: Senator Rachael Cabral-Guevara, Chair
Members, Senate Committee on Health

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

DATE: March 12, 2025

RE: Opposition to SB 42, 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 Senate Bill 42, 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. Pharmacists, while knowledgeable in medical management, are not equipped to provide the comprehensive medical expertise that physicians offer. Under SB 42, 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 has access to the woman's full medical history and can order diagnostic tests, but a pharmacist can only rely on the patient's self-assessment. Allowing pharmacists to prescribe these medications without a comprehensive medical history and examination compromises patient safety.

Hormonal contraceptives are potent drugs that have been shown to increase the risk of serious diseases.[1] Oral contraceptives have been associated with increased risk of depression;[2] venous thromboembolism (VTE);[3] thrombotic stroke and myocardial infarction;[4] HIV-1 acquisition and transmission;[5] breast and cervical cancer;[6] hypertension;[7] and bone fractures, Crohn's disease, ulcerative colitis, systemic lupus erythematosus, and other autoimmune diseases.[8] In May 2022, the FDA acknowledged the serious risk of breast cancer with hormonal contraceptive use, in particular by changing its safety prescribing protocols in partial response to a Citizens' Petition submitted by a group of concerned healthcare professionals and educators that formed the Contraceptive Study Group.[9] The Citizens' Petition presented research about the risks of hormonal contraceptives that revealed numerous harmful side effects. The petition requested that the FDA inform the public of those risks through reasonable labeling ("black box" warnings), but to date, most warnings have not been added.

Due to these harmful side effects, 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 why this proposal purposely sidesteps such care.

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While the bill includes a provision for pharmacists to have malpractice liability insurance, this does not mitigate the risk to patients. The potential for adverse outcomes remains. By circumventing normal standards of care, this bill helps pharmaceutical companies and pharmacies more than it helps women.

This bill will place legal pressure on pharmacists to prescribe contraceptives, even when the pharmacists may have medical or moral objections. Currently under Wisconsin Statutes s. 450.095, the duty to dispense contraceptives lies with a pharmacy, not the individual pharmacist. Current law thus 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 SB 42 become law, there will likely be great pressure through corporate policies to require pharmacists to prescribe and dispense.

Will the current protection for pharmacists to *not* prescribe contraceptives continue to exist? The bill says 'permit', but nowhere in the bill does it seem to leave room for judgment for the pharmacist not to prescribe and dispense, or refuse to give the self-assessment and blood pressure test in the first place.

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. Furthermore, now that there are extremely effective fertility-awareness-based methods, such as the Marquette Method developed here in Wisconsin, which give women the tools they need to understand and work with their own reproductive health, the State of Wisconsin should not be pushing for the expansion of powerful artificial drugs.[10] It is time for public policy to turn toward empowering women to understand their fertility, rather than masking it and pushing abortion if it fails.

Whether or not one agrees with the Church's stance on contraception, there are serious risks in this bill that should give everyone pause. Legislation that fails to promote and protect women's health and may coerce the medical judgment and conscience of individual pharmacists should not be supported. We respectfully urge you to oppose SB 42.

[1] 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.

[2] 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.")

[3] 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.

[4] 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.

[5] 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.

[6] 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.

[7] Hatcher, *supra n. 3*, at 407, 445.

[8] Williams et al., *Hormonally Active Contraceptives*, *supra n. 3*.

[9] Contraceptive Study Group, *Petition on Hormonal Contraceptives* (May 2019), https://www.regulations.gov/document/FDA-2019-P-2289-0001. See also *National Cancer Institute (NCI) and University of Oxford Study Acknowledge Breast Cancer Risk of Hormonal Contraceptives (The Pill): Contraceptive Study Group (CSG) comments on incomplete response from FDA* (Apr. 2023), https://www.usccb.org/resources/2023 Letter to Head of FDA.docx.

[10] Qiyan Mu, Richard J. Fehring, and Thomas Bouchard. *Multisite Effectiveness Study of the Marquette Method of Natural Family Planning Program.* Linacre Quarterly, 89(1):64-72 (Feb. 2022), doi: 10.1177/0024363920957515.