January 24, 2021

To Whom It May Concern

My name is Dr. Maria Rodriguez and I am an Associate Professor of Obstetrics and Gynecology at Oregon Health & Science University. I received my medical degree and completed my residency at Oregon Health and Science University and fellowship training at University of California San Francisco—where I also obtained my Master's in Public Health. I currently serve as chair of Oregon's Maternal Mortality Review Committee and as co-chair on the Medicaid Advisory Committee. My research focuses on the intersection of medicine, policy and economics. I have expertise in health economic studies and conduct health systems and policy research. I lead the PEARL study, which is a multi state portfolio of research examining how pharmacist prescription of contraception promotes contraceptive access and choice, and the association with unintended pregnancies and public costs.

As a nationally known expert in pharmacy access to contraception, I was asked to analyze the potential impact of expanding access to contraception through pharmacist prescribing in New York state. Using validated cost-effective modeling[1] and known data, the following was determined. The full methodology is detailed in the manuscript referenced below, and a copy is attached.

According to estimates, New York has 956, 710 women in need of publicly funded family planning services because they are at risk for pregnancy and have an income less than 250% of the Federal Poverty Level.[2] If New York were to increase access to contraception with pharmacists prescribing contraception at levels similar to Oregon (~10% of new prescriptions for pills and patches[3]), we would estimate that **247 unintended pregnancies would be averted annually**, at a cost savings of **$7.7 million per year** to Medicaid. These saving predominantly come from not paying for obstetric or newborn care. In addition, there are anticipated impacts on infant and maternal mortality rates that can be expected from decreasing unintended pregnancies.

As pharmacy access expands and becomes more utilized, the anticipated outcomes of decreased unintended pregnancies and Medicaid spending could surpass the estimates through this modeling. Modeling estimates are supported by what we have found in a multistate cohort study.[4]

Please do not hesitate to contact me with any additional questions or concerns.
Sincerely,

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2. https://www.guttmacher.org/sites/default/files/report_downloads/contraceptive-needs-and_services-tables-2014.pdf
3. Anderson L, Hartung DM, Middleton L, Rodriguez MI. Pharmacist provision of hormonal contraception in the Oregon Medicaid population. *Obstetrics & Gynecology*. 2019; 133(6): 1231-1237.
4. Rodriguez MI, Edelman AB, Skye M, Anderson L, Darney BG. Association of Pharmacist Prescription With Dispensed Duration of Hormonal Contraception. *JAMA Netw Open* 2020; **3**(5): e205252.