

Comment Report

SF 326

A bill for an act relating to the ordering and administering of epinephrine auto-injectors and self-administered hormonal contraceptives to persons ages eighteen years and older by a pharmacist pursuant to statewide protocols. (Formerly SSB 1103.)

Subcommittee Members: Wood-CH, Kniff McCulla, Matson

Date: 03/21/2023

Time: 08:15 AM

Location: House Lounge

Name: Lindsay Maher

Comment: Oppose this bill! This bill increases access to a product that already is widely available and that lacks true informed consent. When you speak with abortion minded women a VAST majority are already on hormonal birth control therapies. So this bill does nothing to reduce abortions, rather it will likely increase the amount of physical harm and infertility that will plague women in the future. All hormonal therapies including birth control have side effects and consequences. When you mess with the way nature and God intended for a system to work you cannot not have negative side effects or an impact on fertility/health in the future. Below are just some of the risks that hormonal contraceptives carry yet very few if any of them are listed on the various informed consent sheets given out by major medical agencies. The best way to screen for contraindications is with a primary care provider who understands the patients health history and risk profile. Health risks for women, although this bill doesnt limit these being prescribed to just women: The International Agency for Research on Cancer classifies hormonal contraceptives as a group 1 carcinogen. According to the National Cancer Institute women currently on hormonal birth control have a 24% greater risk of breast cancer. In a 2017 Danish study they found elevated percentages of up to 60% increased risk of breast cancer, cervical cancer risk increased to 10% while taking the pill for less than five years, but a 60% increase with the use over five years. Blood clots, depression, insulin resistance, gallbladder disease, heart attack, embolism, thyroid disease, nutrient depletion, etc: Infertility: the thinning uterine lining long term, 1 in 5 women have aging damage to ovaries, synthetic hormoneinduced PCOS, masking reproductive system issues that if not dealt with at the root level will end up leading to infertility.
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Name: Maggie DeWitte

Comment: Oral contraception is dangerous. The World Health Organization has classified combined hormonal contraception as a Group 1 carcinogen. This is the same classification as tobacco, arsenic, and asbestos. Women who use contraception for 11 years or longer are at a 210% increased risk of breast cancer. Contraceptives have been proven to increase the risk of blood clots, which can be fatal. They also have increased risk of causing heart disease, especially in smokers. Lawsuits have been filed blaming the Patch for several deaths due to blood clots, heart attacks and strokes. The Food and Drug Administration has cautioned that the Patch carries a higher risk of blood clots than the birth control pill. These medications should not be prescribed by anyone except a medical doctor who has access to accurate medical

records and the necessary medical tests. Hormonal Contraception is ineffective and gives women a false sense of security. The New York Times published an article that stated that the fail rate is 38% by year five and that by year ten, 61 out of 100 women who use the pill will become pregnant. According to a March 2017 Guttmacher Institute study, A substantial proportion of unintended pregnancies occur despite women's and their partners use of contraceptives. In 2001, some 48% of women experiencing an unintended pregnancy had been using a method in the month of conception. In the same study Guttmacher also reported that about half of pregnancies terminated by induced abortions in 2008 occurred during use of contraceptives. So, you can give them the pills, but faulty or incorrect use makes them ineffective in reducing unplanned pregnancies. Oral contraception can be abortifacient in nature. It is a medical fact that most if not all hormonal birth control drugs and devices, including the Patch and the Pill, can act to terminate a pregnancy by chemically altering the lining of the uterus (endometrium) so that a newly conceived child (human embryo) is unable to implant in the womb, thus starving and dying. This mechanism of action is termed a preimplantation chemical abortion. If the intend of this section of the bill is to reduce abortions, providing OTC birth control will not reduce abortions. More contraception leads to more abortions not less. And frankly, we dont have an access problem; birth control is readily available in the state of Iowa. This will undercut / damage the physicianpatient relationship. Any prescription medication carries risks, and a doctor should be monitoring those risks its not the role of a pharmacist to monitor symptoms and they do not have access to the patients medical history. And relying on a selfadministered questionnaire is not reliable people frequently do not remember the name or type of medication they have been on or currently on and would not know of the risks associated with that medication.