



## **Guarantee Women's Access to Prescriptions**

In theory, the concept is simple: a woman walks into a pharmacy with a birth-control prescription from her doctor and should walk out with the medication – without intimidation, without delay, without a run-around. But in reality, there is a growing movement of pharmacists refusing to fill women's legally prescribed birth-control prescriptions. Some pharmacists even go so far as to lecture women, humiliate them in public, or refuse to hand back the prescription after they refuse to fill it.

These pharmacists are emboldened because of laws referred to as refusal clauses (sometimes called "conscience" clauses), which permit a broad range of individuals and institutions—including hospitals, hospital employees, health-care providers, employers, and insurers—to refuse to provide, pay, counsel or even refer for medical treatment.

Refusal clauses were first enacted immediately after *Roe v. Wade*<sup>1</sup> in order to protect individuals and entities that receive certain federal funds from being required to provide abortion or sterilization if such services are contrary to their religious or moral beliefs.<sup>2</sup> Following Congress' lead, 47 states and the District of Columbia passed laws that permit certain medical personnel, health facilities, and/or institutions to refuse to provide abortion care<sup>3</sup>.

In the years following, lawmakers enacted refusal clauses only in isolated circumstances;<sup>4</sup> however, recently there has been a resurgence of legislative activity related to refusal clauses.<sup>5</sup> On the federal level, anti-choice members of Congress passed a sweeping law known as the Federal Refusal Clause,<sup>6</sup> which permits health-care companies to refuse to comply with federal, state, and local laws and regulations that pertain to abortion services, counseling, and referrals. On the state level, in 2008, anti-choice legislators in 10 states have introduced bills like these.<sup>7</sup> And, most recently, the Bush Department of Health and Human Services published a regulation that further expanded refusal rights; the regulation offers broad rights to employees who are only tangentially involved in providing the services at issue (for example, receptionists scheduling appointments), and it has the potential to grant entire health-care corporations the same "conscience" rights as those offered to individuals.

### **Pharmacy Refusals Endanger Patient Health**

Although carefully crafted refusal clauses may be appropriate in some circumstances to protect individual medical providers, broad refusal clauses have negative consequences by denying women medically necessary information, referrals, or services. For example, broad refusal clauses may allow pharmacists who erroneously believe that birth-control pills cause abortion to refuse to dispense, or provide referrals for, lawfully prescribed

oral contraceptives. Here are just some of the examples of pharmacist refusals taking place across the nation:

- **January 2007, Ohio:** Tashina Byrd tried to obtain over-the-counter emergency contraception, but a Wal-Mart pharmacist refused, with his supervisor's support, to provide her the medication. She and her boyfriend's primary contraception, a condom, had broken, so they were taking responsible steps to prevent an unintended pregnancy. Despite the FDA's decision, Wal-Mart still allows pharmacists to refuse to help customers access medication to which they are personally opposed. Tashina eventually obtained the back-up birth control at another pharmacy.<sup>12</sup>
- **December 2006, Georgia:** When Carrie Baker, a 42-year-old mother of two from Rome, Georgia, asked for emergency contraception at her local Kroger pharmacy, she was told that the head pharmacist refused to sell it for religious reasons. Ms. Baker and her husband use birth control but wanted to have a back-up method on hand in case their primary method failed.<sup>13</sup>
- **January 2006, California:** Kim Smith and her husband, parents of a five-month-old baby girl, hurried into a Longs Drugs store to fill a prescription for the emergency contraceptive Plan B<sup>®</sup>. The pharmacist on duty repeatedly refused to fill the prescription and refused to transfer it to another pharmacy. The pharmacist claimed "If you and your 'boyfriend' were not so irresponsible, you would not have to be dealing with this." Smith obtained a new prescription and ultimately filled the medication at a different pharmacy. Subsequently, Smith filed a complaint against the pharmacist with the board of pharmacy, and the board fined the pharmacist \$750 for violating California's guaranteed access to prescriptions law, which requires pharmacies to fill valid prescriptions in a timely manner.<sup>14</sup>
- **May 2005, Wisconsin:** A mother of six walked into a Walgreens pharmacy to fill a prescription for emergency contraception. The pharmacist refused to fill it and proceeded to berate the woman in front of a crowded waiting area. The

**WHAT IS EMERGENCY CONTRACEPTION (EC)?**

- EC, also known as the "morning-after" pill, is a concentrated dose of ordinary birth control pills that can substantially reduce a woman's chance of becoming pregnant.<sup>8</sup> EC does not cause abortion; rather it *prevents* pregnancy.<sup>9</sup>
- EC can be effective if taken within five days of unprotected sex but is most effective the sooner it is taken.<sup>10</sup>
- In August 2006, the U.S. Food and Drug Administration approved the emergency contraceptive, Plan B<sup>®</sup> for over-the-counter sales for individuals 18 and older.<sup>11</sup>

pharmacist called the mother a murderer and said “I will not help you kill this baby. I will not have blood on my hands.” Subsequently, the woman became pregnant and decided to terminate the pregnancy.<sup>15</sup>

- **Winter 2005, Illinois:** In February 2005, two Chicago women reported that a pharmacy had refused to fill their prescriptions for the emergency contraceptive Plan B.<sup>®</sup> Subsequently, on April 1, 2005, the Illinois Department of Financial and Professional Regulation filed a formal complaint against the pharmacy threatening the pharmacy with disciplinary action ranging from a fine to revocation of its license. In addition, Gov. Rod Blagojevich filed an emergency rule—now permanent—to protect women’s access to prescription contraceptives. In part, it provides: “Upon receipt of a valid, lawful prescription for a contraceptive, a pharmacy must dispense the contraceptive, or a suitable alternative permitted by the prescriber, to the patient or the patient’s agent without delay.”<sup>17</sup>
- **September 2004, New Hampshire:** Suzanne Richards, a 21-year-old single mother, attempted to get a prescription for emergency contraception filled. The pharmacist, Todd Sklencar, told Richards he was morally opposed to filling prescriptions for the pills and refused to transfer her prescription to another pharmacy. By the time a willing pharmacist contacted Richards, the optimal time frame for taking the medication had passed.<sup>18</sup>
- **Summer 2004, Alabama:** Eleven state health department nurses quit their jobs rather than fill prescriptions for emergency contraception at family-planning clinics in Alabama. At the request of anti-choice Rep. Robert Aderholt, former Health and Human Services Secretary Tommy Thompson clarified that the Title X statute does not require family-planning clinics to offer emergency contraception. However, Dr. Tom Miller, family planning director of the Alabama Department of Health, stated that he believes offering EC is good public-health policy and that state clinics will continue to offer this contraceptive option.<sup>19</sup>
- **Spring 2004, Texas:** A rape victim attempted to fill a prescription for emergency contraception at an Eckerd pharmacy in Denton. Gene Herr and two other pharmacists refused the woman access to the pills, citing their moral and religious convictions. A friend of the rape victim explained that the decision to deny the pills

#### DID YOU KNOW?

According to a recent public-opinion poll for NARAL Pro-Choice America, eight in 10 Americans say pharmacists who personally oppose birth control for religious reasons should not be able to refuse to sell oral contraceptives to women. Even 74 percent of abortion opponents oppose giving pharmacists this power.<sup>16</sup>

amounted to a second victimization. "I had been...watching my friend, her emotional state going down and down. . . And I knew I was going to have to go out to that car and say, 'Sorry, you know, morally they say you're wrong.'" The three co-workers were found to have violated Eckerd's policy, which states that no pharmacist can decline to fill a prescription based solely on moral or religious grounds, and were fired.<sup>20</sup>

- **February 2004, Wisconsin:** During her annual doctor's exam, Kate Williams, a 24 year-old woman who had been on birth control for five years, was denied a refill on oral contraceptives. Williams' doctor told her that she believed in "natural" family planning. Williams was angered by the incident, but was able to get her prescription filled by another doctor that same day.<sup>23</sup>
- **Summer 2002, Wisconsin:** On July 6, 2002, a college student in Menomonie walked into a Kmart pharmacy and asked the pharmacist on duty, Neil Noesen, to refill her prescription for birth-control pills. When Noesen learned the young woman was taking the pills for contraceptive purposes, he refused to refill her prescription. Not only did the pharmacist deny her prescription; he also refused to transfer her prescription to another pharmacy. Because she was prevented from taking the first tablet until the second day of her cycle, the effectiveness of the pills was decreased, making the chances of her becoming pregnant greater.<sup>24</sup>
- **December 1996, Ohio:** In Ohio, this issue first received attention in 1996, when pharmacist Karen Brauer was fired from a Cincinnati Kmart after refusing to fill a woman's prescription for birth-control pills. Brauer contended that she was following her conscience when she denied a 32-year-old woman her request for the pills. Brauer justified her actions by explaining, "This is the Fifth Commandment . . . I want to opt out of the willful decision to kill."<sup>25</sup>

**DID YOU KNOW?**

Each year, approximately 25,000 women in the United States become pregnant as a result of rape.<sup>21</sup> If we were to provide sexual assault survivors with timely access to emergency contraception, we could significantly help each woman avoid the additional trauma of an unintended pregnancy.<sup>22</sup>

These incidents are unacceptable and represent just a sampling of the many pharmacist refusals occurring nationwide. When a woman and her doctor have made the decision that a prescription for birth control is in her best interest, a third party has no right to override that decision. Pharmacies have a duty to dispense and have an ethical obligation not to endanger their patients' health by withholding basic health care.

As the American Public Health Association – the nation’s oldest and largest public-health organization – states, “When a health professional has prescribed contraception, the patient must be able to obtain the contraceptive in a timely manner at [a] licensed pharmacy, without interference from those pharmacists who have personal objections to contraception. Any delay caused by such interference can endanger the patient’s health by increasing the risk of unintended pregnancy or exacerbating the other medical conditions for which contraceptives are sometimes prescribed.”<sup>27</sup> Similarly, the American

Pharmaceutical Association states that if a pharmacist refuses to fill a prescription, there should be established “systems to ensure patient access to legally prescribed therapy.”<sup>28</sup>

**BIRTH-CONTROL PILLS: WOMEN’S  
MOST COMMON CHOICE OF  
CONTRACEPTION**

- In 2002, nearly 12 million women – or approximately one-third of women using contraception – chose birth-control pills as their contraceptive method.<sup>26</sup>

For the 98 percent of women who will use contraception during their lifetimes, birth control is basic, essential health care. More than 40 million women of reproductive age are sexually active and do not want to become pregnant.<sup>29</sup> In the United States, the average woman wants only two children and will spend five years of her life pregnant or trying to get pregnant and nearly three decades trying to avoid pregnancy.<sup>30</sup> If a woman does not have access to contraception, she could have between 12 and 15 pregnancies, endangering her health and the health of her children.<sup>31</sup> Timely access to birth control is essential to preventing unintended pregnancies.

### **Federal and State Legislative Activity**

In 2008, state and federal lawmakers considered both pro-choice and anti-choice legislation related to pharmacist’s duties to fill prescriptions.

#### ***State Legislative Activity***

- In 2008, 12 states considered 26 measures that would guarantee women’s access to prescriptions: FL, IN, MI, MO, NJ, NY, OH, OK, PA, RI, WV, and WI.
- In 2008, 10 states considered 13 anti-choice measures to permit pharmacists and/or pharmacies to refuse to fill women’s prescriptions for contraception, including emergency contraception: AL, HI, IN, MI, MO, NY, PA, RI, SC, and VT.

## *Federal Legislative Activity*

### 109<sup>th</sup> Congress:

- Sen. Frank Lautenberg (D-NJ) and Reps. Carolyn Maloney (D-NY) and Chris Shays (R-CT) introduced the Access to Legal Pharmaceuticals Act, which would ensure that a pharmacy fills valid prescriptions if the drug is in stock without delay. If the drug is not in stock, and the pharmacy ordinarily keeps products for the same condition in stock, the pharmacy must ensure that the product is ordered if requested.<sup>32</sup>
- Sen. Barbara Boxer (D-CA) also introduced the Pharmacy Consumer Protection Act, which would require a pharmacy that receives payments or has contracts under the Medicare and Medicaid programs to ensure that all valid prescriptions are filled without unnecessary delay or interference.<sup>33</sup>
- Rep. Carolyn McCarthy (D-NY) also introduced a bill to ensure that pharmacies fill all legal prescriptions promptly.<sup>34</sup>

### 110<sup>th</sup> Congress:

- Sen. Frank Lautenberg (D-NJ) and Reps. Carolyn Maloney (D-NY) and Chris Shays (R-CT) introduced a revised version of their 2005 ALPhA bill, this new version re-titled the Access to Birth Control (“ABC”) Act. The ABC Act would ensure that women have timely access to both prescription and over-the-counter contraception at the pharmacy counter. If the contraception is not in stock, and the pharmacy stocks other FDA-approved contraception, the pharmacy must help the woman obtain the medication by the method of her choice: order, referral, or transfer. (The ALPhA bill was amended in order to accommodate the fact that, in August 2006, the FDA approved emergency contraception for over-the-counter purchase.)<sup>35</sup>

## **Conclusion**

When women choose birth control as their contraceptive method, they are acting responsibly and taking control of their reproductive health. They should be treated with respect and dignity and should not be subjected to lectures and intimidation. We must guarantee women’s access to their legally prescribed medications because, as demonstrated by many of the pharmacist refusals that have occurred nationwide, telling women to simply “go elsewhere” is not just an inconvenience, it is impossible.

January 1, 2009

## Notes

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- 1 *Roe v. Wade*, 410 U.S. 113 (1973).
- 2 Church amendment to the Public Health Service Extension Act of 1973, Pub. L. No. 93-45, Tit. IV, § 401, 87 Stat. 95 (codified at 42 U.S.C.A. § 300a-7).
- 3 NARAL PRO-CHOICE AMERICA & NARAL PRO-CHOICE AMERICA FOUNDATION, *Who Decides? The Status of Women's Reproductive Rights in the United States* (16th ed. 2007), available at [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides). In addition, West Virginia has a statute that provides an opt-out for physicians or persons who object to performing or assisting in an abortion on a minor. W. VA. CODE § 16-2F-1 to -9. See also Rachel Benson Gold, *Conscience Makes A Comeback In the Age of Managed Care*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 1998, at 1.
- 4 In 1988, Congress inserted a refusal clause in the appropriations for the Bureau of Prisons, providing that funds could not be used to require any person to perform or facilitate an abortion for a prisoner. Dep'ts of Commerce, Justice, and State, the Judiciary and Related Agencies Appropriations Act of 1988, Pub. L. No. 100-459, 102 Stat. 2186 (Oct. 1, 1988). In 1996, Congress enacted a bill providing that accreditation of postgraduate physician training programs could not be withdrawn based solely on a refusal to provide training in abortions. Omnibus Consolidated Reversions and Appropriations Act of 1996, Pub. L. No. 104-134, 110 Stat. 1321 (Apr. 25, 1996) (codified at 42 U.S.C.A. § 238n).
- 5 In 2006, 21 states considered 51 measures that would restrict women's access to health care services by allowing health care entities and/or individuals to refuse to provide medical services: AL, GA, IL, IN, MI, MN, MO, NH, NJ, NY, NC, OH, OK, PA, RI, SD, TN, VT, WA, WV, WI. NARAL PRO-CHOICE AMERICA & NARAL PRO-CHOICE AMERICA FOUNDATION, *Who Decides? The Status of Women's Reproductive Rights in the United States* (16th ed. 2007), available at [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides)
- 6 FY'05 Consolidated Appropriations Act, Pub. L. No. 108-447, 118 Stat. 2809 (Dec. 8, 2004).
- 7 NARAL Pro-Choice America & NARAL Pro-Choice America Foundation, *Who Decides? The Status of Women's Reproductive Rights in the United States* (16th ed. 2007), available at [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/).
- 8 Press Release, Women's Capital Corporation, *A New Generation of Emergency Contraception Has Arrived* (July 28, 1999). While labels for FDA-approved emergency contraceptive pills indicate that they should be used within 72 hours after unprotected sex, recent research shows that EC can be effective up to 120 hours after sex. However, EC is more effective the sooner it is taken. Charlotte Ellertson et al., *Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 Hours*, 101 OBSTETRICS & GYNECOLOGY 1168, 1168-71 (2003); Helena von Hertzen et al., *Low Dose Mifepristone and Two Regimens of Levonorgestrel for Emergency Contraception: a WHO Multicentre Randomised Trial*, 360 THE LANCET 1803, 1803-10 (2002); Gilda Piaggio et al., *Timing of Emergency Contraception with Levonorgestrel or the Yuzpe Regimen*, 353 THE LANCET 721 (1999).
- 9 ROBERT A. HATCHER ET AL., EMERGENCY CONTRACEPTION: THE NATION'S BEST KEPT SECRET 29-30 (1995); American College of Obstetricians & Gynecologists (ACOG), *Statement on Contraceptive Methods* (July 1998). In fact, EC does not work if a woman is already pregnant.

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- <sup>10</sup> Press Release, Women's Capital Corporation, *A New Generation of Emergency Contraception Has Arrived* (July 28, 1999). Charlotte Ellertson et al., *Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 Hours*, 101 *OBSTETRICS & GYNECOLOGY* 1168, 1168-71 (2003); Helena von Hertzen et al., *Low Dose Mifepristone and Two Regimens of Levonorgestrel for Emergency Contraception: a WHO Multicentre Randomised Trial*, 360 *THE LANCET* 1803, 1803-10 (2002); Gilda Piaggio et al., *Timing of Emergency Contraception with Levonorgestrel or the Yuzpe Regimen*, 353 *THE LANCET* 721 (1999).
- <sup>11</sup> Press Release, U.S. Food and Drug Administration, U.S. Department of Health and Human Services, *FDA Approves Over-the-Counter Access to Plan B for Women 18 and Older; Prescription Remains Required for Women 17 and Under* (Aug. 24, 2006).
- <sup>12</sup> *One Woman's Story Spurs Thousands to Act on Plan B® Campaign*, Overbrook Newsletter, March 2, 2007.
- <sup>13</sup> Press Release, NARAL Pro-Choice America, *NARAL Pro-Choice America Endorses Bill to Protect Women's Access to Birth Control*, (June 6, 2007); Statement by Carrie Baker, Pharmacy Refusal Bill Press Conference, Washington D.C., June 6, 2007.
- <sup>14</sup> California Board of Pharmacy, Department of Consumer Affairs, Citation No. CI 2005 31291 (Citation Issued: June 30, 2006); Chrisanne Beckner, *Birth Control Battle: Access to Plan B, a Form of Emergency Contraception, Has Become a New Battleground Issue for the Religious Right Nationwide-and Right Here in Sacramento*, SACRAMENTO NEWS & REVIEW, Aug. 10, 1006.
- <sup>15</sup> *Pharmacist Refuses to Fill Prescriptions for Moral Reasons: Walgreens Allows Pharmacists to Not Dispense Drugs They Object to*, The MilwaukeeChannel.com (May 5, 2005).
- <sup>16</sup> Lake Snell Perry Mermin/Decision Research Poll for NARAL Pro-Choice America (June 6, 2006); CBS News & N.Y. Times, *Poll: Pharmacists and Birth Control* (Nov. 23, 2004).
- <sup>17</sup> Emergency Rule, Illinois Department of Financial and Professional Regulation, Section 1330.91 Division I Pharmacies, at <http://www.ilga.gov/commission/jcar/admincode/068/068013300000910R.html> (last visited Jan. 3, 2008); Press Release, The Honorable Rod R. Blagojevich, Office of the Governor, *Gov. Blagojevich Takes Emergency Action to Protect Women's Access to Contraceptives, Files Emergency Rule to Prevent Pharmacies from Turning Women Away* (Apr. 1, 2005); Monica Davey, *Illinois Pharmacies Ordered to Provide Birth Control*, N.Y. TIMES, Apr. 2, 2005; Kari Lydersen, *Ill. Pharmacies Required to Fill Prescriptions for Birth Control*, WASH. POST, Apr. 2, 2005, at A02.
- <sup>18</sup> *Laconia Woman Denied Morning After Pill By Pharmacist*, ASSOC. PRESS (Sept. 26, 2004).
- <sup>19</sup> *U.S. Advises Alabama on Contraception*, ASSOC. PRESS, July 29, 2004).
- <sup>20</sup> *Contraception; Pharmacist's Refusal to Fill Emergency Contraception Script Raises Questions*, WOMEN'S HEALTH WKLY. (Mar. 18, 2004).
- <sup>21</sup> Felicia Stewart & James Trussell, *Prevention of Pregnancy Resulting from Rape: A Neglected Preventive Health Measure*, 19 *AM. J. PREV. MED.* 228, 228 (2000).
- <sup>22</sup> Felicia Stewart & James Trussell, *Prevention of Pregnancy Resulting from Rape: A Neglected Preventive Health Measure*, 19 *AM. J. PREV. MED.* 229, 229 (2000).
- <sup>23</sup> *Pharmacists, Doctors Refuse to Dispense Pill on Moral Grounds*, CHI. TRIB. (Nov. 17, 2004).

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- <sup>24</sup> In February 2005, an administrative law judge found that Noesen, “fell far short of satisfying the standard of care’ outlined in the code of ethics for pharmacists, and he hadn’t done enough to ensure that the patient had another way to have her prescription filled.” As a result, the judge recommended that the state restrict Noesen’s pharmacy license. In April 2005, the state’s Pharmacy Examining Board voted unanimously to adopt the recommendation. Noesen will retain his license only if he informs all future employers in writing of his refusal to dispense birth control pills. *Pharmacy Board Approves Sanctions Against Pharmacist*, SAINT PAUL PIONEER PRESS (Apr. 14, 2005); Stacy Forster, *Reprimand Advised for Pharmacist*, MILWAUKEE JOURNAL SENTINEL (Feb. 28, 2005); Anita Weier, *Patient, Pharmacist Collide: Birth Control Pill Conflict Shows Dilemma*, THE CAPITOL TIMES, (Mar. 16, 2004); Todd Richmond, *Hearing Concludes in Madison in Pharmacist Case*, ASSOC. PRESS (Oct. 12, 2004).
- <sup>25</sup> Because of her belief that her right to refuse to dispense drugs on moral grounds was violated, Brauer filed suit against Kmart in 1999. Kmart, along with women’s rights organizations and educated professionals, agreed that pharmacists have a responsibility to meet customer needs and that patients should not be subjected to pharmacists’ personal moral decisions. Five years later, the case is still pending in federal court since the chain declared bankruptcy. Dennis M. Mahoney, *Prescription for Dispute*, THE COLUMBUS DISPATCH (Dec. 14, 2001); Carol Ukens, *Confrontation at the Counter: the Issue of Pharmacists’ versus Patients’ Rights is Producing Conflicts and Pink Slips*, ADVANSTAR COMMUNICATIONS, July 26, 2004.
- <sup>26</sup> The Alan Guttmacher Institute, *Facts in Brief: Contraceptive Use* (Feb. 2005).
- <sup>27</sup> American Public Health Association Policy, Ensuring that Patients are Able to Have Contraceptive Prescriptions Filled at Pharmacies, APHA Governing Council (adopted Dec. 13, 2005).
- <sup>28</sup> Policy adopted by the APhA House of Delegates in 1998. A spokesman for the APhA said: “A pharmacist is like any doctor, nurse or other health-care professional who has a right to have a conscience. . . . But we also support the establishment of systems by the pharmacy so that [the] patient can access their legally prescribed medication.” *Pharmacists’ Right to Refuse Challenged*, THE DALLAS MORNING NEWS, Apr. 1, 2004.
- <sup>29</sup> The Alan Guttmacher Institute, *Facts in Brief: Contraceptive Use* (Feb. 2005).
- <sup>30</sup> The Alan Guttmacher Institute, *Facts in Brief: Contraceptive Use* (Feb. 2005); Rachel Benson Gold, *The Need for and Cost of Mandating Private Insurance Coverage of Contraception*, ALAN GUTTMACHER REP. ON PUB. POL’Y, Aug. 1998, at 5; Abigail Trafford, *Viagra and the Other Sex Pill*, WASH. POST, May 19, 1998, at Z6.
- <sup>31</sup> Abigail Trafford, *Viagra and the Other Sex Pill*, WASH. POST, May 19, 1998, at Z6.
- <sup>32</sup> Access to Legal Pharmaceuticals Act, H.R. 1652, 109th Cong. (2005); S. 109, 109th Cong. (2005).
- <sup>33</sup> Pharmacy Consumer Protection Act of 2005, S. 2788, 109th Cong. (2005).
- <sup>34</sup> To amend the Public Health Service Act with respect to the responsibilities of a pharmacy when a pharmacist employed by the pharmacy refuses to fill a valid prescription for a drug on the basis of religious beliefs or moral convictions, and for other purposes, H.R. 1539, 109th Cong. (2005).
- <sup>35</sup> Access to Birth Control Act, H.R. 2596, 110th Cong. (2007); S. 1555, 110th Cong. (2007).