



**NARAL**  
Pro-Choice America

## **Guarantee Women's Access to Birth Control**

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, some pharmacists refuse to fill women's legally prescribed birth-control prescriptions. Some 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 laws (sometimes called "conscience" laws), 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. (For more information about these laws, please see the fact sheet, *Refusal Laws are Dangerous for Women's Health*.)

While everyone has the personal right to oppose particular medications or health-care services, that does not mean they have the right to block other people from obtaining it. That is especially true when those opposing it work in the health-care profession. A baker should not be able to refuse to sell a wedding cake to an LGBT couple. A vegetarian store clerk does not have the right to refuse to ring up a customer's purchase of meat. Our nation's laws have long protected the freedom of religion and belief – but not the right to impose those beliefs on others. As we saw recently in Indiana and elsewhere, there is strong opposition to using religion as an excuse to discriminate against specific communities.<sup>1</sup> The very same principle – that businesses should not be allowed to discriminate – extends to women and their private reproductive-health decisions.

### **Background and History**

Anti-choice lawmakers began enacting refusal laws immediately after *Roe v. Wade*.<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 certain reproductive-health services, information, or referrals.<sup>3</sup> Most are broad – but some cover pharmacists and pharmacies specifically.

In recent years, anti-choice activists have stepped up their efforts around pharmacy refusals in particular – perhaps in response to public outrage when stories of refusing pharmacists appeared in the press.

As part of their efforts, anti-choice advocates took their case to a Congress eager to undermine women's access to contraceptives – some members even going so far as to encourage pharmacists to refuse to fill prescriptions to which they objected. In 2005, the House Small Business Committee, chaired by anti-choice Rep. Donald Manzullo (R-IL), held a hearing entitled “Freedom of Conscience for Small Pharmacies.” The panel heard testimony from two anti-choice witnesses: a pharmacy owner and a representative of the American Pharmacists Association. Members also heard from a representative of Illinois's pro-choice governor's office and an Illinois woman who experienced firsthand a pharmacist's refusal when she was denied both regular birth-control pills and emergency contraception. During the hearing, two committee members actually lectured the witness who had experienced a refusal, telling her she had no “right” to her prescriptions – she only *believed* she did and that her “minor inconvenience” – that is, risking an unintended pregnancy – was nothing compared to the “conscience” of a pharmacist.<sup>4</sup>

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

Although carefully crafted refusal laws may be appropriate in some circumstances to protect individual medical providers, broad refusal laws have negative consequences by denying women medically necessary information, referrals, or services. For example, broad refusal laws 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:

- **May 2012, New Jersey:** Andrew Andrade tried obtaining emergency contraception for his girlfriend, who was unable to go to the pharmacy herself. A Rite Aid pharmacy refused to sell Andrew Plan B<sup>®</sup> because he is a man.<sup>5</sup>
- **November 2010, Texas:** Adam Drake sought emergency contraception at a Walgreens in Houston and was refused.<sup>6</sup>
- **January 2010, California:** A parent of two children went to her local CVS to purchase emergency contraception. The pharmacist refused to provide the medication, even though it was in stock. Instead, she was told to “come back in two and a half days,” at which point it would be far less effective.<sup>7</sup>
- **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 (see sidebar), 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>8</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>15</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®. 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>16</sup>

#### 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>9</sup> EC does not cause abortion; rather it *prevents* pregnancy.<sup>10</sup>
- EC can be effective if taken within five days of unprotected sex but is most effective the sooner it is taken.<sup>11</sup>
- In August 2006, the U.S. Food and Drug Administration (FDA) approved the emergency contraceptive, Plan B® for over-the-counter sales for individuals 18 and older.<sup>12</sup> In April 2009, the FDA approved non-prescription sales of the medication for 17-year-olds as well.<sup>13</sup> In June 2013, Plan B® became available for all women, regardless of age.
- In August 2010, the FDA approved another emergency contraceptive for distribution in the United States, ella®.<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 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>17</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®. Subsequently, on April 1, 2005, the Illinois Department of Financial and Professional Regulation filed a formal complaint against the pharmacy threatening disciplinary action ranging from a fine to revocation of its license. In addition, the governor filed an emergency rule to protect women’s access to prescription contraceptives. The rule was replaced with a broader regulation in 2010, one part of which required pharmacies to dispense women’s birth control.<sup>18</sup> After much litigation and an injunction blocking enforcement of the regulation, courts ruled that the regulation is now back in effect.

- **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>20</sup>

**DID YOU KNOW?**

According to a 2004 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>19</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 HHS 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>21</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 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>22</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 blocked 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>25</sup>

**DID YOU KNOW?**

Each year, approximately 25,000 women in the United States become pregnant as a result of rape.<sup>23</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>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>26</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 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>28</sup> Similarly, the American Pharmaceutical Association states that if a pharmacist refuses to fill a

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

- In 2008, nearly 11 million women—or approximately one-third of women using contraception—chose birth-control pills as their contraceptive method.<sup>27</sup>

prescription, there should be established “systems to ensure patient access to legally prescribed therapy.”<sup>29</sup>

Low-income women and women of color face several barriers to health-care services that make it particularly burdensome for them to find alternate providers in the event that a provider refuses to offer services. A study by the Kaiser Family Foundation found that low-income women faced twice as much difficulty as other women in obtaining the flexible work schedules, transportation, and child care necessary to access health-care services.<sup>30</sup> Another study by the same foundation found that “Women of color, African American, Latina, and American Indian and Alaska Native women, in particular, face greater barriers and challenges in access to care, which often translate into lower use of recommended health services.”<sup>31</sup> Refusing pharmacists further increase the challenges faced by low-income women and women of color accessing health care.

For the 99 percent of women who will use contraception during their lifetimes, birth control is basic, essential health care. More than 43 million women of reproductive age are sexually active and do not want to become pregnant.<sup>32</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>33</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>34</sup> Timely access to birth control is essential to preventing unintended pregnancies.

### **Pro-Choice State Laws**

Some states have taken action to protect women from refusal laws. These measures guarantee that women can get the reproductive-health care they need. For example, in response to multiple reports of hostile, anti-choice pharmacists, seven states enacted measures that guarantee women’s access to contraceptives by requiring pharmacies to fill legal birth-control prescriptions: CA, IL, ME, NV, NJ, WA, WI.<sup>35</sup>

### **Pro-Choice Federal Legislation**

Over the past 10 years, pro-choice lawmakers have mounted a vigorous defense against refusal laws by, among other things, introducing and advocating for legislation that would guarantee women’s access to their birth-control prescriptions.

Access to Legal Pharmaceuticals Act:

- In the 109th Congress, the late-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>36</sup>

#### Pharmacy Consumer Protection Act

- In the 109th Congress, Sen. Barbara Boxer (D-CA) 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>37</sup>

#### Amendment to the Public Health Service Act

- In the 109th Congress, former Rep. Carolyn McCarthy (D-NY) introduced a bill to ensure that pharmacies fill all legal prescriptions promptly.<sup>38</sup>

#### Access to Birth Control Act:

- The late-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>39</sup>

The ABC Act has been reintroduced in the 111th, 112th, and 113th Congresses.<sup>40</sup> Following Sen. Lautenberg's death, pro-choice Sen. Cory Booker (D-NJ) reintroduced the ABC Act in the Senate.<sup>41</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 often impossible.

January 1, 2017

#### *Notes:*

---

<sup>1</sup> Robert King, *RFRA: Boycotts, bans and a growing backlash*, *Indy Star*, Apr. 2, 2015, available at <http://www.indystar.com/story/news/politics/2015/04/01/rfra-boycotts-bans-growing-backlash/70810178/?from=global&sessionKey=&autologin=> (last visited Dec. 17, 2015).

---

<sup>2</sup> *Roe v. Wade*, 410 U.S. 113 (1973).

<sup>3</sup> NARAL PRO-CHOICE AMERICA & NARAL PRO-CHOICE AMERICA FOUNDATION, *Who Decides? The Status of Women's Reproductive Rights in the United States* (26th ed. 2017), at [www.WhoDecides.org](http://www.WhoDecides.org). 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.

<sup>4</sup> U.S. House Committee on Small Business, *Hearing: Freedom of Conscience for Small Pharmacies*, Jul. 25, 2005, 109th Congress, available at <https://www.gpo.gov/fdsys/pkg/CHRG-109hrg22612/pdf/CHRG-109hrg22612.pdf> (last visited Dec. 17, 2015).

<sup>5</sup> Amanda Peterson Beadle, *Rite Aid Pharmacy Refuses to Sell Emergency Contraception to New Jersey Man*, ThinkProgress.com, at <http://thinkprogress.org/health/2012/05/31/492763/rite-aid-pharmacy-stops-new-jersey-man-from-buying-emergency-contraception/> (last visited Sept. 23, 2015).

<sup>6</sup> National Women's Law Center, *Pharmacy Refusals 101* (Jul. 11, 2011), at <http://www.nwlc.org/resource/pharmacy-refusals-101> (last visited Sept. 23, 2015).

<sup>7</sup> National Women's Law Center, *Pharmacy Refusals 101* (Jul. 11, 2011), at <http://www.nwlc.org/resource/pharmacy-refusals-101> (last visited Sept. 23, 2015).

<sup>8</sup> *One Woman's Story Spurs Thousands to Act on Plan B® Campaign*, Overbrook Newsletter, March 2, 2007.

<sup>9</sup> 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).

<sup>10</sup> 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.

<sup>11</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>12</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>13</sup> Press Release, U.S. Food and Drug Administration, U.S. Department of Health and Human Services, *Updated FDA Action on Plan B® (levonorgestrel) Tablets* (Apr. 22, 2009).



- 
- <sup>14</sup> Press Release, U.S. Food and Drug Administration, U.S. Department of Health and Human Services, *FDA Approves ella® Tablets for Prescription Emergency Contraception* (Aug. 13, 2010).
- <sup>15</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>16</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, 2006.
- <sup>17</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>18</sup> Ill. Admin. Code tit. 68, § 1330.500(e-h) (Enacted 2010).
- <sup>19</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>20</sup> *Laconia Woman Denied Morning After Pill By Pharmacist*, ASSOC. PRESS, Sept. 26, 2004.
- <sup>21</sup> *U.S. Advises Alabama on Contraception*, ASSOC. PRESS, July 29, 2004.
- <sup>22</sup> *Contraception; Pharmacist's Refusal to Fill Emergency Contraception Script Raises Questions*, WOMEN'S HEALTH WKLY., Mar. 18, 2004.
- <sup>23</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>24</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>25</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>26</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. Many 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>27</sup> Guttmacher Institute, *Facts in Brief: Facts on Contraceptive Use in the United States* (June 2010).

- 
- <sup>28</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>29</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>30</sup> Kaiser Family Found., *Women and Health Care: A National Profile* 24 (July 2005), available at <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/women-and-health-care-a-national-profile-key-findings-from-the-kaiser-women-s-health-survey.pdf> (last visited Sept. 23, 2015).
- <sup>31</sup> Kaiser Family Found., *Putting Women’s Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level* (June 2009), at 45.
- <sup>32</sup> Guttmacher Institute, *Fact Sheets: Contraceptive Use in the United States* (June 2014).
- <sup>33</sup> Guttmacher Institute, *Fact Sheets: Contraceptive Use in the United States* (June 2014); 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>34</sup> Abigail Trafford, *Viagra and the Other Sex Pill*, WASH. POST, May 19, 1998, at Z6.
- <sup>35</sup> NARAL PRO-CHOICE AMERICA & NARAL PRO-CHOICE AMERICA FOUNDATION, *Who Decides? The Status of Women’s Reproductive Rights in the United States* (26th ed. 2017), at [www.WhoDecides.org](http://www.WhoDecides.org).
- <sup>36</sup> Access to Legal Pharmaceuticals Act, H.R. 1652, 109th Cong. (2005); S. 809, 109th Cong. (2005).
- <sup>37</sup> Pharmacy Consumer Protection Act of 2005, S. 778, 109th Cong. (2005).
- <sup>38</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>39</sup> Access to Birth Control Act, H.R. 2596, 110th Cong. (2007); S. 1555, 110th Cong. (2007).
- <sup>40</sup> Access to Birth Control Act, H.R. 5309, 111th Cong. (2010); S. 3357, 111th Cong. (2010); Access to Birth Control Act, H.R. 2659, 112th Cong. (2011); S. 1415, 112th Cong. (2011); Access to Birth Control Act, H.R. 728, 113th Cong. (2013); S.333, 113th Cong. (2013).
- <sup>41</sup> Access to Birth Control Act, S.2625, 113th Cong. (2014).