

Contraception x 6 months Bill  
Talking Points  
Physician perspective (Abby Davids MD)

**Chairman Cook, members of the committee, my name is Dr. Abby Davids and I practice Family Medicine in Boise. I'm speaking to you today in support of Senate Bill 1234 on behalf of the Idaho Academy of Family Physicians and a member of the IAFP's Reproductive Health Committee.**

1- **Preventive care / women's health**

- a. As a family physician, I am dedicated to keeping my patients healthy! For women this includes several different preventive care measures – paps/cervical exams, mammograms, colorectal cancer screening, vaccinations, healthy diet and exercise, mental health screening, and reproductive health care. CONTRACEPTION is an important and regular part of preventive healthcare for women of reproductive age.
- b. Preventive healthcare is free and needs to be widely available. By focusing on prevention and on early intervention, we can all work together to keep Idahoans healthy.
- c. The CDC named Contraception one of the 10 greatest public health achievements of the 20<sup>th</sup> century
- d. Access to contraception improves health and well-being, reduces maternal mortality, allows for the health benefits of pregnancy spacing for both maternal and child health, promotes female engagement in the workforce, and helps with economic self-sufficiency for women.
- e. 99% of US women who have been sexually active report having used some form of contraception, and 87.5% report use of a highly effective reversible method such as OCPs (“the pill”)[1]
- f. Currently, 22% of women use OCPs, and approximately 86% of them are using to prevent pregnancy[2]
- g. Women must have access to reproductive health care, including the full range of contraceptive choices, to be healthy.

2- **Contraception access improves both adherence and effectiveness**

- a. 25 states and District of Columbia have extended duration of OCP initiatives
- b. Longer duration (6 or 12 month) improves medication adherence, which in turn reduces negative outcomes (such as unplanned pregnancy)

- a. Lower gaps in prescriptions
- b. Higher continuation rates
- c. Younger women more likely to want extended duration than older women
- d. Women in rural areas face geographic barriers to care – longer duration prescriptions help reduce this disparity
- e. Low risk of medication waste.
  - a. In one study only 2% of women switched to a different brand and only 0.4% switched to a different contraceptive method.
- f. Cost savings
  - a. Facilitating affordable access to contraceptives not only improves health but also reduces healthcare costs, as each dollar spent on publicly funded contraceptive services saves the U.S. health care system nearly \$6

3- **Myths about contraception / how it works / what it's for**

- a. Many different options for contraception
- b. We are focusing today on combined contraceptive options – pill / patch / ring.
  - a. Contain 2 hormones – estrogen and progesterone
  - b. The hormones stop ovulation (egg release). Without ovulation, cannot get pregnant.
- c. Many different medical uses outside of contraception
  - a. Regulation of heavy or irregular periods – shorter/lighter/more regular
  - b. Treatment of endometriosis, polycystic ovarian syndrome, perimenopausal symptoms
  - c. Treatment of pelvic pain / dysmenorrhea
  - d. Treatment of acne, PMS
- d. Safe medication with very few side effects
- e. Effective when taken regularly and on time – but only works if taken as prescribed – can't miss doses
- f. Lowers risk of ovarian and endometrial cancer
- g. No effect on future fertility