

[submitted electronically via: [HouseHealthandHumanServices@rilegislature.gov](mailto:HouseHealthandHumanServices@rilegislature.gov)]

The Honorable Members of the House Committee on Health and Human Services

Representative Susan R. Donovan, Chair

Representative Joshua J. Giraldo, First Vice Chair

Representative Brandon C. Potter, Second Vice Chair

State House

82 Smith Street Providence, RI 02903

RE: H6038- PHARMACIES- initial contraceptive prescriptions would no longer be limited to a three-month supply.

Dear Chair Donovan and members of the Committee:

12 March 2025

**Re: SUPPORT of House Bill 6038: PHARMACIES**

My name is Madison Hartling and I am a sixth and final year Doctor of Pharmacy student at The University of Rhode Island. I am writing today to express my support for House Bill 6038- PHARMACIES- initial contraceptive prescriptions would no longer be limited to a three-month supply. The passing of this bill would increase access to essential care.

Pharmacies are the most accessible health care provider in the United States with one study showing that most Americans live within 5 miles of a pharmacy. This is especially valuable for those from rural areas who have even less access to physicians offices. Pharmacist lead contraceptive interventions are [feasible and appropriate](#).

While I am a pharmacy student, I am also someone who has been taking hormonal birth control since I was 15 years old. I was lucky to have a pediatrician who recognized the medical and social benefits of contraception when I was teenager. For me, access to contraception was about more than just preventing pregnancy but as a treatment for medical concerns. Oral contraception is [indicated for](#) contraception, abnormal uterine bleeding, endometriosis, and menopause symptom control. Increasing access to these medications goes beyond pregnancy prevention. When I began to get migraines a few years after initiating birth control, it was a pharmacist- not my doctor- who suggested a [change in formulation](#) may relieve the stabbing pain in my head. After bringing this recommendation to my pediatrician, my headaches subsided.

In addition to my work at URI, I have also spend the past decade of my life as an advocate for domestic violence and sexual assault prevention. I have worked with [the Game Change](#)- the New England Patriots anti-violence partnership, the URI [iSTAND](#) program, and with the Domestic Violence Resource Center of South County as President of [Alpha Chi Omega](#).

Through this work, I have become an advocate and educator. Women who experience physical intimate partner violence are [less likely to engage in hormonal or barrier method contraception](#). With this, the two most dangerous times for a woman in an abusive relationship are when they attempt to leave and when

they [become pregnant](#). Children are also a [significant barrier](#) to safely exiting abuse as they pose multiple barriers including:

- [Custody concerns](#)- family court can be emotionally, mentally, and financially taxing. The fear of the child ending up with the abusive parent due to the survivor's financial situation is often a non-starter
- [Safety of self and children](#)- 75% of domestic violence homicides occur within 18 months of the victim attempting to leave
- [Finances](#)- Financial abuse occurs in 90% of domestic violence cases and can leave the survivor to be unable to financially support themselves or their children upon leaving
- [Low shelter space](#)- A 2022 survey from the National network to End Domestic Violence found 90% of Rhode Island Domestic Violence victims could not access housing or emergency shelter

Being able to have bodily autonomy and control over pregnancy can greatly reduce barriers of leaving violent relationships. Along with that, contraception can positively impact the lives of sexual assault survivors. Often times, hormonal birth control is the only control you are able to keep over your body when experiencing sexual assault. Increasing access at pharmacies would decrease stigma and shame of survivors and allow a safe place to obtain contraception.

I strongly urge your support of House Bill 6038 in order to expand access to bodily autonomy and chronic illness management for so many individuals throughout the state of Rhode Island.

Sincerely,  
Madison Hartling  
University of Rhode Island PharmD 2025