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[00:00:00] **Speaker 1** You, sir. Should I give you a clap right in front of your face? 62 cameras up and we're going to go.

[00:00:06] **Speaker 2** Good. Well, thank you very much for doing this. We appreciate it.

[00:00:11] **Speaker 3** You bet.

[00:00:12] **Speaker 1** I'm sorry. Could you just, like, straighten out your shirt? Yeah.

[00:00:16] **Speaker 3** It's good.

[00:00:19] **Speaker 2** Can we start? Yes. Okay. Thank you very much for doing this.

[00:00:23] **Speaker 3** Thank you.

[00:00:24] **Speaker 2** I want to ask, are you concerned that emergency contraceptives could be banned or severely limited in access?

[00:00:33] **Speaker 3** I do have that concern. I feel like the potential for that to occur is as possible.

[00:00:42] **Speaker 2** What makes you think that?

[00:00:44] **Speaker 3** Well, I mean, as of a few weeks ago, I didn't think that legal abortion would be gone. And it is now. I know there are people who believe that, uh, that there shouldn't be any, any medications that would affect a fetus or any medications that would affect a, an embryo. And so I think they're there at risk.

[00:01:15] **Speaker 2** And is there something about Wisconsin specifically that there might be a risk?

[00:01:20] **Speaker 3** Not necessarily Wisconsin.

[00:01:23] **Speaker 2** So since this has happened, Roe has been overturned. Has the demand for emergency contraceptives gone up?

[00:01:30] **Speaker 3** We have seen it go up. We probably sold one, uh, one package probably a month prior to the decision. Um, we have sold several packages a day since the decision. Um, I think we saw that there was a trend that this, that people are going to be wanting to get emergency contraceptive care for themselves to have it around. And that created an increase in demand which can result in a short supply. And of course, in short supply can lead to increased price. And so I think we made a decision to try and purchase a large quantity so that we could have it on hand and then decided to make it. Basically sell it at our cost so that we can make sure to dampen any risk of increased price.

[00:02:27] **Speaker 2** And do you see this as patient care for your customers?

[00:02:32] **Speaker 3** Yes. Access to access to care is one of the most important things that we think that we can provide. And so, yes, it's important. This is accessible to to everyone who needs it.

[00:02:49] **Speaker 2** So emergency contraceptives, those are different from abortion medication, right?

[00:02:54] **Speaker 3** Correct. Correct. These are medications the these emergency contraceptives are medications that you take in the first three days after a suspected or after a sexual event that was not protected. And so you can use those within three days after that to be about 90 to 95% effective.

[00:03:22] **Speaker 2** Are there misconceptions that emergency contraceptives and abortion medication are somehow similar?

[00:03:30] **Speaker 3** I think there might be some confusion just because they're ending with the same result, but they are specifically only used the three days after unprotected sex. And so it can be it's not a it's not a medication that you can use later in pregnancy to effect the pregnancy.

[00:03:57] **Speaker 2** What have you been hearing from customers since Roe was overturned and just in general about the need for this kind of care?

[00:04:06] **Speaker 3** So we've heard a lot of thank you's. We have gotten a lot of support from the community. We've had a lot of people come in and ask questions. One of the concerns for for emergency contraception, over-the-counter, is that some people who are in need of the medication right now, they have a BMI over 30. And if you have a BMI over 30, the over-the-counter medications can be or can be less effective. And so there are prescription drugs that we can help people. A attain in place of the over-the-counter ones. And so we talked to them about that and their options with that.

[00:04:52] **Speaker 2** And so only some are over-the-counter and some are specifically prescription. Mm hmm. Have you heard any issues of patients getting having issues with accessing the medications that they need? We've heard a little bit about potentially people who have the potential to get pregnant are no longer being prescribed things that could lead to a miscarriage or harming the fetus. Has that been an issue at all?

[00:05:22] **Speaker 3** So we haven't seen that here. We have heard talk. We have heard other professionals talking about medications that are used for the treatment of arthritis, treatment of other medical conditions that are not related to abortion, and that those drugs are not being available because they can be used in abortion. We haven't seen that here. If we got a prescription for one of those medications at this point, I think it would be our policy would be to call the provider who wrote the prescription and ask for a diagnosis and why it's being used so that we can ensure that we were using it. Outside of the reasons for that, they're used for abortion.

[00:06:15] **Speaker 2** Has this changed the way you have conversations with providers?

[00:06:22] **Speaker 3** Yeah. I think that as we move forward with medications that have multiple uses and there are legal ramifications about using the same medication, if you use it this way, it's a legal and if you use it the other way, it's not illegal. I think we're going to see more conversations between providers and pharmacists to discuss exactly why these medications are being used so they can be documented just to make sure that everyone is has proper documentation.

[00:06:56] **Speaker 2** Are there liabilities for you as a pharmacist for providing these medications?

[00:07:01] **Speaker 3** Well, I believe that the law in Wisconsin would, uh, would come into play if I were to prescribe, if I were to dispense medication that could be used to abort a fetus. Um, so, yeah.

[00:07:14] **Speaker 2** Are you worried about that?

[00:07:16] **Speaker 3** Um, well, I'm not worried in the sense that. I don't think that we'll do that. I think we'll put policies in place to make sure that we're not. We're not having to worry about that.

[00:07:30] **Speaker 2** Is that something that you would want from Wisconsin lawmakers as more clarity about the laws?

[00:07:36] **Speaker 3** Yeah. I mean, I don't know that they're going to. I don't know that they're going to give us that clarity. But. Yeah. Clarity would be welcomed.

[00:07:45] **Speaker 2** What do you think is going to happen going forward? Do you have new concerns?

[00:07:49] **Speaker 3** Um, I think that we're probably in a holding pattern at this point, and I don't expect much to change. I think that if we're going to have a reversal of the current law, it's going to have to come from the federal level. Um.

[00:08:09] **Speaker 2** So just kind of wait and see right now. Yeah. All right. Well, thank you very much.

[00:08:14] **Speaker 3** You bet.

[00:08:16] **Speaker 2** Was there anything else that you wanted to end? No. Okay. Well, thank you. We really appreciate it.

[00:08:22] **Speaker 3** You bet.