

December 1, 2010

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About Us

The Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group is an informal coalition of reproductive health and rights organizations, nonprofit research and advocacy groups, university-based researchers, and prominent clinicians who share an interest in women's health and access to contraception. Our goal is to evaluate objectively the risks and benefits of demedicalizing contraceptive care, with an eye toward improving access to OCs and potentially other hormonal contraceptive methods by making them available without a prescription.

The working group is

Dear Kate,

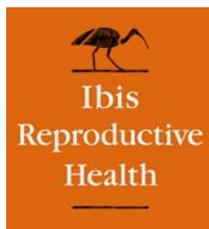
We wanted to share several new publications that we thought might be of interest to you. The first is an interesting piece in RH Reality Check: [Access to hormonal contraception: Is it time we considered over-the-counter status?](#)

The second is a paper on out-of-pocket expenditures and dispensing patterns for oral contraceptive pills between 1996-2006, which is now in press in *Contraception*. This study found that dispensing limits remained over time, although more women received more pill packs at one time in recent years. Women also paid a substantial amount out-of-pocket for OCs, on average \$16/pack, although this varied a lot according to insurance status. Young women and the uninsured paid more out of pocket, while those on Medicaid paid less. In fact, 43% of women on Medicaid paid nothing for their pills. In addition to the information on dispensing limits, the data on women's expenditures helps to give some idea of what the price of an OTC OC product would have to be to be attractive. [Here is a link to the article.](#)

The third publication is a paper from the December issue of *Obstetrics and Gynecology*, which surveyed almost 1,200 clinicians about whether they required a pelvic examination before dispensing OCs. The study found that about one third of clinicians required pelvic examinations before providing OCs, despite guidelines indicating they are unnecessary and research suggesting they can pose a barrier to contraceptive access. [Here is a link to the article](#), and [here is a link to some press coverage of the study.](#)

The abstracts for the two papers can be accessed below. If you would like a copy of either article, or if you

coordinated by Ibis Reproductive Health.



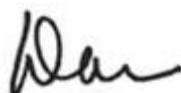
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have any comments or questions, please let me know.

We are also happy to report that the working group has received renewed funding from The William and Flora Hewlett Foundation for next two years. We will be in touch early next year about upcoming activities.

Finally, please let me know if you are interested in signing on to [the working group's statement of purpose](#).

Best wishes for the holidays!



Daniel Grossman
Senior Associate, Ibis Reproductive Health

Women's out-of-pocket expenditures and dispensing patterns for oral contraceptive pills between 1996 and 2006

Liang S-Y, Grossman D, Phillips KA. Women's out-of-pocket expenditures and dispensing patterns for oral contraceptive pills between 1996 and 2006. *Contraception*. 2010.

Abstract

Background: Little is known about the out-of-pocket expenditures and dispensing patterns for oral contraceptive pills (OCPs), factors associated with these outcomes, and whether they change over time.

Study Design: Observational cohort using 1996-2006 Medical Expenditure Panel Surveys.

Results: Women spent \$16 out-of-pocket per pack, on average (median=\$10.41). Of the OCP users, 38% paid \$15 or more per pack and 44% obtained one pack per purchase. Over time, fewer women paid \$15 or more (52% in 1996-1998 vs. 34% in 1999-2006, $p<.001$) and fewer obtained one pack per purchase (76% in 1996-1998 vs. 35% in 1999-2006, $p<.001$). Age and insurance were associated with out-of-pocket expenditures and dispensing patterns.

Conclusion: Women paid a substantial amount out-of-pocket for OCPs and dispensing limits remained, although these improved over time. Better insurance coverage of contraception and policies targeting younger women and the uninsured in particular would help overcome barriers to OCP access.

Pelvic examinations and access to oral hormonal contraception

Henderson JT, Sawaya GF, Blum M, Stratton L, Harper CC. Pelvic examinations and access to oral hormonal contraception. *Obstetrics & Gynecology*. 2010;116(6):1257-64.

Abstract

Objective: Requiring a pelvic examination before prescribing oral contraception poses an unnecessary barrier to contraceptive access. Medical guidelines have outlined the safety of oral contraception provision without a pelvic examination, yet little is known about the practices of clinicians providing reproductive health care. Our purpose was to investigate clinicians' requirements for pelvic examination and what may account for practice differences.

Methods: We administered a mailed survey to a national probability sample of obstetrician-gynecologists (ob-gyns), family medicine physicians, and advanced practice nurses specializing in obstetrics and gynecology and women's health or family medicine in 2008-2009 (N=1,196), with a response rate of 65.3%.

Results: Nearly one third of ob-gyns and family medicine physicians reported always requiring a pelvic examination when prescribing oral contraception (ob-gyns 29%; family medicine 33%). A higher proportion of advanced practice nurses in primary care (45%) and a markedly lower percentage of advanced practice nurses in reproductive health (17%) reported always requiring the examination. In adjusted analyses, older clinicians were more likely to require the pelvic examination (odds ratio [OR] 1.03, $p < .01$) and clinicians serving a higher proportion of Medicaid patients more likely (OR 1.62, $p < .05$). Providers in private practice were more than twice as likely as those working in family-planning or community clinics to require pelvic examinations (OR 2.30, $p < .01$).

Conclusion: One third of clinicians we surveyed require pelvic examinations before provision of oral contraceptives, despite guidelines indicating they are unnecessary and research suggesting they can pose a barrier to contraceptive access.

Contact Us

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