A2: Removing Barriers to Over-the-Counter Contraception for Low-Income Women

The American Public Health Association (APHA) has long endorsed universal access to reproductive health care, including contraception, as an important public health measure. The APHA has supported over-the-counter (OTC) access to emergency contraception (EC), and in particular urged the U.S. Food and Drug Administration (FDA) “to make emergency contraception available over the counter for patients of all ages, including those under 18 who are still required to obtain a prescription under the FDA's August 2006 ruling, so as to improve overall ease of patients' access to this medication.” A federal Court recently ordered the FDA to review its decision to place age restrictions and other restrictive conditions on the sale of EC.

The FDA’s decision to allow over-the-counter sale of EC in 2006 resulted in increased access for many women. In 2005, when EC was a prescription-only product, 23 percent of pharmacies reported being unable to dispense Plan B within 24 hours. Two years later, just 8 percent did. However, coverage is still out of reach for many women who cannot afford to pay out-of-pocket for the high cost of obtaining OTC EC. The majority of public and private health insurance programs still require a prescription to obtain OTC contraception products, such as EC, if their plans and programs cover OTC methods at all. States have the option of covering OTC drugs in their state Medicaid programs, however, in a recent study, only 31-32 states reported that they cover condoms, spermicides or sponges in their family planning programs, and the majority require a prescription. Only nine states currently provide true over-the-counter access through their state Medicaid programs and allow women to obtain EC OTC without a prescription.

The federal Medicaid program requires a prescription for family planning drugs and supplies that are normally sold over-the-counter, including male and female condoms, spermicides, sponges and other OTC contraceptives. The prescription requirement adds costly and unnecessary clinic and doctor visits, and creates barriers to OTC family planning drugs and supplies for Medicaid beneficiaries, resulting in unequal access to contraception and other prevention supplies and widening health disparities for low-income populations and communities of color. By definition, OTC access indicates that the FDA has deemed use of these products safe without the need for consultation with a health care provider; these prescription requirements are administrative and
create barriers to rather than facilitating safe and effective use of contraception and prevention
supplies.

The public health consequences of lack of access to contraceptives are well-documented. Half of
all pregnancies in the U.S. are unintended – over 3 million per year. 17.5 million women in the
U.S. depend on publicly funded family planning services to support their decisions about when and
whether to have a child. Sexually transmitted infections (STIs) continue to be a public health
threat, and their prevalence reflects significant health disparities. For example, Chlamydia is the
most common reportable infectious disease in the U.S. Risks to women of this infection include
pelvic inflammatory disease, ectopic pregnancy, premature rupture of membranes and pre-term
birth, and neonatal pneumonia. Each year 24,000 women become infertile due to Chlamydia. In
2008, black adolescents age 15-19, followed by black women age 20-24, had the highest rates of
Chlamydia; Latinas experienced Chlamydia rates three times that of non-Latina white women.
The annual cost of STIs to the U.S. health care system is estimated to be $15.9 billion. In
addition, preventing unintended pregnancy and pregnancy planning play a critical role in reducing
poor birth outcomes for women with chronic diseases. Access to contraceptives is essential to
improved maternal health and birth outcomes.

Medicaid and insurance coverage of OTC family planning drugs and supplies without a prescription
will reduce unintended pregnancies and STIs. Implementing true over-the-counter access to
emergency contraception, condoms including the new FDA-approved female condom, and other
contraceptive drugs and supplies will reduce health care costs, and promote health and well-being
and healthier pregnancies when and if women decide to become parents.

In addition to family planning drugs and supplies that are currently approved for OTC sale, there is
growing interest to consider whether oral contraceptives (OCs) and possibly other hormonal
methods might also be appropriate for a prescription-to-OTC switch. A growing body of
evidence suggests that women could safely use OCs if they were available OTC and that
contraceptive uptake might increase if this method were available directly in a pharmacy. However, concerns about the financial impact on Medicaid beneficiaries, who might lose coverage
for an OTC product, make some question the utility of an OTC switch. It is critical that insurance
Recognizing the public health benefit of improved access to contraception, the American Public Health Association urges:

1. Congress and federal agencies to enact legislation and policies that will provide federal Medicaid coverage for all family planning drugs and supplies that are FDA-approved for sale over-the-counter, and not to require a prescription for such coverage.

2. Health insurers and managed care organizations to include in their insurance products coverage for all family planning drugs and supplies that are FDA-approved for sale over-the-counter, and not to require a prescription for such coverage.

3. State legislative bodies and agencies, in the absence of federal Medicaid funding, to provide state-funded Medicaid coverage for all family planning drugs and supplies that are FDA-approved for sale over-the-counter, and not to require a prescription for such coverage.

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References:


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14. New York State determined that eliminating the federal requirement for a prescription order prior to dispensing over-the-counter emergency contraception (and using state funds to pay for these drugs) would yield a conservative gross annual cost savings of $3.2 million (with an estimated $1.5 million in savings each for the state and federal governments). The methodology was based on avoiding the cost of prenatal care, delivery, and associated delivery costs in New York State, by providing emergency contraception OTC instead. N.Y. Reg., Jan. 23, 2008: 8.


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