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Dear Working Group Member,

I hope you're enjoying the summer. As the fall approaches, I wanted to remind you that the next meeting of the Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group will take place on October 20 at the SEIU Headquarters in Washington, DC. This year we scheduled the meeting immediately after the EC Jamboree, hosted by the American Society of Emergency Contraception (ASEC), which will take place on October 19 at the same venue. We will have a joint wine-and-cheese reception with ASEC on Monday night, October 19. Please email [Emily Lapointe](#) if you are interested in attending the OCs OTC Working Group meeting, and email [Kelly Cleland](#) if you would like more information about the EC Jamboree.

In this update, we have information about a new research brief we developed on the opinions of reproductive justice and reproductive health advocates related to OCs OTC, as well as new research on adolescents' interest in a future OTC pill. We also have new policy updates related to contraceptive coverage, as well as OTC and pharmacy access to hormonal contraception.

Please let me know if you have any questions or comments about this information.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan", is placed below the word "Sincerely,".

Daniel Grossman, MD
Vice President for Research, Ibis Reproductive Health

Research brief: Advocates' opinions on moving oral contraceptives over the counter

We recently published a research brief to disseminate the findings of our online survey of reproductive justice and reproductive health advocates. In this study, we asked advocates about their opinions of current access and barriers to contraception and the potential impacts of an OTC birth control pill for low-income women, young women, and women of color.

Participants discussed existing barriers to contraceptive use, including the expense of a provider visit, contraceptive supplies, and travel; stigma; and inadequate health education. Overall, 86% of advocates were strongly or somewhat in favor of the birth control pill being available OTC, and 85% stated women would be more likely to use the birth control pill if available OTC. This survey reinforced the importance of an OTC OC and highlighted the need for an OTC pill to be affordable and accompanied by user-friendly information to ensure that a future OTC OC benefits low-income women, young women, and women of color. The [brief](#) can be accessed on the OCs OTC Working Group website's [resources page](#). In addition, we recently published [an introductory brief on moving OCs OTC](#), which can also be found on the [resources page](#).

New research on adolescents' interest in using OTC OCs and ability to understand key concepts in an OTC label for OCs

In a newly published online survey, young women aged 14-17 reported considerable support for OTC access to OCs, with 61% saying they would use a future OTC pill if available. Researchers also evaluated a draft OTC label for OCs developed by the OCs OTC Working Group and found that young women understood the majority of important concepts in the label. Below is the article's citation and [abstract](#).

Manski R, Kottke M. A survey of teenagers' attitudes toward moving oral contraceptives over the counter. *Perspect Sex Reprod Health*. 2015 Jun 22. doi: 10.1363/47e3215.

Context: Evidence suggests that over-the-counter access to oral contraceptives may help expand use among adult women. Teenagers may particularly benefit from this approach, as they experience disproportionately high rates of unintended pregnancy and face unique challenges accessing contraceptives. However, limited research has explored teenagers' attitudes toward over-the-counter access.

Methods: In 2014, a sample of 348 females aged 14-17, recruited via Facebook advertisements, participated in an online survey assessing teenagers' attitudes toward over-the-counter access and their understanding of how to use oral contraceptives after reading a prototype over-the-counter product label. Differences by participants' characteristics were assessed in bivariate analyses (Pearson chi-square and Fisher's exact tests for categorical measures, and independent t tests and one-way analyses of variance for continuous measures).

Results: Seventy-three percent of participants supported over-the-counter access, and 61% reported that they would likely use oral contraceptives available through this approach. Few subgroup differences were found. Notably, sexually experienced participants were significantly more likely than others both to support this approach (85% vs. 63%) and to be interested in

obtaining oral contraceptives this way (77% vs. 48%). Participants understood an average of 7.1 of eight key concepts that the prototype product label was intended to convey; no significant differences were found among subgroups.

Conclusions: Over-the-counter access may be a promising approach for providing oral contraceptives to teenagers. Additional research is needed to evaluate whether teenagers can screen themselves for contraindications to oral contraceptive use and correctly use oral contraceptives obtained over the counter.

Federal legislative updates related to OCs OTC

Moving OCs OTC continues to be a topic of interest in Washington, DC. Last month the [Affordability is Access Act](#) (HR 3163) was introduced in the House by Representative Tammy Duckworth (D-IL) along with 80 other Democrats. This is the companion bill to the bill introduced in the Senate by Senator Murray (D-WA), which would guarantee insurance coverage without cost sharing for a future OTC OC without requiring a prescription.

Also last month, the [Center for Reproductive Rights](#) and [Reproductive Health Technologies Project](#) cosponsored a briefing on Capitol Hill focused on moving OCs OTC that was hosted by Senator Murray. Speakers included Dr. Dan Grossman; Dr. Christopher Zahn, Vice President for Practice at the [American College of Obstetricians and Gynecologists](#); Dr. Susan Wood, Executive Director of the [Jacobs Institute of Women's Health Services at the George Washington University School of Public Health](#); and Kimberly Inez McGuire, Director of Public Affairs at the [National Latina Institute for Reproductive Health](#). The briefing was well attended by Congressional staffers and partner organizations, and it generated a great deal of discussion about the evidence in support of moving OCs OTC and possible policy solutions to ensure a future OTC pill has the greatest possible impact.

New FAQs on contraceptive coverage requirements under the ACA

In May, the Departments of Labor, Health and Human Services, and the Treasury issued a new [Frequently Asked Questions \(FAQs\) document](#) with clarifying guidance on the contraceptive coverage requirements under the Affordable Care Act (ACA). This document specifies that all non-grandfathered health plans must cover without cost sharing at least one form of contraception within each of the 18 methods of contraception for women identified by the FDA. It further clarifies that for hormonal contraceptive methods, coverage must include (but is not limited to) all three oral contraceptive methods (combined, progestin-only, and extended/continuous use), injectables, implants, the vaginal contraceptive ring, the contraceptive patch, OTC emergency contraception (Plan B/Plan B One Step/Next Choice), ella emergency contraception, and IUDs with progestin.

Pharmacy access in Oregon

A bill recently passed in Oregon, [HB 2879](#), will allow pharmacists to prescribe and dispense hormonal birth control to women aged 18 and older. A health screening will be required, but the state's specific rules have not yet been developed. Women under age 18 must show proof

of prior birth control prescriptions from a physician. This legislation is a big step forward in improving women's access to hormonal methods in Oregon; however, the age restriction is problematic and not evidence-based. Adolescents face high rates of unintended pregnancy and numerous barriers to contraceptive access, and are among those with the most to gain from expanded access and should not be left out of this advance.

The bill was overwhelmingly approved in the state House of Representatives and Senate and signed by Governor Kate Brown, and will go into effect at the start of 2016. You can read more about it in the pieces below.

LA Times: [Birth control will be available to women over the counter in Oregon](#)

CNN: [Pharmacists can prescribe 'the pill' in these states](#)

USA Today: [California, Oregon allow women to get birth control without a prescription](#)

Bustle: [Oregon's over-the-counter birth control legislation is missing one critical component](#)

Pharmacist intentions to participate in expanded pharmacy access to hormonal contraception authority in California

A new study looking at California pharmacists' intentions to provide direct pharmacy access to hormonal contraception under the authority granted by recent state legislation was presented at the 2015 American Pharmacists Association Conference in San Diego, CA, this past March. The cross-sectional study, conducted from August-September 2014 among 257 pharmacist members of the California Pharmacists Association, found the majority (71.4%) would likely expand access to hormonal contraceptives under the statewide protocol. The complete abstract is below.

Pharmacist intentions to participate in expanded pharmacy access to hormonal contraception authority in California

Vu K, Rafie S, Grindlay K, Grossman D

Objective: This study aimed to assess California pharmacists' intentions to provide direct pharmacy access to hormonal contraception, a new authority granted by recent state legislation. With more than half of all pregnancies in the United States being unintended, pharmacists can serve as an additional point of access to contraception and alleviate barriers to access for some women.

Methods: A descriptive, nonexperimental, cross-sectional study was conducted from August 2014 to September 2014. Invitations to participate in the online survey were sent to 1,774 pharmacy employee and owner members of the California Pharmacists Association via e-mail or postcard. χ^2 analyses and descriptive statistics were used to assess pharmacists' current pharmacy practices, comfort performing various activities, knowledge about contraceptive methods, areas for which they would want additional education or training, and barriers to offering pharmacy access to hormonal contraception in their pharmacy.

Results: A total of 257 responses (14.5% response rate) were received. Of those, 137 respondents working in community chain (52.2%) and independent (47.8%) pharmacies met

inclusion criteria and were included in analysis. The majority (71.4%) of pharmacists reported that they would likely expand access to hormonal contraceptives under a statewide protocol. Respondents reported being comfortable educating patients on short-acting (e.g., pill, patch, ring, injection) (94.5%) and long-acting (e.g., implant, intrauterine devices) (79.7%) reversible contraceptives, as well as identifying drug interactions with hormonal contraceptives (96.1%). Respondents indicated pharmacist time constraints (75.2%), lack of reimbursement (63.6%), and liability concerns (61.2%) as barriers for their pharmacy to offer pharmacy access to hormonal contraceptives.

Conclusion: California pharmacists demonstrated strong intentions and comfort in providing direct pharmacy access to hormonal contraception. Pharmacist knowledge gaps and barriers will need to be addressed for successful implementation. This new service has great potential to increase patient access to contraception, potentially fostering increased use and adherence.

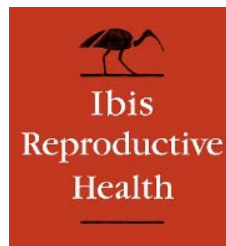
Welcome to new groups signing on to the Working Group's statement of purpose!

Over 45 organizations have signed on to the Working Group's [statement of purpose](#), most recently [Catholics for Choice](#) and [Population Connection](#). Thanks for your support! If your organization has not yet signed on and is interested, please send an email to [Emily](#).

About us

The Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group is a coalition of reproductive health, rights, and justice organizations, nonprofit research and advocacy groups, university-based researchers, and prominent clinicians who share a commitment to providing all women of reproductive age easier access to safe, effective, acceptable, and affordable contraceptives. The working group was established in 2004 to explore the potential of over-the-counter access to oral contraceptives to reduce disparities in reproductive health care access and outcomes, and to increase opportunities for women to access a safe, effective method of contraception, free of unnecessary control, as part of a healthy sexual and reproductive life.

The working group is coordinated by Ibis Reproductive Health.



www.ibisreproductivehealth.org

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