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Dear Working Group Member,

Happy new year! We hope 2016 is off to a good start for all of you. We are looking forward to an exciting year for the working group and our efforts to move OCs OTC. Stay tuned for a call for working group members to learn more about our plans to ramp up this work with the [Packard Foundation grant](#) we announced last month.

In this update we highlight recent publications and research related to an OTC switch for OCs, as well as efforts to expand pharmacy access to hormonal contraception. Please let us know if you have comments or questions about any of this information.

Thanks,

A handwritten signature in black ink, appearing to read "Dan".

Daniel Grossman, MD
Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of California, San Francisco and Senior Advisor, Ibis Reproductive Health

A handwritten signature in black ink, appearing to read "Britt".

Britt Wahlin
Vice President for Development and Public Affairs,
Ibis Reproductive Health

New study documents the barriers to accessing prescription contraception

In a new [article](#) published online ahead of print in the *Journal of Women's Health*, researchers found that almost one-third of women from a nationally representative survey reported barriers accessing prescription contraception. Although the survey was conducted before the contraceptive coverage guarantee under the Affordable Care Act went into effect, women reported barriers beyond cost that limited access to these methods. The article was accompanied by an [editorial](#) by Dr. Annie M. Dude that highlights how OTC access would help to overcome some of these barriers.

Below is the abstract of the article:

Grindlay K, Grossman D. Prescription Birth Control Access Among U.S. Women at Risk of Unintended Pregnancy. *J Womens Health* (Larchmt). 2015 Dec 14. [Epub ahead of print]

BACKGROUND: Access to contraception is a vital component of preventing unintended pregnancies. This study was conducted to assess the prevalence of and factors associated with U.S. women's difficulty accessing prescription contraception (pill, patch, or ring).

MATERIALS AND METHODS: We performed a nationally representative survey of adult women at risk of unintended pregnancy (aged 18-44, not pregnant or seeking pregnancy, sexually active, not sterilized) using a probability-based web panel. In November to December 2011, 2046 women completed the survey. Weighted proportions were calculated and logistic regression was used to identify covariates associated with difficulty obtaining or refilling prescription contraception.

RESULTS: A total of 1385 (68%) women had ever tried to get a prescription for hormonal contraception. Among this population, 29% reported ever having problems obtaining a prescription or refills. In multivariable regression, uninsured (vs. privately insured) and Spanish-speaking (vs. English-speaking) women were significantly more likely to report difficulties; women with a high school degree and those with some college (vs. a college degree or higher) were significantly less likely to report difficulty. Difficulties included cost barriers or lack of insurance (14%), challenges obtaining an appointment or getting to a clinic (13%), the clinician requiring a clinic visit, exam, or Pap smear (13%), not having a regular doctor/clinic (10%), difficulty accessing a pharmacy (4%), and other reasons (4%).

CONCLUSIONS: One-third of adult US women who have ever tried to obtain prescription contraception reported access barriers. While the Affordable Care Act may resolve some of these issues, these data indicate that additional factors may still need to be addressed.

New publications review evidence on OTC access to OCs

In December 2015, Dan Grossman published a review article on OTC access to OCs, as well as an editorial in *American Family Physician*, the journal of the American Academy of Family Physicians. Please email [Emily](#) if you would like to request copies of these publications. Below are the citations of the articles and abstract for the review:

Grossman D. The Potential Impact of Over-the-Counter Access to Oral Contraceptives to Reduce Unintended Pregnancy. *Am Fam Physician*. 2015 Dec 1;92(11):968-9.

Grossman D. Over-the-Counter Access to Oral Contraceptives. *Obstet Gynecol Clin North Am*. 2015 Dec;42(4):619-29.

Making oral contraceptives (OCs) available over the counter (OTC) could help to reduce the high rate of unintended pregnancy in the United States. Surveys show widespread support for OTC access to OCs among US women. Studies indicate that women can accurately use checklists to identify contraindications to OCs. Continuation is as good or better among OTC users compared with women using OCs obtained by prescription. Women and clinicians have expressed concerns related to making OCs available OTC. These concerns can be addressed by existing data or through research required by the Food and Drug Administration as part of the application to make OCs available OTC.

2009 survey of clinicians indicates lukewarm support for OTC access

An [article](#) was recently published in *Women's Health Issues* with results from a survey conducted in 2009 of physicians, advanced practice clinicians, and registered nurses. The response rate for the web-based survey was 19%. While 74% supported pharmacist-initiated access to the pill, patch, or ring, only 28% supported OTC access to these methods. Clinicians were concerned that OTC access would have a negative effect on their role or relationship with patients, as well as decrease practice revenue. They were also concerned that expanding access to hormonal contraception at pharmacies would decrease recommended preventive screening.

Although the study was conducted before organizations like the [American College of Obstetricians and Gynecologists](#) and the [American Academy of Family Physicians](#) issued statements in support of OTC access to OCs, it highlights some of the concerns of practicing clinicians that need to be addressed. Below is the abstract for the article:

Rafie S, Kelly S, Gray EK, Wong M, Gibbs S, Harper CC. Provider Opinions Regarding Expanding Access to Hormonal Contraception in Pharmacies. *Womens Health Issues*. 2015 Nov 6. pii: S1049-3867(15)00140-1. doi: 10.1016/j.whi.2015.09.006. [Epub ahead of print]

PURPOSE: Expanding access to hormonal contraception may reduce the barrier created with the current prescription requirement. The goal of this study was to gain a better understanding of health care providers' opinions on expanding access to hormonal contraception (oral pill, transdermal patch, vaginal ring, and injectable) and the role of pharmacists as direct providers of this reproductive health service.

METHODS: A voluntary, self-administered survey was distributed to participating national professional associations' physician and midlevel provider members who provide reproductive health services. Outcomes of providers' opinions on expanded access to hormonal contraception in pharmacies were analyzed by provider type (n = 482).

FINDINGS: Almost three-quarters (74%) of the 482 providers surveyed, 76% of physicians and 70% of midlevels, were supportive of expanding access for the pill, patch, and ring

contraceptives to include pharmacist-initiated access. Despite overall support for pharmacist-initiated access, more than 70% of respondents were concerned that expanded access would result in decreased reproductive health preventive screening. Slightly fewer providers supported or were neutral towards behind-the-counter (65% for pill/patch/ring, 55% injectable) and over-the-counter (47% for pill/patch/ring, 36% injectable) access than for pharmacist-initiated access.

CONCLUSIONS: The majority of reproductive health providers support pharmacist-initiated access to the pill, patch, ring, and injectable contraceptives. There is some support for behind-the-counter and over-the-counter access. Provider concerns about lower rates of reproductive health preventive screenings and pharmacist training issues would need to be appropriately addressed along with any policy changes.

State-based programs allowing pharmacist provision of hormonal contraception move forward

There has been a great deal of coverage of efforts allowing pharmacists to independently prescribe hormonal contraception. A law passed last year in Oregon went into effect on January 1, 2016, and allows pharmacists to provide the pill and patch to women aged 18 and older (minors are eligible for the service if they have previously received a prescription for the method). More details about the required screening procedures and are available [here](#). A similar law was passed in California in 2013 and will allow pharmacists to prescribe the pill, patch, ring, and Depo-Provera to women of all ages. The California guidelines are anticipated to be finalized soon, with implementation starting by March.

In addition to these two states, several others have introduced legislation similar to Oregon's law, including [Hawaii](#), [Missouri](#), [South Carolina](#), [Tennessee](#), and [Washington](#). It is unclear why many of these proposals have excluded the vaginal ring. From a medical perspective there is also no reason to exclude women under age 18 from receiving the service.

Below are several articles in the media about the pharmacy access models:

Yahoo! Health: [Here's what gynecologists think about "over-the-counter" birth control pills](#)

New York Times: [States lead effort to let pharmacists prescribe birth control](#)

The Orange Country Register: [Why you still can't get birth control without a doctor](#)

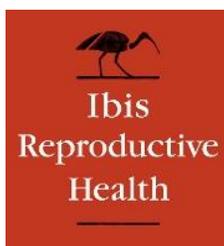
Some of the media coverage [confuses](#) these pharmacy access programs with over-the-counter access. The working group will be working on messaging over the next few months to help reporters and other stakeholders distinguish between the pharmacy access and OTC models, which both have great potential for expanding contraceptive access.

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

Contact us

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