

March 14, 2018

In This Update

[State OTC coverage bills](#)

[Progestin hormonal birth control and depression](#)

[Free the Pill store](#)

[Media highlights](#)

[Statement of purpose](#)

[About us](#)

[Contact us](#)

Dear Working Group member,

We are excited to announce that our annual meeting of the Oral Contraceptives Over-the-Counter Working Group will be on **Tuesday, September 25** in Washington, DC. We will be in touch with further details in the coming months; meanwhile, please save the date.

We are pleased to share the state-level advances to guarantee coverage of over-the-counter contraceptives including the recent passage of Washington's Reproductive Parity Act. Congratulations to all of the advocates in Washington who contributed to this critical work. Also in this newsletter, we share a systematic review on the relationship between depression and progestin-based contraceptives, our new [Free the Pill store](#), media highlights, and our statement of purpose sign-ons.

Finally, we wanted to let you know that Project Director Kate Grindlay Kelly is currently on parental leave and will be returning later this summer (congratulations, Kate!). Please feel free to reach out to [Allie Wollum](#) with any questions about the annual meeting or [Mary Durden](#) for Free the Pill swag and materials, and signing onto the statement of purpose.

Thank you,

A handwritten signature in black ink that reads "Britt".

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

State OTC coverage bills

Washington's Reproductive Parity Act, including coverage of OTC contraceptives without a prescription, passed the legislature and is headed to the governor's desk. In addition to not requiring any cost-sharing, insurance "may not require a prescription to trigger coverage of over-the-counter contraceptive drugs, devices, and products, approved by the federal food and drug administration." Minnesota and Vermont also recently introduced bills that would

guarantee coverage of OTC contraceptive medications without a prescription. Maryland, which already covers OTC contraceptive medications, has also introduced a bill that would cover OTC contraceptive devices, including condoms, without a prescription. See below for more information on these bills.

Maryland

The Daily Caller: [Planned Parenthood throws support behind condom coverage bill](#)

Bill: [SB 686](#)

Minnesota

KQDS 21: [Minnesota legislators announce birth control protection bill](#)

Bill: [HF 3453/SF 3101](#)

Vermont

Vermont Digger: [Planned Parenthood Vermont Action Fund pushes passage of H.869](#)

Bill: [H.869](#)

Washington

KIRO 7: [Washington Legislature approves abortion insurance bill](#)

The Stranger: [Reproductive Parity Act means improved health care access for all Washington Women](#)

Bill: [SB 6219](#)

New study on progestin hormonal contraception and depression

Contraception [recently released a paper](#) finding there is little evidence to suggest a link between progestin-based contraceptive methods and depression. In 2016, a study from the University of Copenhagen proposed a potential link between hormonal contraception and depression. Please also see [our response](#) that we shared soon after the University of Copenhagen study was released. You can find the abstract for the *Contraception* study below.

Worly B, Gur T, Schaffir J. The relationship between progestin hormonal contraception and depression a systemic review. *Contraception*. 2018.

DOI: <https://doi.org/10.1016/j.contraception.2018.01.010>

OBJECTIVE

We performed a systematic review to look for an association between progestin-only contraception and depression.

METHODS

We searched PubMed, Ovid and Web of Science for English-language articles including progestin-only contraception and depression from database inception to September 2016. We evaluated study quality with the procedures guiding reviews for the United States Preventive Services Task Force and the Cochrane Risk of Bias Tools. We included studies that evaluated progestin-only contraception and depression, focusing on externally validated depression measures. We excluded case studies, review articles and other psychiatric disorders.

RESULTS

We identified 26 studies that met the inclusion criteria, including 5 randomized controlled trials, 11 cohort studies and 10 cross-sectional studies. We found minimal association between progestin-only methods and depression. No correlation with depression was found in five low-quality, high-risk-of-bias progestin subdermal implant studies and four out of five varying-

quality and medium-risk-of-bias levonorgestrel intrauterine device studies. Three medroxyprogesterone acetate intramuscular injection trials with varying levels of quality and bias show no difference in depression. Two progestin-only contraceptive pill studies with varying levels of quality and bias indicate no increase in depression scores, while one good-quality, medium-bias study shows an association between progestin-only pills, the intrauterine device and depression.

CONCLUSION

Despite perceptions in the community of increased depression following the initiation of progestin contraceptives, the preponderance of evidence does not support an association based on validated measures (mostly level II-1 evidence, moderate quality, low risk of bias).

CNN: [No link between birth control and depression, study says](#)

Free the Pill store

Free the Pill

We are happy to debut the new Free the Pill store featuring branded mugs, buttons, stickers, tote bags, and t-shirts. [Visit our Act page](#) to learn more. As always, [let Mary know](#) if you would like to receive complimentary Free the Pill swag (e.g., pens, info cards, mirrors, and sunglasses, as available) for your events and outreach.

Media highlights

Thank you to all of you who shared Kate Grindlay Kelly and Dan Grossman's [op-ed featured in Teen Vogue](#) about their [recent study](#) examining women's and teen's interest in OTC access to a POP, finding that 39% of adults and 29% of teens reported likely use of an over-the-counter POP. If covered by insurance, likelihood of use increased to approximately 46% among adults and 40% among teens.

Other media highlights include *HelloGiggles* recently asking, "[Why isn't birth control available over the counter?](#)"

"There is seriously no reason for hormonal birth control to not be accessible without a prescription according to most medical research, as it is in 102 other countries. The big difference? Culturally, America still doesn't want young women having sex for pleasure and controlling their reproductive health."

Statement of purpose sign-ons

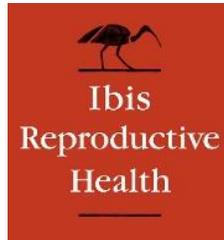
We are pleased to highlight the organizations that have signed onto our [statement of purpose](#). Please help us demonstrate the wide support that exists for making OCs available OTC in the United States. [Email Mary](#) if you would like your organization to sign onto the statement of purpose.

[Women's Health Research Team at the College of Charleston](#)

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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