

August 1, 2014

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Dear Working Group Member,

Over-the-counter access to oral contraceptives has been in the U.S. news like never before as Republicans latch onto this as a possible alternative to the contraceptive coverage guarantee under the Affordable Care Act. In an [op-ed in *The Hill*](#), we argue that an OTC switch for OCs was never about taking contraception out of the political arena or excluding it from insurance coverage. In fact, our goal is insurance coverage of a future OTC OC. Please see below for more information about these recent articles.

I also wanted to let you know that the next OCs OTC working group meeting will take place on **October 21** in Washington, DC. Please save the date! We will be sending out more information about the agenda in the coming month or so. Please email [Ella Douglas-Durham](#) if you would like information about a hotel near the meeting.

In the sections below, we have several other updates related to our work, including information about efforts in New Zealand to make oral contraceptives available through pharmacists, links to relevant articles, and a teaser about the upcoming launch of a website aimed at informing women about the possibility of moving OCs OTC in the U.S.

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

Thanks,

A handwritten signature in black ink, appearing to read "Dan", is positioned below the text "Thanks,".

Daniel Grossman. MD

New perspectives on OCs OTC post-Hobby Lobby

In the context of the *Burwell v. Hobby Lobby* Supreme Court ruling, the topic of moving OCs OTC has gotten some unexpected attention. Days before the ruling, Representative Cory Gardner (R-CO) announced his support for moving OCs OTC in a [Denver Post](#) op ed. He states many of the familiar arguments for moving OCs OTC: OCs are safe, and eliminating the prescription requirement could improve access and save women time and the hassle of a doctor's visit. But he also sees OCs OTC as a strategy for making irrelevant the contraceptive coverage guarantee under the Affordable Care Act. Market forces would drive down the price, and insurance coverage of birth control would no longer be necessary. An editorial in the [Seattle Times](#) also discusses the merits of moving OCs OTC, including the benefit of "protecting" some forms of contraception from the risk of not being covered by insurance at the whim of an employer's religious beliefs. Additionally, a piece in [Vox](#) cites Republican support as one of the top seven reasons for moving OCs OTC. Like the *Seattle Times* piece, it also stresses the importance of women having two options for birth control access: over the counter and paid for out of pocket, or covered by insurance with no cost sharing. Other conservative takes on the issue have been published in [The Federalist](#) and [Reason.com](#).

These pieces share a common assumption that an over-the-counter pill would not be covered by insurance. As the *Vox* and *Seattle Times* articles emphasize, an over-the-counter birth control pill and no co-pay contraception can and should coexist. However, the two are not mutually exclusive. [A commentary](#) in *The Hill's* Congress blog by Kelly Blanchard, Dan Grossman, and Britt Wahlin of Ibis Reproductive Health lays out why we need insurance coverage of all contraceptive methods, including OTC contraceptives, which should be covered without a prescription. Read the piece [here](#).

New Zealand regulatory body rejects proposal to reclassify several OC formulations for pharmacy-access distribution

As we noted in the March update, a retail pharmacy group submitted an application to the New Zealand Medicines Classification Committee to reclassify several OC formulations from prescription-only to a category that would allow distribution by a pharmacist who performs required medical screening. The Committee met in April and issued its decision in May denying the request. The minutes of the meeting are available [here](#). The Committee did not appear to have safety concerns; instead they were worried that the switch could lead to fragmentation of care. They encouraged the applicant to engage more with the general practitioner community and ensure that there is support from physicians. More information is available [here](#).

It's certainly disappointing that the application was rejected, but we hope that this will spark more discussion among physicians in New Zealand about the evidence supporting access to OCs without a prescription.

Free the Pill: New website and video coming soon!

We have been working to develop a new user-

friendly website for people to find information and resources about the movement for an OTC pill in the U.S., including why we want it, and what we know about the safety, effectiveness, and acceptability of OTC OCs. We also developed a short video to help spark interest and spread the word about the issue and website. We would love your help in disseminating them once they go live. Stay tuned! In the meantime, if you would like more information, please contact [Ella Douglas-Durham](mailto:Ella.Douglas-Durham).

freethepill.org



New publications related to OCs OTC

Tarico V. Bring it on: Universally available OTC oral contraceptives would be a game changer. *Sightline Daily*. 2014 July 3. Article available [here](#).

Yu MY, Henderson JT, Harper CC, Sawaya GF. Obstetrician-gynecologists' beliefs on the importance of pelvic examinations in assessing hormonal contraception eligibility. In press accepted manuscript at *Contraception*. Abstract available [here](#).

Objective: To describe obstetrician-gynecologists' beliefs regarding the importance of pelvic examination (including external genitalia inspection, speculum examination, bimanual examination) in assessing hormonal contraception eligibility.

Methods: In a national probability survey, 1,020 obstetrician-gynecologists drawn from the American Medical Association's Physician Masterfile rated importance of the examination in 4 categories: very, moderately, a little and not important.

Results: The response rate was 62% (n=521). Seventy-nine percent considered at least one exam component to be of some importance (very, moderately, or a little importance).

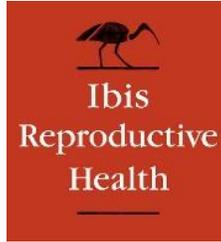
Bimanual examination was rated more often than external examination in each level of importance ($p < 0.001$). Physicians who believed no component of the examination was important were more likely to be younger, female, and in practice settings other than private practice.

Conclusions: Despite guidelines stating pelvic examinations are unnecessary in assessing hormonal contraception eligibility, most obstetrician-gynecologists believe they are of some importance. These attitudes may pose a barrier to contraception provision.

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 coordinated by Ibis Reproductive Health.



www.ibisreproductivehealth.org

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