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

WHEREAS, About half of the 6.3 million pregnancies per year in the U.S. are unintended, and more than half of those end in abortion,¹

WHEREAS, AAFP has previously endorsed contraceptive access as an important public health measure ², including the resolution “Remove Barriers to Contraceptive Access for US Women”³ aimed at urging insurers and Medicaid cover the range of contraceptive options in adequate supply, including both devices and insertion,

WHEREAS, The enactment of the Patient Protection and Affordable Care Act (PPACA)⁴ expands access to Medicaid services, including family planning, to millions of women. Six to seven million women will be new enrollees in Medicaid with many more having access to family planning services through the new Medicaid State Option to expand eligibility for family planning services⁵ and through the health insurance Exchanges. In addition, PPACA requires that certain preventive services be mandatory benefits provided without co-payment in insurance products sold through the Exchanges. DHHS has commissioned a study from the Institute of Medicine to determine whether contraceptives, among other services, should be included as preventive services.

WHEREAS, the federal Medicaid program requires a prescription for family planning drugs and supplies normally sold OTC, including condoms, spermicides, sponges and other OTC contraceptives. ⁶ The Patient Protection and Affordable Care Act did not change this requirement. 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.

WHEREAS, in a study of users of oral contraceptives, 68.1% of participants missed one or more pills in a 3 month period. “No new pill pack” was reported as the reason for missing pills over 10% of the time. Women reporting “no new pill pack” were also significantly more likely to miss consecutive pills than those missing pills for other reasons, with 21.9% of consecutive misses citing this reason⁷, and

WHEREAS, many women choose their method of birth control specifically because it does not require a prescription⁸, and current over the counter products have much lower efficacy and

WHEREAS, neither safety nor efficacy concerns about oral contraceptives have been found to justify their prescription status⁹. There is growing interest to consider whether oral contraceptives (OCs) might also be appropriate for a prescription-to-OTC switch.¹⁰,¹¹ 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.¹⁰-¹⁴ 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 coverage policies not obstruct advances that otherwise might benefit the nation’s public health.

**RESOLVED:** The _AFP support policies and legislation that would require public and private insurance plans to provide coverage for family planning drugs and supplies that are FDA approved, including those for sale over-the-counter._

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5 Patient Protection and Affordable Care Act (2010), P.L. 111-148 §2303.


