

OTC hormonal contraception: An important goal in the fight for reproductive justice

Access to contraception is not equal. This is especially true in states with a shortage of health care providers and barriers to adequate insurance coverage.

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A new American College of Obstetricians and Gynecologists (ACOG) committee opinion¹ addresses how contraception access can be improved through over-the-counter (OTC) hormonal contraception for people of all ages—including oral contraceptive pills (OCPs), progesterone-only pills, the patch, vaginal rings, and depot medroxyprogesterone acetate (DMPA). Although ACOG endorses OTC contraception, some health care providers may be hesitant to support the increase in accessibility for a variety of reasons. We are hopeful that we address these concerns and that all clinicians can move to support ACOG's position.

Easing access to hormonal contraception is a first step

OCPs are the most widely used contraception among teens and women of reproductive age in the United States.² Although the Affordable Care

Act (ACA) mandated health insurance coverage for contraception, many barriers continue to exist, including obtaining a prescription. Only 13 states have made it legal to obtain hormonal contraception through a pharmacist.³ There also has been an increase in the number of telemedicine and online services that deliver contraceptives to individuals' homes. While these efforts have helped to decrease barriers to hormonal contraception access for some patients, they only reach a small segment of the population. As clinicians, we should strive to make contraception universally accessible and affordable to everyone who desires to use it. OTC provision can bring us closer to this goal.

Addressing the misconceptions about contraception

Adverse events with hormonal contraception are rarer than one may think. There are few risks associated with hormonal contraception. Venous thromboembolus (VTE) is a serious, although rare, adverse effect (AE) of hormonal contraception.

The rate of VTE with combined oral contraception is estimated at 3 to 8 events per 10,000 patient-years, and VTE is even less common with progestin-only contraception (1 to 5 per 10,000 patient-years). For both types of hormonal contraception, the risk of VTE is smaller than with pregnancy, which is 5 to 20 per 10,000 patient-years.⁴ There are comorbidities that increase the risk of VTE and other AEs of hormonal contraception. In the setting of OTC hormonal contraception, individuals would self-screen for contraindications in order to reduce these complications. **Patients have the aptitude to self-screen for contraindications.** Studies looking at the ability of patients over the age of 18 to self-screen for contraindications to hormonal contraception have found that patients do appropriately screen themselves. In fact, they are often more conservative than a physician in avoiding hormonal contraceptive methods.⁵ Patients younger than age 18 rarely have contraindications to hormonal contraception, but limited studies have shown that they too are able to successfully self-screen.⁶ ACOG recommends

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self-screening tools be provided with all OTC combined hormonal contraceptive methods to aid an individual's contraceptive choice.

Most women continue their well woman care. Some opponents to ACOG's position also have expressed concern that women who access their contraception OTC will forego their annual exam with their provider. However, studies have shown that the majority of women will continue to make their preventative health care visits.^{7,8}

We need to invest in preventing unplanned pregnancy

Currently, hormonal contraception is covered by health insurance under the ACA, with some caveats. Without a prescription, patients may have to pay full price for their contraception. However, one can find generic OCPs for less than \$10 per pack out of pocket. Any cost can be prohibitive to many patients; thus, transition to OTC access to contraception also should ensure limiting the cost to the patient. One possible solution to mitigate costs is to require insurance companies to cover the cost of OTC hormonal contraceptives. (See action item below.)

Reduction in unplanned pregnancies improves public health and public expense, and broadening access to effective forms of contraception

is imperative in reducing unplanned pregnancies. Every \$1 invested in contraception access realizes \$7.09 in savings.⁹ By making hormonal contraception widely available OTC, access could be improved dramatically—although pharmacist provision of hormonal contraception may be a necessary intermediate step. ACOG's most recent committee opinion encourages all reproductive health care providers to be strong advocates for this improvement in access. As women's health providers, we should work to decrease access barriers for our patients; working toward OTC contraception is a critical step in equal access to birth control methods for all of our patients.

Action items

Remember, before a pill can move to OTC access, the manufacturing (pharmaceutical) company must submit an application to the US Food and Drug Administration to obtain this status. Once submitted, the process may take 3 to 4 years to be completed. Currently, no company has submitted an OTC application and no hormonal birth control is available OTC. Resources for OTC birth control are available online (<http://ocsotc.org/> and <http://freethepill.org/>).

- Talk to your state representatives about why both OTC birth control access and direct pharmacy availability are important to increasing

access and decreasing disparities in reproductive health care. Find your local and federal representatives at <https://openstates.org> and check the status of OCP access in your state at <http://freethepill.org/statepolicies>.

- Representative Ayanna Pressley (D-MA) and Senator Patty Murray (D-WA) both have introduced legislation—the Affordability is Access Act (HR 3296/S1847)—to ensure insurance coverage for OTC contraception. Call your representative and ask them to cosponsor this legislation.
- Be mindful of legislation that promotes OTC OCPs but limits access to some populations (minors) and increases cost sharing to the patient. These types of legislation can create harmful barriers to access for some of our patients. ●

Instant Poll

Do you agree that hormonal contraception (OCPs, progesterone-only pills, the patch, vaginal rings, and DMPA) should be offered OTC?

Yes

No

To weigh in, visit mdedge.com/obgyn.

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