ACOG POSITION ON OVER-THE-COUNTER ACCESS TO AND INSURANCE COVERAGE OF ORAL CONTRACEPTIVES

Birth control is an essential and noncontroversial component of basic women’s health care. The American Congress of Obstetricians and Gynecologists (ACOG) supports full access to oral and other contraceptives that are proven safe and effective in reducing the rate of unintended pregnancies. We pursue this goal in a variety of ways, including by supporting over-the-counter (OTC) availability of oral contraceptives (OCs), as well as employer-sponsored health insurance coverage of FDA-approved contraceptives. **ACOG strongly supports the Affordable Care Act (ACA) provision that provides women access to these services without cost-sharing.** Both paths to affordability and access are important and are complementary in today’s health care system.

In 2012, the American College of Obstetricians and Gynecologists issued Committee Opinion No. 544 *Over-the-Counter Access to Oral Contraception*, expressing medical support for over-the-counter access to oral contraceptives. This recommendation is based on evaluations of the high level of safety of these medications balanced against the major public health need to help prevent unintended pregnancy.¹ It is important to note that currently, the FDA has approved no oral contraceptives for over-the-counter purchase. Any FDA approval of OCs for OTC purchase in the future will likely include only a subset of the range of OC formulations. Not all formulations are the same and those that may become available OTC may not be the best option for an individual woman. OTC access would not obviate the need for robust insurance coverage for oral contraceptives in private and public health plans.

Even with our Committee Opinion supporting OTC access to oral contraceptives, ACOG recognizes the importance of insurance coverage for contraceptives, as required under the ACA. Regardless of whether some methods become available OTC in the future, all forms of birth control must be affordable and accessible, and be complemented by clinician counsel and care.

Cost is a major factor in a woman’s consistent use of contraception, and many women simply cannot afford the out of pocket costs of contraceptives without health insurance coverage. The federal government’s own *Healthy People 2010* report acknowledges: “In the absence of comprehensive coverage, many women may opt for whatever method may be covered by their health plan rather than the method most appropriate for their individual needs and circumstances. Other women may opt not to use contraception if it is not covered under their insurance plan.”² Numerous studies have demonstrated that even small cost-sharing requirements can limit use of needed preventive care,³ and can force women, especially those with limited incomes, to choose between paying for necessary medications or other essentials including food or rent.

ACOG worked closely with the US Congress, the Health Resources and Services Administration and the Institute of Medicine to ensure insurance coverage of women’s preventive health care, including contraception. The ACA’s promise of full coverage for FDA-approved contraceptive methods must not be undermined by new barriers to affordability.

**Contraception is Not Just “The Pill” – Access to Other Highly Effective Methods**

OTC OCs are just one part of the broader contraceptive mix. While hormonal (oral) birth control – the pill – remains the most popular form of contraception, more effective, and cost-effective, methods exist. Long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs) or the hormonal
implant, while the most reliable contraceptive options, cannot be made available OTC, as they require clinician involvement to prescribe and insert. High out of pocket costs of these very effective contraceptives – as much as $800 – are a major barrier to more widespread use.\textsuperscript{iv, v}

ACOG’s Committee Opinion (CO), recognizing the medical safety of OTC oral contraceptives and the important role that improved access to OCs can play in reducing unintended pregnancy, is consistent with and complemented by ACOG’s insistence that employers must not be permitted to interfere with women’s access to medical care.

\textsuperscript{1} American College of Obstetricians and Gynecologists Committee on Gynecologic Practice, Committee Opinion No. 544 Over-the-Counter Access to Oral Contraceptives, December 2012
\textsuperscript{iii} Adam Sonfield, Contraception: An Integral Component of Preventive Care for Women, 13 Guttmacher Policy Review, 2010
\textsuperscript{v} American College of Obstetricians and Gynecologists Committee on Gynecologic Practice, Long-Acting Reversible Contraception Working Group, Increasing Use of Contraceptive Implants and Intrauterine Devices To Reduce Unintended Pregnancy, 2011