

Removing Barriers to Obtaining Prescription Contraceptives

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 abortion¹, and

WHEREAS combined hormonal contraceptives have an efficacy rate up to 99% when used correctly², and

WHEREAS in a recent 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 reason³, and

WHEREAS another barrier to consistent pill use is insurance requirements which allow patients to fill only one pack of oral contraceptives at a time⁴, and

WHEREAS many women choose their method of birth control specifically because it does not require a prescription⁵ which leads them to use lower efficacy methods, and

WHEREAS requiring other services, such as pap smears, before initiating or refilling contraception has been found to be a barrier to initiating contraception⁶. This provides a window for unintended pregnancies to occur, and

WHEREAS neither safety nor efficacy concerns about oral contraceptives have been found to justify their prescription status⁷, now therefore be it

RESOLVED that the New York State Academy of Family Physicians educate physicians about barriers to initiating or refilling contraception, such as requiring pap smears before prescription, and work to encourage physicians to provide prescriptions with refills for a year of contraception, and further be it

RESOLVED that the New York State Academy of Family Physicians work with insurance companies, including Medicaid, to allow the dispensing of a 3 to 6 month supply of contraceptives at a one time, and further be it

RESOLVED that the New York State Academy of Family Physicians present this resolution to the American Academy Congress of Delegates for consideration.

¹Finer LB, Henshaw SK. Abortion incidence and services in the United States in 2000. *Perspect Sex Reprod Health* 2003; 35:6-15.

²Birth Control: Choosing the method that's right for you. American Academy of Family Physicians. Updated March 2005. Available at <http://familydoctor.org/016.xml>.

³Smith JD, Oakley D. Why do women miss oral contraceptive pills? An analysis of women's self-described reasons for missed pills. *Journal of Nurse Midwifery in Women's Health* 2005 Sep; 50(5):380-5.

⁴Phillips KA, Stotland NE, Liang SY, SPetz J, Haas JS. Out-of-pocket expenditures for oral contraceptives and number of packs per purchase. *J Am Med Womens Assn* 2004; 59:36-42.

⁵ Pharmacy Access Partnership. Birth control within reach: A national survey on women's attitudes and interest in pharmacy access to hormonal contraception. Oakland, CA: Pharmacy Access Partnership 2004.

⁶ Schwarz EB, Saint M, Gildengorin G, Weitz TA, Stewart FH Sawaya GF. Cervical cancer screening continues to limit provision of contraception. *Contraception* 2005; 72: 179-81.

⁷ Trussel J, Stewart F, Potts M, Guest F, Ellertson C. Should oral contraceptives be available without a prescription? *Am J Public Health* 1993;83(8):1094-9.