

**Res. A-03-16**

DATE: December 22, 2015

**TITLE: Endorse Access without Age Restriction to Over-the-Counter Oral Contraceptive Pills**

**Introduced by:** Alison Block MD, Sarah Williams MD, Suzan Goodman MD, Sarah McNeil MD

**Endorsed by:** Northbay and Alameda-Contra Costa Chapter endorsements pending

WHEREAS, unintended pregnancy remains a major public health problem in the United States<sup>1</sup>, and

WHEREAS, access and cost issues are common reasons why women either do not use contraception or have gaps in use<sup>2</sup>, and

WHEREAS, eighty-two percent of adolescent pregnancies are unplanned, accounting for one fifth of all unintended pregnancies in the United States<sup>3</sup>, and

WHEREAS, teenagers experience disproportionately high rates of unintended pregnancy and face unique challenges accessing contraceptives<sup>14</sup>, and

WHEREAS, AAFP has previously endorsed contraceptive access as an important public health measure<sup>4</sup>, including over-the-counter (OTC) availability of oral contraceptive pills (OCPs)<sup>5</sup>, and

WHEREAS, California approved Behind-the-Counter Access to OCPs without an age restriction in 2015<sup>6</sup>, and

WHEREAS, surveys indicate that most women in the United States, as well as pharmacists, look favorably upon the OTC accessing to OCPs and only a minority of women support an age restriction for an OTC OCPs<sup>7</sup>, and

WHEREAS, contraindications to oral contraceptives are more prevalent among women 35 years and older compared with younger women<sup>8</sup>, and

WHEREAS, young adolescents do not increase their sexual risk behavior with increased access to contraception<sup>9</sup>, and

WHEREAS, OCPs are the most commonly used hormonal contraceptive method among United States teens<sup>10</sup>, now, therefore, be it

RESOLVED, that the California Academy of Family Physicians endorse the policy that there be no age restriction to oral contraceptive pill availability over-the-counter, and be it further

RESOLVED, that the CAFP ask the American Academy of Family Physicians to write to the U.S. Food and Drug Administration (FDA) to urge that all adolescents be included in the over-the-counter (OTC) oral contraceptives studies required by the FDA (e.g., label comprehension study, actual use study) to determine whether OTC access is appropriate for this population.

Speaker Notes:

Fiscal Note: There is no fiscal impact for this resolution.

**(NOT REQUIRED BUT REQUESTED):**

**1) PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFPP policy or change of policy, what issue does it seek to address?**

This statement seeks to address the incidence of unintended pregnancy in teens by proposing OCPs be made available over-the-counter without an age restriction.

It is estimated that the number of births to teen mothers aged 15-19 years is 400,000 annually<sup>11</sup>.

Pregnancy in the teen years is associated with health risks for the mother and baby. Those risks include being more likely to experience negative social outcomes, such as school drop-out. The risks to infants include lower birth weight, lower academic achievement and teen pregnancy themselves<sup>12</sup>.

**2) PROBLEM UNIVERSE: Approximately how many CAFPP members or members' patients are affected by this problem or proposed policy?**

We assert that all CAFPP members providing clinical care to female adolescents are affected by this problem and will be affected by the proposed policy.

Approximately 17-22 million women in the United States constitute the potential market for purchasing OCPs at the pharmacy<sup>13</sup>, and approximately 73% of female adolescents support OTC availability of OCPs<sup>14</sup>.

**3) WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFPP to take?**

We propose that the CAFPP endorse the policy that there be no age restriction to oral contraceptive pill availability over-the-counter. We also propose that the CAFPP ask the American Academy of Family Physicians to write to the U.S. Food and Drug Administration (FDA) to urge that that all adolescents be included the OTC OCP studies required by the FDA (e.g., label comprehension study, actual use study) to determine whether OTC access is appropriate for this population.

**4) WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?**

Low access and high cost are common reasons why women either do not use contraception or have gaps in use<sup>2</sup>, accounting for a significant number of unintended teen pregnancies in this country. OCPs are the most common birth control method for teens, and approximately 61% of teens reported that they would use OCPs if they were prescribed over-the-counter<sup>14</sup>. Research has shown a potential 7% to 25% reduction in unintended pregnancy by allowing OTC access to OCPs<sup>15</sup>. Given that OCPs are the most commonly used birth control method among teens, there

is also tremendous potential for OTC availability of OCPs to reduce unintended pregnancy among adolescents<sup>16</sup>.

**5) PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.**

<sup>1</sup>Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*. 2011;84:478-85.

<sup>2</sup>Frost JJ, Singh S, Finer LB. U.S. women's one-year contraceptive use patterns, 2004. *Perspect Sex Reprod Health* 2007;39:48–55.

<sup>3</sup>Birth Control: Choosing the method that's right for you. American Academy of Family Physicians. Updated March 2005. Available at <http://familydoctor.org/016.xml>.

<sup>4</sup>Adolescents and long-acting reversible contraception: implants and intrauterine devices. American College of Obstetricians and Gynecologists. Committee Opinion No. 539. *Obstet Gynecol*. 2012;120:983–988

<sup>5</sup>AAFP COD 2011 – Advocacy Item 3 Adopted.

<sup>6</sup>§1746.1 of Article 5 of Division 17 of Title 16 of the California Code of Regulations: Protocol for Pharmacists Furnishing Self-Administered Hormonal Contraception.

<sup>7</sup>Grindlay K, Grossman D. Women's Perspectives on Age Restriction for Over-the-Counter Access to Oral Contraceptives. Grindlay K, Grossman D. *J of Adol Health*. 56 (2015) 38-43.

<sup>8</sup>Grossman D, Fernandez L, Hopkins K, Amastae J, Garcia SG, Potter JE. Accuracy of self-screening for contraindications to combined oral contraceptive use. *Obstet Gynecol*. 2008;112(3):572-578.

<sup>9</sup>Harper CC, Cheong M, Rocca CH, Darney PD, Raine TR. The effect of increased access to emergency contraception among young adolescents. *Obstet Gynecol*. 2005;106(3):483-491.

<sup>10</sup>Upadhya, Krishna. Contraception for adolescents. *Pediatrics in review* [0191-9601] yr:2013 vol:34 iss:9 pg:384 -94.

<sup>11</sup>Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2009. *Natl Vital Stat Rep* 2010;59(3).

<sup>12</sup>Hoffman S. Updated estimates of the consequences of teen childbearing for mothers. In: Hoffman S, Maynard R, eds. *Kids having kids: economic costs and social consequences of teen pregnancy*. Washington, DC: The Urban Institute Press; 2008.

<sup>13</sup>Landau SC, Tapias MP, McGhee BT. Birth control within reach: a national survey on women's attitudes toward and interest in pharmacy access to hormonal contraception. *Contraception* 2006;74:463–70.

<sup>14</sup>Manski R, Kottke M. A survey of teenagers' attitudes toward moving oral contraceptives over the counter. *Perspect Sex Reprod Health*. 2015; 47(3):TK–TK, doi: 10.1363/47e3215.

<sup>15</sup>Foster DG, Miggs MA, Philips KA, Grindlay K, Grossman D. Potential public sector cost-savings from the over-the-counter access to oral contraceptives. *Contraception*. 2015; 91(5):373-379.

<sup>16</sup>Grossman D. The potential impact of over-the-counter access to oral contraceptives to reduce unintended pregnancy. *American Family Physician*. 2015 Dec; 92(11):968-9.