

## FACT SHEET: EMERGENCY CONTRACEPTION

### What is Emergency Contraception (EC)?

#### *EC is a Time-Sensitive Contraceptive*

- Emergency Contraception (EC) is an FDA-approved form of contraception that prevents pregnancy. It is also known as the morning-after pill.<sup>1</sup>
- EC is an extremely time-sensitive drug that is most effective in the first 12-24 hours after birth control failure, unprotected sex, or sexual assault.
- Plan B<sup>®</sup> is the brand name of the only dedicated EC pill currently on the market. Plan B<sup>®</sup> is currently available without a prescription for individuals 18 and older and by prescription only for women 17 and younger. In March 2009, a court ordered the FDA to make EC available to 17-year-olds without a prescription, and the FDA has begun the process to do so.
- Women's health advocates and leading medical associations encourage all women to obtain EC in advance of needing it so that they can prevent unintended pregnancy should an unforeseen circumstance arise.

#### *EC Does Not Cause Abortion*

- EC is different from the "abortion pill," RU-486, which terminates pregnancies. If a woman is pregnant, EC will not work, and there will be no harm to either the woman or the fetus.<sup>2</sup>
- Studies show that EC works to prevent pregnancy in the exact same way that ordinary birth control pills do – mainly by prohibiting ovulation. Although the science is not 100% definitive, the best evidence indicates that EC works prior to fertilization.<sup>3</sup>

### The Importance of Contraception—Including EC

- Access to contraception is critical to preventing unwanted pregnancies and to enabling women to control the timing and spacing of their pregnancies.
- A woman who wants only two children must use contraception for roughly three decades.<sup>4</sup>
- Women rely on prescription contraceptives for a range of medical purposes in addition to birth control, including endometriosis and regulation of cycles. For some women, pregnancy can entail great health risks and even endanger their lives.
- If women at risk for unintended pregnancy use it correctly and consistently, emergency contraception has great potential to reduce the need for abortion.
- Access to EC is particularly important to survivors of sexual assault. Failure to offer EC can deny survivors control over their bodies at a critical time and cause further trauma by forcing them to confront an unwanted pregnancy.

### EC is Safe and Effective

- In 1999, the FDA approved prescription use of EC as safe and effective for women of all ages.<sup>5</sup> In August 2006, the FDA approved non-prescription use of EC for individuals 18 and older while keeping it a prescription-only drug for women 17 and younger. In March 2009, a federal court ordered the FDA to make EC available to 17-year-olds without a prescription, and it has begun the process to do so. The court also ordered the FDA to reconsider whether to have any age restriction at all, which it has not yet done.
- The American Medical Association, American Academy of Pediatrics, American Medical Women's Association, American College of Obstetricians and Gynecologists, and Society for Adolescent Medicine all support women's access to EC.
- EC is safe if used repeatedly at a moderate level, and can be used in the same menstrual cycle.<sup>6</sup>
- Studies show that increased access to EC by adolescents does not result in less condom use or greater frequency of unprotected intercourse, sexually transmitted diseases, or pregnancy.<sup>7</sup>

## Barriers to EC

### *Lack of Over-the-Counter (OTC) Approval for Women Under 18*

- Despite ample scientific evidence that EC is safe and effective for use by those under 18, the FDA's age restriction continues to hinder young women's access to this time-sensitive drug. Pursuant to the federal court's order, the FDA must soon make EC available without a prescription to 17-year-olds, and it must also reconsider its decision to impose any age restrictions at all on non-prescription use of EC.

### *Pharmacist Refusals*

- Women seeking EC continue to face refusals in the pharmacy based on personal beliefs. Under the FDA's conditions, non-prescription EC is kept *behind the counter*, so even women who do not need a prescription must interact with pharmacists or other pharmacy staff who may have strong personal beliefs against providing the drug. Since non-prescription EC arrived in pharmacies, there have been a number of refusal incidents.

### *Cost and Insurance Coverage*

- EC is a relatively expensive medication – the wholesale cost is \$27, but the price can be as high as \$55 in pharmacies. The cost makes EC unaffordable, or scarcely affordable, for many women.
- In June 2009, the FDA approved a generic prescription-only version of Plan B for women 17 and under. This less expensive generic version should help ease the financial burden for young women who need EC.
- It remains unclear whether private insurance companies will pay for EC. Once drugs are switched to non-prescription status, they are not usually covered by health insurance.
- Women on Medicaid are particularly burdened by problems of cost and coverage. Some state Medicaid programs do not cover EC at all. Even states whose Medicaid programs cover EC may require women 18 and older to get a prescription first, solely for reimbursement purposes.

## How to Get EC

- Get EC *today*, before you need it! Keep it in your medicine cabinet as backup birth control.
- If you are under 18:
  - Go to your nearest Planned Parenthood or your physician.
  - Contact the Emergency Contraception Website for names and phone numbers of EC providers near you. Visit [www.not-2-late.com](http://www.not-2-late.com).
  - If you live in AK, CA, HI, ME, MA, NH, NM, VT, or WA you may be able to get EC directly from a pharmacist without first obtaining a prescription. See <http://www.EC-Help.org> for more information.
- Victims of sexual assault in CA, CT, DC, MA, MN, NJ, NM, NY, OR, SC, UT, WA, and WI must receive access to EC from hospitals. Hospitals in AR, CO and IL must provide *information* about EC.

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<sup>1</sup> U.S. Food and Drug Administration, FDA's Decision Regarding Plan B: Questions and Answers (May 2004), at <http://www.fda.gov/cder/drug/infopage/planB/planBQandA.htm>.

<sup>2</sup> James Trussell et al., Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy (Jan. 2008), <http://ec.princeton.edu/questions/EC-review.pdf>.

<sup>3</sup> See Frank Davidoff & James Trussell, *Plan B and The Politics of Doubt*, 296 J. AM. MED. ASS'N. 1775 (2006). Even if it does prevent implantation, the drug still does not end a pregnancy, because pregnancy is defined by the federal government and medically accepted authorities as beginning after implantation. See, e.g., Protection of Human Subjects, 45 C.F.R. § 46.202(f) (2001) (defining pregnancy as beginning after implantation), available at <http://ohsr.od.nih.gov/guidelines/45cfr46.html#46.202>.

<sup>4</sup> HEATHER D. BOONSTRA ET AL., GUTTMACHER INSTITUTE, ABORTION IN WOMEN'S LIVES 6-7 & fig.1 (2006).

<sup>5</sup> Prescription Drug Products: Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception, 62 Fed. Reg. 8609-12 (proposed Feb. 25, 1997).

<sup>6</sup> ACOG Practice Bulletin: Emergency Contraception, 106 OBSTETRICS & GYNECOLOGY 1443 (2005).

<sup>7</sup> Cynthia C. Harper et al., *The Effect of Increased Access to Emergency Contraception Among Young Adolescents*, 106 OBSTETRICS & GYNECOLOGY 483-91 (2005).