



# EMERGENCY CONTRACEPTION & ASIAN & PACIFIC ISLANDER WOMEN

★ NATIONAL ASIAN PACIFIC AMERICAN WOMEN’S FORUM ★ WWW.NAPAWF.ORG ★

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**O**n August 24, 2006, the Food and Drug Administration (FDA) approved Plan B, a type of emergency contraceptive, for over-the-counter sale to people ages 18 and older. Also known as the “morning after” pill, Plan B is up to 89 percent effective at preventing pregnancy if taken within 72 hours of having unprotected sex.<sup>1</sup> Health experts predict that increased access to emergency contraceptives such as Plan B could reduce the number of unintended pregnancies by as much as 50 percent.

For Asian and Pacific Islander<sup>2</sup> (API) women, sexual and reproductive justice includes the fundamental human right to access affordable and linguistically and culturally competent health care services that support their overall health and well-being. While research data on the reproductive health of API women is scarce, the few studies that do include such information indicate that API women have disproportionately high rates of unplanned pregnancies and abortions. Thus, approving over-the-counter access to Plan B is an important step in helping API women exercise better control over their reproductive health.

Notably, the FDA’s decision ended a three-year battle for federal approval, however the ruling fell short of meeting the reproductive health needs of *all* women and girls. This

issue brief will address the shortfalls of the agency’s decision, and focus particularly on how it will impact API women and teens. While making Plan B available over-the-counter (OTC) is an important expansion

### **APPROVING OVER-THE-COUNTER ACCESS TO PLAN B IS AN IMPORTANT STEP IN HELPING API WOMEN EXERCISE BETTER CONTROL OVER THEIR REPRODUCTIVE HEALTH.**

sion of women’s reproductive care, many barriers exist that will make it difficult for API women to access the drug. First, the age restriction arbitrarily limits access to a drug that can safely and effectively prevent teen pregnancy, and will remain a prescription-only drug for under aged adolescents. This policy makes

accessing emergency contraception time-consuming and costly for API teens, and does little to combat the nation’s high teen pregnancy rate.

Second, numerous states and pharmacies have adopted restrictions on emergency contraception that make it difficult for women to access. Because the efficacy of emergency contraception decreases over time, timely access to emergency contraception is critical to reducing the number of unintended pregnancies in the United States. Third, Plan B’s shift to non-prescription status will create financial obstacles for low-income API women and teens, especially those who are uninsured or on Medicaid. Lastly, existing cultural and linguistic barriers will make it difficult for many API women and girls to access Plan B and other emergency contraceptives.



## WHAT IS EMERGENCY CONTRACEPTION?

Emergency contraception (EC) is a method of preventing pregnancy after unprotected sex. Emergency contraceptive pills contain the same hormones as those in regular contraceptive pills, but in higher doses. One form of EC is Plan B, which was approved last year by the FDA and is now available for over-the-counter sale. If taken within the first 72 hours after unprotected sex, Plan B can prevent up to 89% of pregnancies. Other EC options include taking high doses of certain types of oral contraceptive pills, or having an IUD inserted.

Plan B and other types of EC pills are not the same as RU-486, the drug that induces medical abortions. Rather, EC pills stop ovulation or prevent eggs from being fertilized. If taken after a woman has become pregnant, emergency contraceptives will not harm the developing fetus or interrupt the pregnancy, although researchers have not ruled out the possibility that Plan B may prevent a fertilized egg from implantation in the uterus.<sup>3</sup> Using EC pills will not affect a woman's ability to become pregnant in the future.

## EMERGENCY CONTRACEPTION: AN EFFECTIVE TOOL FOR PREVENTING UNINTENDED PREGNANCIES

About half of all pregnancies in the United States, or about 3 million each year, are unplanned.<sup>4</sup> More than 50 percent of these unintended pregnancies end in abortion.<sup>5</sup> Women's health advocates believe that making Plan B easily accessible to all women will drastically reduce the number of unplanned pregnancies and abortions, and there is already some evidence that supports this correlation. A 2002 study revealed that increased use of EC accounted for up to 43 percent of the decline in the number of abortions in the United States between 1994 and 2000.<sup>6</sup>

### PREGNANCY & CONTRACEPTIVE USE AMONG API WOMEN

Over-the-counter access to Plan B is an important reproductive health option for API women. Nationally, 98

percent of women will use contraceptives in their lifetime, and one third of those women use birth control pills, the most common form of contraceptive. In 2002, nearly 12 million women chose birth control pills as their contraceptive method.<sup>7</sup>

The rate of contraceptive use among API women, however, is much lower compared to other racial and ethnic groups. Although over two-thirds of API women are sexually active, less than 40 percent use regular contraceptive methods during sex.<sup>8</sup> Moreover, a study on Chinese and Filipina women found that among both groups of women who used contraceptive methods, they were more likely to use the withdrawal method and less likely to use hormonal contraceptives—a more reliable form of pregnancy prevention—than white women.<sup>9</sup>

### 🔗 RESOURCES 🔗

If you are over 18, you can get EC directly from a pharmacy. This website allows you to search for pharmacies by zip code, area code, or by state and city. <http://ec.princeton.edu/providers/index.html#search>

If you're a teen living in California, Hawaii, Maine, Massachusetts, Alaska, New Hampshire, New Mexico, or Washington, you can get EC directly from a pharmacy without a prescription. This website lists pharmacies by state and city: <http://www.ec-help.org/PharmacyLocations.asp>

If you need a prescription for EC or are under 18, you can also contact your local Planned Parenthood. This website allows you to search for a health center near you and has additional information. <http://www.plannedparenthood.org/>

API women also have lower rates of sexually transmitted disease (STD) screening than other racial and ethnic groups, a pattern that some researchers believe stems from their discomfort with seeking reproductive and sexual health services.<sup>10</sup> In order to get tested for STDs or obtain hormonal contraceptives, women must submit to gynecological exams and communicate with their health practitioner about their sexual history. Consequently, some API women may avoid going to a doctor's office to obtain a prescription for hormonal birth control and

other sexual health services. Thus, non-prescription emergency contraception will help many API women avoid unintended pregnancies.

Conversely, API women have disproportionately high rates of abortion utilization. 35 percent of pregnancies end in abortion for API women, the second highest percentage for all racial/ethnic groups.<sup>11</sup> In addition, abortion rates in the United States fell for all groups except Asians and Pacific Islanders between 1994 and 2000.<sup>12</sup> These statistics corroborate the idea that API women are not engaging in effective contraceptive use.

#### **API TEEN PREGNANCY & SEXUALITY**

Plan B is only approved for OTC sale to persons 18 years and older. While EC is now more accessible to adult women, it excludes minors, a group that many health experts say need EC the most because minors are much less likely to have access to birth control and other types of contraceptives, and are therefore at higher risk of getting pregnant. Thus, teens are an important target group for improving access to all forms of contraceptives, including EC.

API teens would particularly benefit from increased access to EC. As a group, the rate of teen pregnancies among API adolescents is relatively low.<sup>13</sup> However, studies that break down data collection by ethnic sub-population reveal increasing rates of teen pregnancy in some Asian American sub-populations. For example, one study found that Laotian teens had the highest teen birth rate

in California at 19 percent.<sup>14</sup> Another research study found that 50 percent of Hmong girls between the ages 15 and 19 in the Twin Cities area of Minnesota had children or became pregnant before graduating from high school.<sup>15</sup>


Mainstream pregnancy prevention programs often report that the teens most at risk of pregnancy are those who encounter financial difficulties, receive inadequate education about birth control methods, yield to peer or boyfriend pressure or lack access to family planning services.<sup>16</sup> Many advocates argue that the high adolescent birth rates of some groups of Southeast Asians, such as Hmong and Mien, is the result of cultural traditions that pressure girls to marry and bear children at a young age as a rite of passage. Cambodian teens face similar cultural pressures within families that do not recognize a girls' authority or give her respect until she becomes a mother. In response, many teen girls are resisting the expectation to marry and have children at an early age. As such, easy access to Plan B is essential to empowering young women to exercise control over their bodies and realize their personhood.

#### **TEEN PREGNANCY & CONTRACEPTIVE USE IN THE U.S.**

In general, teens are at higher risk of pregnancy than adult women because of differences in contraceptive use. Adolescents, especially those under age 16, are more likely to rely on condoms as their contraceptive method, while adults are more likely to use hormonal methods.<sup>17</sup> Teens are

also more likely than adults to use contraception on an intermittent basis.<sup>18</sup> This means that teenage girls have more unprotected sex and are at higher risk of unintended pregnancy. Each year, almost 750,000 teen girls in the United States become pregnant.<sup>19</sup> Most 15 to 19 year olds who become pregnant describe their pregnancies as unintended, and 28.5 percent of teen pregnancies end in abortion.<sup>20</sup> Given the high rate of unplanned pregnancies among teen girls, EC should be made readily available to adolescents. There is no medical or scientific reason to restrict the sale of Plan

**“TEENAGERS ARE MORE LIKELY TO START HAVING SEX BEFORE THEY’RE READY AND ABLE. THEY ARE MORE LIKELY TO HAVE ACCIDENTS. AND THEY’RE GOING TO BE THE ONES LESS LIKELY TO HAVE A DOCTOR TO GET A PRESCRIPTION.”**

B to adults. EC is a safe and effective option for preventing pregnancy, and its efficacy depends on timely access to the drug. Making EC more difficult for teens to access makes pregnancy prevention even more difficult for adolescents. As one researcher explains, “teenagers are more likely to start having sex before they’re ready and able. They are more likely to have accidents. And they’re going to be the ones less likely to have a doctor to get a prescription.”<sup>21</sup> Thus, the FDA failed to act on a critical opportunity to prevent teenage pregnancies by imposing an age restriction to OTC access of Plan B. 

Despite the age restriction, nine states (California, Washington, Alaska, Hawaii, New Mexico, Maine, New Hampshire, Massachusetts, and Vermont) passed legislation that allows

specially trained pharmacists to prescribe Plan B.<sup>22</sup> Known as “Collaborative Practice Agreements,” pharmacists can enter into agreements with physicians to dispense EC to teens without

a prescription from a doctor or clinic.<sup>23</sup> These agreements enable API teens residing in these states who are not able to seek a prescription from their family doctor to obtain EC.

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## EMERGENCY CONTRACEPTION AND TEEN SEXUAL BEHAVIOR

Although no scientific studies support the need for an age restriction, some EC opponents argue that the restriction is necessary. Proponents of the age limitation believe that increased access to Plan B will result in increased sexual promiscuity among teens. This assumption is false. Emergency contraceptives are one of the more expensive forms of contraception, and is not as effective as most other methods.<sup>24</sup>

In addition, a 2005 study found that young adolescents with improved access to emergency contraception did

not increase their sexual risk behavior, such as engage in unprotected sex, have multiple sex partners, or stop using routine contraception.<sup>25</sup> In fact, the study concluded that the effect

access did not create any changes in sexual risk behavior or regular contraceptive use.”<sup>26</sup> This finding was consistent with that of another study, which found that there was no

### A 2005 STUDY CONCLUDED THAT THERE IS NO CORRELATION BETWEEN THE USE OF EC AND SEXUAL RISK BEHAVIOR BY ADOLESCENTS OR ADULT WOMEN AND SEXUAL RISK BEHAVIOR.

of increased EC access for even the youngest teens in the group (under 16 years), was the same as that of adults: both adolescents and adult women used EC at similar rates, and easier

significant increase in unprotected sex or decrease in consistent condom use among the group of 16 to 24 year olds who received advance doses of emergency contraception.<sup>27</sup>

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## ACCESSING EC: CHALLENGES AND BARRIERS


Distribution of Plan B in pharmacies, including those in grocery and retail stores, began on November 6, 2006.<sup>28</sup> Because buyers under the age of 18 must have a prescription to purchase Plan B, the emergency contraceptive is stored behind the counter and can only be dispensed by a pharmacist. As such, accessing nonprescription EC can even be a challenge for adult API women. A combination of state laws, pharmacist refusal clauses, cost and insurance barriers, and pharmacy store practices can make a trip to the pharmacy unpredictable for many. A significant number of API women also face linguistic and cultural

challenges that could render this contraceptive option meaningless.

### FINANCIAL CHALLENGES

Financial barriers make accessing emergency contraception difficult for low-income API women. As a prescription drug, the majority of private health insurers and state Medicaid programs included Plan B in its prescription coverage plans. However, with the shift to dual label status (women over age 18 can access OTC, while women under age 18 require a prescription), most state Medicaid programs will only reimburse over-the-counter drugs

when there is a prescription.<sup>29</sup> Further, it is unknown whether private insurance plans will cover Plan B. Typically, only products purchased with a prescription are covered, therefore it appears unlikely that private health insurance companies will continue to contribute a co-payment for Plan B.

For API women covered under Medicaid, Plan B coverage varies from state to state. Family planning services and supplies are required programs under Medicaid, however states have discretion to choose what services and supplies to cover, including over-the-counter drugs.<sup>30</sup> 

Regrettably, these discretionary policies come with administrative hurdles and time-consuming procedural requirements. States that currently provide Medicaid coverage for over-the-counter family planning drugs will require a Medicaid beneficiary

also self-employed and cannot afford the expense of costly private insurance plans. Southeast Asian Americans in particular are at risk of inadequate health care coverage—approximately half do not receive health insurance from their employers—and Southeast

girls have a limited understanding about their bodies and their reproductive care choices. This gap in understanding includes a lack of knowledge about contraceptive options, including emergency contraception. A study in California reported that 67 percent of South and Southeast Asian women between the ages of 18 to 44 had no knowledge of EC.<sup>36</sup>

**MAKING PLAN B AVAILABLE OVER-THE-COUNTER IS NOT ENOUGH TO MAKE EC A VIABLE OPTION FOR MANY API WOMEN.**

seeking Plan B to get a prescription if she wants to get reimbursed.<sup>31</sup> Other states have restricted access to emergency contraceptives by imposing prior authorization requirements and establishing drug formularies that limit certain types of EC. Fortunately, some states including Illinois, New York, and Oregon have announced that their Medicaid programs will include Plan B as an OTC drug to women over 18 without a prescription.<sup>32</sup> In contrast, Mississippi explicitly excludes EC from Medicaid coverage.<sup>33</sup>

These policies make it burdensome and costly for low-income API women to address their reproductive health care needs and obtain these time-sensitive drugs. Approximately 24 percent of API women under age 65 lack any form of health insurance, and Korean Americans are the most likely racial or ethnic group to be uninsured.<sup>34</sup> The high percentage of API women who lack health insurance indicates that a large number of API women live in poverty. In fact, many API women are concentrated in low-wage jobs that do not provide employer-based coverage, such as the garment industry, restaurants, and private households. A significant percentage of API women are

Asian Americans represent the highest percentage of APIs on Medicaid.

Plan B currently costs \$35 to \$60.<sup>35</sup> Although women can purchase the drug at discounted rates from some women’s health clinics, these clinics are usually located in urban areas, leaving women who have limited transportation options without a more financially viable alternative. For under-aged teens who can only obtain Plan B through a prescription, the financial burden is even higher. A visit with a health care provider can cost anywhere between \$35 to \$150, and many teens have limited transportation ability.

**LANGUAGE AND CULTURAL BARRIERS**

Differences in language and cultural beliefs discourage many Asian Pacific Islander women from seeking reproductive health care services and will likely deter many of them from purchasing Plan B from their local pharmacies. For example, research studies revealed that many young API women and girls are not comfortable discussing issues related to sexuality, pregnancy, and birth control in their families or with their doctors. As a result, many API women and

Many API women also face language barriers when it come to accessing reproductive health services, and will likely encounter similar challenges when attempting to obtain non-prescriptive—and for teens, prescriptive—Plan B. Linguistically appropriate services are critically important to the Asian and Pacific Islander community, which is comprised of over 30 diverse ethnic groups and 200 languages and dialects.<sup>37</sup> 79 percent of the United States’ API population over age five speak a language other than English at home, and 40 percent are limited English proficient (LEP). Moreover, it is important to note that English proficiency varies significantly among certain ethnic subpopulations.

For API women, differences in language create huge barriers to accessing and receiving comprehensive reproductive health services. Studies have found that individuals who require interpreters receive fewer preventive services or leave medical appointments without truly understanding their prescriptions.<sup>38</sup> In one study, researchers concluded that language barriers exacerbated misconceptions that Vietnamese American women had about birth control pills, and prevented them from

receiving accurate information about the range of contraceptive options. Moreover, awareness of a reproductive health care product does not always correlate with knowledge about the product in API communities. Three-fourths of API women stated in a survey that they were aware of the “morning-after pill,” but only about one-third understood that it could prevent pregnancy within 3 days of unprotected sex.<sup>39</sup>

Such findings are troubling because they suggest that API women are already undereducated and underserved when it comes to their reproductive health. Making Plan B available over-the-counter is not enough to make EC a viable option for many API women. When the FDA announced its decision to approve Plan B for OTC sale, Barr Pharmaceuticals, Inc., the company that manufactures Plan B, said that it did not plan to promote the drug through a wide-scale advertising campaign.<sup>40</sup> Further, it does not appear that Barr plans to offer translated versions of the limited ads it did release.

Even if API women and girls learn about Plan B, individuals who are LEP will likely have difficulty accessing the emergency contraceptive from their pharmacies or communicating with their health care provider to get a prescription. A recent study conducted by the New York Academy of Medicine found large gaps in translation services at New York City pharmacies. Despite their general capacity to provide translated prescription medication labels—at 80 percent—and the high number of LEP patients served

daily—at 88 percent—only 34 percent of NYC pharmacists reported translating labels daily.<sup>41</sup>

### THE ID REQUIREMENT

Because Plan B is only available without a prescription to men and women who are 18 and over, pharmacists are required to check identification for proof of age. This requirement also applies to internet sales, where an adult with proof of age must sign for the package at the time of delivery.<sup>42</sup> The FDA does not specify a required form of ID, but the Drug Enforcement Administration (DEA) recently published a list of acceptable forms of ID to purchase cold medicines that also have an 18 and over age requirement.<sup>43</sup> Thus, it will be left to the discretion of individual pharmacies to determine what guidelines they wish to follow.

Although this requirement appears innocuous, many API immigrants do not have government-issued identification. This barrier could make emergency contraception inaccessible for adult immigrants unless they have a prescription from a doctor. Some examples of DEA approved identification that should be accepted by pharmacists include an unexpired or expired U.S. passport, an Alien Registration Receipt Card or Permanent Resident Card, a driver’s license or identification card containing a photograph, issued by a state or any outlying possession of the United States, and a U.S. Military card or draft record.<sup>44</sup>

Notably, the DEA also listed Canadian drivers’ licenses as valid forms of identification, but did not recognize similar

forms of ID from Mexico or any other country.<sup>45</sup> The DEA’s decision to recognize Canada’s drivers’ license and not that of other countries creates barriers for certain groups of immigrants but not for others. Since 35 percent of pregnancies end in abortion for API women and less than 40 percent of API women use regular contraceptives during sex, it is imperative that they have easy access to EC pills.

### BARRIERS AT THE PHARMACY

In recent years, a growing number of states have started to adopt pharmacist “conscience clauses,” which allow pharmacists to refuse to provide contraceptive services based on moral, ethical or religious beliefs. In 2007, twenty-nine bills in fourteen states have sought to allow pharmacists—and in some states, pharmacies—to refuse to fill prescriptions for any type of contraceptive, including EC.<sup>46</sup> While the bills contain language that require the objecting pharmacist to make reasonable efforts to refer the patient to another pharmacist who will fill the prescription, women all over the country have reported cases where the objecting pharmacist refused to return the prescription or make a referral.<sup>47</sup> Given the time-sensitive nature of EC, obtaining Plan B will continue to be a problem in stores where individual pharmacists refuse to fill prescriptions or comply with state requirements.

Certain pharmacies have also refused to stock emergency contraceptives. Wal-Mart, the country’s largest retailer and the third largest seller of pharmaceutical products, only recently

started to stock EC in its pharmacies.<sup>48</sup> The giant retail chain had refused to carry emergency contraception since the first product, Preven, went on the market in 1997. Faced with mounting lawsuits and increasing public criticism, Wal-Mart reversed its policy and announced in March 2006 that it would stock EC in all of its pharmacies.<sup>49</sup> However, Wal-Mart also allows its pharmacists who object to filling a Plan B prescription to refuse to do so. The retailer's policies clearly put women's health care needs at risk, particularly in rural areas where Wal-Mart is often the only pharmacy in the vicinity. API women at the pharmacy

counter may therefore face additional barriers to accessing Plan B.

### STATE REGULATIONS

In addition to "conscience clauses," some states have adopted other types of restrictions on emergency contraception. Eight states have adopted regulations that explicitly restrict access to emergency contraception, such as excluding EC from their contraceptive coverage mandate or state Medicaid family planning services and allowing pharmacists to refuse to dispense EC.<sup>50</sup>

Fortunately, many states have sought

to expand access to emergency contraception. Ten states require hospital emergency rooms to provide EC-related services to sexual assault victims, and seven states allow pharmacists to distribute EC under collaborative-practice agreements with physicians.<sup>51</sup> The latter measure is an important one for minors, because the FDA's recent decision makes this option available to underage teens who would otherwise have to obtain a prescription before accessing EC. One state, Illinois, has limited pharmacists' ability to refuse to dispense EC by mandating pharmacies that stock contraceptives to dispense EC.<sup>52</sup>

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## CONCLUSION

Importantly, Plan B is now available as a non-prescriptive contraceptive option. Yet, barriers exist that hinder many API women from accessing the drug in a timely manner. For now, women's and girl's health advocates

should engage in education and outreach efforts to assist all women and teens with accessing this important drug. Advocates should also make special efforts to target populations that are most in need of accessible

reproductive health services—women who are low-income, limited English proficient or uneducated about their contraceptive options, many of whom are API.



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