



April 21, 2023

Robert Califf
Commissioner
Food and Drug Administration
10903 New Hampshire Ave
Silver Spring, MD 20993-0002

Re: Joint Meeting of the Nonprescription Drugs Advisory Committee and the Obstetrics, Reproductive and Urologic Drugs Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments.
Docket No. FDA-2022-N-1959

Dear Commissioner Califf:

The National Asian Pacific American Women's Forum (NAPAWF) commends the Food and Drug Administration (FDA) for holding a first-of-its-kind hearing to consider Perrigo's application to offer Opill as an over-the-counter birth control option.

NAPAWF is the only national organization focused on building power with Asian American and Pacific Islander (AAPI) women and girls to influence critical decisions that affect our lives, our families, and our communities. We advocate for reproductive justice, immigrant rights, and economic justice at the federal, state, and local levels with a strong emphasis on field organizing and uplifting the voices of AAPI women and girls.




We appreciate the opportunity to provide comments as the FDA considers expanding access to contraceptive medicine. We urge the FDA to approve Perrigo's Opill for over-the-counter use so that the women in our community, along with young people and immigrants across the country, are able to access reliable, low-barrier contraception.

Overview of Barriers to Care in the Asian American and Pacific Islander (AAPI) Community

The AAPI community faces significant barriers to accessing reproductive health care. The diversity of immigration status, English proficiency, culture, insurance coverage rates, and income in our community affects the ways that we are able to access health care, including

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contraception. Over-the-counter access to birth control would alleviate many of the barriers to contraception that our community faces, such as [high rates of uninsurance](#), the 5-year waiting period for immigrants to access federal public benefits, [cultural, and socioeconomic barriers](#), allowing AAPI women to take control of their reproductive health.

Expanding access to birth control benefits AAPI women's life outcomes and their ability to make decisions about their reproductive health care. Birth control not only effectively prevents unwanted pregnancies, but [improves multiple health outcomes](#), allows women to [stay in school](#) or [advance their careers](#), and mitigates the threat of [living in poverty](#) for low-income AAPI women. Authorizing over-the-counter birth control would allow AAPI women to access highly effective contraception without unnecessary burdens.

Barriers for Immigrants

Health care remains out of reach for many AAPIs, especially for the [six in ten Asian Americans who are immigrants](#). [AAPI immigrants face major barriers](#), such as the [5-year waiting period to accessing basic and necessary public programs](#) such as Medicaid, the Children's Health Insurance Program (CHIP), and other means-tested benefits programs. Additionally, newly arriving immigrants, especially immigrant women, experience [much higher rates of uninsurance than U.S.-born white Americans](#). Based on NAPAWF's analysis of data collected in the Medical Expenditures Panel Survey (MEPS), close to [17 percent of Asian, Native Hawaiian, and Pacific Islander women who had immigrated to the U.S. less than five years ago reported being uninsured](#). As a result, newly arriving immigrants are left with few options to access health services unless they pay costly out-of-pocket fees.

It is well documented that lack of insurance often causes people to [push off necessary medical care](#) and impedes people from [accessing regular, preventive care](#), such as reproductive and contraceptive care. Requiring a prescription for birth control medication presents a significant barrier for the many AAPI individuals who do not have access to health insurance. A study found that half of immigrant women surveyed had [not received contraceptive services or information in the past year](#). Of the over 50 percent of AAPI women who are using a form of contraception, [data show that they are using less effective, cheaper contraceptive methods](#) at much higher rates compared to women of other races and ethnicities, and [many do not use a contraceptive method deemed "highly effective"](#) at preventing pregnancy, like IUDs and implants. Over-the-counter access to birth control would allow AAPI people to bypass traditional barriers to birth control, like lack of access to health coverage and the time and money associated with doctor's appointments, and make decisions for themselves concerning their reproductive care.

Barriers for Youth

Differences in language proficiency and cultural norms around sexual health often make it difficult for parents to teach safe sex practices to their children and for young people to ask their parents about birth control options. AAPI parents and children often have [different proficiencies in shared languages](#). [Only four in ten](#) second-generation Asian Americans speak their parents' native language and many of those children of Asian immigrants may not be familiar with the

terminology used to discuss sexual and reproductive health in their parents' native language. Moreover, AAPI parents often [do not have access to in-language and culturally informed health care information](#) that they can communicate to their children.

In addition to the language challenges of communicating with parents, cultural stigmas also have tremendous impacts on AAPI youth access to birth control. [AAPI parents have reported substantial discomfort](#) in speaking with their children about sex and sexual health. As a result, many parents avoid conversations about sexual health with their children. One study found that AAPI girls received [minimal sexual information from their parents](#) due to cultural and language differences. Young AAPI women may also feel pressure to avoid birth control altogether and/or [lie to their physicians](#) to mitigate any risk of their parents learning about their sexual health care needs, as parents have access to their children's medical information before the age of 18. These language and cultural challenges prevent families from having informed conversations about reproductive health care and contraception options as teens become sexually active or seek out birth control for [other health reasons](#). Given these challenges, young AAPI people are significantly [less likely to use any form of contraception](#) when having sex for the first time.

The lack of information AAPI teens receive about sexual health care and contraception have led to high rates of teen pregnancy in AAPI girls. For many years in California, Laotian teen girls had the [highest rates of teenage pregnancy](#) amongst any racial or ethnic group. Teen pregnancies [contribute to many adverse life outcomes](#), such as negative health issues for both mothers and infants, lower educational attainment, and higher rates of poverty overall. Over-the-counter access to birth control would allow AAPI teens to be equipped with effective contraception to curb teen pregnancy rates and prevent other adverse health and life outcomes.

Barriers for Low-Income Individuals

AAPI women face considerable economic barriers that may prevent them from accessing effective and affordable birth control options. For low-income AAPI women, who are often their household's [primary breadwinners and caretakers](#), it can be challenging to spend the time and money necessary to make and attend a doctor's appointment to get a prescription for birth control.

[AAPI women are overrepresented in the frontline, low-wage workforce](#), meaning that many AAPI women are working long hours and are [less likely to be working at jobs that provide workplace protections and benefits](#), such as health insurance. Furthermore, [AAPI women on average make only 80 cents to every dollar a white, non-Hispanic man](#) makes, and for certain AAPI ethnic groups, this gap is far more significant. Native Hawaiian women face a wage gap of 61 cents, while Nepalese women face a wage gap of 48 cents to the white, non-Hispanic male dollar. These wage discrepancies exacerbate the growing poverty AAPI families face, especially when [55% of AAPI women are the primary or sole breadwinners](#) for their families.

For the [7.8 percent of Asian women and 11.6 percent of Native Hawaiian or Pacific Islander women living in poverty](#), birth control is a necessary but often foregone component of their health care due to the costs associated with the barriers to contraception previously outlined. One study found that having access to contraception by age 20 [reduces the probability that a woman lives in poverty](#). Being able to prevent unwanted and expensive pregnancies allows AAPI women to invest resources into themselves and their families, stay in the workforce, grow their careers, and break the cycle of poverty.

Barriers to birth control access prevent many hard working, low-income AAPI women from accessing effective forms of contraception. [Low-income patients will often forgo non-emergency health care](#), especially when appointments are not offered outside regular business hours, patients aren't able to access paid leave, and health care costs are unaffordable. Requiring a prescription for the birth control pill or other highly effective forms of contraception locks many low-income AAPI women out of accessing effective birth control altogether. Over-the-counter and affordable birth control would allow AAPI women, especially those working low-wage jobs and/or experiencing poverty, to regain control of their reproductive health and access effective forms of birth control on their own terms.

Conclusion

We applaud the FDA for holding this hearing to examine offering birth control over the counter. Approving over-the-counter birth control would make contraception accessible to AAPI girls, immigrant women across the country, and low-income people facing other resource constraints, allowing them to obtain highly effective and accessible contraception without fear of cultural stigmas and to protect their health and reproductive freedom. We appreciate the opportunity to submit comments ahead of the Advisory Committee's hearing and urge the FDA to approve Perrigo's application to offer Opill as an over-the-counter birth control option.

If you have further questions, please contact the National Asian Pacific American Women's Forum at policy@napawf.org.

Sincerely,

The National Asian Pacific American Women's Forum