EAST TENNESSEE STATE UNIVERSITY

Emergency Contraception Post-Dobbs in the United States Southeast

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Today's Discussion Will:

- Define "Contraception" and "Emergency Contraception"
- Discuss the current landscape of Emergency Contraception in the United States
- Describe how Emergency Contraception is provided

Today's Discussion Will:

- Enumerate barriers to Emergency Contraception access
- Examine findings related to a contraceptive access study in the U.S. Southeast
- Explore implications of Emergency Contraception access and barriers in a Post-Roe United States

Introduction

What is “Contraception”?

- “Deliberate prevention of conception or impregnation”[1]
- Family planning allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies.[2]
  - It is achieved through use of contraceptive methods and the treatment of infertility. [2]
- Contraceptive information and services are fundamental to the health and human rights of all individuals.[2]

What is “Emergency Contraception”?[3]

- Emergency contraception (EC) are methods of contraception that can be used to prevent pregnancy after sexual intercourse.
  - Recommended for use within 5 days
  - Are most effective the sooner they are used

- Forms of EC:
  - Copper IUD
  - Pills which delay ovulation

- EC does NOT induce abortion

Access to Contraception

- About half of all pregnancies in the U.S. are unintended.[4]
- Unintended pregnancy rates are higher in the U.S. than many other developed countries.[4]

Access to Contraception

- Prevention of unintended pregnancy is crucial in delaying increased risk of health problems.[1]
- Access to contraception both helps reduce unintended pregnancy rates and reduces need for unsafe abortions.[1]

The Current Emergency Contraception Landscape

Emergency Contraception Policy

- EC is available over the counter (OTC) and by prescription.[5]
  - Emergency contraception use doubled since approval of its provision OTC.[17]
- EC OTC approval with no federal age restrictions took 10 years.[6]
  - Significant variability in state legislation regarding the age restriction on OTC EC remains.[6]

Emergency Contraception Policy

- Restrictive EC policies have been associated with increased rates of adolescent unintended pregnancy relative to expansive EC policies.[6]

- Restricting access to EC may prove detrimental, especially to adolescents and young adults.
  - May potentially contribute to higher unintended pregnancy rates, especially given that EC users are, on-average, younger than non-EC users.[6]

Emergency Contraception Policy

- About half of states require emergency departments to provide EC to sexual assault victims.[7]
- Eight states' pharmacists can provide EC without a prescription.[7]
- Nine states have put into place more restrictive EC policies:
  - excluding EC from family planning coverage or contraceptive coverage mandate
  - allowing pharmacists to refuse EC provision.[7]

Emergency Contraception Post-Dobbs

- Many people (esp. those in the US Southeast), lost access to already limited and restricted abortion services.
  - Necessitating enhanced access to a full range of contraceptive options

- As abortion laws become more restrictive, especially in the US Southeast which has significantly more restrictive laws,[8] ECs may be under threat.

Provision of Emergency Contraception

The Health Care Safety Net

- As a primary part of the health care safety-net, health departments (HDs) and federally-qualified health centers (FQHCs) provide contraceptive care to low income, uninsured, and underinsured patients.[9, 10]

- Safety-net clinics are crucial in ensuring under-resourced populations have access to a full range of contraceptive methods.
  - Especially areas with restrictive sexual and reproductive health policy.

Barriers to Emergency Contraception

- EC is available in a variety of options, yet knowledge about EC is poor among young women.[11]
  - 1/3 of young women correctly identified that EC does not harm a fertilized egg or cause an abortion.[11, 12]
  - 36% of young women knew that minors could legally purchase EC.[12]
  - 28% of youth knew that they could purchase EC without parental consent.[12]
  - 1/3 of youth knew that using EC would not harm their future fertility.[12]

Barriers to Emergency Contraception[15]

- Around 60% of adults know that the emergency contraceptive pill is different than the abortion pill.
- Nearly 75% of adults believe that EC can end an existing pregnancy.
- About 1/3 of reproductive aged individuals don’t know if EC is legal in their state.

Barriers to Emergency Contraception

- Barriers to access are multi-level:[13,14]
  - user limitations
    - the restricted timing for efficacy
    - misconceptions about EC due to lack of knowledge and awareness
    - financial and insurance barriers
    - education and practice barriers
  - provider biases
    - religious exemptions
  - large-scale health system barriers.

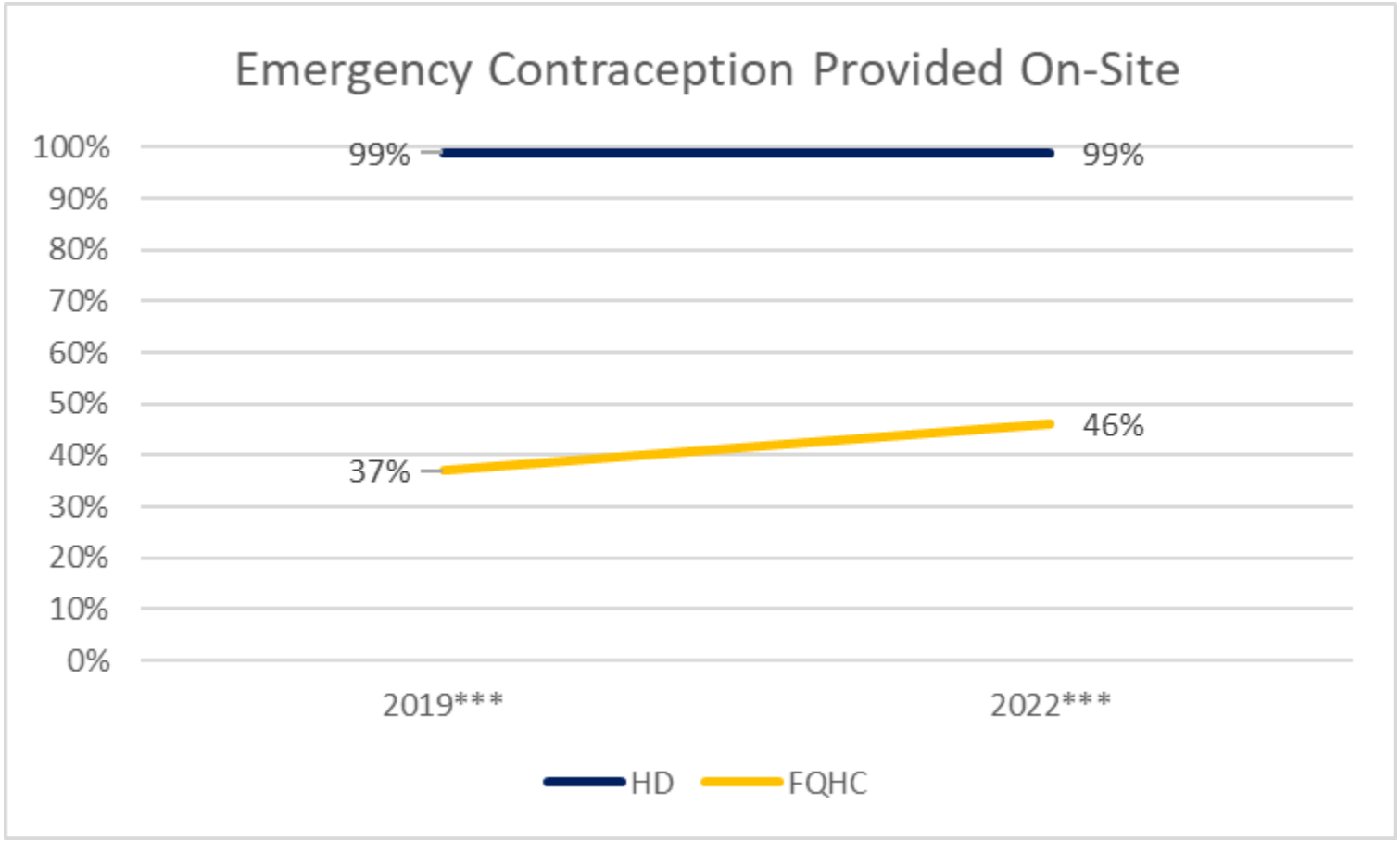
Assessing Access to Emergency Contraception in Safety-Net Family Planning Clinics

Emergency Contraception in Family Planning Health Clinics

- We aimed to assess patterns of EC use among patients and safety-net clinics
  - evaluate what provision of EC looks like in these clinics in 2019 and 2022 (pre- and post-Dobbs)

- We triangulated the results of three separate studies in two U.S. Southeast states
  - A survey of clinic administrators at HD and FQHC clinics
  - Key Informant interviews of providers and administrators in HD and FQHC clinics
  - A survey of patients in HD and FQHC clinics

Results – Survey of Clinics

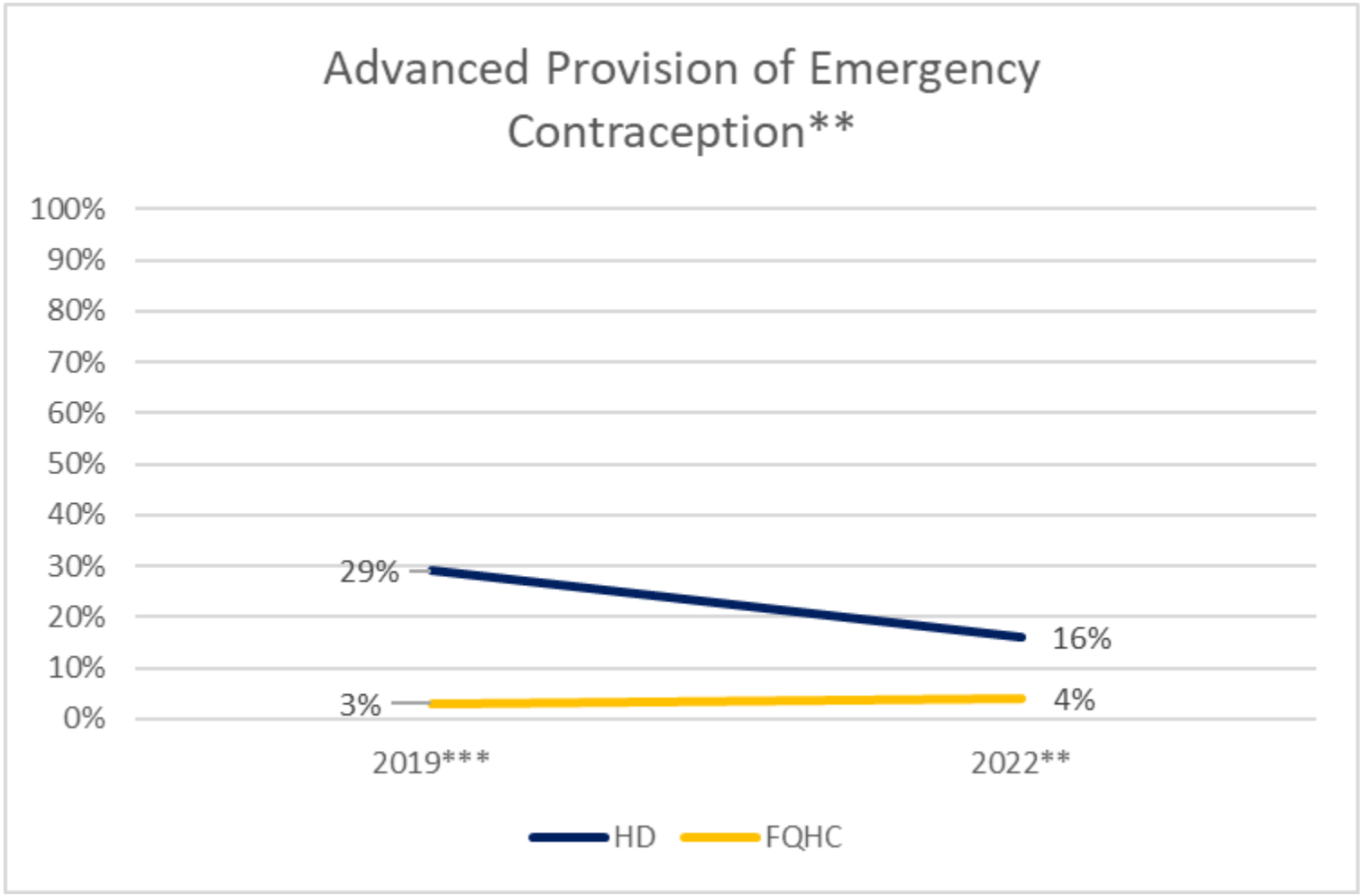


***p > .0001

Results – Survey of Clinics

DiD = 14.7%

p=.003

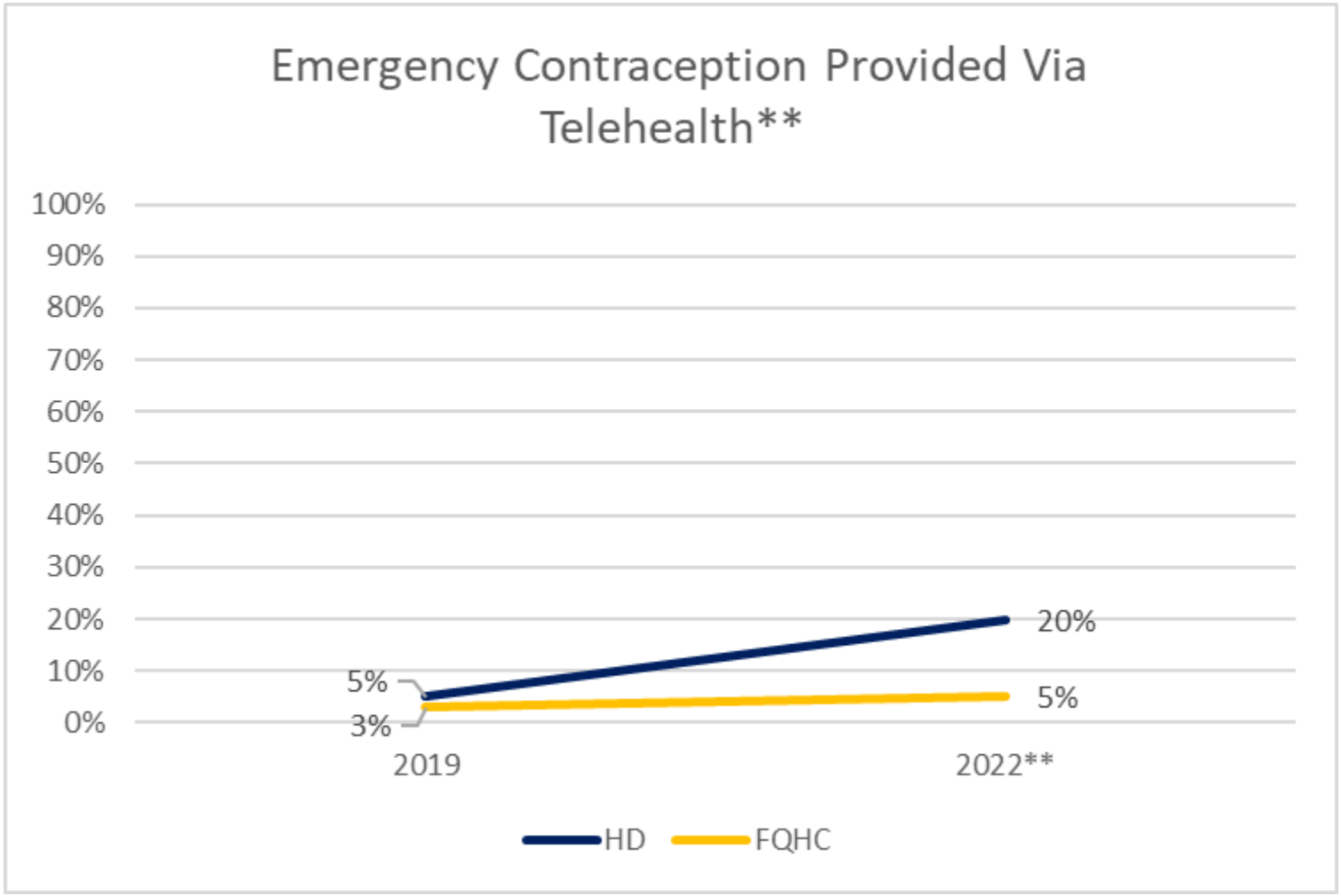


** p > .01
*** p > .0001

Results – Survey of Clinics

DiD = 13.7%

p=.01



** p > .01

Results – Key Informant Interviews

- Participants from HDs and FQHCs differed in their responses when discussing provision of EC and its role as a key element in a full range of contraceptive method options.
  - HDs noted that they had EC on hand and also provided it to adolescents in advance.
  - FQHCs noted that they did not have EC on hand
    - Cited this as a barrier to the provision of a full range of methods (no HD participants noted lack of EC as a barrier).
  - HD participants noted an increase in same-day and advanced provision of EC
    - Particularly in response to the recent overturning of Roe v. Wade

Results – Key Informant Interviews

- Facilitators to provision of a full range of methods:
  - “[I] give them two Plan Bs to take home with them... I explain exactly, 'Look, if you miss your pill and you've had sex, just take it, just take it and don't take any chances. Just take this and if you need more, come back, we'll give you more.'” [HD]

Results – Key Informant Interviews

- Challenges to provision of a full range of methods:
  - "We have two main sites that have pharmacy, but they may be at a site that we don't have a pharmacy at. Travel can be a challenge for them" [FQHC]

Results – Key Informant Interviews

- Clinic Adaptation post-Dobbs
  - "We have staff meetings, and we've all discussed it. I know some of the other providers have said that they've increased their Plan B spend." [HD]

Results – Survey of Patients

- Of 1,340 sampled respondents, only 17% (n=230) indicated using EC at least once in the past 3 months
  - among which 83% (n=191) were dual users (EC + other method)

- EC users and non-users were comparable in:
  - marital status
  - racial and ethnic compositions
  - socioeconomic status
  - health insurance status

Results – Survey of Patients

- EC users differed in their mean age and in their choice of clinics where they sought for contraceptive healthcare services.
  - On average, EC users were approximately 1.4 years younger than non-users (p= 0.008).
  - A higher proportion of EC users went to HDs, rather than FQHCs, for contraceptive care (72 %), compared with 65% among non-EC users (p= 0.031)

Results – Survey of Patients

- Compared with non-EC users, higher proportions of EC users would rate extremely important reasons for method selection including:
  - not reducing sexual pleasure
    - (48% for EC users and 40% for non-users, p= 0.035)
  - easy to use
    - (62% vs. 53%, p= 0.012)
  - easy to get
    - (59% vs. 52%, p= 0.047)
  - low cost
    - (61% vs. 53%, p= 0.041)

Implications

Emergency Contraception Provision

- Triangulation of results from the three data sources suggest that HDs provided EC to patients more often than FQHCs.
  - A larger proportion of HDs reported providing EC on-site, in advance and via telehealth
  - HDs retained EC on-site and provided it in advance, while FQHC clinic administrators identified not having EC onsite as a key barrier to provision.
  - A greater percentage of patients receiving contraceptive care from HDs were EC users compared to patients receiving care from FQHCs

Emergency Contraception Provision

- HDs could be providing EC more often than FQHCs for a variety of reasons:
  - Title X funding
  - Differences in organizational structure

Emergency Contraception Post-Dobbs

- Emergency contraception:
  - is an effective form of birth control after unprotected sex
  - is an invaluable contraceptive option that is imperative to preserving reproductive autonomy
    - especially in states with restrictive abortion policies[16]
- Policies need to be enacted which focus on expanding reproductive healthcare coverage among clinics that do not receive Title X funding
  - This will help ensure equitable access to the full-range of contraceptive methods, including EC.

Emergency Contraception Post-Dobbs

- Misconceptions and misinformation related to EC need to be combatted through:
  - use of media campaigns
  - provider education
  - patient education

- Fighting misinformation will ultimately empower populations to exercise their reproductive autonomy and enable them make the best family planning decisions for themselves.[13]

Emergency Contraception Post-Dobbs

- It is critical, as reproductive health legislation continues to restrict access, that EC be readily accessible in order to provide patients with a full range of contraceptive options.

Resources

Resources

- Information on policy
  - The GOP's Plan to Ban Birth Control (Part I)
  - The GOP's Plan to Ban Birth Control (Part II)
  - Abortion, Every Day
- Information on EC use
  - Emergency contraception use doubles since over-the-counter approval
  - Contraceptive Methods Women Have Ever Used:United States, 2015–2019
  - National Survey of Family Growth
- Resources for access
  - Communities Need Clinics
  - Abortion Care Network
  - Access to ella® Emergency Contraception at California Pharmacies
  - UCLA Law

Thank you! Q & A

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