Emergency Contraception

Emergency contraception (EC), sometimes referred to as "the morning-after pill," is a form of backup birth control that can be taken up to several days *after* unprotected intercourse or contraceptive failure and still prevent a pregnancy. In 1999, *Plan B* was the first oral product approved for use in the U.S. as an EC by the Food and Drug Administration (FDA). Since then, more EC products have been approved, and there has been debate over access to EC, particularly over-the-counter availability for teenagers. Many have confused EC with the "abortion pill," but EC does not cause abortion, since it works by delaying or inhibiting ovulation and will not work if the woman is already pregnant. This fact sheet reviews the methods of EC, known mechanisms of action, women's awareness of EC, and current national and state policies affecting EC access.

WHAT IS EC?

Emergency contraception is used as a back-up birth control method to prevent unintended pregnancy after sex in the event of unprotected sex, sexual assault, or a contraceptive failure, such as a condom breaking. There are several methods of EC that are available in the U.S. including progestin-based pills, ulipristal acetate, and copper IUDs (**Table 1**). Unlike the copper IUD, EC pills are not intended for use as a regular contraceptive method. ECs do not terminate a pregnancy.

Table 1: Major Methods of Emergency Contraception (EC), Availability and Policy in the U.S.

Brand Name	Efficacy[a]	Timing after intercourse	Availability in the U.S.
Progestin-only pills—11 brands[c]	81 - 90% reduced pregnancy risk[b]	Within 72 hours	One dose versions approved for availability "over the counter" without age restrictions.
Ulipristal acetate: *ella*	2.1% failure rate; reduced pregnancy risk is 65% lower than when using progestin-only pills[b]	Within 120 hours	Prescription only
Combined pills (estrogen and progestin)—26 brands[c]	75% reduced pregnancy risk	Within 120 hours	Prescription only
Copper intrauterine device (IUD)—*Paragard*	99% reduced pregnancy risk	Within 120 hours	Requires clinician visit

a. All percentages presented are approximations.
b. Conflicting research on efficacy for women who are overweight and/or obese
c. For a complete listing, go to http://ec.princeton.edu/questions/dose.html
SOURCE: Office of Population Research at Princeton University. Types of Emergency Contraception. Last Updated September 2017; Office of Population Research at Princeton University. Effectiveness. Last Updated August 2017; Planned Parenthood, IUD. Accessed August 2018; Trussell J, Raymond E, & Cleland K. Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy. Office of Population Research at Princeton University. July 2018.

Progestin-Based Pills

- *Plan B* was the first oral form of EC to be made available in the U.S. as a pre-packaged dose of pills containing the progestin, levonorgestrel. Progestin-based EC pills use the same hormones found in daily oral contraceptives and are the most widely used form of EC. EC pills are marketed today under the brand name *Plan B One-Step* and generic names (**Table 1**).

- Progestin-based EC pills do not interrupt or adversely impact an established pregnancy, nor are they medical abortion drugs like mifepristone or methotrexate that end an established pregnancy. *Plan B One-Step* and the generic versions prevent pregnancy by inhibiting or delaying ovulation or by making it harder for sperm to reach an egg.[1]
- Progestin-based EC is to be taken within 72 hours of unprotected sex in order to be most effective and reduce the likelihood of pregnancy by 81% to 90% when taken in this timeframe.[2]
- There are no known serious side effects associated with progestin-based EC; 50% of women experience nausea and 20% vomiting.[3]
- Some research has suggested that efficacy of progestin-based EC is lower among women with Body Mass Index (BMI) levels greater than 25.[4] However, in May 2016 the FDA announced that it had reviewed the available scientific data regarding the effectiveness of EC pills in overweight and obese women, and that the data are inconclusive and did not recommend a labeling change.[5]

Ulipristal acetate: *ella*

- Ulipristal acetate, marketed as *ella*, was approved by the FDA in 2010 for sale and use in the U.S.
- *ella* is a single-dose pill that is effective in preventing pregnancy up to five days after unprotected intercourse, giving women a longer timeframe to prevent unintended pregnancy than *Plan B*.[6] Its mechanism of action is similar to that of progestin-based EC.[7]
- Study findings show that side effects for *ella* are comparable to those for *Plan B* and some research suggests that its effectiveness appears to diminish at BMI thresholds above 35.[8]

Combined Pills

- Certain daily oral contraceptive pills can also act as EC when taken in doses four or five times higher than the daily dose, although they are not specifically sold as emergency contraception. Oral contraceptive pills contain progestin and estrogen and are taken in two doses 12 hours apart to be effective as EC.[9]
- Combined pills have been found to be safe and effective for preventing pregnancy within 5 days of intercourse.

Copper-T IUD: *Paragard*

- Available to women since the 1970s, Copper-T IUDs are the most effective forms of EC, reducing the risk of pregnancy by more than 99% when inserted within 5 days of unprotected intercourse.[10] IUDs are inserted into the uterus by a health care provider and require a visit to a clinic or provider's office. They also can be used to effectively prevent subsequent pregnancy for up to 12 years.
- The hormone-free Copper-T IUD works by interfering with egg fertilization by preventing sperm from reaching the egg. Previous research suggests the copper IUD inhibits implantation of a fertilized egg, but this mechanism of action has not been conclusively proven.[11]
- Efficacy of copper IUDs does not diminish in women who are overweight or obese.[12]

- Progestin-based hormone IUDs, such as *Mirena* and *Skyla*, are not effective as EC.

WOMEN'S KNOWLEDGE AND USE OF EC

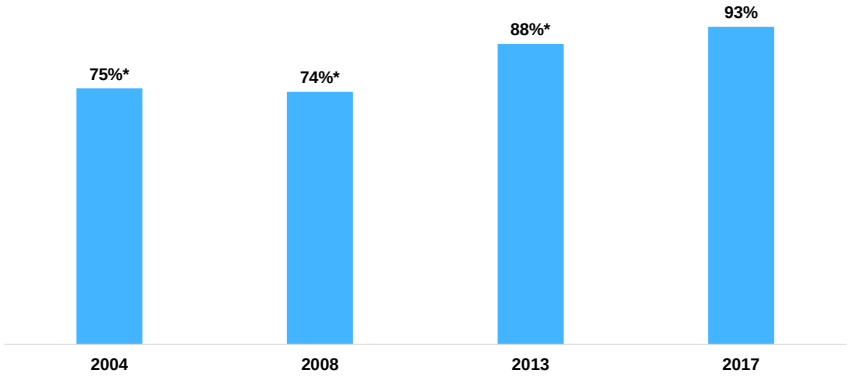
There have been numerous public health and educational initiatives to increase awareness and use of EC.

- Most women have heard of EC. In the 2017 Kaiser Women's Health Survey, 93% of women ages 18 to 44 reported that they have ever heard of EC, a significant increase from 2004, when only 75% of women reported the same (**Figure 1**).
- Use of EC has been on the rise. Between 2013 and 2015, 22% of women ages 15 to 44 who have ever had sex reported they had used EC pills at least once in their lives, an increase from 4% in 2002 **(Figure 2)**.[13]
- Younger women are more likely to report that they have ever used EC (**Figure 3**). Three in ten (32%) women ages 15 to 24 who have ever had sex say they have taken EC pills, compared to 10% of women ages 35-44. Approximately one in five Hispanic and Black women (24%) and 21% of White women report ever taking EC.[14]

Figure 1

Awareness of Emergency Contraception Has Increased Over the Years

Have you ever heard of emergency contraceptive pills, sometimes called morning-after pills, Plan B or ella*?

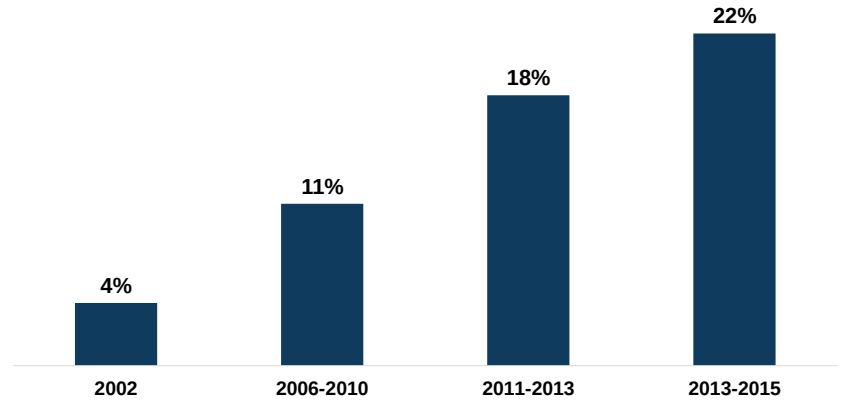


NOTE: Among women ages 18-44. The phrase "ella" was added in 2017. *Indicates a statistically significant difference from 2017; p<.05.
SOURCE: Kaiser Family Foundation, *2004, 2008, 2013, and 2017 Kaiser Women's Health Survey.*

Figure 2

Use of Emergency Contraception Has Increased Over the Past Decade

Share of Women Who Reported Ever Using EC Pills:

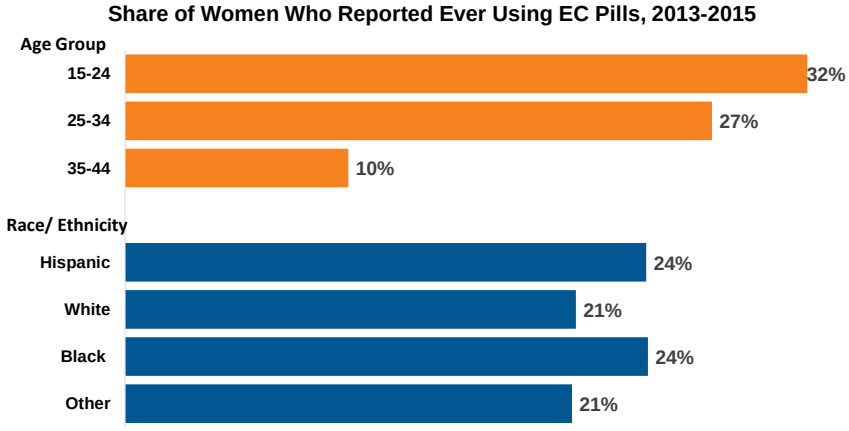


NOTES: Among women who have ever had sex, ages 15-44.
SOURCE: Kaiser Family Foundation analysis of 2002, 2006-2010, 2011-2013, 2013-2015 National Survey of Family Growth.

- Research suggests that advance provision of EC has the potential to increase utilization, but studies have not demonstrated decreased unintended pregnancy rates.[15] Studies have found that women who have an advance prescription or supply of EC are not more likely than women without an advance prescription to have unprotected sex or to use EC repeatedly.[16, 17]

Figure 3

Use of Emergency Contraception Pills, by Age and Race/ Ethnicity



NOTE: Among women who ever had sex, ages 15-44
SOURCE: Kaiser Family Foundation analysis of 2013-2015 National Survey of Family Growth.

ACCESS AND AVAILABILITY

At least one form of oral EC has been available in the U.S. for over a decade and there have been a number of efforts to broaden women's access to EC, particularly since its effectiveness window is time-limited.

Over the Counter Access of EC Pills

- Prior to 2006, a prescription was needed for all individuals seeking EC pills. Between 2006 and February 2014, *Plan B* and its generic equivalent were available without a prescription for men and women 17 and older, but adolescents under 17 needed a prescription.
- In 2014, the FDA removed point-of-sale age requirements for EC pills and began to make generic versions available over the counter (OTC). Currently the generic EC pills *Next Choice One Dose*, *My Way, Fall Back Solo*, *Take Action*, Levonorgestrel Tablet, and *Aftera* are available OTC to women of all ages.[18]
- A prescription is still required for *ella* for women of all ages.

Cost and Coverage

- The Affordable Care Act (ACA) requires most new private health plans to cover without cost-sharing all FDA-approved contraceptive drugs and devices as prescribed, including *ella*.[19] Private insurance plans and state Medicaid expansion programs must also cover the cost of IUDs, as well as services related to insertion, follow up and removal, without cost-sharing.
- Family planning services is a required benefit under Medicaid. The coverage requirements under Medicaid are different for states that have expanded eligibility under the ACA. These programs must cover all prescribed FDA approved contraceptives for women with a prescription, meaning that they

must cover *ella* and *Plan B* only if a woman has a prescription.[20] States have discretion in deciding whether they include EC in their traditional full scope Medicaid programs or family planning expansion programs. A 2015 survey of state Medicaid programs found that while most states cover at least one form of EC in their traditional Medicaid programs, a few do not cover any form of EC.

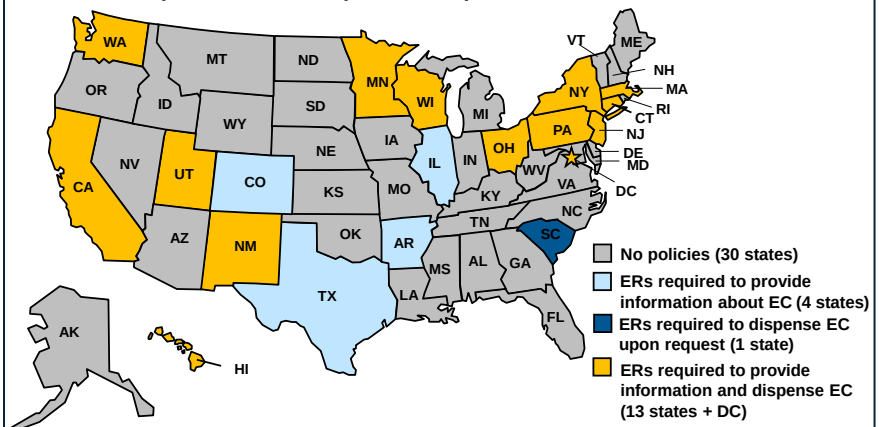
- Delaware, Illinois, Maryland and Oregon (starting January 2019) require health insurance plans to cover over-the-counter contraceptives without any cost-sharing, including EC.[21]
- Without a prescription, women in most states accessing EC over the counter must pay the retail price. *Plan B* pills and the generic versions sell for between $35 and $60 when purchased over the counter.[22] Ten states – AK, CA, HI, MA, ME, NH, NM, TN, VT, WA – have laws that allow pharmacists to directly prescribe progestin based EC to women of all ages without obtaining a physician's prescription.[23,24]
- Some studies show that progestin-based EC pills are not consistently stocked on store shelves, and are sometimes kept behind the counter or a locked display due to the high cost of the product.[25] This report also documented misinformation regarding age and ID requirements among pharmacy staff and costumers.

The Provision of EC in Health Care Settings

- Several major medical and public health organizations, such as the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Medical Association, American Nurses Association, and the American Public Health Association, endorse the use of EC and advocate for broader access to EC.[26]
- Counseling and coverage of EC is included as a standard of care in the federal recommendations for providing Quality Family Planning Services (QFP). Providers are encouraged to discuss EC with their patients, inform them of its availability, and provide them with an advanced supply of EC pills if the patient requests them.[27]

Figure 4

State Policies Requiring Emergency Rooms to Provide Information About Emergency Contraception or Dispense EC Upon Request



NOTES: In CT, a hospital may contract with an independent medical professional in order to provide the emergency contraceptive services. OH's law does not include an enforcement mechanism. Hospitals in PA may refuse based on religious or moral beliefs to provide emergency contraception when requested by a woman who has been sexually assaulted; however, a refusing hospital is then required to immediately transport the woman to the closest medical facility that will provide her with the medication.
SOURCE: Gutmacher Institute, State Policies in Brief, Emergency Contraception, August 2018

- There have been ongoing efforts to make EC more readily available to survivors of sexual assault. Currently, 13 states and the District of Columbia require that emergency room staff provide EC to women after sexual assault **(Figure 4)**. Still, some local studies have

documented that a sizable share of hospitals do not routinely offer counseling, referral, or dispensation of EC to sexual assault survivors.[28]

Availability and Access in Pharmacies

- AK, CA, HI, ME, MA, NH, NM, TN, VT, and WA also allow pharmacists to prescribe ella® to women.[29] This enables women with private insurance to obtain them directly from the pharmacy without paying any cost-sharing, as is required by the contraceptive coverage provisions of the Affordable Care Act.[30]
- A 2014 report found that Native American women lacked consistent access to OTC EC pills through Indian Health Services (IHS). The study found that 9% of IHS clinics did not stock *Plan B*, 11% required a prescription to dispense and 72% of clinics improperly imposed an age restriction for *Plan B*.[31] In October 2015, IHS clarified its policy that women do not need a prescription or age verification to access *Plan B*.[32]
- Four states – CA, NJ, WA, WI– have measures that require pharmacies or pharmacists to fill all valid prescriptions.[33] These policies have been enacted, in part, as responses to reports of pharmacists refusing to fill prescriptions for EC pills because they oppose its use on moral or religious grounds.[34]
- Seven states – AR, AZ, GA, ID, IL, MS, SD – have laws allowing pharmacies and/or pharmacists to refuse to dispense EC pills on the basis of moral or ethical objections.[35]

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Since EC first came to market in the U.S., awareness among women of EC pills has risen and availability has expanded as a result of the FDA granting over-the-counter status for progestin based EC pills. One in five women in the U.S. report that they have used EC. Almost 20 years after EC pills were first approved by the FDA, access to EC is still debated heavily by policymakers at both the state and federal levels and will likely continue to be a focus of policy discussions in the years to come.

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