

FACT SHEET

Emergency Contraception

March 2013

What is Emergency Contraception (EC)?

- Emergency Contraception (EC) is an FDA-approved form of contraception that prevents pregnancy after unprotected sex, birth control failure, or sexual assault. It is also known as the morning-after pill.
- EC is different from the “abortion pill,” RU-486, which terminates pregnancies.¹ It will not work if a woman is already pregnant.
- Currently, there are five FDA-approved emergency contraceptive pills on the market:
 - **Plan B One-Step, Next Choice, Next Choice One Dose, and Levonorgestrel Tablets** contain levonorgestrel, the same ingredient found in many birth control pills. They are available without a prescription for individuals age 17 and older and by prescription only for girls 16 and younger. These EC products are effective at preventing pregnancy up to 3 days (72 hours) after unprotected sex or contraceptive failure, but are more effective the sooner they are taken.
 - **ella** is a prescription-only product that is effective up to 5 days (120 hours) after unprotected sex or contraceptive failure and has the same level of effectiveness over that period of time.

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.²
- 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.
- EC access is particularly important to sexual assault survivors. Failure to offer EC can deny survivors control at a critical time and cause further trauma by forcing them to confront an unwanted pregnancy.

EC is Safe and Effective

- The Food and Drug Administration determined that EC is safe and effective at preventing pregnancy, with no serious adverse side effects.

- 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.
- 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.³

Limits of EC

- EC is an effective backup when unprotected sex occurs, but it should not be used as regular birth control. It is not as effective as other birth control methods used consistently and correctly.
- EC provides no protection against HIV/AIDS or other sexually transmitted infections.
- EC will not protect against future acts of unprotected sex.

Barriers to Accessing EC

Lack of Over-the-Counter (OTC) Approval for Women Under 17

- In December 2011, the FDA determined that Plan B One Step is safe and effective for over the counter use by all females, but Secretary of Health and Human Services Sebelius overruled that decision, requiring the age restriction to remain in place. The age restriction on certain forms of EC continues to hinder young women’s access to this time-sensitive drug.

Pharmacist Refusals

- Women seeking EC continue to face refusals in the pharmacy based on personal beliefs. Upon the FDA’s approval of ella, an anti-choice group launched a campaign to persuade pharmacists not to fill prescriptions.
- Individuals seeking non-prescription EC have also faced refusals. 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.

Cost and Insurance Coverage

- EC is a relatively expensive medication – the cost of EC can be up to \$70 in some pharmacies. The high cost makes EC unaffordable, or scarcely affordable, for many women.
- Thanks to the new health care law, all new insurance plans are required to provide insurance coverage of all FDA-approved contraceptive methods, including EC, without cost-sharing.⁴ However, plans do not have to cover those brands of EC that are available without a prescription, unless a woman gets a prescription for it.⁵
- Women enrolled in 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 17 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 17 or older and want non-prescription EC, you must ask for it at the pharmacy since it is kept behind the pharmacy counter. Be prepared to show a government-issued ID to prove your age.

- If you are under 17 or would like to use ella you will need a prescription:
 - Go to your nearest Planned Parenthood or your health care provider or visit www.not-2-late.com for names and phone numbers of EC providers near you.
 - You can also order ella through an online prescription service, see <http://www.kwikmed.com/ella.asp>.
 - 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.

It is important to take action as soon as possible after unprotected sex.

Understand your options and take the method that is best for you.

- 1 According to scientific evidence, the EC pills work primarily by delaying or inhibiting ovulation, thereby preventing fertilization from occurring. See Kristina Gemzell-Danielsson et al., *Emergency Contraception—Mechanisms of Action*, 87 *CONTRACEPTION* 300, 305 (2013).
- 2 HEATHER D. BOONSTRA ET AL., GUTTMACHER INSTITUTE, *ABORTION IN WOMEN'S LIVES* 6-7 & fig.1 (2006).
- 3 Cynthia C. Harper et al., *The Effect of Increased Access to Emergency Contraception Among Young Adolescents*, 106 *OBSTETRICS & GYNECOLOGY* 483-91 (2005).
- 4 See Preventive Services, Including Contraceptive Coverage, Under the Health Care Law, NAT'L WOMEN'S LAW CTR., <http://www.nwlc.org/preventive-services-including-contraceptive-coverage-under-health-care-law> (last visited Mar. 27, 2013).
- 5 See FAQs about Affordable Care Act Implementation Part XII, U.S. DEP'T OF LABOR, <http://www.dol.gov/ebsa/faqs/faq-aca12.html> (last visited Mar. 26, 2013).