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3 Title: Access to Emergency Contraception  
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5 Introduced by: David Lee, MD, MS, for the MI Section, American College of OB/GYN  
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8 Merwin, and Suha Syed, MD  
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10 Referred To: Reference Committee D  
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12 House Action: **APPROVED**  
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14  
15 Whereas, the rate of unintended pregnancies in the United States of America is estimated  
16 to be as high as 45 percent, and  
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18 Whereas, unintended pregnancies increase the use of healthcare dollars, the risk of adverse  
19 patient outcomes including risks to physical and mental health, for social discord, and for  
20 socioeconomic challenges, and  
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22 Whereas, emergency contraception is utilized to decrease pregnancy risk after unprotected  
23 intercourse or contraceptive failures, and  
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25 Whereas, options for emergency contraception include oral medications and intrauterine  
26 devices, and  
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28 Whereas, levonorgestrel (Plan B) which is approved for use up to 72 hours after sexual  
29 intercourse, and ulipristal acetate (Ella) which is approved for use up to 120 hours after sexual  
30 intercourse, are oral medications for emergency contraception, and  
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32 Whereas, Plan B is already available over the counter, and  
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34 Whereas, Ella, which currently requires a prescription, is the recommended oral emergency  
35 contraceptive for people with a body mass index >25 kg/m<sup>2</sup>, is more effective in preventing  
36 unintended pregnancy, and has similar risk profile compared to levonorgestrel, and  
37

38 Whereas, the copper intrauterine device (Cu-IUD) is the most effective form of emergency  
39 contraception and a Cu-IUD device is approved for use up to 10 years, and  
40

41 Whereas, investigations on the role of levonorgestrel intrauterine device have found it to be  
42 non-inferior to the Cu-IUD, and  
43

44 Whereas, there are no established contraindications to emergency contraceptive use  
45 beyond hypersensitivities to medication ingredients, pre-existing pregnancy, or contraindications  
46 that would otherwise be considered during routine provision of reproductive healthcare, and  
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48           Whereas, emergency contraception does not terminate an established pregnancy but rather  
49 prevents pregnancy through delaying ovulation or impairing sperm function and motility, thus  
50 ultimately inhibiting fertilization, and  
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52           Whereas, access to emergency contraception continues to be limited by insufficient patient  
53 awareness of over-the-counter options and by misconceptions that emergency contraception  
54 functions as an abortifacient, and

55           Whereas, ensuring evidence-based education about, access to, and use of emergency  
56 contraception are integral components to individuals exercising their reproductive rights and to  
57 advancing healthcare equity, and  
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59           Whereas, in 2022, Michigan Ballot Proposal 3 of 2022 (Right to Reproductive Freedom  
60 Initiative) amended the Michigan constitution to specifically establish individual rights to  
61 reproductive freedom and to invalidate state laws in conflict with the amendment; therefore be it  
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63           RESOLVED: That MSMS partner with other medical organizations to issue a statement  
64 encouraging physicians to provide patients with evidence-based information about emergency  
65 contraception as part of the counseling and informed consent process provided to any patient  
66 requesting emergency contraception; and be it further  
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68           RESOLVED: That MSMS support efforts to increase access to emergency contraception in  
69 various medical settings including ambulatory offices, pharmacies, emergency departments, and  
70 hospitals.  
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73 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$4,500-\$9,000

**Relevant MSMS Policy:**

**Oral Contraceptives Available Over-the-Counter**

MSMS supports the American College of Obstetricians and Gynecologists' committee opinion 544 which supports making oral contraceptives available as over the counter medication.

**Over the Counter Contraception (The Morning After Pill)**

MSMS supports the concept of making the "morning after" contraceptive pill an over the counter medication.

**Relevant AMA Policy:**

**Access to Emergency Contraception H-75.985**

It is the policy of our AMA: (1) that physicians and other health care professionals should be encouraged to play a more active role in providing education about emergency contraception, including access and informed consent issues, by discussing it as part of routine family planning and contraceptive counseling; (2) to enhance efforts to expand access to emergency contraception, including making emergency contraception pills more readily available through pharmacies, hospitals, clinics, emergency rooms, acute care centers, and physicians' offices; (3) to recognize that information about emergency contraception is part of the comprehensive information to be provided as part of the emergency treatment of sexual assault victims; (4) to support educational programs for physicians and patients regarding treatment options for the emergency treatment of sexual assault victims, including information about emergency contraception; and (5) to encourage writing advance prescriptions for these pills as requested by their patients until the pills are available over-the-counter.

### **Access to Emergency Contraception D-75.997**

1. Our AMA will: (a) intensify efforts to improve awareness and understanding about the availability of emergency contraception in the general public; and (b) support and monitor the application process of manufacturers filing for over-the-counter approval of emergency contraception pills with the Food and Drug Administration (FDA). 2. Our AMA: (a) will work in collaboration with other stakeholders (such as American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and American College of Preventive Medicine) to communicate with the National Association of Chain Drug Stores and the National Community Pharmacists Association, and request that pharmacies utilize their web site or other means to signify whether they stock and dispense emergency contraception, and if not, where it can be obtained in their region, either with or without a prescription; and (b) urges that established emergency contraception regimens be approved for over-the-counter access to women of reproductive age, as recommended by the relevant medical specialty societies and the US Food and Drug Administration's own expert panel.

### **Preserving Patients' Ability to Have Legally Valid Prescriptions Filled H-120.947**

1. Our AMA reaffirms our policies supporting responsibility to the patient as paramount in all situations and the principle of access to medical care for all people; and supports legislation that requires individual pharmacists or pharmacy chains to fill legally valid prescriptions or to provide immediate referral to an appropriate alternative dispensing pharmacy without interference. In the event that an individual pharmacist or pharmacy chain refers a patient to an alternative dispensing source, the individual pharmacist or the pharmacy chain should return the prescription to the patient and notify the prescribing physician of the referral. 2. Our AMA supports the concept of advance prescription for emergency contraception for all women in order to ensure availability of emergency contraception in a timely manner.

### **Sexual Assault Survivors H-80.999**

1. Our AMA supports the preparation and dissemination of information and best practices intended to maintain and improve the skills needed by all practicing physicians involved in providing care to sexual assault survivors. 2. Our AMA advocates for the legal protection of sexual assault survivors' rights and work with state medical societies to ensure that each state implements these rights, which include but are not limited to, the right to: (a) receive a medical forensic examination free of charge, which includes but is not limited to HIV/STD testing and treatment, pregnancy testing, treatment of injuries, and collection of forensic evidence; (b) preservation of a sexual assault evidence collection kit for at least the maximum applicable statute of limitation; (c) notification of any intended disposal of a sexual assault evidence kit with the opportunity to be granted further preservation; (d) be informed of these rights and the policies governing the sexual assault evidence kit; and (e) access to emergency contraception information and treatment for pregnancy prevention. 3. Our AMA will collaborate with relevant stakeholders to develop recommendations for implementing best practices in the treatment of sexual assault survivors, including through engagement with the joint working group established for this purpose under the Survivor's Bill of Rights Act of 2016. 4. Our AMA will advocate for increased post-pubertal patient access to Sexual Assault Nurse Examiners, and other trained and qualified clinicians, in the emergency department for medical forensic examinations. 5. Our AMA will advocate at the state and federal level for (a) the timely processing of all sexual examination kits upon patient consent; (b) timely processing of "backlogged" sexual assault examination kits with patient consent; and (c) additional funding to facilitate the timely testing of sexual assault evidence kits.

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