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3 Title: Enable Over-the-Counter Hormonal 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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7 Original Authors: Halley Crissman, MD, MPH, Sara Jaber, MD, David Lee, MD, MS, Madeline  
8 Merwin, and Suha Syed, MD  
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10 Referred To: Reference Committee B  
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12 House Action: **APPROVED AS AMENDED**  
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14  
15 Whereas, approximately 87 percent of women in the United States utilize contraception at  
16 some point, and  
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18 Whereas, contraceptives also have applications beyond birth control including menstrual  
19 symptom regulation and reduction in severity of symptoms including acne and endometriosis-  
20 related pain, and  
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22 Whereas, oral contraceptive pills remain the most common mode of contraception,  
23 comprising roughly 21 percent of contraceptive use in the United States, and  
24

25 Whereas, while access to hormonal contraceptives was historically limited by need for a  
26 prescription from a healthcare professional, there is increasing interest in being able to access oral  
27 contraceptives without a prescription, and  
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29 Whereas, data suggests people can accurately self-identify contraindications to oral  
30 contraceptives from a checklist and therefore mitigate concerns about patients accessing these  
31 medications without a prescription, and  
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33 Whereas, access to over the counter contraception could help mitigate disparities for  
34 people of lower socioeconomic status who often face multiple barriers in receiving prescriptions for  
35 contraceptives, and  
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37 Whereas, approving combined hormonal contraceptive pills as an over-the-counter  
38 medication would enable the United States to join the ranks of countries whom have already  
39 approved over-the counter hormonal contraception, and  
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41 Whereas, the Supreme Court’s 2022 decision of Dobbs v Jackson sparked intense concerns  
42 that contraception would be more difficult to obtain, and  
43

44 Whereas, the rate of unintended pregnancies in the United States of America is estimated  
45 to be as high as 45 percent, and  
46

47 Whereas, the cost for a publicly funded unintended pregnancy is \$8,798, and in Michigan  
48 61.5 percent of publicly funded births are unintended, resulting in \$282 million in annual public  
49 expenditure, and

50           Whereas, people of lower socioeconomic status are disproportionately impacted by the  
51 consequences of unintended pregnancy and abortion, and

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53           Whereas, making oral hormonal contraception an over-the-counter medication is projected  
54 to yield cost-savings in the greater healthcare ecosystem in the form of reduced number of  
55 unintended pregnancies and reduced expenditures in care related to increased effective  
56 contraceptive use, and

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58           Whereas, the American College of Obstetricians & Gynecologists now advocates for oral  
59 contraceptive pills, vaginal rings, the contraceptive patch, and depot medroxyprogesterone acetate  
60 to be accessible as over-the-counter medications, and

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62           Whereas, ensuring evidence-based education about, access to, and use of contraceptive  
63 methods are integral components to individuals across all ages exercising their reproductive rights  
64 and to advancing healthcare equity; therefore be it

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66           RESOLVED: That MSMS replace existing policy, “Oral Contraceptives Available Over the  
67 Counter” to read as follows:

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69           **Hormonal Contraceptives Available Over-the-Counter**

70           MSMS supports the American College of Obstetricians and Gynecologists’ Committee  
71 Opinion 788 which supports access to over-the-counter contraception including oral pills,  
72 vaginal rings, contraceptive patches, and depot medroxyprogesterone acetate; and be it  
73 further;

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75           RESOLVED: That MSMS supports inclusion of over-the-counter contraception as a qualified  
76 medical expense under tax-advantaged accounts including but not limited to health savings  
77 accounts and flexible spending accounts.

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80           WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

**Relevant MSMS Policy:**

**Tax Exemption Status for Over-The-Counter Medications**

MSMS supports removing the sales tax on all over-the-counter medications.

**Behind the Counter Hormonal Contraception Devices**

MSMS supports the American College of Obstetricians and Gynecologists Committee policy to allow  
contraceptive vaginal rings and contraceptive patches to be available behind the counter.

**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:**

### **Over-the-Counter Access to Oral Contraceptives D-75.995**

Our AMA: (1) encourages the US Food and Drug Administration to approve a switch in status from prescription to over-the-counter for oral contraceptives, without age restriction; (2) encourages the continued study of issues relevant to over-the-counter access for oral contraceptives; and (3) will work with expert stakeholders to advocate for the availability of hormonal contraception as an over-the-counter medication.

### **Coverage of Contraceptives by Insurance H-180.958**

1. Our AMA supports federal and state efforts to require that every prescription drug benefit plan include coverage of prescription contraceptives. 2. Our AMA supports full coverage, without patient cost-sharing, of all contraception without regard to prescription or over-the-counter utilization because all contraception is essential preventive health care.

### **Contraceptive Advertising H-75.995**

Our AMA supports the concept of providing accurate and balanced information on the effectiveness, safety and risks/benefits of contraception in all public media and urges that such advertisements include appropriate information on the effectiveness, safety and risk/benefits of various methods.

### **Reducing Unintended Pregnancy H-75.987**

Our AMA: (1) urges health care professionals to provide care for women of reproductive age, to assist them in planning for pregnancy and support age-appropriate education in esteem building, decision-making and family life in an effort to introduce the concept of planning for childbearing in the educational process; (2) supports reducing unintended pregnancies as a national goal; and (3) supports the training of all primary care physicians and relevant allied health professionals in the area of preconception counseling, including the recognition of long-acting reversible contraceptives as efficacious and economical forms of contraception.

### **Opposition to HHS Regulations on Contraceptive Services for Minors H-75.998**

(1) Our AMA continues to oppose regulations that require parental notification when prescription contraceptives are provided to minors through federally funded programs, since they create a breach of confidentiality in the physician-patient relationship. (2) The Association encourages physicians to provide comparable services on a confidential basis where legally permissible.

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