

# PRICEY PREDICAMENT

## Access to Affordable Emergency Contraception

*New York State Senate Democratic Conference*



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## **Pricey Predicament**

### *Access to Affordable Emergency Contraception*

In October 2017, President Trump and his administration released a new rule that allows employers and insurers to decline providing birth control in instances where it violates their “religious beliefs” or “moral convictions.” This change in policy threatens women’s access to affordable birth control and marks a new barrier to effective family planning and reproductive health. It is expected that the Trump Administration will continue to wage war on birth control, as the Administration continues to propose related ideas such as funding restrictions on family planning clinics and foreign aid that provides for reproductive freedom.

New York State has always been supportive of women’s health and reproductive rights. In 2002, the Legislature passed the “Women’s Health and Wellness Act,” which required prescription drug plans to include coverage for approved contraceptive drugs and devices. Governor Cuomo took further regulatory action in 2017 and required insurers to provide FDA approved contraception options for women were covered without co-pays or cost sharing.

Despite New York’s leadership, the current federal pressure highlights the need for New York to pass the Comprehensive Contraception Coverage Act (CCCA) (S3668/Bonacic). The CCCA addresses three main issues: (1) requires insurers to cover any FDA approved contraception that a health care provider recommends for a woman without a co-payment, (2) allows for access to a year’s supply of contraception at one time, and (3) drastically improves access to emergency contraception.

To demonstrate the critical need for enacting this important legislation, the Senate Democratic Conference conducted a study focusing on the cost of emergency contraception in New York. Research shows that over-the-counter emergency contraception could cost upwards of \$60 for one pill, and that some women choose to forego emergency contraception due to its steep costs. In order to address this problem, the Senate Democratic Conference supports enacting legislation that will ensure affordable and accessible options of emergency contraception.

### **What is Emergency Contraception?**

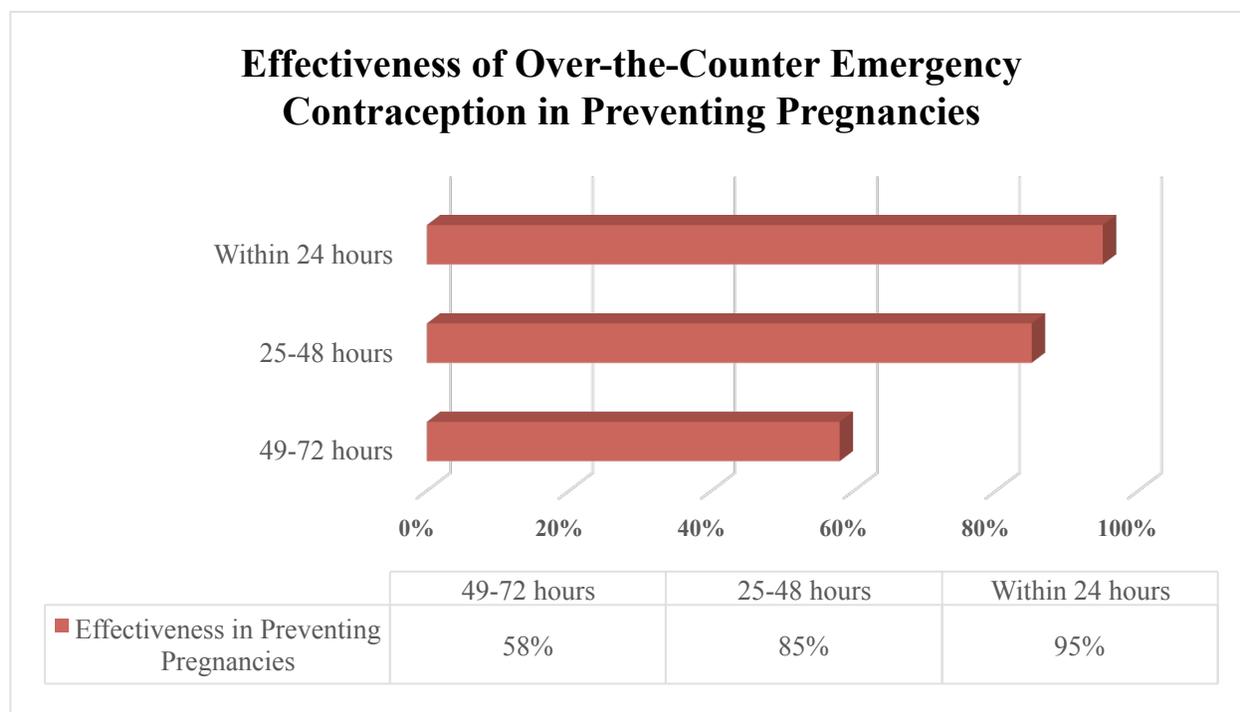
Emergency contraception can be used to prevent pregnancy after unprotected sexual intercourse within 5 days, though it is generally most effective if taken within 72 hours.<sup>1</sup> The earlier it is taken, the more effective the emergency contraception will be. Emergency contraception methods only work in instances where the woman is not already pregnant. It is also important to note that emergency contraception does not induce an abortion or affect the embryo if taken after the effective time period.

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<sup>1</sup> <http://www.who.int/en/news-room/fact-sheets/detail/emergency-contraception>

The effectiveness of emergency contraception also depends on what option is utilized and when use occurs. Generally, progestin-only pills (Plan B, Take Action, Levonorgestrel Tablets) are more effective than pills containing both progestin and estrogen. A combined pill only reduces the risk of pregnancy by 75%, whereas, the progestin pill reduces the chances of pregnancy by about 88% or up to 95% if taken within 24 hours.<sup>2</sup>

Emergency Contraception Options <sup>3</sup>			
Type	Effectiveness	Timing after intercourse	Availability
<b>Levonorgestrel Tablet<sup>4</sup></b>	81 – 90% reduced pregnancy risk	Within 72 hours	One dose versions approved for availability “over the counter” without age restrictions.
<b>Ella</b>	2.1% failure rate; reduced pregnancy risk is 65% lower than progestin-only pills	Within 120 hours	Prescription only (also online)
<b>Combined pills (estrogen and progestin)</b>	75% reduced pregnancy risk	Within 120 hours	Prescription only
<b>Copper intrauterine device (IUD) (Paragard)</b>	99% reduced pregnancy risk	Within 120 hours	Requires clinician visit



<sup>2</sup> <http://ec.princeton.edu/info/combecp.html>

<sup>3</sup> According to the Kaiser Family Foundation

<sup>4</sup> Includes Plan B One-Step, Next Choice One Dose, Aftera, AfterPill, My Way, and Take Action.

Use of emergency contraception has continued to increase over the years as women turn to better control over their reproductive system through various means.<sup>5</sup> In 2016, Planned Parenthood reported 191,201 contraceptive care visits and dispensing of 11,620 units of emergency contraceptives. These numbers represent only Planned Parenthood. Further, these numbers do not take into account all other pharmacies or medical providers in the state. Emergency contraception helps to ensure that women can make a choice involving their bodies and health, and allows for a risk-free way to avoid unintended pregnancies before an embryo has even formed.

In 2010, unintended pregnancies cost the government \$21 billion, and \$1.5 billion in New York State. Further, in 2011, nearly half (45%) of the pregnancies in the United States were not planned and were unintended.<sup>6</sup> New York had an even higher rate with 55% of all pregnancies being unintended.<sup>7</sup>

***Cost***

***Fiscal Value***

<b>Average cost of an unintended pregnancy</b>	
Average cost of vaginal birth in New York	\$8,936
Average cost for C-Section in NY	\$11,887
Cost of an abortion at NY Planned Parenthood	\$600
<b>Average cost of OTC emergency contraception</b>	<b>\$60</b>

The majority of women try to prevent unintended pregnancies through the use of contraception. Of the women who consistently and correctly use contraception, only 5% of those women account for unintended pregnancies.<sup>8</sup> In contrast, 41% of all unintended pregnancies are from women who use contraception inconsistently or incorrectly, and 54% of unintended pregnancies are accounted for from women who do not use it or have gaps in their contraception coverage.<sup>9</sup>

While women across the world experience unintended pregnancies, there are disproportionate disparities with unintended pregnancies amongst low-income women, young women, and minority women. The rate of unintended pregnancies for women falling below the federal poverty line was 112 per 1,000; whereas women with incomes 200% or higher than the federal poverty line were found to have a lower rate of unintended pregnancies of 20 per 1,000.<sup>10</sup> In

<sup>5</sup> <https://www.kff.org/womens-health-policy/fact-sheet/emergency-contraception/>

<sup>6</sup> [https://www.guttmacher.org/sites/default/files/report\\_pdf/public-costs-of-up-2010.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf)

<sup>7</sup> <https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-new-york>

<sup>8</sup> [https://www.guttmacher.org/sites/default/files/report\\_pdf/public-costs-of-up-2010.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf)

<sup>9</sup> *Id.*

<sup>10</sup> [https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us\\_0.pdf](https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us_0.pdf)

other words, women who experience more financial hardships are more likely to have an unintended pregnancy. For women who live at or near the federal poverty line, the cost of emergency contraception can impact the decision on whether or not to use it.

Currently, insurers are required to cover the cost of emergency contraception without co-pay but are only required to do so if there is a prescription. This means a woman must make an appointment, see a physician, receive a prescription, and then acquire the prescription filled by a pharmacist pursuant to the doctor's note. The current process is riddled with issues, since emergency contraception is most effective when taken in a timely manner. Due to this cumbersome process, there are numerous reasons why a woman would ultimately be forced to make the choice to buy an over-the-counter option instead.

### *Researching the Cost of Emergency Contraception in New York*



In order to better assess the cost of emergency contraception in New York, multiple pharmacies were visited or called to look at the cost and availability of emergency contraception. The results show that emergency contraception ranged from **\$35 to \$60**. In addition, most stores only carried two options: the generic, and the brand option. Some stores even failed to carry either because they chose not to or were sold out.

The chart below lists the average price by type of birth control found either online or at pharmacies across New York. Pharmacies that were visited or called include locations in Albany, Manhattan, Syracuse, and Buffalo and generally listed prices that were similar for type of emergency contraception, though the generic brands carried were not consistent. Every pharmacy that carried emergency contraception did have Plan-B One Step, which was priced between **\$46 and \$50** for the one pill. Prices below only reflect the shelf price and do not include taxes.

Pharmacy businesses surveyed included Rite Aid, CVS, Target, Wal-Mart, Duane Reade, grocery store pharmacies, independent pharmacies, and

online pharmacies. Below are the average prices.

<b>Product Name</b>	<b>Company</b>	<b>Average Price</b>
<b><i>Ulipristal acetate (Dedicated EC pills)</i></b>		
<i>Ella (prescription only)</i>	Afaxys	\$67.00 <sup>11*</sup>
<b><i>Progestin-only (Dedicated EC pills)</i></b>		
<i>Aftera</i>	Teva	\$39.99
<i>AfterPill (Online Only)</i>	Syzygy	\$20.00 (+\$5 shipping)
<i>My Way</i>	Gavis	<b>\$59.99</b>
<i>Option 2</i>	Perrigo	\$39.99
<i>Plan B One-Step</i>	Teva	\$48.33
<i>Take Action</i>	Teva	\$37.43
<i>Levonorgestrel Tablet</i>		\$39.99
<i>Preventeza</i>	Vagisil	\$49.99

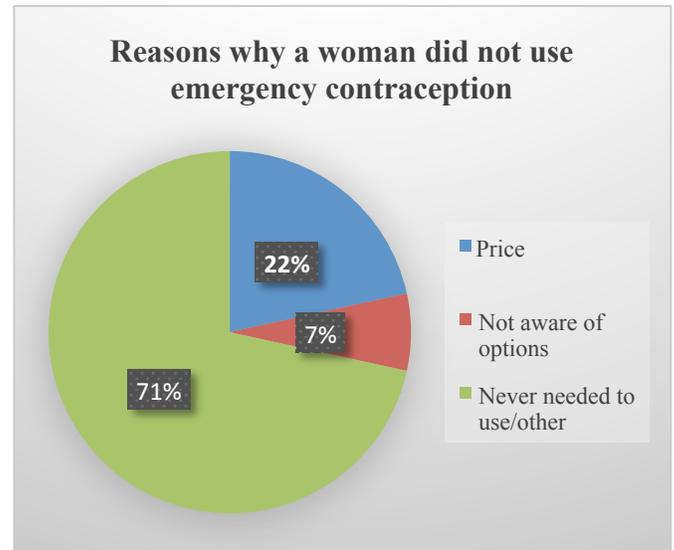
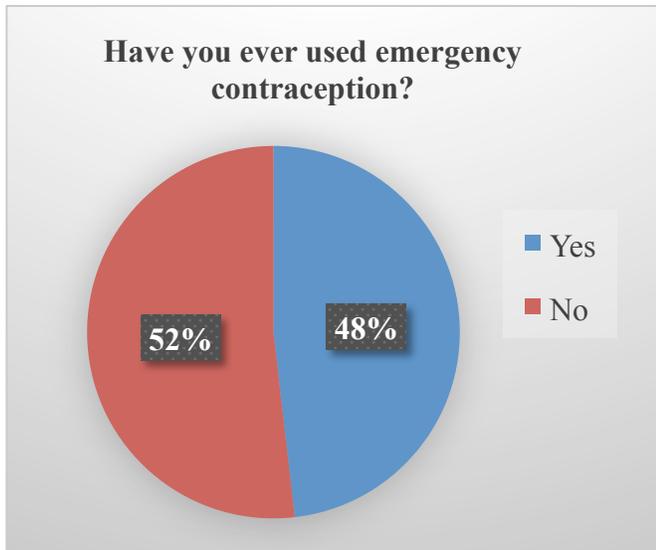
The most affordable emergency contraception option was “AfterPill,” which can only be purchased online.<sup>12</sup> The total for that pill was \$25. While it is the most affordable option, AfterPill is not the most attainable option because a woman must obtain the pill online. This online purchase is also offered with only standard shipping, which limits the practical use after intercourse since the effectiveness of emergency contraception diminishes after 72 hours.

Most stores also carried limited options, and multiple pharmacies did not carry any emergency contraception at all. Additionally, staff reported that they were not always required to go to the pharmacy counter or given pharmacist instructions when trying to purchase emergency contraception. As a result, there was no opportunity to ask questions about this medication. Overall, purchasing emergency contraception in stores was a costly endeavor and guidance around the medication was limited when visiting pharmacies.

Staff also took a snapshot poll of 137 women to see whether they had ever used emergency contraception. Nearly half of respondents indicated they had used emergency contraception before.

<sup>11</sup> Prices for online sale – this type of birth control is not carried over-the-counter.

<sup>12</sup> <https://afterpill.com>



Some of the surveyed women have used emergency contraception, while others had decided not to even in cases where use might have been desirable. Specifically, 37% of women surveyed at some point have been in a situation where they could have taken emergency contraception but decided not to. Of those women surveyed, 22% stated they have not used it because it was too expensive to purchase.

**What is the Comprehensive Contraception Coverage Act (CCCA)?**

In 2002, New York State took its first step in protecting women’s health by passing the Women’s Health and Wellness Act.<sup>13</sup> The Act required insurance plans in New York that cover prescriptions to include contraceptives approved by the FDA. The Comprehensive Contraception Coverage Act takes critical next steps beyond the WHWA by requiring insurers to cover contraception without a co-payment or costs and ensuring that women can access emergency contraception in a timely and affordable manner.

Specifically, this legislation allows patients to access approved emergency contraception at a pharmacy with a non-patient specific prescription and requires insurers to cover the cost. This would limit delays in accessing emergency contraception since it would enable a patient to obtain it the same way a person would receive a flu shot or shingles vaccine through a pharmacy. In other words, emergency contraception could be obtained at a pharmacy on request of an individual and covered without co-payment or cost by insurance.

Currently, New York allows registered nurses to execute the following non-patient specific orders: (1) immunizations; (2) anaphylaxis treatment; (3) TB tests; (4) HCV tests; (5) HIV tests; and (6)

<sup>13</sup> Chapter 554 of the Laws of 2002

opioid related overdose treatment.<sup>14</sup> Pharmacists may also execute non-patient specific orders too like immunizations, HIV tests, and emergency treatment of anaphylaxis. This legislative proposal would simply add emergency contraception to that list, following the lead of nine other states, including California, Massachusetts, New Hampshire, and Vermont.<sup>15</sup>

### **Conclusion**

New York can remove barriers associated with access to birth control, including affordable and timely access to emergency contraception, by enacting the CCCA. Research shows that women lack choices in the types of emergency contraception they can get in the time period in which it is most effective. Even worse, the cost of emergency contraception could be equal to a woman's budget for one week of groceries. By enacting legislative initiatives CCCA, emergency contraception will become more widely available and accessible to all New Yorkers.

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<sup>14</sup> <http://www.op.nysed.gov/prof/nurse/nonpatient-specific-orders-and-protocols.htm>

<sup>15</sup> <http://ec.princeton.edu/questions/state-pharmacy-access-list.html>