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TESTIMONY TO THE FOOD AND DRUG ADMINISTRATION IN SUPPORT OF OVER THE COUNTER EMERGENCY CONTRACEPTION

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The National Latina Institute for Reproductive Health, founded in 1994, is a policy advocacy organization representing the reproductive rights and health interests of Latinas across the country. The overarching mission of the National Latina Institute for Reproductive Health (NLIRH) is to ensure the fundamental human right to reproductive health care for Latinas, their families and their communities through education, advocacy and coalition building. NLIRH strongly supports the petition before the U.S. Food and Drug Administration (FDA) to approve over the counter status for Plan B® emergency contraception.

About half of the 6.3 million pregnancies occurring every year in the U.S. are unintended and more than 50% of these result in abortion. Yet, it is estimated that if emergency contraception was made widely available, about 1.7 million unintended pregnancies could be avoided each year and the number of abortions could be reduced by as much as one half.¹ Even under current circumstances of limited access (e.g. prescription requirements) to emergency contraception and low levels of consumer awareness, an estimated 51,000 abortions were averted by women's use of emergency contraceptives in the 2000 alone.²

Emergency contraception has been proven to be safe, reliable and a responsible means of preventing pregnancy that works like other hormonal contraception to delay ovulation, prevent fertilization or prevent implantation. Its efficacy rate is between 75%-88%.³ It is already available without a prescription in 27 countries including the United Kingdom, Switzerland, Sweden, France, Israel, and South Africa.⁴ Emergency contraception does not cause abortion and will not affect an established pregnancy. It poses no serious health risks; there is no danger of overdose or potential for addiction, and the dosage is the same for all women.⁵

In an actual use study of emergency contraceptive pills provided in a simulated over the counter manner, no serious adverse effects were reported, the incidence of incorrect use (allowing for a 4 hour delay in ingestion) was only 6.6% and only 1.5% of the participants presented more than once for emergency contraception during the 3-4 month study, alleviating concerns about the potentiality of wide

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scale misuse of the product. Forty percent of study participants had annual incomes of \$15,000, 25% had only a high school education or lower and 25% were African American or Latina suggesting that regardless of income, race, ethnicity or medical literacy, a broad spectrum of women can utilize the product properly and safely.⁶

Moreover, the availability of over the counter emergency contraception can play a dramatically important role in reducing unintended pregnancies, abortion and sterilization rates among Latinas, enabling Latinas to exercise greater reproductive choice. Additionally, it is likely to benefit an especially vulnerable population, namely, *the disproportionately high numbers of young, low income and uninsured Latinas with limited access to family planning and reproductive health care services who may experience contraceptive failure or unprotected sexual intercourse.* As such, we believe Latinas, are a key constituency whose reproductive options could be greatly improved by the provision of over the counter emergency contraception.

At present, accessing emergency contraception is made difficult for many Latinas who do not have a regular health care provider, are unable to take off from work within the 72 hour time horizon and/or can not afford the cost of a health care visit in order to secure a prescription for emergency contraception. As noted by Dr. Ellertson and colleagues in an article published in the Journal of the American Medical Women's Association (JAMWA, 1998), the process for securing emergency contraception is often frustrating and time consuming, "a woman must search for a provider who offers emergency contraception and take time off from work or school for an expensive office visit. These obstacles might be justified if emergency contraception were complex or dangerous; since it is not, there are no compelling medical reasons for such barriers, and it is time they were eliminated."⁷

The lack of access to health care providers cannot be underestimated, a study published in 2000 showed that about one in four calls to the Emergency Contraception Hotline (1-800-NOT-2-LATE) did not result in an appointment with a health care professional or telephone prescription for emergency contraception pills within 72 hours.⁸

NLIRH believes the reproductive health needs of Latinas should be considered by the FDA in weighing the merits of the petition to approve over the counter emergency contraception, for the following reasons:

- **Latinas constitute a growing percentage of the total number of women of childbearing age in the United States.** Latinas account for 19 million of the total U.S. population (49% of the total Latino population of 38.8 million)⁹, and the number of Latinas is expected to grow considerably. It is estimated that by the year 2050, one out of every four women in the U.S. will be a Latina. **Currently, almost half of all U.S. Latinas are of childbearing age (9 million) and Latinas represent**

15% of all women of childbearing age in the United States.¹⁰ Moreover, since the median age of Latino/as is 26 years of age as compared to 37 years for whites and 30 years for blacks,¹¹ a substantial number of Latinas face more than 18 years of reproductive capacity and therefore the risk of unintended pregnancy during this protracted period.

- **Latinas have the highest pregnancy rate of any group.** The Latina pregnancy rate is 143 (per 1000 women aged 15-44), as compared to 82.7 among white women and 136.7 among black women. **The percentage of unintended pregnancies among Latinas is estimated at 49%, with 54% of unintended pregnancies among Latinas ending in abortion.**¹² Additionally, concerns about unintended pregnancy have led many Latinas to choose sterilization. In fact, despite an increasingly larger variety of contraceptive options on the market, the sterilization rate among Latinas has increased sharply from 23% in 1982 to 37% in 1995.¹³
- As noted earlier, **a major obstacle to preventing unintended pregnancies amongst Latinas is lack of access to reproductive health services including family planning and contraception.** Latinas not only have the highest uninsured rate of women from any racial/ethnic group (37%) but the number of uninsured continues to rise and shows no signs of abating.¹⁴ For example, in 1994, among low-income women, 46% of Latinas reported having no health insurance and **by 1998, the number of uninsured, low income Latinas had climbed to 51%.**¹⁵ **This is especially disconcerting since uninsured Latinos are two to three times more likely to go without needed health care** resulting in higher rates of preventable disease and premature death. In fact, in a recent study, 49% of Latino adults reported not having a regular doctor as compared to 25% for whites and 31% of Latinos reported not seeing a doctor in the past year as compared to 16% for whites.¹⁶

Moreover, welfare and immigration reform has severely impacted the ability of low income Latinas to access safety net programs such as Medicaid. A recent study commissioned by the Kaiser Family Foundation found that the percentage of **Latinas receiving Medicaid decreased from 29% to 21% between 1994 and 1998** and that overall, women in their childbearing years were the most likely to lose Medicaid and become uninsured.¹⁷ Not surprisingly, **without access to reproductive health services, low income women, especially Latinas have greater difficulties avoiding unplanned pregnancies.** In fact, 74% of pregnancies to women with a family income less than 150% of the federal poverty level were unplanned pregnancies.¹⁸ Against this backdrop, over the counter emergency contraception, becomes an important option that can be employed directly by Latinas to significantly reduce the risk of unintended pregnancy.

➤ **Indicators suggest that Latinas, when fully informed about emergency contraception, will utilize emergency contraception.** For example, in a study comprised of 371 mostly Hispanic, low-income post partum women at a public hospital in San Francisco, 64% of respondents said they would be willing to use emergency contraception in the future.¹⁹ Additionally, a recent study conducted in Mexico, the primary source of Latino immigrants to the United States, showed that 84% of Mexicans surveyed would personally use emergency contraception or suggest it to a friend if needed.²⁰ Furthermore, the majority of Latinas favor the availability of family planning services including extending such services to adolescents.²¹ Once culturally and linguistically competent public education efforts are in place to fully educate Latinos about over the counter emergency contraception, it is likely to enjoy ample support from Latino/as nationwide.

In summary, Latinas face formidable obstacles to securing reproductive health services and enjoying the full range of reproductive options available to women. At present, the promise of emergency contraception is exactly that – a mere promise. Latinas are disproportionately poor and uninsured, and many must rely on understaffed, financially distressed public health institutions for their care -- sometimes waiting weeks or months for an appointment. Against this backdrop, it is unlikely that many Latinas will be able to access emergency contraception within the required 72 hour timeframe. Over the counter emergency contraception, presents a safe and equitable solution that will enable many more Latinas and low income women to make use of this important reproductive option that can substantially reduce the number of unintended pregnancies and abortions in this country. For these reasons, the National Latina Institute for Reproductive Health urges the FDA to approve over the counter status for emergency contraception.

Endnotes

- ¹ Heather Boonstra, "Emergency Contraception: The Need to Increase Public Awareness," *The Guttmacher Report on Public Policy* 5.4 (2002): 3-7.
- ² - - -. "Emergency Contraception: Steps Being Taken to Improve Access," *The Guttmacher Report on Public Policy* 5.5 (2002) Dec. 2002, 2 Dec. 2003
<http://www.guttmacher.org/pubs/journals/gr050510.html>.
- ³ The Henry J. Kaiser Family Foundation (KFF), "Emergency Contraception: From Prescription to Over the Counter," *Kaiser Issue Update* (Nov. 2000): 1-4.
- ⁴ Boonstra, "Emergency Contraception: Steps Being Taken to Improve Access."
- ⁵ - - -. "Emergency Contraception: Steps Being Taken to Improve Access."
- ⁶ Elizabeth G. Raymond, et al., " Actual Use of Emergency Contraception Pills Provided in a Simulated Over-the-Counter Manner," *Obstetrics and Gynecology* 102.1 (2001): 17-23.
- ⁷ Charlotte Ellertson, James Trussel, Felicia H. Stewart, and Beverly Winikoff, "Should Emergency Contraceptive Pills Be Available Without Prescription?," *Jour. of Amer. Medical Women's Assn.* 53.5 (1998) 226-29.
- ⁸ James Trussell, Vanessa Duran, Tara Schochet, and Kristen Moore, "Access to Emergency Contraception," *Obstetrics and Gynecology* 95 (2000): 267-70.
- ⁹ United States Census Bureau, Economics and Statistics Administration Bureau, "Hispanic Population Reaches All-Time High of 38.8 Million, New Census Bureau Estimates Show," *US Dept. of Commerce News* 18 June 2003, 5 Oct. 2003
<<http://www.census.gov/Census%20Bureau/%20News%20population.htm>>.
- ¹⁰ United States Census Bureau, Ethnic and Hispanic Statistics Branch, Population Division, *Current Population Survey: March 2002* (Washington: US Census Bureau, 2003).
- ¹¹ United States Census Bureau , *Census 2000 Brief: Age* (Washington: US Census Bureau, 2001).
- ¹² Stanley K. Henshaw, "Unintended Pregnancy in the United States," *Family Planning Perspectives* 30.1 (1998): 24-9 & 46.
- ¹³ - - - , "Unintended Pregnancy in the United States," 26.
- ¹⁴ The Henry J. Kaiser Family Foundation, *Women's Health Policy Facts: Women's Health Insurance Coverage, July 2001* (California: KFF, 2001).
- ¹⁵ The Henry J. Kaiser Family Foundation, *Falling Through the Cracks: Health Insurance Coverage of Low-Income Women, Feb. 2001* (California: KFF, 2001).
- ¹⁶ Kevin Quinn, "Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans," *The Commonwealth Fund* (New York:2000).
- ¹⁷ KFF, "Falling Through the Cracks" 34.

¹⁸ Jaqueline Darroch Forrest and Jennifer J. Frost, "The Family Planning Attitudes and Experiences of Low-Income Women," *Family Planning Perspectives* 28.6 (1996): 246-55 & 277.

¹⁹ Boonstra, "Emergency Contraception: The Need to Increase Public Awareness" 3-7.

²⁰ Ana Langer, et al, "Emergency Contraception in Mexico City: What Do Health Care Providers and Potential Users Know and Think About It?" *Contraception* 60 (1999): 233-41.

²¹ Planned Parenthood of San Diego, et al., "Survey of California Latina Women Ages 18-49 on Attitudes Regarding Abortion and Family Planning Issues" January 2002.