December 2022 | Web Event Transcript

What is the future of contraceptive care in a post-Roe world?

00:00:06.000 --> 00:00:06.680
Hello.

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00:00:06.680 --> 00:00:11.640
I'd like to welcome you to the KFF Web briefing
on the future of contraception in a post Roe world.

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00:00:12.040 --> 00:00:16.480
I'm Alina Salganicoff director of Women's
Health Policy and a senior VP at KFF,

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00:00:16.800 --> 00:00:19.280
and I'll be your moderator of the webinar today.

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00:00:19.800 --> 00:00:23.240
I know that many of you are here today
because you want to learn about the implications

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00:00:23.240 --> 00:00:28.200
of the recent Supreme Court decision
overturning Roe v Wade on contraceptive access.

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00:00:28.640 --> 00:00:31.680
The ruling was followed
by rapid actions of many states

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to ban abortion and of others
to reaffirm the right to abortion,

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00:00:35.520 --> 00:00:38.880
but in particular in states
where abortion is no longer legal,

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00:00:39.080 --> 00:00:43.640
the need to strengthen and support

contraceptive access has taken on new urgency.

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It's important
to recognize that there are several forces at work

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00:00:47.440 --> 00:00:51.520
that are shaping access to contraception
as well as contraceptive use.

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00:00:52.080 --> 00:00:55.920
On one hand, legal challenges
to contraceptive access persist

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00:00:56.160 --> 00:01:01.160
with a recent challenge to Texas, in Texas,
to the longstanding federal requirement

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00:01:01.160 --> 00:01:06.480
that a Title X services to teens be provided
without parental consent.

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00:01:06.720 --> 00:01:09.800
Some feel that even the right to contraception
is at stake

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00:01:09.800 --> 00:01:14.280
in light of Justice Thomas's concurrence on Dobbs
suggesting that the court

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revisit Griswold,
which granted the right to abortion.

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In addition,
there are concerns about the implications

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00:01:21.200 --> 00:01:25.640
of abortion bans that grant personhood
at the moment of fertilization, not to mention

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00:01:25.640 --> 00:01:31.200

broad scale misinformation about the mechanism
of action of many commonly used contraceptives.

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00:01:31.760 --> 00:01:35.440
But there have been many promising new developments
over the past decade

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00:01:35.680 --> 00:01:39.880
that offer opportunities
to expand contraceptive options and access.

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00:01:40.160 --> 00:01:44.880
Starting with the ACA's contraceptive coverage
mandate and the coverage expansions,

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00:01:45.360 --> 00:01:50.320
the FDA is currently reviewing an application
for a progestin only over-the-counter oral

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contraceptive pill and new contraceptive products
have come to the market.

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00:01:55.240 --> 00:01:59.120
There is also increased awareness
and calls for broad scale response

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00:01:59.320 --> 00:02:04.400
to the structural racism and other challenges
that have limited access to health care services.

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00:02:04.800 --> 00:02:08.760
And we are seeing expanded avenues
for obtaining contraception online.

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00:02:09.360 --> 00:02:11.600
There's enough here to fill several webinars.

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00:02:12.160 --> 00:02:16.520
We'll start off today's webinar
with a short overview of contraceptive access

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00:02:16.880 --> 00:02:22.520

and experiences based on findings from a recent KFF survey to be presented by my colleague Dr.

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00:02:22.520 --> 00:02:27.160
Brittni Fredrickson as an Associate director of Women's Health Policy here at KFF.

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00:02:27.720 --> 00:02:30.600
Her presentation will be followed by a panel discussion

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00:02:30.600 --> 00:02:33.520
with leading experts on contraceptive access and care.

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00:02:34.280 --> 00:02:36.600
We're fortunate today to be joined by Dr.

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00:02:36.600 --> 00:02:40.160
Sonia Guerrero, who's an OB-GYN and the director of the University

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00:02:40.160 --> 00:02:44.200
of Pittsburgh's Center for Innovative Research on Gender Health Equity.

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Dr. Borrero is also a professor of medicine and will be spending the next year

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00:02:48.440 --> 00:02:52.360
as the Chief Medical and Scientific Advisor to the U.S.

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00:02:53.160 --> 00:02:56.360
HHS Office of Population Affairs, which is the agency

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00:02:56.360 --> 00:02:59.280
that operates the federal Title ten Family Planning program.

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00:02:59.920 --> 00:03:03.960

We're also joined by Victoria Nichols,
who's the project director of Free the Pill,

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00:03:03.960 --> 00:03:08.720
which is a national campaign operated
under the auspices of IBIS Reproductive Health.

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00:03:09.120 --> 00:03:13.040
The Free the Pill campaign was developed
to support education and public engagement

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00:03:13.040 --> 00:03:15.920
regarding an over-the-counter oral contraceptive

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00:03:16.840 --> 00:03:19.560
or birth control pill in the US.

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00:03:20.040 --> 00:03:21.920
Amy Fan is also with us.

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00:03:21.920 --> 00:03:27.840
Amy is the co-founder, president and Chief Product
Officer at 28 Health, which is a telecontraceptive

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00:03:27.840 --> 00:03:32.560
platform that has prioritized
improving access to online contraception.

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00:03:33.000 --> 00:03:38.000
And Kami Geoffray is here with us today,
and she's the president of Geoffray Strategies.

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00:03:38.000 --> 00:03:43.560
For five years before that, before she became
a consultant, Kami was the CEO of Everybody Texas,

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00:03:43.560 --> 00:03:46.800
which is the Title X agency for the state of Texas.

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00:03:47.000 --> 00:03:48.040
Next slide, please.

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00:03:49.360 --> 00:03:51.600
But before we get started, a few logistics.

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00:03:51.880 --> 00:03:55.840
This web briefing briefing is being recorded
and the archived recording

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00:03:55.840 --> 00:03:58.480
and the slides will be posted online later today.

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00:03:58.920 --> 00:04:02.920
And everyone who RSVP will receive notification
when it's posted.

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00:04:04.160 --> 00:04:06.120
In addition to live transcriptions,

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00:04:06.120 --> 00:04:09.920
we also have ASL interpretation available
to access it

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00:04:09.960 --> 00:04:15.240
Please click on the Globe Icon on your Zoom
control panel and select American Sign Language.

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00:04:15.480 --> 00:04:18.440
The screen will appear
and you will be able to view the interpreter.

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00:04:19.320 --> 00:04:22.800
We will leave some time at the end of the panel
discussion to take a few questions,

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00:04:22.800 --> 00:04:25.920
and I encourage you to submit questions
for speakers at any time

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00:04:26.120 --> 00:04:29.240
during the web briefing
using the Zoom Q&A function.

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00:04:29.880 --> 00:04:32.440
With that now,

I'm going to turn to Brittni to share with us

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00:04:32.440 --> 00:04:37.560
some of the contraception
highlights from the 2022 KFF Women's Health Survey.

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Next slide, please.

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00:04:40.680 --> 00:04:41.600
Thank you, Alina.

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00:04:41.600 --> 00:04:43.760
And thank you to everyone joining today.

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00:04:43.760 --> 00:04:47.640
I'll be presenting some key findings
from two briefs that were recently published

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on KFF's website around experiences, preferences
and coverage of contraception,

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as well as interest in over-the-counter
oral contraceptive pills.

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Next slide, please.

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00:04:58.120 --> 00:05:03.600
The KFF Women's Health Survey is a survey that
KFF has been conducting periodically since 2001.

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It's a nationally representative survey
of over 5000 females, ages

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00:05:07.560 --> 00:05:11.360
18 to 64 and a shorter survey of over 1200 males.

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The data presented today are among people
who reported their sex assigned

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at birth was female,
the majority of whom identified as women.

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But transgender men and non-binary
individuals are also included

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to account for reproductive
health needs and capacity.

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00:05:25.120 --> 00:05:25.920
And while we attempted

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00:05:25.920 --> 00:05:29.840
to be as inclusive as possible and recognize
the importance of better understanding the health

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00:05:29.840 --> 00:05:34.520
of non-cisgender people as is common in many
nationally representative surveys,

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00:05:34.520 --> 00:05:39.200
we did not have sufficient sample to report
breakouts for the non-cisgender population.

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The fieldwork for this survey was conducted by SSRS

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00:05:43.160 --> 00:05:47.640
via the SSRS opinion panel and supplemented
with a sample from Ipsos' knowledge panel.

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00:05:48.280 --> 00:05:52.120
The survey was conducted in English and Spanish,
primarily online with a smaller sample

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00:05:52.120 --> 00:05:55.480
by telephone,

and we wanted to ensure we had adequate sample

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00:05:55.480 --> 00:05:58.720
of female subpopulations of interest,
including those who are Asian.

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00:05:58.720 --> 00:06:00.000
Black. Hispanic.

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00:06:00.000 --> 00:06:01.000
Medicaid enrollees.

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00:06:01.000 --> 00:06:03.640
Those with low incomes
and those living in rural areas.

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00:06:04.520 --> 00:06:07.560
We feel that this survey earlier this year in
May and June, prior

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00:06:07.560 --> 00:06:10.080
to the Supreme Court decision
that overturned Roe v Wade.

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00:06:10.800 --> 00:06:13.080
But the survey can serve
as a baseline of contraceptive

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00:06:13.080 --> 00:06:16.080
utilization needs and preferences
prior to that decision.

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Next slide, please.

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00:06:19.800 --> 00:06:23.160
Among females who reported having sex
with the male in the past 12 months,

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00:06:23.160 --> 00:06:25.160
the majority used contraception.

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00:06:25.320 --> 00:06:28.000
15% reported being unable to conceive

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00:06:28.320 --> 00:06:31.000
and 9% said they were pregnant
or trying to conceive

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00:06:31.400 --> 00:06:34.120
of those who are able to conceive and not pregnant
or trying.

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00:06:34.480 --> 00:06:37.080
12% said they didn't use contraception.

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00:06:38.040 --> 00:06:39.680
Next, please.

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When asked about the reasons
for not using birth control,

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00:06:43.360 --> 00:06:46.440
of which they could select more than one response,
the largest share

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00:06:46.440 --> 00:06:50.040
that they just didn't want to use birth control,
which is a perfectly valid reason.

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00:06:50.640 --> 00:06:54.400
However, nearly a third said that they were worried
about or disliked the side effects

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00:06:54.400 --> 00:06:58.520
of birth control, which is a common theme
that we'll see throughout the survey findings.

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00:06:59.200 --> 00:07:00.160
Another one in five

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00:07:00.160 --> 00:07:03.720
said they didn't really mind if they got pregnant,
even though they weren't trying to conceive.

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Which speaks to the ambivalence
women can have around becoming pregnant.

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00:07:08.320 --> 00:07:12.200
Many of these reasons could be discussed
through client centered counseling and providing

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00:07:12.200 --> 00:07:17.280
adequate evidence based counseling on side effects can help
build that trust between patients and providers.

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It can also help people select a method
that works for them and lead to a continuation.

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00:07:22.840 --> 00:07:24.360
Next slide please

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The types of contraception that females use change
over the course of their reproductive years.

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The most commonly used methods among younger
women are oral contraception and condoms.

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00:07:34.120 --> 00:07:37.080
Well over a third of women ages 36 to 49 rely

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00:07:37.080 --> 00:07:39.840
on female sterilization
or their partner's vasectomy.

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00:07:40.880 --> 00:07:43.320
Over one in five females of all reproductive age

123
00:07:43.320 --> 00:07:46.720
groups use long acting reversible contraception,
including IUD.

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00:07:46.720 --> 00:07:51.280
and implants and the higher share of users is ages
26 to 35.

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00:07:52.200 --> 00:07:55.760
Fewer females report using short
acting hormonal methods like the patch ring

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00:07:55.760 --> 00:07:59.760
and injectable contraception,
and that about one in seven females across all age

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00:07:59.760 --> 00:08:04.040
groups reports using fertility awareness
based methods to avoid pregnancy.

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00:08:04.440 --> 00:08:09.120
It'll be interesting to see how these trends change
given the Roe v Wade decision.

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Next slide, please.

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On average, people use more than one contraceptive
method across their reproductive years

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00:08:16.560 --> 00:08:19.640
to find the best method
that works for them at that point in their life.

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00:08:20.080 --> 00:08:23.520
But we found that one in four females
saythat they're not using their preferred

133
00:08:23.520 --> 00:08:25.280
method of contraception.

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00:08:25.280 --> 00:08:28.320
And as with significantly higher
among females with low incomes

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00:08:28.320 --> 00:08:30.360

compared to those with higher incomes.

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00:08:31.400 --> 00:08:32.880
Next please.

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00:08:32.880 --> 00:08:36.200
Among those not using their preferred
method concerned about side effects

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00:08:36.240 --> 00:08:41.400
is the most commonly cited reason, followed
by not being able to afford their preferred method.

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00:08:42.000 --> 00:08:45.280
About one in ten
say that their preferred method was not available.

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00:08:45.640 --> 00:08:46.400
Their partner didn't

141
00:08:46.400 --> 00:08:50.600
want them to use their preferred method
or their provider recommended a different method,

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00:08:50.880 --> 00:08:54.120
which again speaks to the importance
of person-centered contraceptive counseling.

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00:08:54.520 --> 00:08:58.440
The really takes people's preferences
about their birth control method seriously.

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00:08:59.400 --> 00:09:01.880
Next slide, please.

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00:09:02.760 --> 00:09:06.160
We find that the majority of women
are still receiving their contraceptive care

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00:09:06.160 --> 00:09:10.000
from an office based physician, followed by 11%
who receive their care

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00:09:10.000 --> 00:09:13.120
at a clinic like a Planned Parenthood
or another family planning clinic.

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00:09:13.520 --> 00:09:17.480
And 8% report going to some other place
like a pharmacy or drugstore.

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00:09:18.040 --> 00:09:23.000
Even during the pandemic, only 3% say they got
their most recent contraceptive care online.

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00:09:23.760 --> 00:09:26.880
There were differences
by race, ethnicity and larger

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00:09:26.880 --> 00:09:30.120
shares of black and Hispanic women report
receiving care at a clinic.

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00:09:30.840 --> 00:09:33.960
And while we didn't present it here,
we also asked where people would prefer

153
00:09:33.960 --> 00:09:37.040
to get their contraceptive care
if they could go anywhere.

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00:09:37.320 --> 00:09:40.880
And larger shares of black and Hispanic
women said that they would prefer to go to a clinic

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00:09:41.160 --> 00:09:45.520
which could be influenced by where they usually
receive care or where they can get affordable care.

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Next slide, please.

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00:09:50.000 --> 00:09:52.640
As I've mentioned a number of times, contraceptive
counseling

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00:09:52.640 --> 00:09:56.880
is an important component of contraceptive care
and therefore dimensions of quality

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00:09:56.880 --> 00:10:01.160
contraceptive counseling that are part of a person
centered contraceptive counseling measure

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00:10:01.160 --> 00:10:03.160
developed by researchers at UCSF.

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00:10:03.840 --> 00:10:07.320
The measure asked people to rate their provider
on four dimensions of person-centered

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00:10:07.320 --> 00:10:12.160
contraceptive counseling, including respecting
the other person, letting me say what mattered

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00:10:12.160 --> 00:10:16.120
about my birth control, taking my preferences
about my birth control seriously,

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00:10:16.480 --> 00:10:20.440
and giving me enough information
to make the best decision about my birth control.

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00:10:20.880 --> 00:10:25.520
Only four in ten contraceptive users
rate their most recent contraceptive care

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00:10:25.520 --> 00:10:30.520
provider as excellent on all four dimensions,
which leaves a lot of room for improvement.

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00:10:31.400 --> 00:10:35.280
We also found that smaller
shares of those who received care at a clinic rate

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00:10:35.280 --> 00:10:39.160
their counseling is excellent compared to those
who receive their care at a doctor's office.

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00:10:40.480 --> 00:10:42.720
We also asked what additional information

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00:10:42.720 --> 00:10:46.200
contraceptive users would have liked before
starting their contraceptive method.

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00:10:47.000 --> 00:10:49.880
And again, side effects rose to the top,
including impact

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00:10:49.880 --> 00:10:53.480
on menstruation and bleeding,
as well as impact on sexual experience.

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00:10:53.880 --> 00:10:55.600
Next, please.

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00:10:56.000 --> 00:10:58.720
Only 30% of contraceptive users

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00:10:58.800 --> 00:11:01.520
say that they had all the information they needed

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00:11:01.800 --> 00:11:03.960
before choosing their birth control method.

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00:11:05.280 --> 00:11:07.200
Next slide, please.

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00:11:07.840 --> 00:11:12.000
One newer avenue of contraceptive care
that is gained momentum during the pandemic,

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00:11:12.000 --> 00:11:15.960
but still serves a smaller share of people
are these online contraception platforms

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00:11:15.960 --> 00:11:21.040
and apps like Nerax, The Pill Club, 28 Health
Roman, His and Hers.

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00:11:21.040 --> 00:11:24.280
Just 7% of reproductive age females
see that they've ever received

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00:11:24.280 --> 00:11:27.760
a prescription or a health care service
through one of these platforms.

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00:11:28.320 --> 00:11:32.680
But the majority of those who say that
they received the services received birth control

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00:11:33.640 --> 00:11:34.840
among those who have access

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00:11:34.840 --> 00:11:38.040
to prescription or a health care service
through an online prescribing platform.

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00:11:38.120 --> 00:11:43.720
Three in ten were younger than age 25,
but the largest share between the ages of 26 and 35

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00:11:44.280 --> 00:11:48.640
half were white, with almost a quarter Hispanic
and nearly two thirds had higher incomes,

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00:11:49.320 --> 00:11:52.400
which is likely because people
are using these platforms for convenience

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00:11:52.920 --> 00:11:56.520
and many are paying out of pocket
where a credit or debit card is required.

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00:11:56.960 --> 00:12:00.200
However, there are some platforms like 28 Health

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00:12:00.200 --> 00:12:03.240
that are focused on reaching these underserved
communities.

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Next slide.

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As new avenues for obtaining contraception
have attempted to increase access,

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00:12:10.400 --> 00:12:15.520
research has shown that the best practices to offer
oral contraceptive users an extended supply.

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00:12:16.080 --> 00:12:18.600
And some states
now require their state regulated plans

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00:12:18.600 --> 00:12:21.280
to cover a 12 month supply of contraceptives.

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00:12:21.960 --> 00:12:24.800
However, few females
actually get a 12 month supply.

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00:12:24.840 --> 00:12:27.760
You see here only 3% receive 12 packs at a time.

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00:12:28.760 --> 00:12:29.640
Furthermore, only

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00:12:29.640 --> 00:12:33.400
14% of females have
that have used birth control in the past 12 months

201
00:12:33.720 --> 00:12:36.440
that their health care provider or pharmacist
talked to them

202
00:12:36.440 --> 00:12:39.960
about receiving a 12 month
or 12 pack supply of pills at one time.

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00:12:41.400 --> 00:12:42.960
Next, please.

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00:12:42.960 --> 00:12:47.520
Shorter supplies can result in women missing their
pills due to delays in receiving their supply.

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00:12:47.920 --> 00:12:51.840
And we found that a third of hormonal
contraceptives users report that they've missed

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00:12:51.840 --> 00:12:55.080
taking their birth control because they couldn't
get their next supply in time.

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00:12:55.760 --> 00:13:00.840
This was higher among women with low incomes
and a problem for nearly half of uninsured females.

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00:13:01.360 --> 00:13:03.960
Ensuring
people have access to continuous contraceptive

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00:13:03.960 --> 00:13:07.400
supply becomes even more important
without access to abortion.

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Next slide, please.

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00:13:11.200 --> 00:13:12.920
The contraceptive coverage requirement through

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00:13:12.920 --> 00:13:17.880
the Affordable Care Act has made contraception
more affordable for many, with 70% of females

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00:13:17.880 --> 00:13:21.720
with private insurance
saying that their insurance covered the full cost.

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00:13:22.240 --> 00:13:26.320
However, 16% of privately insured
females are still reporting

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00:13:26.320 --> 00:13:29.520
having to pay for part of their
cost of their contraceptive method.

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00:13:30.000 --> 00:13:32.840
This is consistent with other research
that we've published,

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00:13:33.280 --> 00:13:35.080
and there could be a number of reasons for this.

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00:13:35.080 --> 00:13:39.240
So they could be using a brand name contraceptive
that has a generic alternative

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00:13:39.240 --> 00:13:40.840
covered by their plan.

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00:13:40.840 --> 00:13:45.400
They could still be enrolled in a grandfathered
health plan, which isn't that common any longer.

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00:13:45.400 --> 00:13:47.520
Or they could be covered through a plan

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00:13:47.520 --> 00:13:50.480
by an employer
that has a religious objection to contraception.

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00:13:51.080 --> 00:13:55.840
A quarter of females say they paid
$15 to $14 out of pocket for their last method.

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00:13:56.280 --> 00:14:00.800
But another quarter say
they paid $50 or more, with affordability

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00:14:01.400 --> 00:14:04.760
being one of the main reasons
people are not using their preferred method.

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00:14:05.280 --> 00:14:08.240
There is more work to do to ensure

people can get their preferred

227
00:14:08.240 --> 00:14:10.560
method covered without cost sharing.

228
00:14:11.480 --> 00:14:12.440
Next slide, please.

229
00:14:14.240 --> 00:14:16.920
And surprisingly, although the ACA is requirement

230
00:14:16.920 --> 00:14:20.640
for most insurance plans
that cover the cost of contraceptives for women

231
00:14:21.240 --> 00:14:25.560
took effect over ten years ago,
many people are still unaware of this requirement.

232
00:14:25.600 --> 00:14:28.960
Four in ten reproductive age
females do not know that

233
00:14:28.960 --> 00:14:31.560
plans are required
to cover contraceptives for women.

234
00:14:32.080 --> 00:14:35.880
And conversely, while there's no
federal requirement for coverage of vasectomies,

235
00:14:35.880 --> 00:14:39.280
one in three males and females
incorrectly believe there is.

236
00:14:39.800 --> 00:14:42.720
So awareness
could still be raised about this requirement.

237
00:14:43.680 --> 00:14:46.000
Next slide, please.

238

00:14:46.000 --> 00:14:49.280
But for those who are uninsured, cost
can pose an even greater barrier.

239
00:14:49.320 --> 00:14:53.640
And one in five uninsured females
of reproductive age say they had to discontinue

240
00:14:53.920 --> 00:14:56.680
using a contraceptive method
because they couldn't afford it.

241
00:14:57.240 --> 00:15:00.880
This is also the case for nearly one in ten females
who are Hispanic

242
00:15:00.880 --> 00:15:04.080
or those who make less than
200% of the poverty level.

243
00:15:05.160 --> 00:15:05.760
This is even

244
00:15:05.760 --> 00:15:09.520
the case when there are clinics like Title X clinics
that provide care on a sliding scale

245
00:15:09.520 --> 00:15:13.400
or at no charge without coverage
or access to free or low cost services.

246
00:15:13.440 --> 00:15:15.200
Uninsured females are faced with having

247
00:15:15.200 --> 00:15:19.000
to pay for out of pocket for contraceptive use,
a method they don't prefer.

248
00:15:19.240 --> 00:15:21.840
Or go without contraception altogether.

249
00:15:21.840 --> 00:15:22.680
And among females

250
00:15:22.680 --> 00:15:26.120
who say that they had to stop using a method due
to affordability problems.

251
00:15:26.600 --> 00:15:30.160
Many let their health care provider
know that they couldn't afford their method,

252
00:15:30.160 --> 00:15:33.960
but nearly four in ten
didn't make their provider aware.

253
00:15:34.480 --> 00:15:37.320
Next slide, please.

254
00:15:37.480 --> 00:15:38.680
For those who have a lapse

255
00:15:38.680 --> 00:15:42.520
in their contraceptive supply or need a backup
method, emergency contraception

256
00:15:42.560 --> 00:15:47.360
can be used within 3 to 5 days of unprotected sex
or contraceptive failure to prevent pregnancy.

257
00:15:48.480 --> 00:15:51.720
Emergency contraception has been available
over the counter for the past ten years,

258
00:15:51.720 --> 00:15:56.400
and about a third of reproductive age
females have ever used it. In the last 12 months.

259
00:15:56.400 --> 00:16:01.200
13% of females younger than age
25 say that they've used emergency contraception.

260
00:16:01.960 --> 00:16:06.800
However, nearly one third of reproductive age
females say that they would not know

261
00:16:06.800 --> 00:16:10.400
where to get emergency contraceptive pills
if they wanted or needed it.

262
00:16:11.200 --> 00:16:14.400
Lack of knowledge about where to get said
pills is higher among females

263
00:16:14.400 --> 00:16:18.440
living in rural areas compared to those
who live in urban or suburban areas.

264
00:16:19.080 --> 00:16:21.120
And while Plan B is an OTC drug.

265
00:16:21.560 --> 00:16:24.640
Studies have found that access
in pharmacies can be limited,

266
00:16:24.800 --> 00:16:27.880
particularly in rural communities.

267
00:16:27.880 --> 00:16:29.800
Next slide, please.

268
00:16:30.480 --> 00:16:33.960
While emergency contraception
has been available over the counter for many years,

269
00:16:33.960 --> 00:16:38.520
an application for the first over-the-counter daily
oral contraceptive pill was submitted to the FDA

270
00:16:38.520 --> 00:16:44.040
this July and, if approved, will provide
another opportunity to expand contraceptive access.

271
00:16:44.760 --> 00:16:49.160
60% of reproductive age females who have used
birth control pills in the last 12 months

272
00:16:49.160 --> 00:16:52.960

see that they would be likely
or very likely to use OTC birth control.

273
00:16:53.680 --> 00:16:57.320
This is compared to 40% of other
contraceptive users

274
00:16:57.320 --> 00:17:01.880
and 20% of people that don't use contraception,
which isn't shown on the slide.

275
00:17:02.560 --> 00:17:06.480
Among those oral contraceptive users
who would be very likely or somewhat likely

276
00:17:06.480 --> 00:17:10.680
to use OTC birth control
pills, the main reason they cited were convenience

277
00:17:11.040 --> 00:17:14.080
and will eliminate the need to make an appointment
to receive contraception.

278
00:17:14.520 --> 00:17:16.560
17% say it would be faster.

279
00:17:17.200 --> 00:17:20.080
9% don't want a physical or pelvic exam.

280
00:17:20.560 --> 00:17:24.760
3% find OTC more confidential
and 5% think it would save them

281
00:17:24.760 --> 00:17:28.040
money, while 4%
don't want to have to use their health insurance.

282
00:17:28.800 --> 00:17:31.320
The majority of those likely
to use over-the-counter

283
00:17:31.520 --> 00:17:35.960
oral contraception

would be willing to pay up to $20 a month,

284
00:17:36.080 --> 00:17:39.640
while one in ten say that they would be unwilling
or unable to pay anything,

285
00:17:40.240 --> 00:17:43.680
especially when they can get it
without cost with a prescription.

286
00:17:44.800 --> 00:17:46.480
Next slide, please.

287
00:17:47.320 --> 00:17:48.920
And among the four in ten oral

288
00:17:48.920 --> 00:17:53.160
contraceptive users who say that they'd be unlikely
to use an OTC oral contraceptive

289
00:17:53.160 --> 00:17:58.280
or they're not sure, the main reason cited
where they prefer to talk to a provider before

290
00:17:58.280 --> 00:18:02.480
starting or refilling birth control pills,
which again speaks to the value people place

291
00:18:02.480 --> 00:18:03.680
on contraceptive counseling

292
00:18:03.680 --> 00:18:07.000
and the opportunity to speak to a provider
about their contraceptive care.

293
00:18:07.640 --> 00:18:12.520
One in five cite safety concerns,
even if it was approved by the FDA.

294
00:18:13.280 --> 00:18:16.480
Another 18% have health insurance or cost concerns.

295

00:18:16.880 --> 00:18:21.280
And given that contraception prescribed by a health care provider is currently covered by insurance

296
00:18:21.280 --> 00:18:24.320
through the ACA, there is still a question about whether over-the-counter

297
00:18:24.320 --> 00:18:28.080
oral contraception will be covered by insurance without a prescription.

298
00:18:28.760 --> 00:18:32.320
However, in the most recent federal guidance about ACA implementation,

299
00:18:32.320 --> 00:18:36.720
plans are encouraged to cover OTC emergency contraception without cost sharing

300
00:18:37.040 --> 00:18:39.760
when it is purchased without a prescription, but the guidance does

301
00:18:39.760 --> 00:18:42.800
not currently require it.

302
00:18:42.800 --> 00:18:44.760
Next slide, please

303
00:18:44.760 --> 00:18:48.640
And with that, I'll sum up a few takeaways that will lead us into our discussion.

304
00:18:48.800 --> 00:18:52.000
Affordability of contraception remains a barrier to use for some,

305
00:18:52.320 --> 00:18:55.320
particularly for those who are uninsured or have low incomes.

306
00:18:55.760 --> 00:18:59.480

And even a percentage of people with health
insurance are still paying out of pocket.

307
00:19:00.320 --> 00:19:04.160
Ideally, people would have access to a 12-month
supply of contraception.

308
00:19:04.680 --> 00:19:08.320
And even though a number of states have laws
requiring 12-months supply,

309
00:19:08.320 --> 00:19:12.200
the majority of women are only getting 3
to 5 months of contraception at a time.

310
00:19:13.200 --> 00:19:15.440
Our survey found an overwhelming need

311
00:19:15.440 --> 00:19:19.080
for more information
with persistent gaps in coverage requirements

312
00:19:19.520 --> 00:19:23.240
and just a desire for more information
about methods and their side effects.

313
00:19:24.080 --> 00:19:28.800
Overall, contraceptive care is currently falling
short and centering patient needs and preferences,

314
00:19:29.280 --> 00:19:33.000
especially when people really value
the provider-patient relationship.

315
00:19:33.720 --> 00:19:37.480
And finally, there are a number of new avenues
for expanding access to contraception,

316
00:19:37.480 --> 00:19:40.160
like telecontraception
and over-the-counter access.

317
00:19:40.560 --> 00:19:44.160

But many are still unaware
of these potential access points.

318
00:19:45.280 --> 00:19:49.040
With that, I'll turn it over to Alina.

319
00:19:51.320 --> 00:19:53.520
Thanks so much, Brittni, for that

320
00:19:53.520 --> 00:19:55.800
extremely comprehensive overview.

321
00:19:57.560 --> 00:19:59.960
To help us put the findings that Brittni just

322
00:19:59.960 --> 00:20:03.920
presented in a policy context,
we have four great panelists.

323
00:20:03.920 --> 00:20:08.160
I like to invite the panelists
to turn their cameras on.

324
00:20:10.760 --> 00:20:12.800
These are

325
00:20:13.040 --> 00:20:17.760
really national experts
who have spent the better part of their career

326
00:20:18.000 --> 00:20:21.760
focusing on how to improve systems of care

327
00:20:21.760 --> 00:20:25.760
that provide sexual and reproductive health
care to people across the country.

328
00:20:26.080 --> 00:20:30.200
But before we get started with the discussion,
I'd like to invite each of the panelists

329
00:20:30.200 --> 00:20:34.560

to take a few moments and really
I mean a few moments to share with your audience,

330
00:20:34.560 --> 00:20:38.960
your impressions on a couple of the findings
that Brittni just presented that stood out to you.

331
00:20:39.800 --> 00:20:42.200
I'd like to start I'll start with Dr.

332
00:20:42.200 --> 00:20:44.160
Barreiro, please.

333
00:20:44.480 --> 00:20:45.640
Hi, everyone.

334
00:20:45.640 --> 00:20:47.160
Great to be here.

335
00:20:47.160 --> 00:20:50.560
I thought that was such
a illuminating presentation.

336
00:20:50.560 --> 00:20:54.000
And I think a few of the things that stuck out
for me

337
00:20:54.480 --> 00:20:58.920
were first, that a quarter of people
were not using their preferred method.

338
00:20:59.400 --> 00:21:01.880
And I was particularly interested

339
00:21:03.000 --> 00:21:05.080
in the differences by

340
00:21:06.080 --> 00:21:08.240
by income level.

341
00:21:08.240 --> 00:21:12.200
And I was curious, I know you didn't show this,

but at some point maybe we can discuss it

342
00:21:12.560 --> 00:21:15.800
whether the reasons for not using preferred methods

343
00:21:16.000 --> 00:21:20.160
were also different by income level,
and particularly

344
00:21:21.000 --> 00:21:26.160
the that the provider suggested a different method
because if there is a difference,

345
00:21:26.160 --> 00:21:29.280
it could suggest diminished autonomy for people

346
00:21:29.280 --> 00:21:31.960
with lower incomes and certainly

347
00:21:32.880 --> 00:21:35.080
that the method was costly or not

348
00:21:35.080 --> 00:21:38.080
available could suggest diminished access.

349
00:21:38.160 --> 00:21:40.440
So I was curious about that.

350
00:21:40.440 --> 00:21:43.760
The other thing that really was sad to see is the

351
00:21:43.760 --> 00:21:46.920
the data on 12-month dispensing.

352
00:21:47.280 --> 00:21:50.040
So we know that I think at this point 18

353
00:21:50.040 --> 00:21:53.440
states have required that insurers cover

354
00:21:54.600 --> 00:21:57.840

12 months of contraceptive coverage
in a single fill,

355
00:21:58.120 --> 00:22:03.000
and yet only 3% of people
nationwide are getting it.

356
00:22:03.000 --> 00:22:06.840
And I know that the sampling
was across the country, but even in Oregon,

357
00:22:06.840 --> 00:22:11.120
a recent paper by Maria Rodriguez is consistent,
right?

358
00:22:11.120 --> 00:22:14.240
Just looking at Oregon, less than eight,

359
00:22:14.240 --> 00:22:18.920
which has long had this legislative mandate,

360
00:22:20.040 --> 00:22:21.880
less than

361
00:22:21.880 --> 00:22:26.040
20% of people were getting more
than three months of dispensing.

362
00:22:26.320 --> 00:22:32.040
And I was hopeful that the pandemic
might have shifted that and increased demand

363
00:22:32.040 --> 00:22:33.280
for extended supply.

364
00:22:33.280 --> 00:22:38.520
But your survey was conducted
just this summer and we're still only seeing 3%.

365
00:22:38.520 --> 00:22:43.640
So I think one of the things
that kind of consistently comes through

366
00:22:43.640 --> 00:22:46.480
is that, you know, the policy,
I think, is the floor

367
00:22:46.880 --> 00:22:51.720
and you know how important it is
to spend time on implementation.

368
00:22:51.960 --> 00:22:56.920
And because that's really where, you know,
the real hard work is. We think it's sometimes

369
00:22:56.920 --> 00:23:02.440
like focusing on changing policy, but changing
behaviors and information and attitudes.

370
00:23:02.880 --> 00:23:05.040
Victoria, love to hear your thoughts.

371
00:23:06.760 --> 00:23:08.600
Alina Hello, everyone.

372
00:23:08.600 --> 00:23:10.520
It's great to be here.

373
00:23:10.520 --> 00:23:13.200
The survey data super fascinating,

374
00:23:13.600 --> 00:23:17.280
really appreciated the focus
on OTC access as well,

375
00:23:17.960 --> 00:23:22.440
and I thought that the data around six in ten birth
control

376
00:23:22.440 --> 00:23:26.880
users said that they would be likely
to use OTC birth control pills.

377
00:23:27.760 --> 00:23:31.200
And that was really fascinating

and even more interesting

378
00:23:31.520 --> 00:23:34.320
that two in five or 39%

379
00:23:34.320 --> 00:23:38.040
of reproductive age
females said that they would be likely to use

380
00:23:38.040 --> 00:23:43.520
an OTC birth control pills if they weren't required
to have a prescription and approved by the FDA.

381
00:23:43.800 --> 00:23:49.920
I actually did a similar study in 2015

382
00:23:49.920 --> 00:23:55.400
and found that
that same number, that same two in five or 39%

383
00:23:56.640 --> 00:23:57.880
number came up as well.

384
00:23:57.880 --> 00:24:01.520
For us around folks who are interested, US

385
00:24:01.520 --> 00:24:05.320
women and teens interested in an potency progestin
only pill.

386
00:24:05.360 --> 00:24:08.760
So it's great
to see that that those numbers are consistent.

387
00:24:08.760 --> 00:24:12.600
And it really shows that the data is strong

388
00:24:12.600 --> 00:24:17.280
and it's encouraging to see that
folks are really interested in this.

389
00:24:17.880 --> 00:24:20.000

Now, the thing that stood out for me was the

390
00:24:20.640 --> 00:24:23.160
that I recalled that

391
00:24:23.160 --> 00:24:25.520
Kaiser Family Foundation did a study

392
00:24:25.800 --> 00:24:30.120
or a poll in 2020 and found that overall opinions

393
00:24:30.120 --> 00:24:35.320
were about 70% of women overall supported
taking birth control pills over the counter.

394
00:24:35.600 --> 00:24:38.000
And then this study said 77%.

395
00:24:38.000 --> 00:24:41.800
So it's been a 7% increase over just two years.

396
00:24:41.800 --> 00:24:45.360
And that's not surprising
given the context that we're in now.

397
00:24:45.360 --> 00:24:48.360
But it's great to see that interest is increasing.

398
00:24:48.720 --> 00:24:51.960
We're not exactly sure
if it's going to be statistically significant.

399
00:24:51.960 --> 00:24:53.720
We will check that out.

400
00:24:53.720 --> 00:24:57.120
But it is always reassuring when it goes the

401
00:24:57.320 --> 00:25:00.200
the way that you hope it will go. Kami.

402

00:25:01.560 --> 00:25:02.320
Sure.

403
00:25:02.320 --> 00:25:03.560
Thanks, Alina.

404
00:25:03.560 --> 00:25:04.720
Great to be here today.

405
00:25:04.720 --> 00:25:08.000
I think that the things that stood out for me
similarly to Sonia were

406
00:25:08.000 --> 00:25:10.200
that people are not getting the methods
that they want.

407
00:25:10.200 --> 00:25:15.600
25% of respondents reporting that they weren't
getting the methods they wanted, as well as people

408
00:25:15.600 --> 00:25:19.440
not getting the education that they need
to make decisions about their contraception.

409
00:25:19.440 --> 00:25:24.120
So seeing that there are only 30% of respondents
had what they needed to make those decisions.

410
00:25:25.040 --> 00:25:29.640
You know, again, I know it's a national survey,
but we've done a lot of work in Texas to study

411
00:25:29.960 --> 00:25:34.000
the differences in our provider settings,
especially looking

412
00:25:34.000 --> 00:25:39.200
at what Title X clinics can do
for our patients here in Texas

413
00:25:39.880 --> 00:25:45.280
versus what our state-only funded entities

feel like they are able to do in a state

414
00:25:45.280 --> 00:25:49.080
that has restrictive policies on not only abortion
but contraception

415
00:25:49.080 --> 00:25:53.280
a lot of misinformation on that
that make providers concerned

416
00:25:53.280 --> 00:25:57.240
about offering the full range of methods,
including emergency contraception.

417
00:25:57.960 --> 00:26:02.080
So knowing that, you know, our studies in Texas
have found that Title X clinics

418
00:26:02.440 --> 00:26:06.920
are the places where people have the least barriers
to the full range of access

419
00:26:06.920 --> 00:26:10.080
and the the places where providers are offering

420
00:26:10.440 --> 00:26:13.080
the most evidence based care.

421
00:26:13.080 --> 00:26:16.320
Just highlighting
I know this really focused on a lot of folks

422
00:26:16.320 --> 00:26:21.360
going into it's a doctor's offices and not clinics,
but thinking about the types of care

423
00:26:21.960 --> 00:26:25.200
that the most marginalized people,
which we did see overrepresented

424
00:26:25.800 --> 00:26:28.440
in clinical care, get those,

425
00:26:28.440 --> 00:26:32.640
those care in those spaces
that meet them where they are, are client-centered.

426
00:26:32.640 --> 00:26:35.920
Counseling
methods are more represented in those spaces,

427
00:26:35.920 --> 00:26:38.440
and the full range of methods are available.

428
00:26:38.440 --> 00:26:43.080
So just thinking about that, especially as we see
increasing attacks on contraceptive methods

429
00:26:43.440 --> 00:26:49.040
post Roe, the importance of supporting title
ten clinics, funding Title

430
00:26:49.040 --> 00:26:53.880
X clinics and advancing evidence based care
in those spaces and across the health care system.

431
00:26:54.840 --> 00:26:59.000
And Amy. Great to be here.

432
00:26:59.000 --> 00:26:59.880
Thanks, Alina.

433
00:26:59.880 --> 00:27:04.280
One of the things that really strike me
is looking at the study

434
00:27:04.280 --> 00:27:07.640
that 50% of contraception users are white,

435
00:27:07.640 --> 00:27:11.120
which leads the question of inclusivity and equity

436
00:27:11.120 --> 00:27:14.800
and really how different type of contraception
platforms are designed.

437
00:27:15.240 --> 00:27:20.120
The other piece that stood out to me on that slide
is that 35% of users with household

438
00:27:20.120 --> 00:27:22.920
income of 200% or below the federal poverty level

439
00:27:23.400 --> 00:27:26.560
were using contraception.

440
00:27:26.560 --> 00:27:29.640
And I think this is also something
that's really interesting about access,

441
00:27:29.640 --> 00:27:32.840
where oftentimes we see potentially removal

442
00:27:32.840 --> 00:27:36.800
of needing to go to a doctor in person
or being able

443
00:27:36.800 --> 00:27:40.560
to go to the pharmacy in person
to pick up, as increased access.

444
00:27:40.560 --> 00:27:45.160
But there's a lot of different facets of access,
and affordability is a huge component of it.

445
00:27:45.520 --> 00:27:51.120
And the far majority of contraception platforms
unfortunately do not accept Medicaid,

446
00:27:51.120 --> 00:27:55.560
which makes it very limiting, particularly
for individuals from lower income settings.

447
00:27:56.120 --> 00:27:59.760
The other piece that to add on Carrie's
point is importance of education.

448

00:27:59.760 --> 00:28:01.800
So first, post the Dobbs decision

449
00:28:02.240 --> 00:28:05.560
we saw an increased demand
in emergency contraception.

450
00:28:05.560 --> 00:28:09.360
However, mixing that demand
or also people that were looking for emergency

451
00:28:09.360 --> 00:28:13.120
contraception for different use cases
that weren't actually appropriate.

452
00:28:13.120 --> 00:28:18.320
So, for example, many thought that emergency
contraception could be used for abortions

453
00:28:18.600 --> 00:28:23.280
or they were thinking about emergency contraception
in place of other birth control methods

454
00:28:23.880 --> 00:28:26.520
so that really goes to show how important it is
to help

455
00:28:26.520 --> 00:28:30.640
people understand
different forms of birth control methods,

456
00:28:30.840 --> 00:28:35.200
what emergency contraception is,
as well as the differences to medication abortion.

457
00:28:36.280 --> 00:28:37.240
Yeah, I think

458
00:28:37.240 --> 00:28:41.360
what kind of comes through is what a heavy lift
we're going to have right now

459
00:28:41.360 --> 00:28:46.200

in terms of educating people about,
you know, what the options are out there

460
00:28:46.200 --> 00:28:50.800
and kind of the distinction
between emergency contraception and medication.

461
00:28:50.800 --> 00:28:55.320
abortion is, you know,
particularly has become particularly visible.

462
00:28:55.320 --> 00:28:58.080
But I think that there's a lot of other work
that needs to be done.

463
00:28:58.360 --> 00:29:00.360
Well, thank you for that.

464
00:29:00.360 --> 00:29:03.000
What I'd like to now do is turn to some

465
00:29:04.800 --> 00:29:05.240
questions.

466
00:29:05.240 --> 00:29:09.760
And I'm going to turn first to Kami,
because I really love to hear your take

467
00:29:09.760 --> 00:29:14.080
on the challenges to provision of contraception
in states that ban abortion.

468
00:29:14.080 --> 00:29:17.240
I know you've been you're in Texas,

469
00:29:17.240 --> 00:29:21.720
you're a Louisiana native,
so you have a lot of experience in that space.

470
00:29:21.720 --> 00:29:26.000
And that certainly is the big elephant in the room.
With abortion banned,

471
00:29:26.240 --> 00:29:29.360
what's kind of top on your mind
about what can be done

472
00:29:29.360 --> 00:29:32.160
to improve contraceptive access?

473
00:29:32.560 --> 00:29:35.160
Yeah, I mean, I think one of the biggest concerns
I have after living

474
00:29:35.160 --> 00:29:38.400
and working in Texas for ten years
is a lot of misinformation, right?

475
00:29:38.400 --> 00:29:43.760
So we already live in a state
where our state legislature has,

476
00:29:44.640 --> 00:29:47.480
you know, repeatedly attacked the family

477
00:29:47.480 --> 00:29:50.360
planning safety net, exclusive of abortion
providers.

478
00:29:51.240 --> 00:29:54.320
Those attacks, you know, started in 2011

479
00:29:54.320 --> 00:29:58.120
and we're going into,
you know, the seventh legislative session

480
00:29:58.120 --> 00:30:01.080
with with an intense focus on abortion, family
planning, care.

481
00:30:01.840 --> 00:30:05.960
Our state funded programs do not cover
emergency contraception.

482
00:30:05.960 --> 00:30:07.480

They treat it as an abortifacient.

483
00:30:07.480 --> 00:30:11.200
now, in our Medicaid family planning waiver,

484
00:30:11.760 --> 00:30:13.960
in our state funded family planning program.

485
00:30:14.200 --> 00:30:18.880
So there are some serious concerns
about how far the legislature in Texas

486
00:30:18.880 --> 00:30:22.280
and other states will go to redefine line

487
00:30:22.480 --> 00:30:26.040
contraceptive methods as abortifacients.

488
00:30:26.680 --> 00:30:29.920
And as you talked about at the top, Alina,
the Dobbs

489
00:30:29.920 --> 00:30:33.440
decision makes it very disconcerting

490
00:30:34.240 --> 00:30:38.200
that a state legislature can define something

491
00:30:38.240 --> 00:30:42.200
as abortion or define life as they see fit

492
00:30:43.520 --> 00:30:44.440
and regulate it.

493
00:30:44.440 --> 00:30:49.920
And so we're really concerned
about increased attacks on emergency contraception,

494
00:30:50.200 --> 00:30:54.360
LARC methods, especially IUDs
that can be used for emergency contraception.

495
00:30:55.120 --> 00:30:57.720
You know, I think that the thing
that we have always tried to do

496
00:30:57.720 --> 00:31:02.400
is to overcommunicate
and to educate, especially with our providers,

497
00:31:02.400 --> 00:31:06.120
to make sure that they feel confident
in their provision of care.

498
00:31:07.160 --> 00:31:09.840
You know, we're hopeful that our federal partners

499
00:31:10.160 --> 00:31:12.360
will continue to clarify

500
00:31:12.840 --> 00:31:15.840
what contraceptive care is and isn't

501
00:31:16.160 --> 00:31:19.320
what abortion care is and isn't,
and will help enforce

502
00:31:20.400 --> 00:31:24.160
the requirements of federal funding
be that Medicaid or Title X.

503
00:31:25.120 --> 00:31:27.400
But we you know, we as you mentioned at the top,

504
00:31:27.400 --> 00:31:32.680
we had a pretty adverse decision in Texas on Friday
that is is,

505
00:31:32.720 --> 00:31:36.320
you know, has the potential to threaten
confidential care for minors.

506
00:31:37.000 --> 00:31:39.280
So I think the thing that we can do most is

507
00:31:40.440 --> 00:31:41.480
create some

508
00:31:41.480 --> 00:31:44.880
education and some advocacy opportunities around

509
00:31:45.720 --> 00:31:48.240
what contraceptive care is,

510
00:31:48.240 --> 00:31:51.200
how it benefits the public safety,

511
00:31:51.200 --> 00:31:53.280
you know, the public

512
00:31:53.280 --> 00:31:56.480
and, you know, continue to

513
00:31:56.480 --> 00:31:59.000
continue to define contraception

514
00:31:59.000 --> 00:32:03.120
as not abortion, but also work in concert with our
our folks

515
00:32:03.120 --> 00:32:06.800
on the abortion side, because the same folks
who need contraceptive care need abortion care.

516
00:32:07.320 --> 00:32:10.280
So, that's going to be a challenge moving forward

517
00:32:10.280 --> 00:32:11.560
with folks who need abortion care,

518
00:32:11.560 --> 00:32:14.520
then need contraception care
or contraceptive care afterwards.

519
00:32:14.760 --> 00:32:20.600

Sonia, I wondered if you had some thoughts to add
to this as you're sitting in a federal agency

520
00:32:20.600 --> 00:32:24.160
that's, you know, charged with providing
contraceptive care across the country.

521
00:32:25.200 --> 00:32:28.800
Yeah, I mean, I think, you know, right now
what's top of mind is ensuring

522
00:32:28.800 --> 00:32:33.560
equitable,
patient centered contraceptive care at OPA.

523
00:32:33.600 --> 00:32:38.240
And I think there's a number of of things
that our office is starting to do.

524
00:32:38.240 --> 00:32:42.720
But even part of the broader
vision of sort of moving towards

525
00:32:42.720 --> 00:32:47.520
that Northstar where everyone can get
the method of their choice in whatever

526
00:32:47.520 --> 00:32:53.040
setting is, you know,
is something that we have been thinking about.

527
00:32:53.520 --> 00:32:57.000
And I think, you know,
Amy and Victoria will talk about it more, but

528
00:32:57.200 --> 00:33:00.400
certainly expanding access both within

529
00:33:00.400 --> 00:33:03.080
and outside of the health care system,

530
00:33:03.480 --> 00:33:07.920
we recognize that the health care system

is another institution,

531
00:33:07.920 --> 00:33:12.600
unfortunately, that's imbued with,
you know, a class and race hierarchy.

532
00:33:12.600 --> 00:33:17.120
And therefore it is an oppressive
and even traumatic system for many people.

533
00:33:17.120 --> 00:33:21.120
So we just need to be more deliberate
in ensuring that people are able to access

534
00:33:21.120 --> 00:33:24.640
contraception in the ways
they want to, in a way that's safe and timely.

535
00:33:24.960 --> 00:33:28.960
And, you know, to all of your points,
if we are going to use some of these innovative

536
00:33:31.080 --> 00:33:32.400
service delivery options

537
00:33:32.400 --> 00:33:35.720
outside of the formal health care system, things
like over-the-counter,

538
00:33:36.400 --> 00:33:40.800
pharmacist provision, online platforms,
we have to couple it

539
00:33:41.160 --> 00:33:44.080
with dissemination of high

540
00:33:44.080 --> 00:33:49.440
quality online, you know, either
decision support tools or educational resources

541
00:33:49.520 --> 00:33:53.040
to really support
people's informed decision making.

542
00:33:53.760 --> 00:33:57.960
And clearly, we have to think about cost, right,
to make these delivery systems feasible.

543
00:33:57.960 --> 00:34:03.720
So really thinking about, again,
innovative payment and reimbursement systems

544
00:34:03.720 --> 00:34:08.160
to ensure that people can get these methods
outside of the care system

545
00:34:09.440 --> 00:34:11.840
in terms of also, you know,

546
00:34:11.840 --> 00:34:15.680
payment reform
and I know some of your data speaking to this,

547
00:34:15.680 --> 00:34:20.880
we have an incredibly fragmented system
which allows for wide variation and coverage.

548
00:34:21.280 --> 00:34:25.640
I mean, this can often result
in a two tiered system in which there are

549
00:34:26.880 --> 00:34:28.480
practices and policies

550
00:34:28.480 --> 00:34:31.360
that can systematically constrain

551
00:34:32.440 --> 00:34:35.360
socially disadvantaged people's
reproductive autonomy.

552
00:34:35.640 --> 00:34:40.080
Or conversely, they could give preferential access

553
00:34:40.080 --> 00:34:43.200

to certain methods such as LARC,

554
00:34:43.200 --> 00:34:47.760
feeding the reality at worst,
and the impression at best that we're targeting

555
00:34:47.760 --> 00:34:52.000
certain populations to use provider
controlled methods, such as sort of disparate

556
00:34:52.960 --> 00:34:55.320
immediate postpartum coverage

557
00:34:55.320 --> 00:34:58.960
of LARC and Medicaid populations
compared to private insurance.

558
00:34:58.960 --> 00:35:04.440
And for those who may not be as immersed
in the world of contraception

559
00:35:04.640 --> 00:35:07.560
LARC, are there IUDs and implants?

560
00:35:07.560 --> 00:35:10.640
It stands for Long
Acting Reversible Contraceptive Methods,

561
00:35:10.840 --> 00:35:12.960
which tend to be more expensive

562
00:35:14.040 --> 00:35:16.640
but and more effective. But

563
00:35:17.800 --> 00:35:21.680
so sometimes they have been more difficult
to access for individuals

564
00:35:21.680 --> 00:35:27.120
without insurance or with private coverage
as compared to some of the public programs

565

00:35:27.320 --> 00:35:31.320
which have embraced LARC access.

566
00:35:33.000 --> 00:35:34.080
And then, you know, the other thing

567
00:35:34.080 --> 00:35:38.480
that I think was thinking a lot about is patient-centric counseling.

568
00:35:38.480 --> 00:35:41.280
And again, your data speak spoke to this, right?

569
00:35:41.280 --> 00:35:44.320
But I think it was 40% of

570
00:35:44.320 --> 00:35:46.920
people rated across all of the

571
00:35:48.440 --> 00:35:51.000
the four domains as being excellent care.

572
00:35:51.000 --> 00:35:56.040
And there's been recent data again published in contraception that

573
00:35:58.080 --> 00:36:01.120
that the even the sort

574
00:36:01.120 --> 00:36:04.760
of the ratings of excellent

575
00:36:04.920 --> 00:36:07.160
was was quite different

576
00:36:07.160 --> 00:36:11.120
across demographic characteristics the ones you might expect right. Specifically

577
00:36:11.120 --> 00:36:14.280
having lower income, being black,

578
00:36:14.480 --> 00:36:17.000
having not heterosexual identity,

579
00:36:17.840 --> 00:36:21.200
and non-English speaking were associated

580
00:36:21.200 --> 00:36:25.160
with lower patient-centered counseling and ratings.

581
00:36:25.160 --> 00:36:28.560
And so we will be publishing

582
00:36:30.440 --> 00:36:34.080
and we're working right now
on updating our evidence

583
00:36:34.080 --> 00:36:39.040
based guidelines for equitable,
patient-centered family planning care that,

584
00:36:39.640 --> 00:36:43.160
you know, we hope will be a model
not just for Title X clinics,

585
00:36:43.400 --> 00:36:48.320
but all care settings in which people are receiving
sexual and reproductive health care.

586
00:36:48.840 --> 00:36:52.160
And then I'd say, finally,
another thing that OPA is thinking a lot

587
00:36:52.160 --> 00:36:56.280
about is making sure
that we're incorporating metrics, including

588
00:36:57.360 --> 00:36:58.920
performance metrics,

589
00:36:58.920 --> 00:37:02.520
to ensure progress
towards equitable, patient-centered care.

590
00:37:02.760 --> 00:37:07.800
And in that, we have to we have to really
think about what are we trying to accomplish?

591
00:37:07.800 --> 00:37:11.640
Is it really reduction of unintended pregnancy,

592
00:37:11.640 --> 00:37:16.640
which we know is not a universally negative
outcome for everyone.

593
00:37:16.960 --> 00:37:20.040
So instead we're thinking about ways to measure

594
00:37:20.760 --> 00:37:25.560
ensuring that people's reproductive
needs were assessed and addressed, ensuring

595
00:37:25.560 --> 00:37:30.920
respectful and informative counseling,
improving timeliness and efficiency of care.

596
00:37:30.920 --> 00:37:36.120
And so those kinds of those kinds of measures
that I think will really help move us again

597
00:37:36.120 --> 00:37:39.480
towards more equitable,
patient-centered contraceptive care.

598
00:37:39.600 --> 00:37:40.560
Thank you.

599
00:37:40.560 --> 00:37:44.560
I'm going to shift the conversation
a little bit because, you know, Victoria

600
00:37:44.560 --> 00:37:46.960
and Amy have actually been working on

601
00:37:47.840 --> 00:37:51.320

shifting this into control
outside of clinical settings,

602
00:37:52.160 --> 00:37:55.920
really helping people get access to,

603
00:37:56.280 --> 00:38:00.560
you know, oral contraceptives over the counter
or just using,

604
00:38:00.880 --> 00:38:04.640
you know, their phones
with a telecontraception app.

605
00:38:04.880 --> 00:38:09.640
So, Amy, can you tell us a little bit about how
how does telecontraception work?

606
00:38:10.360 --> 00:38:10.680
Sure.

607
00:38:10.680 --> 00:38:15.800
So the idea of telecontraception is actually
to make it really accessible for individuals

608
00:38:15.800 --> 00:38:21.680
to be able to get a contraceptive prescription
as most delivery. For the most part.

609
00:38:21.800 --> 00:38:27.360
the model is where an individual log on
to the company's website

610
00:38:27.360 --> 00:38:31.200
or download
their app, fill a medical questionnaire.

611
00:38:32.680 --> 00:38:33.840
For some of the platforms.

612
00:38:33.840 --> 00:38:38.680
There's an option to do a consultation, whether
it's audio consultation or video consultation.

613
00:38:39.120 --> 00:38:44.200
I would say for the majority of popcorns, it is not
an option unless it's required in the States.

614
00:38:44.640 --> 00:38:47.760
And then after that
they'll be connected to a clinician,

615
00:38:47.760 --> 00:38:50.640
where the clinician
will review their information, buy a prescription,

616
00:38:51.000 --> 00:38:54.600
and that individual received deliveries
from a mail order pharmacy.

617
00:38:55.320 --> 00:39:00.680
Some of the benefits of telecontraception
is that it does make it really accessible,

618
00:39:00.760 --> 00:39:04.200
making it really private,
as well as discreet for people to be able to

619
00:39:05.640 --> 00:39:06.840
connect with the physician.

620
00:39:06.840 --> 00:39:11.280
Of course,
I think the there's also challenges to it as well.

621
00:39:11.280 --> 00:39:14.320
For example, what we saw in the data earlier of
how do you create

622
00:39:14.640 --> 00:39:17.960
an inclusive,
welcoming experience and try and minimize

623
00:39:18.120 --> 00:39:21.000
bias in the experience via contraception,

624
00:39:21.000 --> 00:39:25.400
which has not largely been studied.

625
00:39:25.400 --> 00:39:30.160
And I know that you've been trying to work
with payers.

626
00:39:30.160 --> 00:39:34.840
I mean, one of the things that, you know, has come up
is the fact that, you know,

627
00:39:34.840 --> 00:39:40.560
even though we have these laws
and policies that require plans to cover

628
00:39:41.640 --> 00:39:44.520
contraception without cost sharing,
Medicaid has long

629
00:39:44.520 --> 00:39:48.000
been required to cover contraception
without cost sharing.

630
00:39:48.560 --> 00:39:52.920
It's been from,
you know, conversations that we've heard about,

631
00:39:52.920 --> 00:39:57.080
it's been pretty challenging
for kind of these newer developments

632
00:39:57.080 --> 00:40:01.800
to actually partner with state programs
and through payers as well.

633
00:40:02.040 --> 00:40:05.120
Tell us a little bit about 28 Health's experience.

634
00:40:06.120 --> 00:40:06.480
Yeah.

635
00:40:06.480 --> 00:40:11.520

So there's several different components
that as a contraception company

636
00:40:11.520 --> 00:40:14.480
we have to think about in order
to be to accept Medicaid.

637
00:40:14.760 --> 00:40:16.960
So one piece is the type of clinicians
we work with.

638
00:40:16.960 --> 00:40:20.360
So for example, we work with physicians
that are Medicaid-registered,

639
00:40:20.640 --> 00:40:24.040
so that the scripts they write
can be reimbursed by Medicaid.

640
00:40:24.400 --> 00:40:28.200
And then the other piece,
as well as the pharmacy partners that we work with.

641
00:40:28.480 --> 00:40:35.200
So we work with a variety of regional and local
pharmacies that are able to contract with Medicaid.

642
00:40:35.280 --> 00:40:39.480
So there's many states
where one of the requirements is for a pharmacy

643
00:40:39.480 --> 00:40:43.360
to have a physical presence in that state
or a neighboring state in order

644
00:40:43.440 --> 00:40:45.600
be contracted with Medicaid.

645
00:40:45.600 --> 00:40:49.440
There are definitely limits in terms of thinking
about how the contraception companies

646
00:40:49.440 --> 00:40:53.160

and their ability
to widely serve across the nation,

647
00:40:53.160 --> 00:40:57.200
just because it's not really one market
that we're in, it's really state by state.

648
00:40:57.520 --> 00:41:02.080
And you have to be able to piece
all these components together in order to support

649
00:41:02.080 --> 00:41:03.040
Medicaid recipients.

650
00:41:04.920 --> 00:41:05.200
Great.

651
00:41:05.200 --> 00:41:06.360
Thank you.

652
00:41:06.360 --> 00:41:08.880
And I want to turn to Victoria, because I know

653
00:41:09.600 --> 00:41:11.840
this is an area that you have put

654
00:41:12.200 --> 00:41:16.560
a tremendous amount of work in, in terms of,
you know, educating

655
00:41:16.920 --> 00:41:20.040
and kind of laying the groundwork
for an over-the-counter

656
00:41:20.040 --> 00:41:22.920
oral contraceptive pill.

657
00:41:23.160 --> 00:41:28.840
Tell us, where are
where are we with the FDA in terms of this process?

658
00:41:29.160 --> 00:41:31.320

Sure. Thanks, Alina.

659
00:41:31.320 --> 00:41:32.800
Love all the comments.

660
00:41:32.800 --> 00:41:35.880
The other panelists
weren't really talking about all options here.

661
00:41:35.880 --> 00:41:36.480
Yeah.

662
00:41:37.080 --> 00:41:39.520
So in terms of the FDA process,

663
00:41:39.520 --> 00:41:42.840
in order to switch a birth control pill
or any prescription-

664
00:41:42.840 --> 00:41:47.160
only product over the counter,
you have to have a pharmaceutical company

665
00:41:47.160 --> 00:41:53.160
that is willing to submit an application to the FDA
for what we call an act to open some switch.

666
00:41:53.160 --> 00:41:56.960
And there are many different
formulations of birth control pills,

667
00:41:57.160 --> 00:42:00.960
and through the FDA process,
you have to go one formulation at a time

668
00:42:01.160 --> 00:42:02.920
to get each formulation approved.

669
00:42:02.920 --> 00:42:07.080
So right now, we know of two companies

670
00:42:07.080 --> 00:42:09.680

that are pursuing an RX to OTC switch.

671
00:42:10.320 --> 00:42:14.400
One is focused on a progestin-only pill
and the other is focused

672
00:42:14.400 --> 00:42:16.920
on a combined oral contraceptive.

673
00:42:16.920 --> 00:42:20.120
The progestin-only pill has an application
that has been

674
00:42:20.400 --> 00:42:25.000
submitted to the FDA by HRA Pharma
and that was announced in July.

675
00:42:25.000 --> 00:42:28.440
The COC or combined oral contraceptive is

676
00:42:29.520 --> 00:42:30.360
a little bit more

677
00:42:30.360 --> 00:42:33.360
behind in the process and hasn't submitted an
application yet,

678
00:42:34.360 --> 00:42:37.600
but the FDA process is a very rigorous one.

679
00:42:37.680 --> 00:42:41.960
You have to really go through several studies
and phases

680
00:42:42.600 --> 00:42:45.600
to really show
that it's appropriate for over-the-counter use.

681
00:42:46.160 --> 00:42:51.360
We at Free the Pill and our coalition supports
bringing birth control pills over the counter

682

00:42:51.360 --> 00:42:56.000
because they're 60 plus years of data
that show that it's safe and effective

683
00:42:56.000 --> 00:42:59.800
and we believe that it's truly safe
and effective for over-the-counter use.

684
00:43:01.120 --> 00:43:03.120
In July, HRA announced

685
00:43:03.120 --> 00:43:06.520
that it had submitted its application to the FDA.

686
00:43:06.640 --> 00:43:10.880
FDA typically takes about ten months
or so to review the application.

687
00:43:10.880 --> 00:43:14.640
So we're expecting a decision in 2023,

688
00:43:14.640 --> 00:43:18.840
which is extremely-- May, is that may maybe maybe

689
00:43:19.840 --> 00:43:22.080
the typical timeline is around

690
00:43:22.080 --> 00:43:24.600
ten months, but that's not guaranteed.

691
00:43:25.200 --> 00:43:29.680
So we're we're looking for the FDA
to follow the science and the data on this.

692
00:43:30.000 --> 00:43:33.040
Consider the broad public health benefits
and make a decision

693
00:43:33.560 --> 00:43:38.080
based off of that and really wanting
to hold them accountable to doing that.

694

00:43:38.640 --> 00:43:40.080
There's. Go ahead.

695
00:43:40.080 --> 00:43:40.320
Sorry.

696
00:43:40.320 --> 00:43:45.400
I was just so assuming that this
this gets approved and, you know, we have I think

697
00:43:46.720 --> 00:43:48.040
folks have

698
00:43:48.360 --> 00:43:51.160
a lot of confidence that it could happen.

699
00:43:51.160 --> 00:43:56.080
But, you know, we have an experience
with emergency contraception as well,

700
00:43:56.080 --> 00:44:01.000
which was kind of a very kind of slow uptake
and a lot of controversy at the FDA.

701
00:44:01.520 --> 00:44:04.880
What do you think is going to be the impact
of having

702
00:44:04.880 --> 00:44:08.440
an over-the-counter
pill in terms of contraceptive use?

703
00:44:08.680 --> 00:44:09.240
Sure.

704
00:44:09.240 --> 00:44:12.480
So an OTC birth control pill would

705
00:44:12.480 --> 00:44:15.600
significantly reduce barriers to contraception.

706
00:44:16.480 --> 00:44:20.760

Over-the-counter birth control
pills would particularly expand access

707
00:44:20.760 --> 00:44:24.880
for the communities that face
the most barriers due to systemic inequities.

708
00:44:25.200 --> 00:44:29.920
I think other folks on the panel
mentioned black indigenous, Latin

709
00:44:30.960 --> 00:44:34.160
folks,
AAPI communities, other communities of color,

710
00:44:34.400 --> 00:44:37.080
young people, immigrants, LGBTQ

711
00:44:37.680 --> 00:44:40.320
folks, folks in rural communities,

712
00:44:40.320 --> 00:44:45.000
or a lot of the folks
who have these barriers to access

713
00:44:45.760 --> 00:44:49.440
and bringing a birth control pill over
the counter would really address

714
00:44:49.440 --> 00:44:54.240
some of the unnecessary hoops that folks
have to jump through to get to a clinic visit,

715
00:44:54.560 --> 00:44:58.640
to get a provider to give them a prescription.

716
00:44:59.120 --> 00:45:02.040
Oftentimes, folks
have to take time off of school or work.

717
00:45:02.640 --> 00:45:06.160
They have to find childcare,
if they have a child, to get to that appointment,

718
00:45:06.480 --> 00:45:08.920
getting transportation, etc., etc..

719
00:45:08.920 --> 00:45:13.400
So it would really address
some of these barriers and expand access.

720
00:45:13.600 --> 00:45:16.680
We know that some of these barriers
have also been exacerbated

721
00:45:16.680 --> 00:45:20.520
given the pandemic and folks
limited access to health care.

722
00:45:21.000 --> 00:45:24.600
So this is truly an issue of health

723
00:45:24.600 --> 00:45:26.800
equity and people deserve

724
00:45:27.600 --> 00:45:31.320
and should be able to access
health care on their own terms.

725
00:45:31.560 --> 00:45:35.000
And an over-the-counter birth control
pill would really allow them to do that.

726
00:45:35.360 --> 00:45:38.760
So I do want to say, like,
although our survey did find,

727
00:45:38.760 --> 00:45:42.640
you know, pretty broad scale, generous support,
there was some reluctance by some.

728
00:45:42.640 --> 00:45:45.880
And I think that the issue
of the role of the clinician and I want to say,

729

00:45:45.880 --> 00:45:49.880
because my nurse friends
and my other advanced practice clinician friends

730
00:45:50.200 --> 00:45:53.440
would kill me
if I didn't also say that it's not just physicians

731
00:45:53.800 --> 00:45:58.280
who are critical in providing contraceptive care.

732
00:45:59.360 --> 00:46:00.240
Advanced practice.

733
00:46:00.240 --> 00:46:03.600
clinicians play a really a central role

734
00:46:04.480 --> 00:46:06.840
both in and particularly in

735
00:46:06.840 --> 00:46:10.440
publicly funded family planning settings,
but not exclusively.

736
00:46:10.600 --> 00:46:13.560
So I had to get that in.

737
00:46:13.680 --> 00:46:15.840
But I am just

738
00:46:15.840 --> 00:46:19.960
wondering, you know, how does that
I mean, do you have thoughts about how to kind of

739
00:46:20.480 --> 00:46:25.880
incorporate or work
with kind of clinic, clinical settings as well?

740
00:46:25.920 --> 00:46:26.200
Both.

741
00:46:26.200 --> 00:46:29.600

I think, you know, with Amy has it's
kind of similar issues.

742
00:46:29.600 --> 00:46:35.360
You know, people feel confident
and there is mistrust and about getting,

743
00:46:35.520 --> 00:46:38.560
you know, getting things,
you know, through a pharmacy

744
00:46:38.560 --> 00:46:41.880
that's not through the pharmacy
with a prescription.

745
00:46:41.880 --> 00:46:44.320
And I think a lot of us have been told that

746
00:46:44.320 --> 00:46:48.240
there you know, there are all sorts of side effects
and dangerous things about contraception.

747
00:46:48.280 --> 00:46:53.880
How do we kind of deal with the fact that
in most cases it's extremely safe and effective?

748
00:46:54.800 --> 00:46:59.120
At the same time, we want to make sure
that people do have the information that they need.

749
00:46:59.840 --> 00:47:00.160
Right.

750
00:47:00.200 --> 00:47:04.680
And I think that some of the challenges
that have already been brought up

751
00:47:04.680 --> 00:47:08.640
has been education
and get getting folks the right information

752
00:47:08.880 --> 00:47:12.480
so that they can make informed decisions

about their own care.

753
00:47:12.480 --> 00:47:14.800
And I think that that is really critical.

754
00:47:15.040 --> 00:47:18.240
And over-the-counter
birth control pill doesn't prevent someone

755
00:47:18.240 --> 00:47:21.480
from engaging with a provider
to get more information.

756
00:47:22.160 --> 00:47:25.160
If it's on the shelf at a pharmacy,
you can always talk

757
00:47:25.160 --> 00:47:28.400
to a pharmacist
that you want more information about that.

758
00:47:28.400 --> 00:47:32.400
That's another provider that can provide education
and information on this.

759
00:47:32.920 --> 00:47:38.040
So we do want to make sure that anyone who does
want to engage with the health care provider

760
00:47:38.040 --> 00:47:42.000
and get more information
has access to that, in many different ways.

761
00:47:43.000 --> 00:47:43.840
Great.

762
00:47:44.040 --> 00:47:45.960
I'm going to I'm keeping my eye on the clock.

763
00:47:45.960 --> 00:47:48.440
And I do want to leave some time for questions.

764

00:47:48.440 --> 00:47:49.560
This always happens.

765
00:47:49.560 --> 00:47:52.680
We think an hour is plenty of time
and in fact, it's not.

766
00:47:53.280 --> 00:47:57.000
So, Brittni,
I'm going to ask you to turn your camera on

767
00:47:59.080 --> 00:48:01.800
so that you can join us
because we have some questions about the

768
00:48:02.840 --> 00:48:05.040
the survey and maybe we'll start with that.

769
00:48:05.880 --> 00:48:08.640
The first one is: Outside

770
00:48:08.680 --> 00:48:12.920
the population that reports that they aren't
using their preferred birth control method,

771
00:48:12.960 --> 00:48:17.120
is there any information on insurance
not covering or not

772
00:48:17.120 --> 00:48:19.480
fully covering what they need,

773
00:48:20.880 --> 00:48:22.560
what they needed.

774
00:48:22.560 --> 00:48:24.840
We have anything else about that?

775
00:48:24.840 --> 00:48:30.400
Well, we don't ask specifically if people
getting the contraceptive that they need.

776

00:48:30.720 --> 00:48:33.720
The question we ask, if you could choose
any type of birth control in the future,

777
00:48:33.720 --> 00:48:38.680
regardless of costs or other possible barriers,
what method would you be most likely to use?

778
00:48:39.480 --> 00:48:44.760
But I do think, as we've mentioned, I don't know
we mentioned earlier about medical necessity.

779
00:48:44.760 --> 00:48:48.000
If people need a birth control method,
they can work

780
00:48:48.000 --> 00:48:51.560
with their provider
to get that covered under the ACA.

781
00:48:51.560 --> 00:48:53.840
I don't know if a lot of people are aware of that,

782
00:48:55.040 --> 00:48:57.640
and I also trust that the method

783
00:48:57.640 --> 00:49:01.440
that people prefer to use
is probably the method that they also need.

784
00:49:02.400 --> 00:49:05.560
So I'm trusting people's preferences there. Right.

785
00:49:05.640 --> 00:49:06.000
I don't know.

786
00:49:06.000 --> 00:49:08.400
Sonia, you have any thoughts to add on that?

787
00:49:09.960 --> 00:49:10.960
Probably.

788

00:49:12.160 --> 00:49:14.680
No. I mean, I agree with

789
00:49:14.680 --> 00:49:17.320
the one that they they want is what they mean.

790
00:49:18.960 --> 00:49:24.480
So I was particularly interested in that, you know,
and then sort of the survey doesn't do it.

791
00:49:24.480 --> 00:49:29.400
But I think when there is a discrepancy
and it sounds like that was the methodology, right?

792
00:49:29.400 --> 00:49:33.120
You asked them what they would use
and and what they're using now.

793
00:49:34.000 --> 00:49:36.320
I was particularly interested in the

794
00:49:36.320 --> 00:49:40.440
the the response that the the provider

795
00:49:41.400 --> 00:49:44.000
recommended something else and how that sort of

796
00:49:45.800 --> 00:49:48.120
how that response is stratified across

797
00:49:48.120 --> 00:49:51.880
different participant demographics.

798
00:49:53.560 --> 00:49:53.960
This is

799
00:49:53.960 --> 00:49:58.320
a question actually that I think
is a really important one, which is:

800
00:49:58.920 --> 00:50:03.640
I would love to hear your thoughts

on post-abortion contraceptive care

801
00:50:03.640 --> 00:50:08.560
for people who travel from band states
to abortion access states.

802
00:50:09.240 --> 00:50:12.600
Should this be a policy
and a clinical practice priority?

803
00:50:12.600 --> 00:50:13.320
I don't know, Kami.

804
00:50:13.320 --> 00:50:16.200
I see you nodding a lot. Absolutely.

805
00:50:16.960 --> 00:50:19.400
You know, and we are hopeful

806
00:50:19.720 --> 00:50:24.000
a lot of family
planning clinics have the capacity to do this.

807
00:50:24.200 --> 00:50:25.960
And we are hopeful that we can work

808
00:50:25.960 --> 00:50:29.520
with our federal partners, especially those
who are getting federal dollars to do this.

809
00:50:29.920 --> 00:50:32.240
There's, as I said, there's a lot of misinformation.

810
00:50:32.240 --> 00:50:34.560
There's a lot of concern

811
00:50:34.560 --> 00:50:36.720
around abortion

812
00:50:36.720 --> 00:50:40.320
and federal dollars
and the Hyde Amendment and Title X restrictions.

813
00:50:40.320 --> 00:50:42.400
And after FQHC funding.

814
00:50:42.400 --> 00:50:47.640
And we really need to do a better job of sharing
when abortion care can happen

815
00:50:47.640 --> 00:50:51.920
in those settings, when contraceptive care
can happen in those abortion settings.

816
00:50:51.920 --> 00:50:53.720
We've seen states that are,

817
00:50:54.720 --> 00:50:54.960
you know,

818
00:50:54.960 --> 00:50:57.920
safe haven states for folks
start to invest in this.

819
00:50:57.960 --> 00:51:01.880
So in California,
we saw not only funding for abortion care for folks

820
00:51:01.880 --> 00:51:03.960
coming out of state, but also contraceptive care.

821
00:51:03.960 --> 00:51:06.440
And that is in development.

822
00:51:06.440 --> 00:51:09.520
You know, in New Jersey,
we've seen some increased funding

823
00:51:09.520 --> 00:51:13.360
for abortion care and trying to figure out
how to make sure this is seamless.

824
00:51:13.360 --> 00:51:17.040
Again, reproductive health care is a continuum,

825
00:51:18.000 --> 00:51:21.280
and abortion care
and contraceptive care are often care

826
00:51:21.280 --> 00:51:25.720
that people need at different points in their lives
and sometimes at the same time.

827
00:51:26.360 --> 00:51:28.640
And it's reducing a barrier.

828
00:51:28.640 --> 00:51:31.840
You know, those folks that are traveling
to other states to get abortion care,

829
00:51:32.200 --> 00:51:36.960
they're probably facing restrictions and barriers
to contraceptive care in their home states.

830
00:51:37.400 --> 00:51:40.320
Now, we know that folks in Texas

831
00:51:40.520 --> 00:51:43.760
cannot always get the long acting methods
they want and need

832
00:51:44.040 --> 00:51:49.240
because providers don't offer them
because they have objections to offering that care.

833
00:51:49.280 --> 00:51:51.520
They're not properly trained on that care

834
00:51:51.520 --> 00:51:54.000
or they don't have the funding
they need to offer that care.

835
00:51:54.840 --> 00:51:58.680
So those are things we really need to figure out
how we can meet people where they are.

836

00:51:59.280 --> 00:52:03.480
And in states are investing
additional resources in abortion care.

837
00:52:03.720 --> 00:52:06.240
We need to be thinking about holistic care.

838
00:52:06.800 --> 00:52:09.600
Sonia, I see you have. You know this,

839
00:52:09.600 --> 00:52:11.440
I think this is such an important area

840
00:52:11.440 --> 00:52:16.200
and I just wanted to highlight
I think it's particularly problematic for states

841
00:52:16.200 --> 00:52:20.560
that don't have Medicaid coverage for abortion
because that's where the real

842
00:52:21.760 --> 00:52:23.200
fragmentation occurs, right?

843
00:52:23.200 --> 00:52:26.160
People are going to clinics
to get their abortion care.

844
00:52:27.200 --> 00:52:29.160
And then on

845
00:52:29.160 --> 00:52:34.600
the clinics are not able to get reimbursed
for contraceptive care at an abortion site,

846
00:52:34.600 --> 00:52:36.520
or at least and I don't know how true that is,

847
00:52:36.520 --> 00:52:40.320
but that is certainly reported in Pennsylvania
where that is.

848

00:52:40.360 --> 00:52:45.720
So just just to clarify for the audience,
a medicaid federal dollars

849
00:52:45.720 --> 00:52:48.840
cannot be used to pay for abortion

850
00:52:48.840 --> 00:52:52.760
unless the pregnancies, a result of rape or incest
are a threat to the pregnant person's life.

851
00:52:53.160 --> 00:52:57.440
But in cases, you know, in some cases, states

852
00:52:57.440 --> 00:53:01.480
set aside their own funds to pay for abortion.

853
00:53:01.480 --> 00:53:05.080
California, New York, there are about, I think, 16

854
00:53:05.080 --> 00:53:07.880
states last I checked that that do that.

855
00:53:08.280 --> 00:53:09.240
So these are state.

856
00:53:09.240 --> 00:53:13.400
But then there are other states
where abortion could still be available.

857
00:53:13.600 --> 00:53:17.480
It hasn't been banned
like in Pennsylvania, for example.

858
00:53:17.800 --> 00:53:21.800
But the Medicaid program
does not pay for abortions,

859
00:53:21.960 --> 00:53:24.840
but they do pay for family planning services.

860
00:53:26.400 --> 00:53:27.000

Right.

861
00:53:28.040 --> 00:53:31.840
I think that that's kind of one of the areas
where I think, you know, people are thinking

862
00:53:31.840 --> 00:53:38.200
right now, how can we you know, if there are cases
where, you know, how can we improve?

863
00:53:38.200 --> 00:53:42.720
Also, abortion access and coverage in states
where it's still permitted

864
00:53:43.680 --> 00:53:48.320
is is an area that I know
many folks are thinking about right now.

865
00:53:48.760 --> 00:53:51.160
The next question I have is for Amy,

866
00:53:52.440 --> 00:53:54.960
which I just had it here.

867
00:53:56.720 --> 00:53:57.360
Yeah.

868
00:53:58.000 --> 00:54:01.400
One of the
what are the best practices for considering equity

869
00:54:01.400 --> 00:54:05.360
and inclusivity in design
for tele contraception offerings?

870
00:54:05.360 --> 00:54:08.400
And another question that has come up

871
00:54:08.400 --> 00:54:12.000
is also about privacy
and how do you ensure privacy of your clients.

872

00:54:12.000 --> 00:54:16.200
I think stat had a piece today on some of these

873
00:54:17.680 --> 00:54:22.680
telehealth apps and their relationships
with some of the other larger

874
00:54:22.880 --> 00:54:26.760
social media platforms and information platforms.

875
00:54:27.600 --> 00:54:28.440
Yeah.

876
00:54:28.560 --> 00:54:31.920
Both really great questions. From the design side.

877
00:54:31.920 --> 00:54:35.040
One of the things that we do
is making sure that we involve

878
00:54:35.040 --> 00:54:38.080
our users in the community,
that we serve through that process.

879
00:54:38.080 --> 00:54:43.000
So our focus is specifically serving
low income women as well as women of color.

880
00:54:43.200 --> 00:54:47.400
So whether it is through phone calls and surveys,

881
00:54:48.120 --> 00:54:52.680
we try and every time we're launching something
new, every client that we create, we do

882
00:54:52.680 --> 00:54:56.520
try and get user feedback to better understand,
Is this something that feels like

883
00:54:56.520 --> 00:54:58.200
it resonates to you?

884

00:54:58.200 --> 00:55:00.160
There's also other considerations as well.

885
00:55:00.160 --> 00:55:03.840
So, for example, awareness of contraception

886
00:55:03.840 --> 00:55:07.240
and awareness that it''s even an option
can be a challenge.

887
00:55:07.520 --> 00:55:12.040
So the way that we look at how we build
that end to end support

888
00:55:12.040 --> 00:55:18.240
is actually working with local nonprofits, working
with community colleges, where we find oftentimes

889
00:55:18.240 --> 00:55:23.640
the women that we're trying to serve are going
to these organizations for health care resources

890
00:55:23.920 --> 00:55:27.280
so that these organizations are also providing

891
00:55:28.040 --> 00:55:33.320
information about contraception, whether that's
how contraception or an in-person clinic

892
00:55:35.160 --> 00:55:38.520
in King or Miami, or asking questions
about privacy.

893
00:55:38.880 --> 00:55:43.200
Assuring privacy has come up, I think everywhere.

894
00:55:43.200 --> 00:55:47.640
But I think around contraception in particular,
there are some concerns.

895
00:55:48.800 --> 00:55:50.800
Yeah, that's a that's a great point.

896
00:55:50.800 --> 00:55:54.040
I think we're really thoughtful
about the way we store data,

897
00:55:54.080 --> 00:55:57.240
making sure everything is secure in a.

898
00:55:57.240 --> 00:56:00.840
We've gone as deep into looking at
where the data is actually for our health,

899
00:56:00.840 --> 00:56:05.400
specifically which states
they're housed in. And in full transparency,

900
00:56:05.400 --> 00:56:09.720
I think that is still a learning
that we're collectively doing as a digital health

901
00:56:09.720 --> 00:56:14.960
community where there's definitely precautions
that we can take.

902
00:56:14.960 --> 00:56:19.280
But in terms how much protection
there is for the data, if it's subpoenaed

903
00:56:19.280 --> 00:56:23.400
and based on the location of the data warehouse,
I think it's still to be seen.

904
00:56:24.000 --> 00:56:26.160
So I think that's on how the store data.

905
00:56:26.480 --> 00:56:30.000
The other piece around privacy and
discretion, is really thinking about

906
00:56:30.120 --> 00:56:32.200
what is experience like for the end user.

907
00:56:32.200 --> 00:56:37.080

So for example, the majority of our users
prefer to message our doctors directly.

908
00:56:37.680 --> 00:56:42.120
They find that it's a much more discreet
and private setting where they don't actually need

909
00:56:42.120 --> 00:56:46.320
to find a place to do a video consultation,
which can be a challenge

910
00:56:46.320 --> 00:56:49.160
if you want to keep all of your information
private from

911
00:56:49.440 --> 00:56:53.120
maybe other roommates you have, or if you're living
in a multi-generational household.

912
00:56:54.240 --> 00:56:54.760
Yeah.

913
00:56:54.760 --> 00:56:55.440
I think that that's--

914
00:56:55.440 --> 00:56:59.240
And are these telecontraception companies,

915
00:56:59.240 --> 00:57:01.120
are you all like HIPA compliant?

916
00:57:01.120 --> 00:57:07.440
Are you required to be HIPAa compliant
or is that a different--?

917
00:57:07.440 --> 00:57:12.160
Specifically, the companies themselves
are not required to be HIPAA compliant

918
00:57:12.160 --> 00:57:15.440
because the way it's typically set up
is that they have medical PCs

919
00:57:15.720 --> 00:57:20.240
and they contract with the commission, so they act as a VAA similar to other pharmacies as well.

920
00:57:20.520 --> 00:57:21.720
However,

921
00:57:22.200 --> 00:57:24.320
my understanding from peers I've spoken with

922
00:57:24.320 --> 00:57:30.000
is that the majority do want to still be HIPAA compliant because it is still best practice

923
00:57:30.000 --> 00:57:33.360
in terms of making sure that we're storing patient data safely.

924
00:57:34.920 --> 00:57:35.320
Great.

925
00:57:35.320 --> 00:57:38.640
And then one kind of last question.

926
00:57:39.160 --> 00:57:42.120
Thinking about what would you--Oh, no

927
00:57:42.120 --> 00:57:44.960
this this is the question that I really want to ask is about

928
00:57:45.360 --> 00:57:48.000
emergency contraception.

929
00:57:48.000 --> 00:57:51.120
You know, one of the things that I was really struck with when I saw

930
00:57:51.120 --> 00:57:55.800
this is how many people don't know how to get emergency contraception.

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00:57:56.440 --> 00:57:59.120
You know, the issue of emergency contraception,

932
00:57:59.120 --> 00:58:03.480
I think, has really emerged as a hugely important

933
00:58:04.320 --> 00:58:09.840
and, you know, we know that in Texas, it's excluded
from their their family planning program.

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00:58:09.840 --> 00:58:13.800
There have been there's been a lot of confusion,
I think even pretty informed

935
00:58:13.800 --> 00:58:19.080
people that I've spoken to confuse medication
abortion with emergency contraception.

936
00:58:19.520 --> 00:58:21.640
I'm just wondering, you know, what what we can do.

937
00:58:21.640 --> 00:58:23.640
I know Victoria,

938
00:58:23.640 --> 00:58:25.480
you're modeling a lot of your work

939
00:58:25.480 --> 00:58:29.560
or kind of the lessons
learned from emergency contraception to OTC.

940
00:58:29.600 --> 00:58:32.720
Do you have any thoughts about what

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00:58:32.720 --> 00:58:36.720
we kind of what
has to be around emergency contraception?

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00:58:38.400 --> 00:58:38.840
Sure.

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00:58:38.840 --> 00:58:42.200
So I think two two things that have also come up

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00:58:42.240 --> 00:58:46.440
earlier is implementation and operationalization.

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00:58:46.440 --> 00:58:50.720
So over-the-counter birth control pills,

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00:58:50.720 --> 00:58:54.400
over-the-counter emergency contraception,
a lot of it depends on

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00:58:54.960 --> 00:58:59.000
how you how it's going to get on the shelf
and whether it's going to be accessible.

948
00:58:59.480 --> 00:59:04.560
You have to think about things like restocking
I know when Roe was overturned,

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00:59:04.560 --> 00:59:07.800
there was a shortage in emergency contraception.

950
00:59:07.800 --> 00:59:10.200
So that's something also to consider.

951
00:59:11.160 --> 00:59:13.800
And really trying to think about different ways to

952
00:59:14.120 --> 00:59:17.160
to advertise and market and educate folks

953
00:59:17.160 --> 00:59:19.480
about where things are and how to access them.

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00:59:20.240 --> 00:59:23.040
Another thing that we think a lot about is OTC

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00:59:23.160 --> 00:59:26.040
COVID tests and how the rollout of that

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00:59:26.040 --> 00:59:30.400
was and the challenges with that
and educating people about how to access that

957
00:59:30.400 --> 00:59:36.040
and how to get it at an affordable price
that they could afford or covered by insurance.

958
00:59:36.040 --> 00:59:41.360
So there are a lot of kind of challenges
in terms of implementation and operationalization.

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00:59:41.640 --> 00:59:45.840
So we have to think about and prepare
form taking lessons learned from

960
00:59:46.000 --> 00:59:49.760
OC and also applying them for OTC pieces.

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00:59:50.640 --> 00:59:53.320
Well Unfortunately, we're out of time.

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00:59:53.640 --> 00:59:58.840
I would like to thank Brittni and each of the
panelists for really a very rich discussion.

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00:59:59.520 --> 01:00:02.480
Before I close,
I do want to remind the audience that the recording

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01:00:02.480 --> 01:00:06.160
of the web briefing
and the slide deck and the briefs that actually

965
01:00:06.520 --> 01:00:11.240
from which this information is drawn
are all available on KFF.org

966
01:00:11.280 --> 01:00:16.200
and registrants are going to receive an email
with a link to the recording when it's posted.

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01:00:16.520 --> 01:00:18.480
And next week, just a little plug,

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01:00:18.480 --> 01:00:23.520
be on the lookout for two more reports
from the survey. One on affordability and access

969
01:00:23.520 --> 01:00:28.920
to care for women, and another on experiences
and mental health care coverage and access.

970
01:00:29.280 --> 01:00:32.120
And really, I'd like to thank Brittni

971
01:00:32.120 --> 01:00:36.760
for presenting the data today
and to other KFF colleagues: Usha Ranji,

972
01:00:36.760 --> 01:00:40.440
Michelle Long, and Karen Diep
for all their work on this survey.

973
01:00:40.440 --> 01:00:47.400
And really a heartfelt thank you to the panelists
Sonya Borrero, Amy Fan, Kami Geoffray,

974
01:00:47.400 --> 01:00:51.880
and Victoria Nichols for really being so generous
with their time and wisdom today.

975
01:00:51.880 --> 01:00:56.440
And most of all, for all you do to improve sexual
and reproductive health care for all.

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01:00:56.480 --> 01:01:00.400
Thank you for joining us today.