

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2019-21
(A-19)**

Introduced by: Nathaniel G. Meadow, M.D., M.P.H., ISMS Member

Subject: Accessibility of Contraception

Referred to: Council on Medical Service

1 Whereas, the ISMS does not have policy regarding birth control accessibility;
2 and

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4 Whereas, recent studies published in the Journal of Women’s Health have shown
5 that one third of women across the nation who have tried to obtain birth control report
6 barriers to access; and

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8 Whereas, those women most likely to report difficulties obtaining or refilling a
9 prescription for hormonal contraceptives include higher proportions of women under
10 the age of 35 (31%–32%), women with less than a high school degree (48%), Hispanic
11 women (48%), Spanish speakers (68%), unmarried cohabitating women (40%), women
12 whose incomes were <=200% of the federal poverty level (37%), and uninsured women
13 (55%) compared with their counterparts; and

14
15 Whereas, multiple medical societies including the American College of
16 Obstetricians and Gynecologists (ACOG: committee for underserved women) and the
17 American Academy of Family Physicians (AAFP) support over-the-counter access to
18 oral contraception, along with the American Public Health Association which supports
19 universal access to contraception; and

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21 Whereas, other states such as California, Colorado, Hawaii, Maryland, New
22 Mexico, Oregon, Tennessee, Washington, and Washington D.C. have already expanded
23 access of oral contraception via pharmacies; therefore, be it

24
25 RESOLVED, that ISMS create policy that supports a standing order from either
26 the Director of Public Health (if a physician) or the Medical Director of the Department
27 of Public Health (if the director is not a physician) prescribing Short Acting Hormonal
28 Methods of contraception and Contraceptive Injection (as defined by the U.S. Food and
29 Drug Administration) to individuals who are without risk, as determined by a self-

- 1 screening risk assessment tool (detailed below), whose responses are confirmed by a
- 2 pharmacist.

References:

Current version of the Questionnaire. Any yes would require the patient to see a physician to prescribe birth control

1. Do you think you might be pregnant now?
2. Have you given birth within the past 21 days?
3. Are you currently breastfeeding?
4. Have you ever experienced a bad reaction to using hormonal birth control?
5. Have you ever been told by a medical professional not to take hormones?
6. Do you get the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts?
7. Do you smoke cigarettes?
8. Do you have diabetes?
9. Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication)
10. Have you ever had a heart attack or stroke, or been told you had any heart disease?
11. Have you ever had a blood clot?
12. Have you ever been told by a medical professional that you are at risk of developing a blood clot?
13. Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?
14. Have you had bariatric surgery or stomach reduction surgery?
15. Do you have or have you ever had breast cancer?
16. Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)?
17. Do you have lupus, rheumatoid arthritis, or any blood disorders?
18. Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)?

Grindlay, K. & Grossman, D. (2016). Prescription birth control access among US women at risk of unintended pregnancy. *Journal of Women's Health*, 25(3), 249-254.

FDA. Short Acting Hormonal Methods.

<https://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm313215.htm#ShortActingHormonalMethods>

Committee on Health Care for Underserved Women: Access to Contraception.
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception>

AAFP. Over-the-counter Oral Contraceptives.
<https://www.aafp.org/about/policies/all/otc-oral-contraceptives.html>

APHA. Universal Access to Contraception.
<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception>

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

It is the policy of ISMS to 1) condemn age-based, cost-based, and other non-medical barriers to contraceptive drug access 2) support equitable access to over-the-counter (OTC) contraceptives, including those forms of contraception recommended for OTC sale, forms of screening, and prescribing by non-physicians 3) prohibit cost-sharing obstacles to OTC contraceptive drug access, and full coverage of all contraception without regard to prescription or OTC utilization, since all contraception is essential preventive health 4) advocate for simpler FDA OTC drug approval applications and registration, as well as regulations that promote access to sufficient varieties of OTC contraception in the marketplace 5) advocate for the legislative and/or regulatory mechanisms needed to grant these improvements to OTC contraceptive drug access and quality care. (HOD 2017)

The preventive medicine approach to the problem of unwanted pregnancies should be encouraged through family life education in the schools, wider dissemination of family planning information, including birth control information and devices, and encouragement of research in population control methods. (HOD 1971; Last BOT Review 2014)