Lip gloss, gum, and The Pill/ March 14, 2024

**[HALF SECOND OF SILENCE]**

**[BILLBOARD]**

SCORING IN

ALANA CASANOVA-BURGESS (Guest host): Big news in the birth control aisle!

*<CLIP> LUX: For the first time ever in the history of modern birth control, Americans can buy birth control pills over the counter.*

ALANA: It’s called Opill, and it’s been around for a few decades now.

*<CLIP> LUX: What's really interesting is that the big new news in birth control has absolutely nothing to do with some scientific breakthrough or some medical breakthrough. It is more of a social breakthrough.*

ALANA: It was approved by the FDA last year, and now later this month…

<CLIP> LUX: You can buy them online. Somebody can buy them and give them out for free. You don't have to see a doctor. You don't have to show I.D.. You can just buy them the same way that you buy Tylenol.

ALANA: But does making birth control more available, mean it’s more accessible? That’s ahead on *Today, Explained*.

**[THEME]**

ALANA: It’s *Today, Explained*. I’m Alana Casanova-Burgess, filling in as host today. And I’m talking to Lux Alptraum…

LUX ALPTRAUM (journalist): I am a freelance journalist who specializes in a range of sex related topics: sex tech, sexual health.

ALANA: Because for the first time ever, there's gonna be an over the counter birth control pill available in the US.

*<CLIP> WFAA: It’s expected to hit store shelves around the end of the month or early APril. Its retail price is about $20 for a one month supply.*

ALANA: And Lux says, this is different from the birth control pills we're mostly familiar with.

LUX: So most of the birth control pills that people in the US take, like Orthotricyclin or Yaz or Sprint Tak, or a lot of the really popular brands…

*<CLIP> YAZ COMMERCIAL: Like all pills, Yaz is effective at preventing pregnancy an can give you shorter, lighter periods. But if you choose Yaz….*

…those are combination estrogen progestin pills. So there's three weeks of quote unquote active pills that are what are really preventing you from getting pregnant. And then you have a one week of placebo pills, which is where you get your period. The idea was when people came up with hormonal birth control pills, they thought, you know, this is a way of mimicking the body's natural cycle. People will feel more comfortable if they're getting a regular period. And that's the way that a lot of us think of the pill working, right? Progestin only pills don't work that way. There's no placebo week where you have a period, they're just four straight weeks of hormonal pills. So that means you don't have that withdrawal week where you get a period. And, you know, I want to note, a lot of birth control methods are progestin only. The depo provera shot is progestin only. Hormonal IUDs tend to use progestin, implants tend to use progestin. So this isn't again, this is not a new thing. It's just it's not the way that we think of the birth control pill as working.

ALANA: How effective is the Opill?

LUX: With perfect use, it's about 98-99% effective. And with typical use it goes down to about 92% effective, which is still incredibly effective. The thing about Opill that makes it a little bit different from combined estrogen progestin pills is that you have to take it at the same time every day. So there's about a three hour window, I think, where you can take it and have it at peak efficacy. If you are taking it at the wrong time some days, or if you are forgetting a pill, as people tend to do in real world use, that's when you're going to start to see the effectiveness drop.

ALANA: And what do we know about how much it's going to cost?

LUX: So Perrigo, which is the company that is distributing oh pill. They have announced that their suggested retail price is 19.99 for one month supply and 49.99 for a three month supply. Now that's what they are telling like Target and CVS and all of these drugstores to sell it for. That doesn't necessarily mean that we're not going to see some slightly higher or in the case like retailers like Amazon, slightly lower prices. But that's about what we're expecting to see it at. We know that Opill.com, which is the direct to consumer website, that's going to be selling it for 49.99 for a three month supply and 89.99 for a six month supply.

ALANA: So I saw a map of the globe, and and there are over 100 other countries that have had birth control pills available without a prescription. So why did it take so long for the U.S. to get on board?

LUX: It's not because there weren't pills, like, as you noted in over 100 other countries, there's over-the-counter birth control pills, and we know that they're being used safely and effectively. But what I think it is is that in the U.S., there is a really extreme lack of trust around reproductive health.

SCORING IN Droplet theme, BMC

LUX: There's just… a really ingrained belief that people cannot be trusted to manage their own reproductive health and that doctors need to be involved. And that has held back a lot of innovation, that has held back a lot of access. And I think it's a really, really, really intense stigma that we are still battling. And, you know…I come from a sex education space, and I can tell you the arguments in my head, … I had a period where I was very skeptical about over-the-counter birth control, when I was much less educated about the fact that it had been safely implemented in many other parts of the world, and with estrogen and with combined estrogen/progestin pills there are health risks

*<CLIP> CBS NEWS: There’s always been concern that the new generation of birth control, like Yaz, Yazmin, B Yaz, maybe increases the risk of developing a blood clot slightly over the old generation…*

Two popular kinds of birth control pills have been linked to the deaths of 23 women, many of them under the age of 30…

LUX: And so I had it in my head, you know, birth control has some dangerous side effects. You need to be properly screened. And so it must be gate kept because of a doctor. Like that's that was what I believed. And then I stopped believing that because I realized that people can be trusted to make decisions for themselves, and that medications like Tylenol are also incredibly dangerous. And yet we have no qualms about them being available over-the-counter. And we trust people to make the right decisions for themselves. If we give them the correct information about how to take these medications.

SCORING OUT

ALANA: Right, so I'm an older millennial. I've had decades of this conditioning about these issues that you're describing. These issues around the combination birth control pill, this intense fear that it raises the risk of blood clots, you know, do you have a migraine with aura? Without aura? So if those concerns were warranted, do you think that that changed attitudes about this other kind of birth control pill, the over-the-counter one with progestin only?

LUX: One of the primary reasons we got energy and enthusiasm and excitement behind over-the-counter birth control was that we had already got an over-the-counter emergency contraception. And over-the-counter emergency contraception was a much easier argument for people to make. With plan B, you have 72 hours really to take plan B and have it work as well as it possibly can

ALANA: Right…you don't have time to get to the doctor. You've got to get to the pharmacy.

LUX: Exactly. And so if plan B requires a prescription, which it did when I was in college, then you have a massive barrier and people can understand like, oh, wait, if I have unprotected sex on a Friday and I can't talk to my doctor until Monday, that's a huge problem, like I might be completely out of the window.

*<CLIP> JULIE COMMERCIAL:*

*Woman 1: I have a really important to-do list that starts with not being pregnant…*

*Woman 2: I have a flight in a few hours so I think we can both agree that makes mine a WAY more urgent situation!*

*Woman 1: No! My boyfriend lives in the BACK OF A PET STORE*

*Woman 2: I need it!*

LUX: So I think with plan B, we had an easier time being like, this needs to be over-the-counter, otherwise it's not as effective as it could possibly be. But even then, I mean, there was pushback to plan B being over-the-counter. There was all of this like it's actually an abortion pill

*<CLIP> CSPAN:*

*Conservative University Conference: … the whole point of the morning after pill is to abort a fertilized egg, i.e. a zygote which is already a unique human being so I do feel that is the same as an abortion.*

LUX: That if you put plan B over-the-counter, it would be used irresponsibly. There was, you know, age restriction where you had to show an I.D. to get it because there was all this panic. And again, none of this is rooted in reality. It's rooted in this idea that, like, if you allow teenagers to get access to emergency contraception, then they're going to have sex and teenagers are already having sex. Not all of them, but the ones who want to have sex generally are having sex. And withholding stuff just means they're not having sex as safely as they can.

ALANA: Has there been that kind of pushback with Opill?

LUX: I have not really heard as much…I mean I think the fact that we have people getting birth control through telemedicine and sometimes through asynchronous telemedicine, where they're just filling out a form and they're not talking to a doctor, I think that all of that has kind of combined to raise people's comfort with birth control pills being over-the-counter. I think also, the fact that abortion is now illegal in parts of the country and heavily restricted in much of the country, has made people see over-the-counter birth control as a way of ameliorating that, a way of, you know, making it less bad because it's like, well, okay, it's harder for you to get an abortion, but it's easier for you to get birth control pills, so hopefully you won't need an abortion. And unfortunately, it's not that simple. But I do think there's that mental calculus there for people where there were just a variety of factors that combined to make over-the-counter birth control seem more, more acceptable than it was 20 years ago when this campaign began.

ALANA: So we've been waiting for this since the 70s, all these other countries already had it. As someone who's reporting on this and thinking about sex ed and access to reproductive health, what's left in this sort of pharmaceutical space that we don't have access to, that we should have more access to?

LUX: You really want to think of the ideal as there's a range of methods so that every person can find the right method for them. And we have to recognize not only is everybody different, but individuals change over their lifetimes. Everybody needs to have the ability to have control over their own reproductive health and reproductive destiny. So there are a lot of gaps. It's much better than it used to be. But what a perfect system would look like is everybody, no matter their body, no matter if they're in a city or in a rural environment at any point in their life, would be able to find a birth control method that is right for them and that they can access very easily.

SCORING IN Glockenspiel Childish, BMC

ALANA: Lux Alptraum is a freelance journalist who covers sexual health and is a former sex health educator.

Coming up, so how’s it looking for all the prescription birth control?

[BREAK]

[BUMPER]

ALANA: It’s *Today, Explained*. I’m Alana Casanova-Burgess, filling in as host today.

MEGAN KAVANAUGH (research scientist): My name is Megan Kavanaugh. I am a principal research scientist at the Guttmacher Institute in New York City, and we are an institute that focuses on policy relevant research related to advancing sexual and reproductive health care access for all.

ALANA: So it's been a tumultuous time these last couple of years for reproductive health in the United States. What's contraception access like in 2024?

MEGAN: So this is an interesting time for contraceptive access. On one hand, we know there is broad support for contraception. There's wide recognition that most people use contraception at some point in their lives. There's broad talking about contraception. There are so many methods that are available on the market.

ALANA: Right, we're talking condoms, IUDs, the birth control pill!

MEGAN: There's so many now and now and with OPill going over the counter, you don't even need a prescription to get a birth control pill. This is a huge milestone for contraceptive access.

ALANA: And yet I sense something else is coming…

MEGAN: And on the other hand, there are still many barriers that remain to people being able to get the contraceptive methods that they want. And one of those key barriers is affordability. We just know that cost is a huge barrier to people being able to get the methods that they want to use most. So one study that I can point to that really draws on national level data of reproductive age women, found that about 40% of reproductive age women who were living with low incomes, they said that they would want to use a different birth control method, or they wanted to start using a birth control method if they didn't have to take cost into consideration in their choice of a method.

ALANA: So, in other words, 40% of low income women aren't happy with the contraception that they're using. They would change if they could afford it. And how does health insurance come into play with that?

MEGAN: So in that same study that I was just describing, we found that people who did not have health insurance coverage were more likely to say that they wanted to either switch their contraceptive method or start using a new method than people who already had health insurance coverage, like public health insurance coverage or private.

ALANA: And and what are the other accessibility barriers? What else did people talk to you about?

MEGAN: So a lot of those barriers have to do with having to go to a health care provider to get a prescription. Some of those barriers are things like not having a usual health care provider that you go to for sexual and reproductive health care. These are all like convenience related factors that people have to navigate just to get in the door to a health care provider. And all of us have had those experiences of not being able to get an appointment when you want to get an appointment with your provider. And so being delayed and trying to get in to get the care that you want. And that has ramifications when we're thinking about wanting to use a method of birth control to prevent pregnancy.

ALANA: As you said, you study access to birth control in the US. So when the Dobbs decision came down overturning Roe versus Wade, what did you expect that would mean or might mean for access?

MEGAN: We were concerned that potentially this might impact people's ability to get contraceptive care. So we looked at changes in overall contraceptive use. So did people use contraception or did they not. And then we also looked at specific method use, so we looked at use of IUDs, use of permanent methods, use of pills, use of each specific method that people could report using. What we did find was changes in people's actual access to contraception. People reported higher levels of delays and trouble in accessing the methods that they wanted to use. After the Dobbs decision, as compared to before the Dobbs decision. For those folks who were actually able to get contraceptive care, they reported the actual care was lower quality after the Dobbs decision compared to how they described the quality of that care from before the Dobbs decision.

ALANA: Oh, wow. Okay, so how do you understand that? Like why or how would reduced access to contraceptive care follow from reduced access to abortion care?

MEGAN: So it's very dependent on the sort of method that people are starting to focus on the method that they want to use.So after the Dobbs decision, what we think is happening is that it may be the case that health care centers that used to provide both abortion and contraception care, some of them have closed, and some of them have had to decrease the services that they are able to offer. And this is because they are no longer legally allowed to provide abortion care. And that has impacts for their ability to provide any other type of care like contraception.

ALANA: We heard earlier that the Opill cost is around $20 a month, which seems lower than out-of-pocket costs for many prescription drugs. But, is that still unaffordable based on your research?

MEGAN: The research indicates that the majority of folks say that it's about $10 a month. That is the maximum that they are able and willing to pay for an over-the-counter birth control pill. So that's a real, that's a real difference there. And that's where the focus really needs to be in terms of what are the next steps to make sure that are being made available over the counter is being made available over the counter to everyone who wants to be able to use it.

ALANA: Can you talk about the Affordable Care Act and how it factors into all of this? Because we've had it for over a decade and I wonder, what that has done to people's access for contraceptive care.

MEGAN: The Affordable Care Act was, again another important milestone along the road towards increasing access to contraception. So what the Affordable Care Act said specifically about contraceptive access was that within the contraceptive coverage guarantee, all FDA approved methods that are available by prescription have to be made available without cost sharing to the consumer. And that's yeah, jargon. ..

ALANA: <<laughs>> yeah!

MEGAN: <<laughs>> Yeah. And that's a lot of jargon. But what it essentially means is that insurance plans in the ACA marketplace have to cover all methods of contraception. So that's all deductibles, all co-pays. There are zero out-of-pocket costs for the person who holds that insurance coverage. The ACA really did impact people's, out-of-pocket costs such that those went down quite a lot. They really decreased after the ACA went into effect.

ALANA: I sense a but coming.

MEGAN: There is a but and that's because there are several loopholes that still remain within the ACA in terms of really, truly making contraception, accessible and affordable to everybody who has coverage.

SCORING IN Tex24 Neutral 01, BMC

MEGAN: So there are many different birth control pill options available….

*<TAPE> Jolessa, Yasmin, Loestrin, Orthotrycyclin, Yaz, Seasonique, Introvale, Kariva, Azurette, Velivet, Aviane, Enpresse, Sprintec….*

MEGAN: And what the ACA didn't necessarily say was that every single. And every single brand name pill is covered at the same way. And so that's an important loophole, because for some people, they need to use a particular formulation of birth control pill because that works best for them. There are several other loopholes about grandfathered plans, and certain plans don't have to cover other methods, there have been several attempts to try and really reduce these loopholes… and I want to talk about one really important one that is really relevant to what we’re talking about as it relates to Opill going over the counter….so there's been an effort by several senators to introduce a bill called the Affordability is Access Act.

*<CLIP> SENATOR PATTY MURRAY [WA- D]: The Affordability is Access Act will make sure that once the FDA determines an over the counter option to be safe and effective for use without a prescription, that pill is fully covered by insurance just like every other FDA-approved birth control.*

MEGAN: This is really important in the context of Opill, when we were talking about that cost differential between what the suggested retail price and what consumers themselves are saying, they would be willing or able to pay. This particular affordability as Access Act would help to bridge that gap for those people who have insurance coverage through the marketplace, so that their cost sharing would again be zero for Opill because it's available over the counter.

SCORING OUT

ALANA: What's the next step, in your opinion, in getting closer to a system where everyone in the United States has easy, affordable access to contraception?

MEGAN: It requires recognizing that policies aimed at restricting access to one aspect of sexual and reproductive health care, like abortion bans and restrictions, also trickle out to impact other aspects of people's sexual reproductive health care and their broader lives. In this conversation, it's really important to not frame increasing access to contraception and the importance of doing that as a fix to the broken abortion access that we have in our country and the state of abortion access today. Abortion care and contraceptive care are critical forms of broader sexual reproductive health care that people need to access to be able to realize their reproductive goals. And I think kind of more broadly, we just have to build systems that put people who need and want to use contraception at the center so that the programs themselves are responsive to and reflective of people's own needs and their lives. And I think if we shift to doing that, we'll be much better set up to have systems that are actually meeting people's needs where they say they are.

SCORING IN

ALANA: Megan Kavanaugh is a principal research scientist at the Guttmacher Institute in New York City.

Today’s show was produced by Victoria Chamberlin, edited by Amina Al-Sadi, fact checked by Laura Bullard, engineered by David Herman.

The rest of the team includes Avishay Artsy (AH-vee-shy AR-tsee), Jesse Alejandro Cottrell (COT-trul), Miles Bryan, Hady Mawajdeh [muh-WOG-dee], Amanda Lewellyn, Haleema Shah and Rob Byers. Our supervising editor is Matt Collette. Our Executive Producer is Miranda Kennedy.

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[10 SECONDS OF SILENCE]