

April 11, 2013

Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201

Re: Support for the court case decision expanding access to emergency contraception

Dear Secretary Sebelius:

As women's health advocates and medical professionals, we strongly support Judge Edward Korman's decision in the *Tummino v. Hamburg* case pertaining to emergency contraception. We urge you to end age and other point-of-sale restrictions on emergency contraception and make this safe product available on store shelves as soon as possible.

The current status of levonorgestrel-based emergency contraceptive (EC) products creates unnecessary barriers for accessing a safe, effective, time-sensitive product. People of all ages have encountered delays and, sadly, in some cases, outright denials as a result of the current age-restricted label.¹ Keeping the product behind the pharmacy counter, with both age restrictions and requirements for government-issued identification, unnecessarily contributes to continued high rates of unintended pregnancy and health disparities, and disproportionately impacts immigrant women and women of color.

There is ample evidence that levonorgestrel-based emergency contraceptives can safely be offered to anyone at risk of an unintended pregnancy in an over-the-counter setting without restrictions:

- EC is a safe product for all ages with no contraindications and very few side effects.²
- U.S. women use EC as a backup method when other contraception has failed. Most women who have used EC, about 1 in 9 U.S. women, have done so only once or twice.³
- Young people can appropriately determine whether or not to use EC and correctly use it as described on the label.⁴ New research confirms that sexual activity is rare among those 12 and younger,⁵ but teens and adult women face real barriers to access.
- Availability of EC does not lead to increased sexual risk-taking; rather, it serves as second chance to prevent unintended pregnancy for people who are already sexually active.^{6,7}

¹ Wilkinson TA et. al. Pharmacy Communication to Adolescents and Their Physicians Regarding Access to Emergency Contraception. *Pediatrics*. 2012;129(4):624-629.

² World Health Organization. Fact sheet on the safety of levonorgestrel-alone emergency contraceptive pills (LNG ECPs). 2010.

³ Daniels K, Jones J, Abma J. Use of emergency contraception among women aged 15–44: United States, 2006–2010. NCHS data brief, no 112. Hyattsville, MD: National Center for Health Statistics. 2013.

⁴ Raine TR et. al. An over-the-counter simulation study of a single-tablet emergency contraceptive in young females. *Obstetrics & Gynecology*. 2012;119(4):772-779.

⁵ Finer L and Philbin J. Sexual Initiation, Contraceptive Use, and Pregnancy among Young Adolescents. *Pediatrics*. Published online April 1, 2013.

⁶ American College of Obstetricians and Gynecologists – Committee on Health Care for Underserved Women. Committee Opinion Number 452: Access to emergency contraception. November 2012.

⁷ American Academy of Pediatrics. Policy Statement – Emergency Contraception. *Pediatrics*. 2012;130;1174-1182.

These data demonstrate that EC more than meets the rigorous standards that are applied to over-the-counter drugs and should be available without restrictions.

We urge the Administration to work with applicants to quickly bring levonorgestrel-based emergency contraceptive products fully over-the-counter without age or other point-of-sale restrictions. We would be glad to provide additional information or resources. We look forward to seeing emergency contraception on store shelves in the very near future.

Sincerely,

American Academy of Pediatrics
American Congress of Obstetricians and Gynecologists
Jacobs Institute of Women's Health
National Asian Pacific American Women's Forum
National Latina Institute for Reproductive Health
National Women's Health Network
Physicians for Reproductive Health
Planned Parenthood Federation of America
Reproductive Health Technologies Project
Society for Adolescent Health and Medicine

Copied:

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Jeanne Lambrew, Deputy Assistant to the President for Health Policy
Eric Holder, U.S. Attorney General
Tony West, Assistant Attorney General
Beth Brinkmann, Deputy Assistant Attorney General
Seema Nanda, Counsel at U.S. Department of Justice
Sally Howard, HHS Chief of Staff
Andrea Palm, HHS Counselor to the Secretary
Ken Choe, HHS Deputy General Counsel
David Horowitz, HHS Deputy General Counsel
Margaret Hamburg, Commissioner of the Food and Drug Administration (FDA)
Janet Woodcock, Director, FDA Center for Drug Evaluation and Research
Elizabeth Dickinson, Chief Counsel at FDA