Title: Public Comment: Request for Information: Coverage of Over-the-Counter Preventive Services

## Comment:

We are writing to provide input on the recent public comment request regarding the potential requirement for health insurance plans to cover a range of over-the-counter (OTC) preventive products, specifically including contraception. As concerned advocates for reproductive health, we appreciate the opportunity to contribute to this crucial dialogue. The Food and Drug Administration's (FDA) recent approval of Opill, an OTC oral contraceptive, is undoubtedly a significant milestone for reproductive health. This decision holds the promise of expanding access to contraception, empowering individuals to make informed choices about their reproductive well-being, and potentially reducing unplanned pregnancies. The potential benefits of OTC oral contraceptives are numerous. Supporting people to avoid unintended pregnancy helps to decrease their pregnancy-related morbidity and mortality risks and increases educational and workforce attainment, since unintended pregnancy can interrupt people's pursuit of their goals. Increased access to OTC oral contraceptives also enhances adolescent privacy and reduces adolescent pregnancy. Taken together, these benefits lead to improved child health by helping people make more intentional choices to become pregnant when they are ready to parent. Furthermore, OTC contraceptive access presents a valuable opportunity to address health disparities. It would be particularly beneficial for low-income populations and those living in rural settings that face barriers to accessing primary care providers to receive prescriptions for contraceptives. These multiple health and health equity gains will be realized only if OTC contraceptives are priced reasonably for those paying out of pocket and are covered by insurance with no or low co-pays for those who are insured. Because OTC contraceptives are an important form of preventative health, there is a strong preventative and population health-based argument in favor of requirements for insurance coverage of OTC contraceptives, as there is with other forms of preventative healthcare. However, it is essential to acknowledge that while OTC oral contraceptives contribute positively to reproductive, child, and population health, they do not provide a comprehensive solution to the challenges posed by recent restrictions on abortion care in the United States and their encroachment on reproductive freedom. OTC contraceptives have the potential to reduce unintended pregnancies. But continued access to abortion care remains a critical aspect of reproductive health, and one that should also be covered by private and public health insurance. OTC contraceptives, though valuable personal and public health tools, cannot not fully address the complex circumstances leading individuals to seek abortion care. Unforeseen pregnancy complications, severe fetal anomalies, and cases of sexual assault necessitate a broader and more inclusive approach to reproductive healthcare. Furthermore, social, economic, and logistical barriers may hinder access to OTC oral contraceptives, which underscores the importance of a multi-faceted reproductive healthcare system including accessible, affordable, timely, and legal abortion care. In conclusion, we urge the administration to consider the broader context of reproductive healthcare in evaluating the proposed requirement for health insurance coverage of OTC preventive products. Requiring insurance coverage of OTC contraceptives is imperative for health and health equity, but achieving true reproductive justice requires a comprehensive and inclusive approach that ensures equitable access to a range of reproductive health services,

including abortion care. Thank you for considering these perspectives as you review public comments on this important matter. We appreciate your commitment to fostering a healthcare system that prioritizes the well-being and autonomy of all people.

Sincerely, Jake Earl, PhD Georgetown University Elizabeth Lanphier, PhD University of Cincinnati