

2022 Emergency Contraception Access Report

“ This is much harder than I thought it would be ”

Access to over-the-counter emergency contraception in America



american society for
emergency contraception

February 2023

Introduction

Emergency contraception (EC) is an essential component of reproductive autonomy, because it gives people who experience sexual assault, unprotected sex, or a condom breaking a last chance to prevent pregnancy. Levonorgestrel (LNG) EC, such as Plan B® has been available over-the-counter with no regulatory restrictions since 2013. In the decade since, the American Society for Emergency Contraception has monitored the cost of and access to EC in stores and pharmacies. Many stakeholders have worked hard towards equitable access to EC - yet substantial barriers remain.

Findings in Brief

- **18%** of stores in this sample **did not stock EC** at all
- **27%** of stores **imposed outdated age restrictions** to purchase EC
- The average price of **Plan B One-Step®** was **\$49** and **generics cost about \$35** (ranging from \$5.18-\$54.00)
 - The **lowest prices** were found at independent pharmacies, grocery stores, and big-box stores
- **54% of stores stocked EC on the shelf**
 - **Among these, 62% locked the product** in a case or box
 - **Independent** pharmacies are **less likely to stock EC** on the shelf and **more likely to impose restrictions** than chain pharmacies
- **36%** of participants reported that **finding EC was somewhat/very difficult**
- **13% of stores had ella®** (a prescription-only form of EC) in stock
- **Full OTC access is still not a reality**

Background

*“This is **much harder** than I thought it would be!”* -Chain pharmacy, urban NY

Emergency contraception (EC) can prevent pregnancy after unprotected sex or sexual assault, and is a critically important option for those who experience unprotected sex, contraceptive mishaps, or sexual assault. EC is more likely to work the sooner it is taken because it works by preventing ovulation, so time is of the essence and barriers to access increase the risk of pregnancy. Starting in 2013, levonorgestrel (LNG) EC products, such as Plan B One-Step® and generics, were approved for sale directly on the shelf to

consumers of any age with no point-of-sale restrictions. However, ongoing confusion and misinformation about the regulatory status of LNG EC leads to wide variation in access to the product. The American Society for Emergency Contraception has tracked real-world experiences of accessing EC since the over-the-counter (OTC) approval; a decade later, OTC access is still not a reality for everyone.

What's new for EC?

The EC landscape has changed significantly since our last report in 2017.

- The 2022 decision in ***Dobbs v. Jackson Women's Health*** severely restricted abortion rights in many states, making access to contraception, especially emergency contraception, more urgent than ever. Even as the stakes for preventing pregnancy have grown dramatically, some states attempted to [take measures](#) to restrict access to EC. Compounded by overt [disinformation](#), confusion about whether abortion restrictions apply to emergency contraception may have led to [restrictive](#) EC stocking and provision practices.
- Immediately following the *Dobbs* decision, some parts of the country saw **panic purchasing** of EC, and subsequent temporary [retailer limitations](#) on how many units of EC individuals could buy.
- In December 2022, the [FDA approved](#) a **change to LNG EC labels** to remove outdated language about the way Plan B One-Step® (and its generic equivalents) work. Now, the labels will not state that LNG EC prevents implantation of a fertilized egg. The FDA approved the change based on [review of scientific evidence](#) dating back to 2011. The FDA decision does not affect ulipristal acetate (ella®), which is a prescription-only product with a different formulation.
- ASEC's **Emergency Contraception for Every Campus (EC4EC)** was launched in 2019. This project supports student activists who work to promote access to affordable or free EC on college campuses across the country through EC vending machines and peer-to-peer distribution programs. Currently at least 33 colleges and universities offer EC in vending machines, and EC4EC has worked in some capacity with 81 schools in 32 states.
- New companies entered the market, with a wide range of **pricing for generic EC products**. Value brands such as [Rugby](#) and [My Choice](#) offer low-cost options, often selling for less than \$10 in stores and online. Two companies introduced new generic products in 2022 with positive marketing campaigns focused on destigmatizing EC, but excessively high pricing ([Julie](#), \$42, [Restart](#), \$46).
- Corporate **donation programs** have been instrumental in helping community organizations and student groups provide EC directly to those in need. [Plan B One-Step](#) was the first to offer a large-scale donation program beginning in 2019, followed in 2022 by [Stix](#) and [Julie](#).

Methods

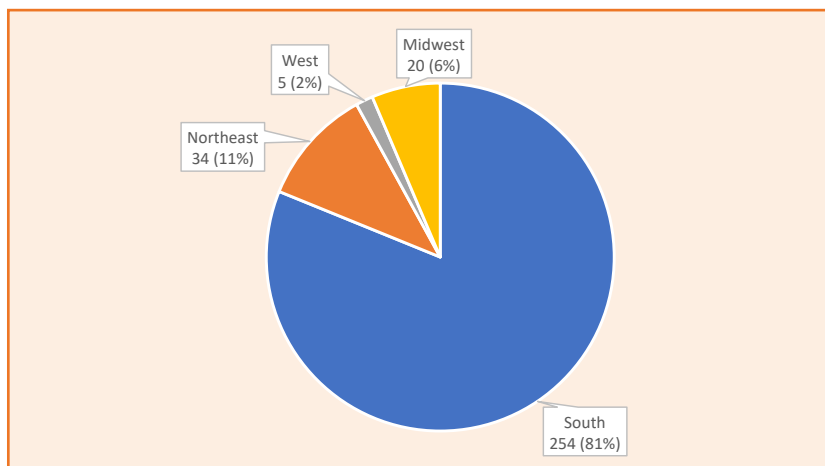
To conduct the fourth iteration of this survey (read our [2014](#), [2015](#), and [2017](#) reports), ASEC distributed an online survey via our listserv and through partner organizations from May to September 2022. Respondents visited local stores in person and used a standardized questionnaire to describe how EC was being sold. Several students at the University of Georgia College of Pharmacy assisted with the data collection as part of a graduate research project. As a result of this partnership, Georgia based pharmacies account for 76% of our sample. Our initial sample included 337 stores; after excluding medical centers (7), compounding pharmacies (11), and other specialty pharmacies (6), our final sample included 313 stores. All responses included in this report provided information about shelf availability of EC; a subset of participants (257 stores, 82%) asked pharmacy staff additional questions about age and gender restrictions and ID requirements. In this report, “on the shelf” stocking included any type of packaging or display, including locked cases, provided the product was in view in the aisle and not sold exclusively behind a pharmacy or cashier’s counter. New to this iteration, survey respondents were also asked to inquire about the availability of ella®, a more effective, prescription-only type of EC, and its cost without insurance.

Results

Geographical Distribution

Our sample includes 313 stores in 21 states. Our sample is largely located in the South (81%), with the remainder coming from the Northeast, Midwest, and West. Nearly 35% of stores were in a suburban area, 34% of stores in an urban/college town area and the remaining 31% of stores in rural/non-metro areas.

Stores by region



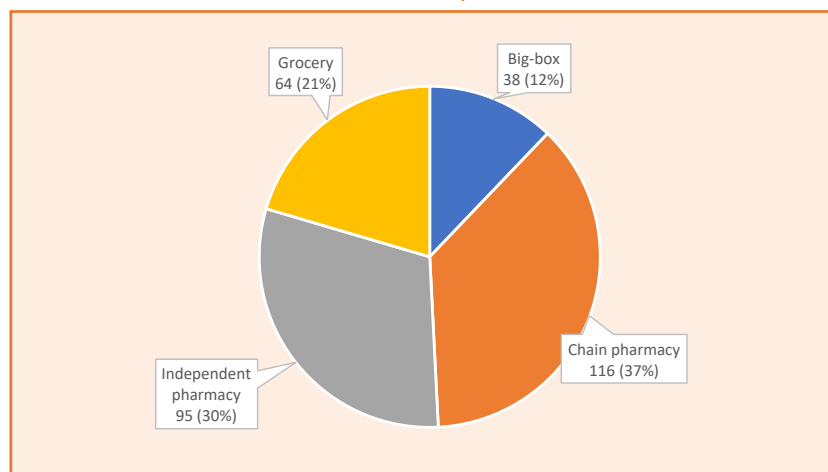
One state (Georgia) is heavily represented in this convenience sample, so we cannot assume that our results represent the entire United States. However, we do have representation from 21 states, and a fairly even distribution of stores from rural, suburban, and urban settings.

Store Type

“It was **easy to see** all the products that they have because the pharmacy had a very open space and limited aisle. It was a little **uncomfortable** asking about EC because of the open space. It felt like **everyone in the pharmacy could hear** you ask about Plan B or ella.”
-Chain pharmacy, urban GA

This sample includes independent and chain pharmacies, grocery stores, and big box retailers. Chain pharmacies include national chains (such as Walgreens and CVS) and regional chains that have at least 4 stores. Big-box stores in this sample include Target, Walmart, and Costco. Pharmacies make up 67% of the sample, and 70% of all stores are part of a larger chain.

Store type

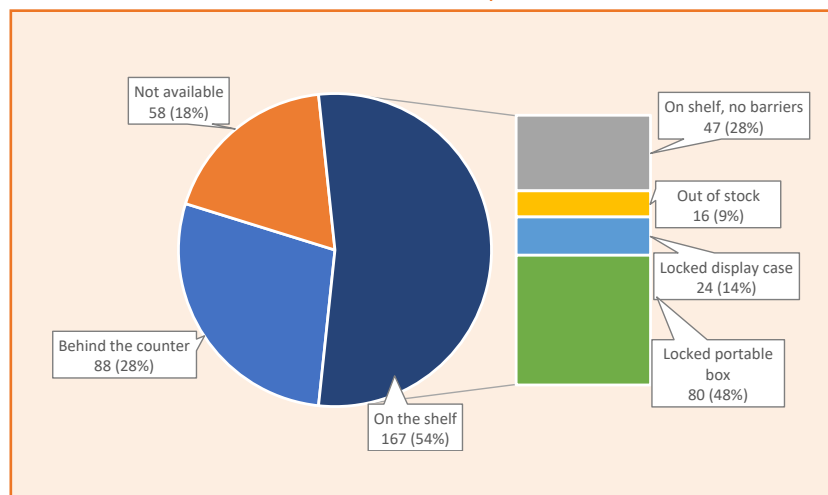


EC Stocking Practices

“I feel this store was a **barrier to access**. New Day was available but behind the counter and also they only had one on the shelf. If someone presented on a Friday and needed it and it wasn't stocked they would have to **wait until Monday, too late**.”
-Independent pharmacy, rural MN

About half (167, 54%) of stores surveyed had EC available on the shelf. Of these, about half (79, 48%) kept EC in a portable plastic box that customers had to bring to a register to have unlocked and 14% of stores locked the product in a fixed display case in a store aisle. Less than one-third (46, 28%) of these stores had EC directly on the shelf without any security enclosure, and 9% (16) of stores had a space for EC on the shelf, but the product was out of stock. More than one-quarter (88, 28%) of stores stocked EC behind the counter at either the pharmacy or front cashier.

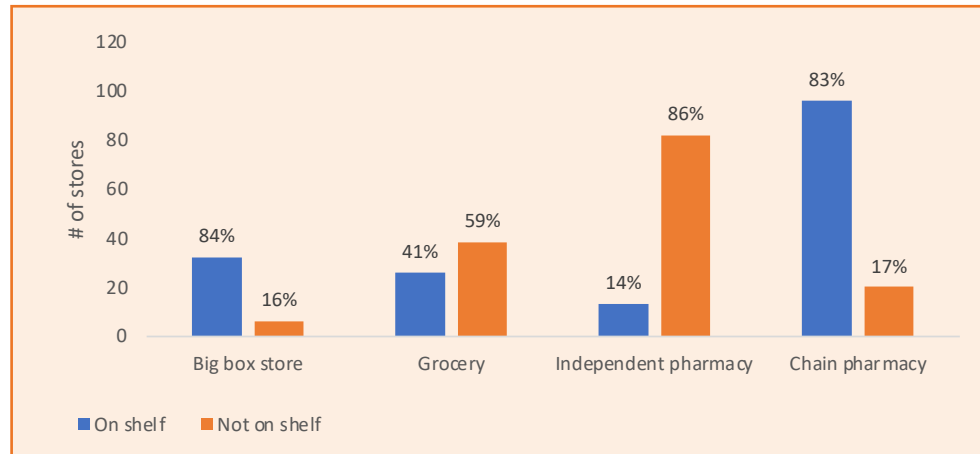
Availability and display of EC



Generally, stores carrying EC on the shelf stocked it in the family planning aisle near the condoms and pregnancy tests (108, 65%). A smaller proportion (24, 14%) of stores sold EC in the feminine care aisle near tampons and pads. In 10% (17) of stores, EC was stocked on the shelf in front of the pharmacy counter. In two stores, EC was stocked in the cosmetics aisle and in one store, EC was found next to oral hygiene products.

Chain stores (including pharmacies, grocery stores, and mass market retailers) were all more likely to stock EC on the shelf (71%) than independent stores (14%). Chain pharmacies stocked EC on the shelf in some form 83% of the time. Security enclosures, which may make it easier for stores to stock EC on the shelf, may be financially more feasible for chain pharmacies. Policies at the corporate level may also facilitate EC access on the shelf.

EC on-shelf availability by store type



Stocking practices have a demonstrated impact on the purchasing experience. Several survey respondents described the use of locked cases or boxes as a barrier to access.

“The locked box is definitely **intimidating**.”
- Chain pharmacy, urban TN

“They are **locked up** so you do have to ask which could deter some people. Also you have to be 18 so that’s an **obstacle for young people**.” - Chain pharmacy, college town, RI



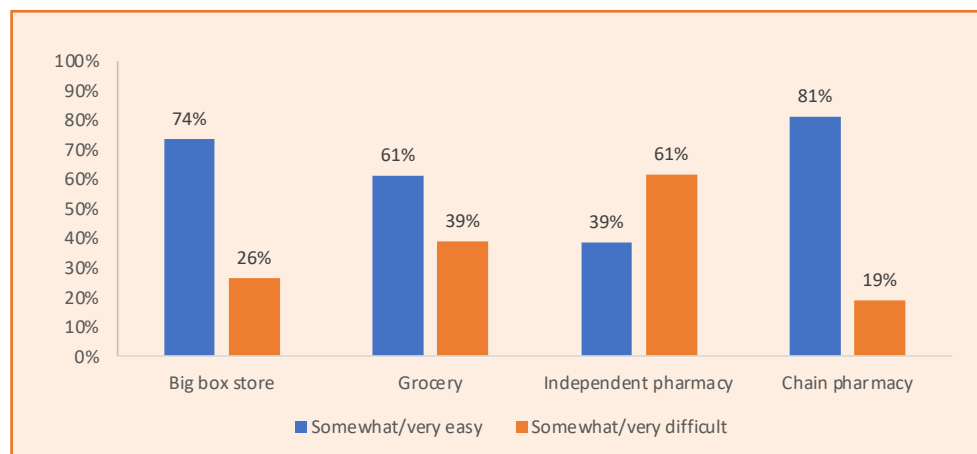
Experience locating EC in the store

“It was **impossible to find because it was not visible**. It was only after I asked if they had it, that the employee went behind the cashier’s counter and pulled it out. They are lying flat, so even if I looked behind the counter, I wouldn’t be able to know that’s what they are. VERY UNFRIENDLY. **I FELT UNCOMFORTABLE** to have to ask. Also, the only employee present was a man.” - Chain pharmacy, college town, MD



Overall, two-thirds (64%) of participants found it somewhat or very easy to locate EC in the store. In stores that did not stock EC on the shelf, 52% of respondents reported that it was somewhat or very difficult to locate it. Among those who did find EC on the shelf, a majority of the respondents (92%) reported that it was somewhat or very easy to locate. EC was easiest to find at chain pharmacies and big box stores, and more difficult to locate at independent pharmacies.

Ease of locating EC by store type



Point of Sale Restrictions

“[The staff member] **wasn’t sure** [whether there is an age restriction] but then she said **21 and above**, yes.” - Chain grocery store, suburban NJ

Nearly a decade after age restrictions were lifted and LNG EC products were approved for OTC sale, confusion remains around age and ID requirements. Participants approached pharmacy counters in 204 (65%) stores asking questions about restrictions. Among these, one-quarter (55, 27%) of participants were incorrectly told that there is an age restriction for purchasing EC (5% of personnel did not know if there was an age restriction and did not look for the information when asked). The most common age minimum reported was 18 (n=37, 67%), and the remainder ranged from 12 to 21 years. Two participants were told that individuals under 18 would need permission from a parent or guardian.

“If they sold it, there is not a certain age but ‘would probably want them to be 18 at least. **Wouldn’t want a 12 year old to buy it**’.”
- Independent pharmacy, rural GA

We found wide and confusing variation in how stores operationalized age restrictions. Among stores that imposed an age restriction, only 33% required ID when purchasing EC. Despite reporting an age restriction, 20% of stores did not require ID, and 47% of stores with age restrictions did not specify their ID requirements. Although the FDA removed age restrictions from LNG EC beginning in 2013, the question of whether stores should request ID continues to be a cause of confusion for staff and a barrier to purchase for consumers.

Staff in almost all (99%) stores correctly reported that men can buy EC. One individual was told that men could buy EC with proper identification. It was not specified whether the ID required is from the purchaser or from the person intending to use LNG EC. Another individual was told that only female customers could purchase EC.

“Yes, [men can buy it] but I’d probably **ask them some questions** about it.” -Independent pharmacy, rural GA

Price

According to the FDA, when several companies offer the same generic product, market competition usually lowers prices to about [15%](#) of the brand-name product. Until recently, the EC market as a whole was out of step with this trend, as generic EC products had cost about [80%](#) of the brand-name product. In our data, we found some new dynamics in generic pricing.

Across all 313 stores, the average price of the name-brand product, Plan B One-Step®, was \$48.90 and the average price of generic EC was \$35.25. For Plan B One-Step®, there was very little difference in the average price at chain pharmacies (\$50.10) and independent pharmacies (\$48.43). However, for generic products, the average price at independent pharmacies (\$26.92) was substantially lower than the average price at chain pharmacies (\$38.10). We found a wide range (\$5.18 to \$54) in price for generic products suggesting substantial discretion in pricing. It also indicates that the cost to manufacture LNG EC is quite low, affordable EC is possible, and high pricing is a choice made by pharmacies, distributors, and manufacturers of the product.

EC price comparison: brand vs. generic

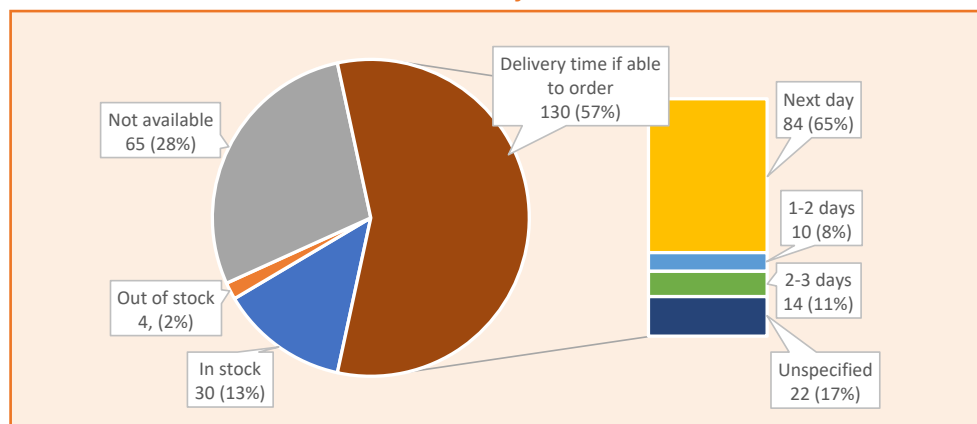
	Brand			Generic		
	Lowest	Highest	Average	Lowest	Highest	Average
Chain pharmacy	\$32.00	\$63.99	\$50.10	\$12.39	\$49.00	\$38.10
Independent pharmacy	\$39.99	\$53.99	\$48.43	\$6.69	\$54.00	\$26.92
Grocery	\$29.99	\$54.99	\$48.91	\$5.18	\$49.99	\$36.50
Big box	\$34.78	\$50.00	\$45.58	\$5.99	\$46.87	\$33.63
All stores	\$29.99	\$63.99	\$48.91	\$5.18	\$54.00	\$35.25

Availability and Price of ella®

“They are able to order [ella], but will not because it is *against company policy*.” - Independent pharmacy, rural GA

ella® is a prescription-only EC product. ella® is an important option for EC because it is more effective than LNG EC, but is often much harder to access. Participants provided information about the accessibility and availability of ella® from 230 stores. Only 13% (30) of stores had the product in stock. More than half (130, 57%) were willing and able to order ella® for consumers looking for it. Most of these (84, 65%) could order for next-day delivery to the pharmacy, but 11% (14) would need 2 to 3 days for delivery, and 22 17% (22) provided unclear or unhelpful information about delivery (for example, some stated “next delivery day” or “every Monday”. Across the stores that offered ella®, the average price without insurance was \$52.00.

Availability of ella®



When EC is not available

*“Looking for EC in this pharmacy and town would be **close to impossible** due to the town’s major disconnection from nearby chain community pharmacies such as CVS and clinics. It’s an example of ‘pharmacy deserts’ and would be a **worst case scenario** for someone looking for immediate care.”* - Independent pharmacy, rural GA

In 19% (59) of stores surveyed, EC was not available at all. The most common reason for not stocking EC was lack of demand. In some cases, lack of demand was related to the typical customer population that the store served, such as primarily geriatric individuals.

*“I am in shock that they have **never had anyone ask** for it. It seemed like they were unsure what I was even talking about.”* - Independent pharmacy, suburban TN

Other stores cited concerns about financial loss from ordering product that may expire if not purchased.

*“The pharmacist stated that there was no spot for it in the store due to **low/absent demand** for the product in the area. Purchasing the drug from a wholesaler would result in a **loss in profit** since no one usually buys it there.”* -Independent pharmacy, urban GA

Some store staff cited “store policy” or personal or religious beliefs on the part of a pharmacist or store owner as a reason for not stocking EC.

*“It’s a small town, and they haven’t had demand for it. One pharmacist had **religious hesitations** to sell it.”* - Independent pharmacy, rural GA

Implications

Our findings highlight some improvements in EC availability as well as continued barriers to access.

- **EC Availability:** 18% of stores did not carry EC at all. 54% stocked EC on the shelf, and the remainder held EC behind the counter. EC is a time-sensitive product; the sooner it is taken, the more likely it is to work. When stores don't stock EC or make access difficult, customers have to go elsewhere. This may be especially difficult in rural areas and for individuals without transportation. Delays in getting EC can mean increased pregnancy risk, so it is imperative that any stores that offer OTC medications include EC.
- **Age restrictions:** 27% of participants were told that there is an age restriction on the purchase of EC. Store personnel were not always able to articulate exactly what the age restriction was nor whether ID was required. Age restrictions and ID requirements for LNG EC were removed beginning in 2013, yet they continue to pose a barrier for individuals who do not have ID due to age or immigration status, and for those who feel uncomfortable discussing their EC purchase with pharmacy staff. Stores that sell EC must update policies and staff education to ensure that no age restrictions are imposed.
- **Price:** Some stores and brands are beginning to address affordability by offering generic EC products at a lower cost. There was a wide range in price (\$5.18-\$54) suggesting significant discretion in product pricing. Despite purchasing power, chain stores continue to sell both brand name and generic products at a higher cost than independent pharmacies, rendering them unaffordable to many people who need EC. Newer EC offerings from companies such as Julie and Stix promote positive messages about EC, but at prices that are out of reach for many. Some companies, such as [Plan B One-Step](#), [Julie](#), and [Stix](#), offer generous donation programs to community groups, clinics, and campus groups. These programs are helpful for individuals who happen to be in the communities receiving these donations, but true equity in EC access relies on affordable retail prices. Companies that sell EC, especially those focusing on youth markets, should lower prices so they are reasonably priced.
- **Anti-theft measures:** 63% of stores that stocked EC on the shelf kept it in a fixed case or locked box. Physical barriers to EC force interactions with store staff that may be unwelcome for someone who is feeling anxious about purchasing EC and stressed about the situation that brought them to this point. Locking EC up removes one of the most important aspects of OTC approval: the right to privacy when accessing EC.
- **Gender restrictions:** Gender-based purchase restrictions on EC were rare; only 2 stores in our sample would not allow men to purchase or would require ID. There are no regulatory limits around who can purchase EC; anyone of any age or gender may purchase LNG EC without showing ID. Restricting access to EC based on gender limits the ability of transgender individuals to purchase EC when they need it. It also hinders

men from taking responsibility for contraception. All stores should offer EC to any consumer, regardless of gender.

- **Availability of ella®:** 13% of stores in our sample had ella® in stock. Ulipristal acetate EC, sold as ella®, is available by prescription only. ella® is more effective than LNG EC; this may be particularly true for individuals who [weigh more than 165 pounds](#). Our findings are similar to nation-wide studies investigating access to ella® in pharmacies, in which 10% of stores had ella® ready to dispense. 57% could order ella® to arrive the next day or later. EC pills are time-sensitive because they work by preventing or delaying ovulation, so barriers to immediate access to ella® can substantially increase pregnancy risk.

Conclusions

In 2022, massive and unjust restrictions on abortion rights were inflicted across the United States, highlighting the need to work together for equitable abortion access, and the importance of contraceptive access. The fall of *Roe v. Wade* raised fears about availability of EC, confusion about whether abortion restrictions apply to EC, and ongoing misunderstanding and disinformation about how EC works. Our data show that barriers to access, such as refusal to sell EC, obtrusive stocking practices, unpredictable point-of-sale restrictions, and high price, persist nearly a decade after OTC approval.

ASEC's [Emergency Contraception for Every Campus](#) (EC4EC) addresses affordability and access gaps for college students through promoting free or low cost products through peer-to-peer distribution and vending machines. Trusted online retailers sell LNG EC at a reduced cost (such as www.afterpill.com and www.hellowisp.com), however they do not always guarantee affordable expedited shipping and may not be a solution for those who need EC immediately. Clinics, abortion funds, and mutual aid groups often offer free or low-cost EC. However, these access points may be a less accessible and convenient option, particularly for those who live in rural areas with fewer options.

ASEC continues to monitor access to and the availability of EC within community settings. We encourage our colleagues and consumers to look for EC in stores and pharmacies and share your findings with us. When EC is not available on the shelf, ask store managers why, and ensure that they understand that current regulations allow EC to be sold on the shelf with no restrictions; our [Guide for Pharmacies and Retailers](#) is a useful tool for educating store personnel on the often-confusing landscape of EC regulations.

The American Society for Emergency Contraception envisions a world in which everyone, everywhere has access to affordable EC when they need it. Now is the time to break down barriers and ensure equitable EC access for all. This means educating pharmacists and pharmacy staff, reducing prices, and removing physical and social barriers to purchase. Reproductive rights in America are in crisis, and access to EC is more urgent than ever.