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The FDA's Plan B Decision: A Victory for Women of Color?
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In August 2006, after stalling for more than three years, the U.S. Food and Drug Administration (FDA) approved the emergency contraceptive Plan B® for over-the-counter sales to women ages 18 and older. Plan B, also known as the “morning-after” pill or emergency contraception, consists of ordinary birth control pills that reduce a woman’s chance of becoming pregnant up to 89 percent when taken within 72 hours of unprotected sex. For women of color, the FDA’s decision marks an important victory, or so it seems. Will the Plan B victory ring hollow for members of our communities much the same way the promise of *Roe v. Wade* does?

Statistically speaking, women of color as a group are more likely than white women to experience unintended pregnancies. In part, the disparity exists because of inconsistent use (or nonuse) of contraceptives or because of the effectiveness of the contraceptive method chosen. The FDA’s decision gives women a seemingly accessible back-up method in the event that they want to avoid an unintended pregnancy. In theory, a woman can stop by her local pharmacy and purchase Plan B. In the alternative, she can visit her local public health care clinic and purchase or obtain the medication there.

In reality, completing a Plan B transaction may not be so easy, particularly for women of color. As advocates, we should not make the same mistake we made after *Roe v. Wade*, viewing victory in a vacuum. Rather, we must consider what real-life effect, if any, the FDA’s decision will have on women’s lives. Regrettably, little pause is required to realize that, similar to abortion care – cost, regulation, and adequate services and information – will influence whether many women of color are able to take full advantage of over-the-counter access to Plan B.

First, Plan B could prove to be costprohibitive for many women of color. Barr Laboratories, the manufacturer of Plan B, has priced the medication for wholesale distribution at \$27.95. Retailers are hiking up that price to anywhere from \$40 to as high as \$80. As a result, Plan B may be too expensive for many women of color who are disproportionately from low-income communities.

As is often the case, Medicaid coverage is not a simple solution. Under Medicaid, states may choose whether to provide coverage for over-the-counter drugs, so coverage of Plan B is not guaranteed. Furthermore, even if Medicaid programs eventually cover Plan B, there is a severe lack of understanding and utter confusion in state Medicaid offices about Plan B and what women and pharmacists need to do to obtain coverage. Finally, many immigrant women are ineligible for Medicaid under welfare reform regulations, which bar immigrants from receiving Medicaid benefits until five years after they arrive in the United States. Medicaid coverage of Plan B or lack thereof is therefore irrelevant for them.

Second, the age restriction and proof of identification requirement under the FDA’s decision put young women and immigrant women at an immediate disadvantage.

Unlike the vast majority of over-the-counter medications, Plan B remains a prescription-only product for women 17 and under, and all women must show proof of age with a government-issued identification. These restrictions may appear benign at first glance, but actually, they could prevent some women from securing the medication in a timely manner.

Young women, particularly young women of color, are at a high risk of unintended pregnancy. Unnecessarily forcing them to obtain a prescription for Plan B ignores the fact that Plan B is safe for women of all ages and that young people are more likely to experience contraceptive failure during sex. Requiring a government-issued identification potentially puts many immigrant women, particularly undocumented women, at a higher risk of unintended pregnancy too because women may lack identification or fear they will be reported. As demonstrated by recent immigration debates, there is a palpable contempt in pockets of our nation for immigrants that justify the concerns of the immigrant community.

Furthermore, state regulations will undoubtedly compound the FDA's age restriction and proof of identification requirement. As they foreshadowed last year, far-right advocates and policymakers will find new and creative ways to restrict Plan B, further limiting access to it.

Finally, inadequate stocking and servicing of Plan B, including lack of culturally competent pharmacists and information about the medication, could render the FDA's decision hollow for many women of color. Prior to the FDA's decision, a national survey found that 73 percent of African American women and 60 percent of Latinas would be more likely to use Plan B if it were available without a prescription. However, notwithstanding pledges from various pharmacies to stock Plan B, pharmacies thus far have been somewhat inconsistent in their practices in many areas. Moreover, even if a pharmacy does stock Plan B, pharmacists may refuse to provide it for personal reasons or because the pharmacist is misinformed about the medication's availability. A number of women have already reported that pharmacists have turned them away. Pharmacists also may not be trained to provide culturally competent services to women with limited English proficiency; if that is the case, over-the-counter access to Plan B will mean little for a considerable segment of women of color.

Thus, the reproductive justice movement faces strikingly similar challenges now as it did more than 30 years ago after *Roe v. Wade* to ensure that the FDA's Plan B decision is a victory for all women. There is, however, reason to remain optimistic about the possibility of the FDA's decision having a positive impact in our communities. A number of working groups made up of dedicated advocates have already initiated discussions about ways to address the challenges we face. Although much work remains to be done, I am confident that the groups' focus, commitment, and strategy will help ensure that the FDA's decision is a policy victory as well as a practical reality for all women.