

North Carolina's Recent Battle with Birth Control

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HCAD 101: Contemporary Issues in Healthcare Administration

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March 15, 2022

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Topics relating to women's birth control have baffled society for centuries and, to this day, have continued to cause controversy throughout the nation, as well as the world. This fight has created a need for change which has been brought about in some areas, like North Carolina, which has recently implemented a policy to allow women to obtain certain contraceptives over the counter that previously required prescriptions. As of February 1, 2022, the state passed a law granting pharmacies access to dispense contraceptive pills and patches without a written prescription or previous consultation with a doctor (Padilla, 2022). This event has developed many torn feelings on whether or not it will have a significant effect on women throughout the state and whether or not those effects will be positive.

The History of Birth Control

As previously stated, controversial discussions on women's birth control have been occurring for years. Any time before the 20th, and honestly even the 21st century, women were seen as domestic objects whose most important role was to bear and then raise children. Once people, or more so men, caught word that women wanted to stop having children, they often went against the women's requests arguing that this interrupts natural, biological processes (Engelman, 2011). Due to the stresses of very opinionated societies, women were, and sometimes still are, forced to use dangerous techniques and "medications" to avoid becoming pregnant.

Early History

Since almost the beginning of time, children have been significantly valued based on their ability to help complete household and agricultural chores for the family (feeding cattle, sewing, etc.) (Engelman, 2011). As women's role in society has changed from solely taking care

of the house to being able to enter the workforce and even get higher education, as well as the change of industrialization decreasing the amount of manual labor needed in agriculture, women have become more reluctant to have kids (Engelman, 2011). This has caused them to seek contraceptive methods that otherwise would have never been used.

A couple of the oldest, and possibly most cruel, forms of birth control were abortion or infanticide which both relied on killing the child after fertilization, and in the case of infanticide, after the child exited the mother's womb. Eventually, society recognized the inhumanity of these birth control methods causing women to resort to newer, yet still minimally researched methods. Some of these methods included withdrawal, abstinence, pessaries, douching, and even in some cases, poison. Withdrawal and abstinence are two of the safer methods still practiced today, although none of the options provide the same security as abstinence, which refers to a person completely restraining from sexual intercourse. Pessaries and douching are techniques used directly in the vagina. Pessaries are objects placed inside of the woman intended to prevent fertilization whereas douching is the spraying of water, sometimes mixed with other liquids, in order to clean out the vagina and interrupt fertilization. Both of these methods can be very dangerous and unsanitary causing infections. To this day, douching is still not encouraged because it gets rid of all bacteria, including the good ones, yet many doctors rely on more modernized pessaries (i.e. IUDs) as women's contraceptives. Finally, poison was usually made by mixing water and copper to weaken fertility, and was arguably one of the most dangerous forms of contraceptives for the mother. Although many of these methods are outdated, some cultures still use them as a primary contraceptive. Each of these methods required a lot of trial and error which eventually led to the development of modern birth control (Engelman, 2011).

The Affordable Care Act

For a more recent historical context, it is important to look at the 2012 U.S. presidency of Barack Obama where many reforms were made regarding health costs and insurance, one of which ultimately decreased out-of-pocket costs for certain birth controls. Prior to this, some women were paying over \$300 for preventative care despite their insurance. Ten years later, these policies have continued to stand and now any woman with almost any type of insurance can obtain FDA-approved contraceptives without having to pay a deductible or copay, yet some insurance companies only comply with certain contraceptive brands (Becker & Polsky, 2015).

The North Carolina Policy

The new policy implemented in North Carolina was passed last year but just began as of February 1, 2022. It gives women the ability to get contraceptives through only the pharmacy rather than having to also deal with a physician. This is not the first time this has happened, in fact, they are joining over 100 countries and over a dozen states who allow oral contraceptives to be given over the counter (Padilla, 2022). Although the policy seems to be merely positive at first glance, there are many things to consider about the consequences of this new policy.

Positive Effects

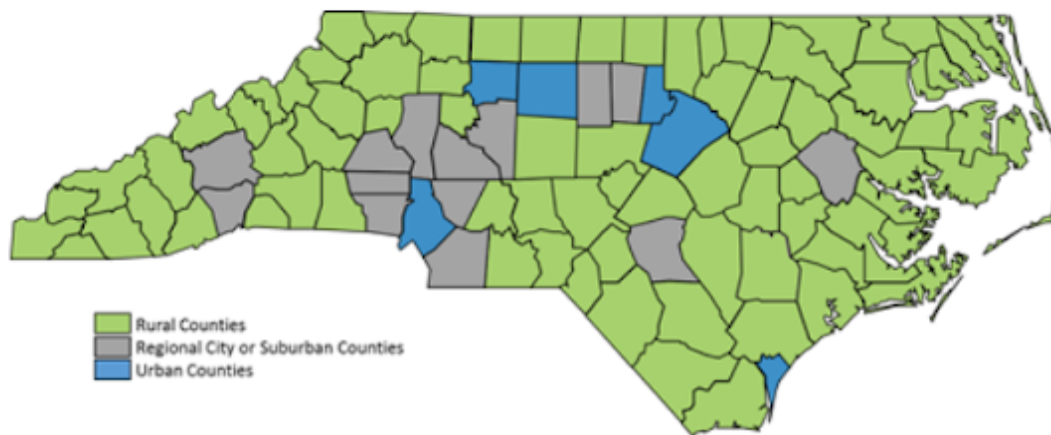
Despite its recent implementation, this policy has already faced a lot of controversies and created skepticism among women, but there is no doubt that there have been some positive consequences. With the help of this policy, women can now get contraceptives quicker, easier, and cheaper. Not to mention, the fact that this makes birth control easier to obtain means that there will be fewer teen pregnancies, or unplanned pregnancies in general, and therefore fewer abortions.

Prior to the passing, many North Carolinian women lived in rural areas, as seen in Figure 1, and therefore were not always willing to drive to a physician to be checked out just to get a

birth control prescription. With this policy, women can order and go get their prescriptions without having to plan out an entire day to go to a doctor's appointment for 20-30 minutes. In rural areas around North Carolina, the closest physicians office may be 45+ miles away, but there is likely to be a local drugstore or pharmacy within 10-15 miles (NC Department of Commerce, 2015; Padilla, 2022).

Figure 1

Map of rural, urban, and regional/suburban counties in North Carolina



Another large issue with having to go to a doctor's office for a prescription is that many aren't willing to go and therefore, they simply do not. This means that they are having sexual intercourse and likely using some other type of contraceptive as earlier mentioned. In these instances, women may feel the need to take matters into their own hands by using the withdrawal method or even using at-home remedies or procedures to reduce fertility (Padilla, 2022). This policy allows women to obtain the preventative medication necessary to reduce unplanned pregnancies. According to the CDC, North Carolina is ranked 20th for teenage pregnancies at 17.3/1000 pregnancies being from 15-19-year-old females, and hopefully, with the help of this new policy, that ranking will improve (Centers for Disease Control and Prevention, 2021). Although still controversial, this policy also helps some teenage girls obtain contraceptive drugs

without consent from an adult, which may bring differing feelings, but it ultimately will help to reduce teen pregnancies (Padilla, 2022).

Negative Effects

Although this new policy was passed with the intention of positively affecting North Carolinian women, there are also some almost unavoidable negative consequences. Women may use this policy as an outlet to obtain birth control without ever consulting with a doctor and this policy still does not address those without any insurance at all (Padilla, 2022).

When a woman goes to an appointment with the primary goal of getting a prescription for birth control, before she actually sees the doctor, her vitals are taken by either a PA or a nurse. This gives the doctor information about the patient's heart rate, blood pressure, and weight as well as provide them with the opportunity to read paperwork describing any medications being used or underlying health conditions that that patient may have (Padilla, 2022). Giving patients the ability to obtain prescriptions without a doctor's visit can be very damaging to their health if they choose a contraceptive that may react with other medications or even alcohol intake ("New NC Law Allows Women to get Birth Control Without a Prescription," 2022). When at a pharmacy, the pharmacist and their assistants may ask general questions about the person's health, but they have no way of knowing whether or not the consumer's answers are completely accurate.

One other aspect of this policy that may be seen as negative is the fact that it does not necessarily help those who cannot afford insurance at all. Many poor and lower class citizens don't have insurance through their employers and therefore do not worry about getting any, so this policy does nothing for them (Padilla, 2022). Not to mention, a lot of unplanned pregnancies come from those lower classes which usually consist of non-white citizens who come from

cultures that may have their own remedies, as mentioned before with the water-copper mixture, that can be very dangerous to them and/or their future child. Likewise, those in lower-income brackets are less likely to hear about this new policy and may be paying for medications that should actually be covered by insurance (Padilla, 2022). Although this new policy helps with creating better access to some contraceptives, it does not solve all issues in regards to communication and inadvertent discrimination.

Conclusion

While this new policy seems to be a big jump for North Carolinian women and their feminine health, it has not come without the help of previous laws, policies, and organizations. For one, the ACA sparked what seems to be this eternal fight regarding the cost of women's contraceptives and there are other groups such as the CDC/ASTHO Immediate Postpartum LARC Learning Community which helps educate women on long-acting reversible contraception (LARC) options as well as provide health care for those who recently have given birth. This new North Carolina policy is just another step in the world of women's health with the hope to eventually make contraceptives available to all at little to no cost and guide other reformers in their similar processes.

Relation to Healthcare Administration

When entering the world of medicine, and specifically when looking to be a healthcare administrator or manager, one of the biggest challenges has to do with access to care. This policy and some of the obstacles that it helps women overcome have to do with availability and timeliness of appointments as well as physical distance from their home, especially in majorly rural states like North Carolina (NC Department of Commerce, 2015). As an administrator of somewhere like a hospital, it would be important to know that many women in rural areas don't

have access to an OB-GYN or a physician to get contraceptives when needed and therefore may end up harming themselves with their methods and products or going through an unplanned, unhealthy pregnancy. It is also necessary to know that with this policy, many people may obtain contraceptives that could cause reactions and necessary medical attention ("New NC Law Allows Women to get Birth Control Without a Prescription," 2022); Padilla, 2022). Knowing all of the risks and benefits that go along with this policy will help understand and create a safer health care environment for women and their future children.

In My Opinion...

As a woman, I found this research very interesting, especially since I live in North Carolina. It definitely made me think more about some often overlooked aspects of feminine health like how some women really don't have access to birth control and that can cause them to unintentionally harm their bodies. Luckily, I do have that access, but another negative I did notice in both my research and personal life is that the implementation of this policy depends on the insurance company and the drug brand. For me, it just so happened that the specific contraceptive I am on is not covered by this policy, so I still have to pay for mine, although this makes sense because insurance companies still have to make money somehow. I enjoyed being able to connect it to healthcare administration because my end career goal is to work in a hospital one day as an administrator and it would be important to know whether or not your target population has access to many preventative care services and contraceptives.

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