

2024 ASEC Access & Price Survey

Results summary for Washington State

Background & Methods

Since 2013, the American Society for Emergency Contraception (ASEC) has conducted a biennial survey to monitor the cost of and access to emergency contraception (EC) in stores and pharmacies nationwide. The 2024 survey also included new questions to explore Opill®, the new over the counter (OTC) birth control pill, and its availability in the community.

ASEC’s 2024 online survey was distributed via the ASEC listserv and through partner organizations from May 2024 to January 2025. Respondents visited local stores in person and used a standardized questionnaire to describe how EC and Opill® were being sold. The survey received Institutional Review Board approval under IRB2024-289 at Texas Tech University as a Category 2 with no expiration date.

In partnership with ASEC, Washington Department of Health (DOH) advertised the survey and offered incentives for surveys completed in Washington (WA) among teen and young adult respondents under age 26. After cleaning data for completion and duplication, the final WA sample included 81 stores, representing approximately 4% of Washington pharmacies.

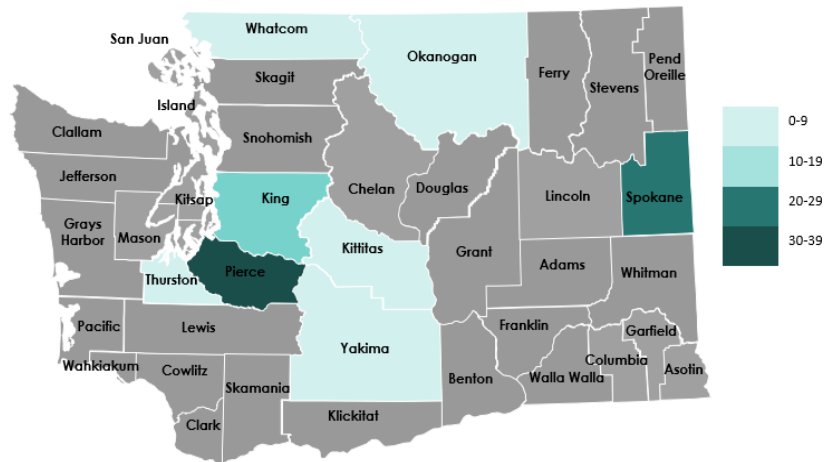
Demographics of Pharmacies Visited

This sample includes independent and chain pharmacies, grocery stores, big box retailers, and convenience stores. The table below summarizes the store types in the sample, with the majority (48%) being pharmacies inside other stories, such as grocery stores or big box retailers.

Store Type	Frequency	Percent
Pharmacy in Other Store	39	48
Standalone Retail Pharmacy	36	44
Specialty or Compounding	2	3
Dollar/Convenience Store	1	1
Other	3	4
Total	81	100

Of the WA pharmacies visited, about half (51%) were in an urban/college town area whereas 40% were in a suburban area. The remaining 9% of stores were in rural settings.

Eight Washington counties were included in the sample, with the most pharmacies visited in Pierce County. The map below shows the number of pharmacies visited in each WA county.



LNG EC Stocking, Point of Sale Restrictions, and Pricing

Stocking practices:

- 68% (55) of stores surveyed had EC available on shelves accessible by customers.
 - Of these, 31% (17) had EC directly on the shelf without any security enclosure.
 - The remaining 69% (38) had EC available, but with barriers; 17 had EC in a portable plastic box that can be brought to the cashier for unlocking, 17 stores locked the product in a fixed display case, and 4 had a card on display to carry to the cashier.
- 7% (6) of stores had space for EC on the shelf, but the product was out of stock.
- About 21% (17) of stores stocked EC behind either the pharmacy counter or cashier’s counter.
- In 4% (3) of stores, LNG EC was not available.

Point-of-sale restrictions:

- 49% of participants found it somewhat or very easy to locate EC in the store, while 19% of respondents reported that it was somewhat or very difficult to locate it.
- Confusion around age and ID requirements for purchasing LNG EC persists. Participants approached pharmacy staff in 68 stores to determine restrictions.
 - Only 3% (2) of participants were incorrectly told that there is an age restriction for purchasing EC. Despite few stores stating age restrictions, 15% (10) of stores inaccurately reported need for identification while purchasing LNG EC. In one store, staff incorrectly identified a gender restriction requiring the purchaser to be a woman.

Pricing:

- The observed price for a single pack of LNG EC ranged from \$18.80 for MyWay to \$47.51 for Plan B. The table below summarizes the reported price of LNG EC by brand or packaging (2024 ASEC Price and Access Survey).

Method	Observations	Average Price
Plan B	54	\$47.51
TakeAction	28	\$38.71
Julie (1-pack)	20	\$40.82
Julie (2-pack)	2	\$59.99
Aftera	7	\$33.28
MyWay	7	\$18.80
Option2	6	\$37.44
Morning After	4	\$24.75

Availability and Pricing of ella®

- Participants provided information about the accessibility and availability of ella® from 66 stores.
- 30% (20) of stores had the product in stock. In 46 of the stores, participants engaged with pharmacy staff to explore reasons for not stocking ella®. The most common reason reported by those who did not stock ella® (50%, 23) was that they had never heard of it. The table below summarizes pharmacy staff reasons for not stocking ella®. Respondents could choose more than one answer.

	Percent (N)
Never heard of Ella	50% (23)
Not enough Ella prescriptions	20% (9)
Pharmacy offers Plan B	15% (7)
Concerns about what ella® is or how it works	2% (1)

Availability and Stocking Practices for Opill®

Respondents reported on Opill® availability and stock in 79 stores.

- In about one-third (34%, 27) of stores, Opill® was available directly on the shelf without any security enclosure.
- In about one-third (34%, 27) of stores Opill® was available with barriers.
 - 11% (9) had Opill® in a portable plastic box that could be brought to the cashier for unlocking.
 - 20% (16) of stores locked the product in a fixed display case.
 - 3% (2) had a card on display to carry to the counter to get the product.
- 6% (5) of stores had a space for Opill® on the shelf, but the product was out of stock.
- 1% (1) of stores had a QR code or link directing consumers to order the product.
- In 24% (19) of stores, Opill® was not available.

The FDA does not restrict access to Opill® based on the purchaser’s age, gender, or ability to present identification, yet pharmacy staff in some stores believe that such restrictions exist. Below are pharmacy staff-reported restrictions for customers who intend to purchase Opill®:

	Percent (N)
Opill Purchaser Must...	
Be a Woman	2% (2)
Have Identification	14% (11)
Be a Certain Age	4% (3)

Fifteen pharmacies that did not stock Opill® were asked why they did not. The table below summarizes pharmacy staff reasons for not having Opill®.

	Percent (N)
Never heard of Opill®	53% (8)
Opill® had been ordered but not yet received	0% (0)
Lack of patient demand	7% (1)
Want to learn more about Opill® first	7% (1)
Want to see how Opill® sells at other locations first	0% (0)

Customer Experience

Survey respondents were invited to provide free-text comments on their experiences of ease and comfort while locating products in pharmacies, as well as their interactions with pharmacy staff. Given all respondents were teens and young adults under age 26, these comments offer insight into this priority population’s experiences accessing contraception.

When asked if they had any additional comments about their experience looking for EC or Opill®, respondents highlighted pharmacies’ limited staffed hours and product placement (behind counter, locked) as important access barriers.

53 respondents answered the prompt “Do you think someone buying EC or Opill® at this store would face obstacles or feel uncomfortable?” Responses are summarized below:

- Nearly half (25) said they did not think customers would experience obstacles or discomfort.
- 14 respondents expressed that customers may experience discomfort related to asking staff to unlock products or having negative interactions with pharmacy staff. According to one participant, “The people who answered our questions were a bit more judgey and it felt more rushed.”
- 9 responses were mixed, and highlighted positive, helpful interactions with pharmacy staff, long queues at the pharmacy counter, feeling intimidated by needing to ask the pharmacy staff for the product they need, varied product pricing, and mixed experiences with locating

products at the store. According to one participant, “I would initially feel a bit hesitant as it is locked up behind a shelf but the pharmacist that helped me was lovely and SO HELPFUL.”

- 5 respondents expressed that potential customers may experience obstacles like locked-up products, difficulty locating products in the store, limited product offerings, and high costs.

Implications

These findings highlight a snapshot of EC and Opill® access in the state of Washington. Despite no FDA specified restrictions, ongoing physical, interpersonal, and knowledge-related barriers were identified.

- EC is time-sensitive, and immediate access is crucial for effectiveness. When stores do not stock EC or make access difficult, individuals may be forced to seek alternatives. This poses significant barriers for consumers in rural areas, those without reliable transportation, or youth seeking confidential access. Such delays increase the risk of unintended pregnancy, underscoring the importance of ensuring any store that offers OTC medications also carries LNG EC.
- Opill® began shipping to retailers in Spring 2024. It is promising that several stores have already made Opill® available, reflecting early uptake and potential for broad consumer access. Adopting new reproductive health products into practice further supports reproductive autonomy.
- Age restrictions and ID requirements for LNG EC were eliminated in 2013 and were never a part of Opill®’s approval in 2023. Imposing arbitrary age restrictions pose a barrier for individuals without ID – whether due to age, immigration status, or discomfort engaging with pharmacy staff about contraception. Stores that sell OTC contraception should update policies and staff training to ensure that no age or gender-based restrictions are imposed.
- Physical barriers around reproductive products force interactions with store staff that may be unwelcome for someone who is feeling anxious about purchasing EC and the circumstances that lead to needing the product. Despite the absence of regulatory restrictions on Opill®, stocking practices observed were similar to those for LNG EC in some settings, suggesting that store-level policies may play a role in shaping product availability. Locking OTC contraception up removes one of the most important aspects of OTC approval: the right to privacy when accessing these products. Respondents’ comments also highlight that pharmacy staff attitudes can be a key barrier or facilitator to access.
- Ulipristal acetate EC, sold as ella®, is available by prescription only. ella® is more effective than LNG EC. Only 30% of stores in this survey sample were ready to dispense ella® and pharmacy staff in half of stores that didn’t stock ella® had never heard of it. 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.