FDA approves first over-the-counter daily contraceptive

NBC News (7/13, Lovelace Jr.) reports the FDA “on Thursday approved the oral contraceptive Opill [norgestrel] for over-the-counter sales, making it the first hormonal contraceptive pill available in the U.S. without a prescription.” The FDA’s “approval is a major win for medical groups, including the American Medical Association...which have been pushing for years for an over-the-counter birth control pill.”

The Washington Post (7/13, A1, McGinley) reports norgestrel “is expected to be available over the counter in stores early in 2024, according to” manufacturer Perrigo. The contraceptive “will not have an age restriction,” and its “suggested retail price is expected to be announced this fall.”

MedPage Today (7/13, Gever) reports AMA President Jesse Ehrenfeld, MD, MPH, “weighed in, calling the approval a ‘monumental step in providing broader access to safe and effective reproductive health care for millions of patients.’” Ehrenfeld continued, “While it is important patients maintain relationships with their physician to stay up to date on screenings, requiring an office visit to begin birth control is an unnecessary hurdle for patients who must take time off work, find childcare, and travel to appointments.”

ED visits for mental health crises among teen girls surged during pandemic

The New York Times (7/12, Barry) reports, “As the coronavirus pandemic dragged through its second year, an increasing number of American families were so desperate to get help for depressed or suicidal children that they brought them to emergency” departments (EDs), and now, “a large-scale
analysis of private insurance claims shows that this surge in acute mental health crises was driven largely by a single group—girls aged 13 to 17,” according to findings published online July 12 in JAMA Psychiatry. The study revealed that “during the second year of the pandemic, there was a” 22% “increase in teenage girls who visited” EDs “with a mental health emergency compared with a prepandemic baseline, with rises in patients with suicidal behavior and eating disorders, according to the study of 4.1 million patients.” The “proportion of teen boys visiting declined,” however.

Parents suffering from anxiety, depression at same rate as teens

According to the Washington Post (7/11, Solano), “parents are suffering from anxiety and depression at roughly the same rate as teens,” according to findings from a June 2023 report (PDF) based on surveys conducted late last year by Harvard University researchers. The surveys found that “18 percent of teens said they suffered from anxiety, while 20 percent of mothers and 15 percent of fathers did.” At the same time, “15 percent of teens reported to have depression, compared with 16 percent of mothers and 10 percent of fathers.”

The Hill (7/11, de Visé) reports, “Researchers estimate” in the report “that more than one-third of teens have a parent suffering from anxiety or depression,” while “two-fifths of teens voiced concern about a parent’s mental health.”

Prior authorization requirements delay care, lead to worse outcomes

The Intelligencer (7/10, Stanton) reports on the experience of Dr. Dan Hurley, an ear, nose, and throat physician with over 20 years of experience, with prior authorization requirements delaying his care in significant ways to illustrate the difficulties many have with the prior authorization process. The article summarizes the history of prior authorization from the 1960s to the present. AMA Immediate Past President Jack Resneck Jr., MD, said that prior authorization has “really become a tool to clearly delay and deny care for our patients.” Resneck added, “In the meantime, the patients aren’t getting treated, and we know that a significant portion of those patients give up. So their diabetes, their depression, their hypertension, or whatever it is just gets worse.”

Editor’s note: Overused prior authorization processes cause care delays, patient harm and practice hassles. Learn how the AMA is leading the charge to fix prior authorization.
Administration proposes new rules limiting availability of short-term health coverage

Reuters (7/7, Bose) reported, “President Joe Biden on Friday announced new steps to crack down on short-term health insurance plans and surprise medical bills, stepping up his war against so-called junk fees to lower” health care costs. These steps “will include a proposed rule that closes loopholes companies use to offer misleading short-term insurance products, discriminate based on pre-existing conditions, offer little to no coverage and saddle consumers with thousands of dollars worth of medical expenses, Biden said.”

Modern Healthcare (7/7, Turner, Subscription Publication) reported that “this essentially would restore the regulations in place before 2018, when” the previous presidential administration issued a rule “enabling consumers to keep short-term plans for up to 364 days and to renew them for up to three years.” Along with “shortening the amount of time policyholders can retain this form of coverage, the proposed rule would disallow reenrollment in the same plans, although consumers would be permitted to purchase different short-term policies consecutively for up to 36 months.” Additionally, under the current administration’s “proposal, short-term, limited-duration plans would again function as gap coverage for consumers in between other forms of insurance, such as job-based health benefits.”

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