

May 6, 2026

# May OTC Collaborative Meeting

## Attendance:

### Members:

Cynthia Baur, Co-Chair

Aliyah Horton, Co-Chair

Joy Baldwin

Samantha Ritter

Jakeya Johnson

Delia Angulo Chen

Amanda Li

Neil McGarvey

Christina Piccora

Penny Jacobs

Victoria Nichols

Sarah Case-Herron

### Staff:

Brett Jordan, Maryland Commission for Women

## Summary

The collaborative analyzed public education strategies and audience-specific pathways for over-the-counter birth control information and engagement.

## **Defining Communication Success Metrics**

Participants explored defining success for public education through metrics like awareness and user engagement. Experts emphasized that effective communication requires a singular objective and audience-focused design.

## **Addressing Targeted Audience Needs**

Discussions identified specific educational requirements for consumers and healthcare professionals to improve outreach. The primary decision was to focus recommendations on empowering public agencies to lead these initiatives.

## **Leveraging Local Infrastructure Strategies**

Stakeholders evaluated utilizing existing public health programs and community networks to support broader implementation. This approach centers on regional diversity and leveraging established local infrastructure for better engagement.

## **Details**

- **Welcome, Agenda Overview, and Mental Health Awareness:** Aliyah Horton welcomed everyone to the May OTC collaborative meeting and provided an overview of the agenda, which would focus on public health awareness campaigns, public health literacy, and incorporating lessons learned into recommendations for the General Assembly report. She also reminded participants that May is Mental Health Awareness Month and encouraged everyone to prioritize self-care and take deep breaths during stressful situations ([00:00:00](#)).
- **Successful Public Education Campaigns Check-in:** Participants were invited to share successful examples of public education campaigns in their professional experience via the chat, serving as a warm-up exercise for the later discussion. Examples cited included TV and print advertisements for HPV vaccines, anti-smoking advertisements, the "Got Milk" campaign, and campaigns promoting the importance of the nursing profession ([00:01:27](#)). Samantha Ritter

-MDH- specifically highlighted the rebranding of New York City HIV/STI clinics to comprehensive sexual health clinics, noting the eye-catching and diverse advertisements ([00:03:12](#)).

- **Discussion on Defining Success for Recommendations:** Cynthia Baur initiated a discussion on defining success for the collaborative's recommendations regarding public information and education ([00:04:53](#)). Success could be defined by metrics such as driving awareness of over-the-counter (OTC) birth control pill availability, increasing insurance claims (rather than out-of-pocket sales) of these products, or promoting conversations between consumers and between consumers and pharmacists/health care providers. The timing of this discussion was moved up to allow for more time to develop recommendations for the report due in late fall ([00:05:58](#)).
- **Framing Health Communication Best Practices:** Cynthia Baur outlined three key focus areas for effective health communication, which included focusing on a single audience, articulating a clear communication objective, and designing communication that is relatable, engaging, and informative ([00:07:12](#)) ([00:09:42](#)). The law directs the collaborative to consider multiple audiences, including consumers and healthcare professionals, suggesting that public education activities need to be audience-focused ([00:08:18](#)). The communication objective should align with the program's goal and for the collaborative, this relates to enhancing education and engagement ([00:09:42](#)).
- **Health Literacy and Message Development:** Best practices in health literacy require developing messages that are informed by audience understanding and focus on main messages, acknowledging that "one material is not going to serve all" ([00:11:18](#)). Organizations need support to avoid jargon and use plain language, which is a significant issue in outreach efforts ([00:13:44](#)). It is also essential to be clear about the desired action or behavior change, such as prompting pharmacy interactions, using vending machines, or initiating conversations with healthcare providers ([00:14:53](#)).
- **Insights on Information Overload and Multimedia Approach:** When designing recommendations, it is crucial to be mindful of information overload, where targeted, action-oriented content is more important than volume ([00:14:53](#)). People need just enough information to accomplish the communication objective, and the digital environment allows for layering of additional resources. Effective communication should be multimedia, utilizing text, images, numbers, and data to reinforce a singular message, which provides the best opportunity for reaching audiences ([00:16:26](#)).

- **Audiences and Pathways for Education and Engagement:** The law identifies four target audiences for education and engagement: consumers, healthcare practitioners, public health and community programs, and healthcare industry stakeholders ([00:17:46](#)). Additionally, the law calls out point of sale and public health initiatives as specific pathways for action. Cynthia Baur emphasized the importance of securing a "willing partner" for recommendations, noting that many public agencies lack resources and capacity in the communication space ([00:19:11](#)).
- **Research Insights on Youth/Young Adult Audiences:** Research shows that social norms among family and friends matter for youth and young adults regarding their willingness to engage with pharmacy staff and try a product ([00:21:25](#)). A specific educational gap exists concerning the safety, side effects, and effectiveness of buying OTC birth control, indicating a need for actual education rather than just a message ([00:22:34](#)). MCW intern Alex's findings supported the importance of promoting discussion among friends and family, allowing for feedback to address misconceptions, and utilizing multiple avenues for messaging, such as social media and peer events ([00:23:33](#)).
- **Discussion on Audience-Specific Recommendations:** The conversation shifted to whether the collaborative should focus on different audiences and organizational partners for implementing best practices, taking into account regional diversity ([00:26:00](#)). Victoria Nichols advocated for audience-specific recommendations, noting that consumers need different information (e.g., how to ask for coverage) than healthcare providers, who might need specific details on progestin-only pills or how to process claims ([00:28:27](#)). They also suggested that different audiences exist even within healthcare settings (e.g., pharmacists vs. nurse practitioners) and among consumers (e.g., young people vs. older adults or parents) ([00:29:36](#)).
- **Scope of Recommendations and Private vs. Public Entities:** Brett Jordan -DHS- confirmed that the primary focus of recommendations is on public agencies, although the collaborative can recommend legislation or regulation to address private entities. Recommendations could incentivize clinician training on OTC products or involve the Department of Health creating materials for all clinicians accepting Medicaid or Medicare, thereby indirectly addressing the private sector ([00:30:58](#)). Neil Patrick McGarvey noted that for pharmacies, the monetary issue related to reimbursement is not expected to be prohibitive for OTC birth control and that pharmacists would likely see it as a break-even scenario ([00:34:34](#)).

- **Strategies for Engaging Healthcare Professionals:** The discussion explored the role of "encouragement" versus "requirement" for healthcare professionals, with Cynthia Baur suggesting encouraging professional societies and licensing bodies to offer education on OTC birth control ([00:37:43](#)). Aliyah Horton added that this education could be part of the ongoing implementation of pharmacist prescriptive authority for contraceptives in Maryland, which organizations like the Community Pharmacy Enhanced Services Network are currently working on ([00:40:28](#)). Brett Jordan -DHS- proposed that the Department of Health or another state entity could create and make materials available, then incentivize professional associations and entities to use them ([00:43:13](#)).
- **Role of Public Health Programs and Local Infrastructure:** Samantha Ritter -MDH- provided insight into the potential role of public health programs, suggesting that Title 10 clinics could assure clients that OTC birth control may serve as a bridge method to other reproductive health services. They highlighted leveraging college and university programs and utilizing existing youth-designed campaign programs through adolescent sexual health funding, particularly in rural Maryland ([00:45:52](#)). Samantha Ritter -MDH- emphasized the need to expand this work, as the programs operate in only 10 of the 24 counties, suggesting a recommendation related to supporting local-level efforts, focusing on regional differences, and empowering youth leadership ([00:48:02](#)).
- **Program Announcement: Pharmacist-Prescribed Contraception Learning Community:** Samantha Ritter -MDH- announced that the Association of State and Territorial Health Officials (ASTHO) is accepting applications for a learning community focused on implementing pharmacist-prescribed contraception. Maryland is considering joining this initiative, which offers technical assistance for building workforce capacity, exploring sustainable reimbursement pathways, and developing patient awareness campaigns. They encouraged partners to express interest in participating collaboratively ([00:51:05](#)).
- **Program Announcement: OTC Birth Control Access Study:** Jakeya Johnson announced a Reproductive Justice Maryland study in collaboration with Ibis Reproductive Health, the New York Birth Control Access Project, and the Women's Law Center of Maryland, focused on identifying point-of-sale barriers for accessing insurance-covered emergency contraception or the Opill OTC contraceptive ([00:52:10](#)). They are seeking participants with state-of-Maryland or New York insurance to attempt a purchase and complete a 15-minute anonymous survey online, receiving a \$25 e-gift card for their time ([00:53:14](#)).

- **Conclusion and Next Steps:** Brett Jordan -DHS- concluded the meeting, noting that the shared announcements will inform future work, especially regarding the intersection of pharmacist prescribing and OTC access. They confirmed that the next meeting is scheduled for July and will focus on robust conversation and expertise related to public health programs ([00:54:11](#)).