

Sep 15, 2026

OTC Collaborative September Meeting

Members present:

Aliyah Horton

Cynthia Baur

Becca Lane

Camille Fesche (representing pharmacy benefit managers)

AshLynn Randolph (representing the League of Life and Health Insurers)

Jakeya Johnson

Kelly Cleland

Krista Hein

Madalyn Farrar (Maryland Department of Health)

Mark Esposito (Maryland Department of Health)

Neil McGarvey

Penny Jacobs

Sabrina Bassett

Samantha Ritter

Christina Kuminski

Victoria Nichols

Guests:

Robyn Elliott, technical assistance

MCW Staff:

Ariana Kelly

Genesis Franco

Anecia Evans

Summary

Collaborative reviewed over-the-counter card landscapes and debated draft recommendations for legislative report finalization.

Over-The-Counter Card Landscape Assessment

Presentations highlighted successful over-the-counter card integration across Medicare Advantage and Medicaid plans, suggesting potential expansion into student and commercial health insurance.

Draft Recommendations And Condom Coverage

Participants reviewed 7 draft recommendations, debating statutory condom coverage cost impacts and administrative uniformities for retail benefit cards.

Public Reporting And Report Timeline

Consensus was reached on utilizing the Commission for Women website for public reporting, and final report timelines were established.

Decisions

Needs Further Discussion

- **Deferred final decision on condom coverage** The group deferred a final decision on condom coverage under state-regulated plans to the November 4th meeting while staff and state agencies conduct fiscal analysis and review Medicaid claims data.

Aligned

- **Aligned on report drafting timeline** The collaborative aligned on a proposed timeline to draft and review the report ahead of the November 17th meeting, with the final report submitted for graphic design by early December..

Next steps

- ☐ [Brett, Ariana] Contact DBM and PBM representatives: Contact representatives from the Department of Budget and Management and Pharmacy Benefit Managers to solicit their input for the final report.
- ☐ [Sabrina Bassett] Share legislative language: Provide documentation regarding existing laws that enable the creation of uniform referral consultation forms.
- ☐ [Sabrina Bassett] Invite health education representative: Coordinate with Patty Dorne to arrange for a staff member from the health education and advocacy unit to attend the next meeting.
- ☐ [Ariana Kelly, Aaliyah Horton, Cynthia E Baur, Brett Jordan] Get Fiscal Analysis: Retrieve fiscal analysis from Virginia regarding condom coverage and gather Medicaid claims data. Evaluate these findings to inform the November 17 meeting recommendations.
- ☐ [Ariana Kelly, Brett Jordan] Coordinate with DBM: Contact the Department of Budget and Management to discuss recommendations. Ensure alignment and awareness before finalizing report language.
- ☐ [Brett Jordan] Draft Recommendations Report: Create an initial draft of the full recommendations report. Submit the document for internal review by the Commission for Women by October 5.
- ☐ [Ariana Kelly, Brett Jordan, The group] Outreach to Agencies: Circulate the second draft of the report to state agencies during the week of October 19. Collect feedback to ensure agency alignment before the November 17 meeting.
- ☐ [Mark A Esposito] Review Meeting Materials: Examine current recommendations and meeting minutes. Prepare and submit feedback to the commission staff prior to the November 17 meeting.

Details

- **Meeting Opening and Attendance Review:** Brett Jordan -DHS- called the meeting to order, initiated recording, and welcomed participants. Cynthia E Baur and Aliyah Horton noted that the collaborative was reaching the final stages of presentations and drafting recommendations ([00:00:10](#)). Ariana Kelly -DHS- led an attendance review, noting that representatives from the Department of Budget and Management and pharmacy benefit managers had missed recent meetings and stating that she and Brett Jordan -DHS- would reach out to ensure stakeholder participation ([00:06:19](#)). Camille Fesche joined the call later on behalf of the PBMs, and Ariana Kelly -DHS- noted that the final meeting on November 17, 2026, would feature the House of Delegates sponsor of the Collaborative or a staff representative to support finalizing the report ([00:07:10](#)).
- **Maryland Insurance Administration Regulatory Considerations:** Sabrina Bassett -MDInsurance- provided an early update on behalf of the Maryland Insurance Administration, explaining that any requirements for uniform coding or billing across couriers must be explicitly established by state law because the agency's authority is limited to statutory bounds ([00:08:00](#)). Sabrina Bassett -MDInsurance- noted they would review existing laws regarding uniform referral forms and emphasized that zero cost-share requirements depend heavily on network status, noting that under the Affordable Care Act, preventive service protections apply only to in-network providers and pharmacies ([00:08:55](#)). Furthermore, Sabrina Bassett -MDInsurance- stated they would coordinate with Patty Dorne, who leads the health education and advocacy unit, to bring a staff member to future meetings to support consumer education planning ([00:10:07](#)).
- **Landscape Assessment of Over-the-Counter Cards Overview:** Robyn Elliott presented a landscape assessment of over-the-counter cards commissioned by the Foundation for the Maryland Commission for Women to evaluate the feasibility of retail counter coverage. Robyn Elliott explained the methodology, which included a literature review and interviews with Medicaid managed care organizations, Medicare Advantage plans, and state Medicaid offices, among others ([00:12:22](#)). The assessment highlighted that retail counter coverage supports individual autonomy, streamlines implementation for consumers and insurers, and broadens access without replacing pharmacy counter coverage

(00:13:46). Additionally, Robyn Elliott referenced federal research from 2023 and 2024 regarding over-the-counter contraception coverage, noting that industry groups such as the Association of Health Insurance Plans, ERIC, and the National Association of Chain Drugstores universally supported the use of cards at retail counters (00:15:09).

- **Medicare Advantage Over-the-Counter Card Landscape:** Robyn Elliott detailed findings from the Medicare Advantage market, noting that 68% of Medicare Advantage plans overall and nearly 100% of Dual Eligible Special Needs Plans already utilize over-the-counter cards, which are financed through supplemental benefit structures. Robyn Elliott stated that approximately 29 Dual Eligible Special Needs Plans operate in Maryland (00:19:30). Because these plans already utilize card technology, Robyn Elliott suggested that convening stakeholders to provide education could rapidly scale up over-the-counter contraception access for disabled populations, who face disproportionate access challenges (00:20:55).
- **Medicaid Over-the-Counter Card Integration and Findings:** Robyn Elliott shared findings from state Medicaid programs, citing a Government Accountability Office report requested by Representative Raskin indicating that 25 states have managed care organizations providing over-the-counter product coverage, including contraception. Robyn Elliott noted that at least two managed care organizations in Maryland provide over-the-counter cards funded through administrative cost buckets as value-added benefits (00:23:36). Key implementation factors discussed included aligning monthly or quarterly card spending limits with over-the-counter contraception costs and recognizing that cards are frequently utilized for high-demand products like toothpaste (00:25:04).
- **Commercial Insurance and Student Health Plan Pilots:** Robyn Elliott reported that commercial insurance data regarding over-the-counter cards is sparse because commercial plans are typically employer-purchased and rely on Health Savings Accounts, Flexible Spending Accounts, or employer benefit cards (00:26:25). To pilot over-the-counter coverage expansion, Robyn Elliott proposed partnering with Maryland colleges and universities that offer standalone student health plans (00:27:51). Robyn Elliott noted that these student-focused plans could align with campus over-the-counter contraceptive vending machine initiatives, empowering students to share health priorities with their institutions (00:29:14).

- Broad Over-the-Counter Access and Population Health Strategy:** Robyn Elliott concluded the presentation by noting that over-the-counter cards are utilized for a wide variety of products beyond contraception, including healthy foods and naloxone. Robyn Elliott recommended that the state incorporate an over-the-counter access strategy into broader population health goals, touching areas such as children's oral health and prenatal care ([00:30:33](#)). Aliyah Horton and Ariana Kelly -DHS- thanked Robyn Elliott for the comprehensive presentation, with Aliyah Horton suggesting potential alignment with the rural health transformation program and public universities on the Eastern Shore and Western Maryland ([00:33:20](#)) ([00:36:04](#)).
- Student Health Insurance Plan Integration and Card Technology:** Penny Jacobs provided details on student health coverage at the University of Maryland, College Park, noting that they sponsor a student health plan through Aetna that undergoes an annual bidding process every late spring. Penny Jacobs noted that physical membership cards are not currently issued, meaning card integration would require negotiation during the Request for Proposal process and coordination with health center director Dr. Marinopoulos ([00:39:14](#)). Victoria Nichols and Robyn Elliott noted that Aetna (through CVS Health) utilizes card technology and mobile apps, citing a precedent in Pennsylvania where \$25 monthly over-the-counter supplies are provided ([00:40:32](#)).
- Consumer Education and Digital Health Literacy Considerations:** Cynthia E Baur raised digital health literacy concerns regarding the proliferation of mobile applications for virtual cards and accounts, emphasizing that card implementation must be paired with robust consumer education ([00:41:54](#)). Victoria Nichols and Cynthia E Baur agreed that supportive messaging and educational campaigns are essential to help consumers understand how to use virtual or physical cards, similar to efforts used for Health Savings Accounts and Flexible Spending Accounts ([00:42:59](#)) ([00:45:26](#)). Ariana Kelly -DHS- confirmed that the collaborative supported carrying forward recommendations related to student health plans, Medicare Advantage dual-eligible coverage, and state-encouraged over-the-counter card provisions ([00:44:10](#)).
- Overview of Seven Draft Recommendations:** Brett Jordan -DHS- reviewed the seven draft recommendations developed for the collaborative's final report, aligning them with statutory requirements ([00:47:24](#)) ([00:54:10](#)). Brett Jordan -DHS- explained that Recommendation 1 focuses on continuous billing guidance

across agencies and payers; Recommendation 2 advocates for adding contraceptive devices statutorily and removing prescription requirements for Opill and its generics in Medicaid via standing orders; Recommendation 3 involves tracking claims data as a utilization proxy; Recommendation 4 proposes developing retail counter options via cards and apps in student, commercial, and Medicare Advantage plans; Recommendation 5 directs health and insurance agencies to create plain language materials and multilingual signage; Recommendation 6 suggests expanding public health programs, bulk purchasing, and vending machines; and Recommendation 7 proposes establishing an education workgroup and utilizing local women's commissions ([00:48:19](#)).

- **Review of Recommendations and Affordability Concerns:** Ariana Kelly -DHS- clarified that Recommendation 7's proposed workgroup refers to a stakeholder construction rather than another statutorily mandated body ([00:54:10](#)). Aliyah Horton read a chat comment from Ash-Lynn Randolph of the League of Life and Health Insurers regarding Recommendation 2A, which proposed adding condoms to statutory coverage requirements ([00:56:58](#)). Ash-Lynn Randolph noted that this addition could create affordability impacts and requested actuarial analysis to determine consumer cost implications before the proposal moves to the General Assembly ([00:58:08](#)).
- **Condom Coverage and Cost Impacts in State-Regulated Plans:** Becca Lane -MHBE- noted that covering condoms would likely not result in a significant actuarial value impact on plans, agreeing with Aliyah Horton that potential savings could outweigh the requirement costs ([00:59:14](#)). However, Becca Lane -MHBE- flagged that under the current federal administration, state-mandated coverage requirements might trigger a state financial obligation to defray costs. Brett Jordan -DHS- added that state Medicaid currently covers condoms and may have relevant cost and savings studies, and consensus was reached to investigate fiscal data further ([01:00:28](#)).
- **Administrative Costs and Uniformity for Over-the-Counter Cards in Pharmacy:** Neil Patrick McGarvey expressed concern that administrative costs in pharmacy programs can far outweigh the cost of inexpensive products, noting that participating in a Medicare Advantage over-the-counter card program required adding a second point of sale unit with associated costs ([01:01:54](#)). Neil Patrick McGarvey advocated for uniformity across Maryland regarding these cards to reduce administrative burdens and ensure funds

directly benefit people rather than opportunistic groups. Ariana Kelly -DHS- and Neil Patrick McGarvey discussed whether specific language regarding uniformity should be added to recommendation four ([01:03:02](#)).

- **Equity, Communication, and State Models for Condom Coverage:** Victoria Nichols argued that failing to cover condoms uniformly across all state-regulated plans creates access inequities and communication challenges for consumers ([01:04:22](#)). Victoria Nichols highlighted that Virginia became the 12th state to mandate condom coverage under all state-regulated commercial plans, suggesting Maryland should follow suit as a leader. Ariana Kelly -DHS- agreed to have staff gather fiscal analysis from Virginia and review Medicaid claims data to bring to the group by the November 17th meeting for a final decision ([01:05:42](#)).
- **Medicaid Agency Review and Annual Monitoring Framework:** Mark A Esposito -MDH-, acting Chief Medical Officer for Medicaid, noted that materials were received late but that concepts like standing orders and pharmacist prescribing were familiar, confirming that Medicaid staff would review and weigh in before the November 17th meeting ([01:06:50](#)). Cynthia E Baur questioned whether the recommendation for baseline data evaluation and annual monitoring should apply annually across agencies like the Maryland Health Care Commission, Medicaid, and the Department of Budget and Management, and where that data should go. Ariana Kelly -DHS- noted that tracking was structured annually and proposed discussing continuation structures for the collaborative ([01:09:34](#)).
- **Public Reporting and Support from the Commission for Women:** Cynthia E Baur raised concerns that the current recommendations only framed tracking as an internal agency activity, arguing that reporting, sharing progress, and public discussion should be included ([01:12:16](#)). Ariana Kelly -DHS- offered that the Commission for Women could host and post informal agency reporting materials on their website to make the information publicly available without adding an extra administrative burden to state agencies ([01:13:21](#)). Cynthia E Baur and Aliyah Horton agreed this centralized approach would prevent the public from having to hunt across three separate agencies ([01:14:21](#)).
- **Delineating State Agencies and Expanding Over-the-Counter Card Uses:** Samantha Ritter -MDH- suggested that state agencies be clearly delineated in recommendation four to clarify responsibilities, similar to recommendation

three, and stated that public health services would provide preliminary feedback internally ([01:15:40](#)). Ariana Kelly -DHS- and Victoria Nichols agreed that breaking down the recommendation would make it more digestible. Victoria Nichols emphasized that over-the-counter cards could be leveraged for broader population health goals beyond birth control, sharing a personal experience trying to purchase Opill at a chain pharmacy where confusion arose over over-the-counter benefit cards ([01:16:57](#)).

- **Political Risks and Coordinated Approaches for Over-the-Counter Cards:** Cynthia E Baur raised a political concern that linking over-the-counter cards to a broad array of public health products might trigger legislative objections and sink the primary purpose of securing over-the-counter birth control coverage ([01:20:15](#)) ([01:22:48](#)). Aliyah Horton and Ariana Kelly -DHS- argued that leveraging cards across a broad spectrum of healthcare goals could break down barriers if framed properly, with Ariana Kelly -DHS- suggesting that separating condom mandates from general card potentials in the recommendations would help legislators distinguish them ([01:21:30](#)) ([01:23:52](#)). Robyn Elliott clarified that entities currently using over-the-counter cards apply them deliberately to social determinants of health, suggesting Maryland could take a coordinated approach rather than forcing mandatory expansions ([01:24:41](#)).
- **Report Review Timeline and Next Steps:** Brett Jordan -DHS- outlined the tentative timeline for finalizing the report, aiming to submit it for graphic design by early December to share with the legislature by the end of the month, with an initial draft by October 5th for review by the Commission for Women and co-chairs ([01:27:16](#)). Ariana Kelly -DHS- and Brett Jordan -DHS- proposed recirculating a second draft to state agencies around October 19th to ensure alignment before the full collaborative review on October 28th and final discussion at the November 17th meeting ([01:28:28](#)) ([01:30:19](#)). Aliyah Horton thanked participants and closed the meeting by encouraging anyone with concerns to communicate directly with the chairs, Brett Jordan -DHS-, or Ariana Kelly -DHS- ([01:32:13](#)).

Report Review Timeline

- First Draft Complete: October 2
- Commission For Women Internal Review: October 5 (1 week)
- Co-Chair Review: October 12 (1 week)
- Second Draft Finalization with co-Chairs: October 19 (1 week)
- Full Collaborative Review of Second Draft:
October 28-November 4
- **Final Collaborative Meeting**
November 4, 11 AM Please Attend!
- Final Co-Chair Review: November 20 (1 week)
- Third Draft Completed November 30.
- Submitted for Graphic Design December 1