The Maryland Collaborative to Advance Implementation of Over-the-Counter Birth Control

Interim Report

January 1, 2026

MARYLAND
COMMISSION for WOMEN

www.marylandwomen.org

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About the Maryland Commission for Women:

The Maryland Commission for Women (MCW) was established in 1965. Now celebrating sixty years of advancing solutions for Maryland women, the Maryland Commission for Women operates as an office within the Department of Human Services.

The Commission is a 25-member advisory board, with Commissioners appointed by the Governor and confirmed by the Maryland State Senate. Half of the Commissioners are nominated as representatives of women's organizations across the state. The other half are individuals with expertise in women's rights research and advocacy. The vision of the Commission is executed by a four-person staff and a dedicated team of volunteers and interns.

As the Commission has evolved over the decades, its core mission remains the same: to advance the economic opportunity, social and political rights, and overall well-being of women and girls throughout Maryland.

The legislative mandate of the Commission is to work directly with government agencies, community organizations, and the public to:

- Advise the executive and legislative branches of government through formal recommendations and legislative testimony
- Stimulate and encourage study and review of women's status
- Direct attention to critical problems facing women
- Recommend methods of overcoming discrimination
- Encourage women to become candidates for public office
- Support effective methods for women to develop skills, education and training
- Secure appropriate recognition of women's accomplishments and contributions
- Serve as a statewide clearinghouse for women's rights activities
- Make surveys and appoint advisory committees in fields including education, social services, labor and employment, law enforcement, health and safety, legal rights, family relations, and human relations

The Commission's FY2026 strategic plan focuses its work in three policy areas: women's health, women in the workplace, and the care economy. The Commission's OTC contraception work includes staffing the *Collaborative to Advance Implementation of Over the Counter Birth Control Coverage* and leading a program in partnership with the Maryland Higher Education Commission to ensure access to contraception on Maryland campuses.

The Maryland Commission for Women
51 Monroe Street, Suite 1034
Rockville, MD 20850

January 1, 2026

The Honorable Wes Moore, Governor
The Honorable Joseline Peña-Melnyk, Speaker of the House of Delegates
The Honorable Bill Ferguson, President of the Senate

Dear Governor Moore, Speaker Peña-Melnyk, and President Fergsuon:

As Co-Chairs of the Maryland Collaborative to Advance Implementation of Over-the-Counter Birth Control (the Collaborative), we are pleased to submit this interim report and recommendations, as required by Chapter 294 (House Bill 939/Senate Bill 674) of 2025.

The role of the Collaborative is to study and make recommendations to the Maryland General Assembly and state agencies in the following areas:

(1) implementation of State coverage requirements for over–the–counter birth control at pharmacies;

(2) advancement of point–of–sale coverage options at retail counters, virtual retail platforms, and vending machines;

(3) identification of public health initiatives to increase access to over–the–counter birth control for individuals who:

(i) do not have over–the–counter birth control coverage; or

(ii) cannot access over–the–counter birth control coverage; and

(4) enhancement of education and engagement of consumers, health care practitioners, public health and community programs, and health care industry stakeholders.

Following its first two meetings, the Collaborative approved two interim recommendations for inclusion in this report.

The recommendations correspond to goals (1) and (4) and are as follows:

(1) Consistent Pharmacy Billing Guidance from State Agencies

(2) Public and Provider Education and Associated Partnerships

We wish to thank the Collaborative members for their participation, as well as the staff of the Maryland Commission for Women for their work in convening the Collaborative. We look forward to continuing to work with the MGA and state agencies to move forward this vital work.

Sincerely,

Cynthia Baur
Co-Chair

Aliyah Nuri Horton
Co-Chair

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Executive Summary

Maryland is a national leader in safeguarding and expanding contraceptive access. In 2016, Maryland became the first state to require coverage of OTC contraception when the Maryland General Assembly passed the Contraceptive Equity Act under the leadership of Senator Dolores Kelley and Delegate Ariana Kelly. The Act established that all insurance plans regulated by the state of Maryland must cover FDA-approved OTC contraceptive drugs with no cost sharing requirements.

In an effort to better implement these coverage requirements, the Maryland General Assembly established the Maryland Collaborative to Advance Implementation of Over-the-Counter Contraception (the Collaborative), convened by the Maryland Commission for Women (the MCW). Over the summer of 2025, the MCW recruited a diverse group of stakeholders, representing constituencies across the health care spectrum as well as a variety of racial, ethnic, and regional backgrounds. The Collaborative began meeting in October and will continue to meet through 2026. A final report will follow on or before January 1, 2027.

The goals of the Collaborative, as delineated by the Maryland General Assembly (MGA), are to study and make recommendations to the MGA and state agencies in the following areas:

(1) implementation of State coverage requirements for over–the–counter birth control at pharmacies;

(2) advancement of point–of–sale coverage options at retail counters, virtual retail platforms, and vending machines;

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The recommendations correspond to goals (1) and (4) and are as follows:

Recommendation 1: Consistent Pharmacy Billing Guidance

"State agencies, including the Maryland Insurance Administration, Department of Health, Medicaid Program, and State Employee Health Program, should advance guidance to

pharmacies, pharmacy benefit managers, and health plans regarding a consistent billing method for insurance coverage of OTC contraceptive products. OTC contraceptive products include, but are not limited to, levonorgestrel emergency contraception, the OPill, and condoms."

Recommendation 2: Public and Provider Education and Associated Partnerships

"The state should inform and educate Marylanders about OTC birth control access by activating all relevant existing partnerships and seeking out new partnerships within and outside of state government.

The term "Marylanders" here includes but is not limited to

(a) Youth and young adults
(b) Communities that have historically faced barriers to contraceptive access
(c) Pharmacists and pharmacy employees
(d) Other health care providers, including physicians and advanced practice clinicians
(e) Insurers and pharmacy benefit managers."

I. Introduction

What is Over-the-Counter Contraception?

Before discussing the work of the Collaborative, it is vital that we first define over-the-counter contraception and the role of the Collaborative.

An over-the-counter (OTC) medication is one that does not require a prescription from a health care provider. These range from more behind-the-counter items, such as cough and cold medications, to acetaminophen, melatonin, or vitamins. Over-the-counter devices include blood pressure cuffs, blood glucose monitors, and other tools related to health. Insurance coverage of OTC drugs and devices varies by state, carrier, and plan; coverage for OTC contraceptive drugs and devices is primarily determined on the state level.

Contraceptives (aka birth control) are drugs and devices whose primary purpose is to support individuals in preventing pregnancy. They include long-acting contraceptives (LARCs; intrauterine devices and implants), drugs like oral contraceptives and emergency contraception, hormonal devices like the ring or patch, and barrier methods (internal and external condoms). These methods vary in effectiveness and ease of use, and different individuals will prefer different methods. The federal Affordable Care Act and its implementing regulations mandate coverage of all forms of FDA-approved contraception in most health insurance plans, though insurers may impose prescription requirements. This report will examine contraceptive coverage more thoroughly in the next section.

OTC contraceptive methods are available to consumers without a prescription and include levonorgestrel emergency contraception (Plan B and its generics), the Opill daily oral contraceptive pill, spermicide, and condoms.

Just as different forms of birth control work best for different individuals, so too do different modalities for accessing those products. Some consumers may prefer to see a physician or other clinician for a clinician-administered LARC or contraceptive shot, some may prefer to have their oral contraceptive pills prescribed by a pharmacist (where applicable); fully covered OTC access, however, presents the fewest barriers for those who are not comfortable with the medical establishment, for a variety of reasons, or who may not have the time or transportation to make multiple trips or long trips to a clinician or to a pharmacy.

OTC Coverage in Maryland

Maryland was the first state to enact legislation to require insurance coverage of OTC contraception; prior to 2016, that coverage was not mandated in commercial markets (though

some Medicaid programs, including the Maryland Medical Assistance Program, covered it), and most consumers were paying out of pocket for Plan B and condoms.

Under the leadership of Senator Delores Kelley and Delegate Ariana Kelly, the Maryland General Assembly passed the Contraceptive Equity Act in 2016.[1] Among other vital measures, the Act established that all insurance plans regulated by the state of Maryland must cover FDA-approved OTC contraceptive drugs with no cost sharing to the consumer. In the ensuing decade, ten more states have joined Maryland in covering OTC contraception. Maryland remains a pioneer and innovator in this space.

Like many other states requiring coverage of OTC contraception, Maryland has struggled to fully implement its coverage requirements. Consumers were unaware of their OTC coverage, and structural gaps in billing methods and provider awareness persisted. To solve this problem, the state created the Maryland Collaborative to Advance Implementation of Over-the-Counter Contraception (the Collaborative), and entrusted its management to the Maryland Commission for Women.[2]

Goals and Requirements of the Collaborative

In establishing the Collaborative, the MGA delineated clear goals and requirements for the project. The goals of the Collaborative are written in the legislation as follows:

The purpose of the Collaborative is to study and make recommendations to advance access to over–the–counter birth control through:

(1) implementation of State coverage requirements for over–the–counter birth control at pharmacies;

(2) advancement of point–of–sale coverage options at retail counters, virtual retail platforms, and vending machines;

(3) identification of public health initiatives to increase access to over–the–counter birth control for individuals who:

(i) do not have over–the–counter birth control coverage; or

(ii) cannot access over–the–counter birth control coverage; and

(4) enhancement of education and engagement of consumers, health care practitioners, public health and community programs, and health care industry stakeholders.

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[1] *Maryland Contraceptive Equity Act*. Maryland General Assembly. (n.d.). https://mgaleg.maryland.gov/2016RS/Chapters_noln/CH_436_sb0848t.pdf

[2] *Maryland Commission for Women – Maryland Collaborative to Advance Implementation of Coverage of Over–the–Counter Birth Control*. Maryland General Assembly. (n.d.-a). https://mgaleg.maryland.gov/2025RS/Chapters_noln/CH_747_hb0820t.pdf

Each of these goals maps to specific work the Collaborative has already begun or will complete in 2026. The Activities of the Collaborative section of this report discusses these steps in more detail, but the recommendations included in this report respond to the first and fourth goals listed here: to implement coverage requirements at pharmacies and to educate and engage consumers and health care stakeholders.

In addition, the enacting legislation directs the Collaborative to study other materials to inform its recommendations. These include work of the Free the Pill coalition, as compiled in its *Free the Pill and Cover It Too* report, and the public comments in response to two pieces of federal rulemaking. These and other materials, as well as the expertise of Collaborative members and guests, will form the basis for the recommendations included in the Collaborative's final report, due to the MGA by January 1, 2027.

II. Background: The Federal and State Policy Landscape Through 2025

Federal Policy History of Contraceptive Coverage

Contraceptive use has been legal across the United States only since 1965's *Griswold v. Connecticut* Supreme Court decision, which held that married couples' choice to use contraception could not be contravened by the government.[3] Contraceptive use became legal for all single people seven years later in *Eisenstadt v. Baird*.[4] Prior to these decisions, the legality of contraception varied across states, with some states fully restricting its use.

Coverage varied across insurance plans until the Affordable Care Act and its implementing regulations established that nearly all insurance plans in the United States must cover all FDA-approved methods of contraception (including OTC methods, though carriers may impose prescription requirements), without cost-sharing to the patient/consumer. This change revolutionized contraceptive coverage and made it affordable to many Americans for the first time. The coverage has weathered legal challenges, such as *Burwell v. Hobby Lobby,*[5] as well as attempts to remove the mandate power of the United States Preventive Services Task Force, the entity that established that contraception must be covered without cost-sharing.

[3]Griswold v. Connecticut (United States Supreme Court June 7, 1965). https://supreme.justia.com/cases/federal/us/381/479/
[4] Eisenstadt v. Baird (United States Supreme Court March 22, 1972).https://supreme.justia.com/cases/federal/us/405/438/
[5] Burwell v. Hobby Lobby Stores (United States Supreme Court June 30, 2014). https://supreme.justia.com/cases/federal/us/573/682/

As recently as 2024,[6] the Biden administration continued to propose rule changes to continue expanding contraceptive care to women and girls. The 2024 proposed rule proposed to expand contraceptive access under the Affordable Care Act enabling people to access over-the-counter (OTC) contraceptives without a prescription.[7] The rule would have prohibited insurers from imposing prescription requirements on iOTC contraception. The Collaborative will review comments from this proposed rule as part of its work to develop recommendations.

Federal Policy Attacks on Contraceptive Access

Recent federal policy decisions, however, have reversed course and worsened existing barriers. During the first Trump presidency, the Trump-Pence administration implemented new rules on Title X, the United States' leading federal funding program for affordable contraception and reproductive health care, which revoked funding for any entities that also provided abortions. While this rule had been proposed under President George H.W. Bush, it was never implemented, and it was quickly reversed under President Bill Clinton. The new rules were therefore unprecedented and significantly reduced access to family planning for low-income families. This rule resulted in over 2.4 million fewer patients being served under Title X, with over 63% of that decrease attributed to this new policy.

Furthermore, multiple states have passed restrictive laws preventing Medicaid expansion and further reducing Title X funding of facilities providing abortions or gender affirming care, preventing residents from accessing contraceptive care through publicly funded insurance and public health programs.

These attacks on Title X grants continued throughout the second Trump Administration. In early 2025, the administration implemented a funding freeze that significantly affected access and distribution of Title X grants.[8] Title X was stripped of millions of dollars in funding, severely impacting people's access to STI testing and treatment, birth control, cervical and breast cancer screenings, infertility services, and more.

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[6]National Archives and Records Administration. (n.d.). Fact sheet: Biden-Harris Administration proposes rule to expand coverage of affordable contraception under the Affordable Care Act | The White House. National Archives and Records Administration. https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2024/10/21/fact-sheet-biden-harris-administration-proposes-rule-to-expand-coverage-of-affordable-contraception-under-the-affordable-care-act/

[7]Enhancing Coverage of Preventive Services Under the Affordable Care Act (2024). https://www.federalregister.gov/documents/2024/10/28/2024-24675/enhancing-coverage-of-preventive-services-under-the-affordable-care-act

[8]Frederkisen, B., Salganicoff, A., & Gomez, I. (2025, August 9). Title X grantees and clinics affected by the Trump administration's funding freeze. Kaiser Family Foundation. https://www.kff.org/womens-health-policy/title-x-grantees-and-clinics-affected-by-the-trump-administrations-funding-freeze/

The "Big Beautiful Bill" also took steps to reduce access to contraception through its cuts to Medicaid and attempts to specifically restrict federal funds going to Planned Parenthood health centers.[9] The sexual and reproductive health care safety net cannot cover all of the patients in need of care without Planned Parenthood health centers, so millions more women will go without care should these changes be finalized. State-level coverage is especially vital in the current federal policy landscape.

Maryland on the Forefront of OTC Contraceptive Access

With the uncertainty of the federal policy landscape, states are playing a critical role in ensuring access to contraception across their communities. OTC contraception is particularly important in light of federal efforts to restrict reproductive health services offered by health care providers.

Maryland has a long history of being on the forefront of state policy to advance contraceptive access, especially OTC access. Highlights of Maryland's history includes:

> **2014-2015:** The Maryland Medical Assistance Program is among the first Medicaid programs to adopt policies to cover OTC contraception;
>
> **2015:** Evergreen, a Maryland insurance co-op, becomes the first known commercial plan in the country to provide coverage of OTC contraception;
>
> **2016:** Maryland becomes the first state to require state-regulated commercial plans to cover OTC contraceptive medication without a prescription under the Maryland Contraceptive Equity Act (HB 1005 – Delegate Ariana Kelly/SB 848 – Senator Delores Kelley);
>
> **2018:** Maryland becomes the state to require its state employees' health plan to cover OTC contraception without a prescription (HB 1024 – Delegate Shelly Hettleman/SB 986 – Senator Delores Kelley;
>
> **2021:** Maryland repeals an outdated prohibition on the sale of OTC medications in vending machines, laying the groundwork to increase access to OTC contraception (HB 107 – Delegate Robbyn Lewis/ SB 499 – Senator Clarence Lam);
>
> **2023 & 2024:** In 2023, Maryland joins Illinois in becoming the first state to require 4-year public higher education institutions to provide access to OTC contraception on campus (HB 477 – Delegate Stephanie Smith/SB 341 – Senator Brian Feldman). In

[9]Friedrich-Karnik, A., & Kavanaugh, M. L. (2025, October 22). The right is waging a quiet war on contraception. Guttmacher Institute. https://www.guttmacher.org/article/2025/09/right-waging-quiet-war-contraception

2024, Maryland becomes the first state to require community colleges to provide access to OTC contraception on campus (HB 367 – Delegate Stephanie Smith/SB 527 – Senators Ariana Kelly and Cheryl Kagan);

2024: Maryland supports the provision of OTC contraception by recognizing local health department nurses can provide all types of OTC contraception (HB 1171 – Delegate Nicole Williams/SB 944 – Senator Ariana Kelly)

2025: Maryland implements the first public-private partnership to expand access to OTC contraception on campuses. The American Society for Emergency Contraception, the Maryland Commission for Women, Foundation for the Maryland Commission for Women, and the Maryland Higher Education Commission work together to provide technical and policy assistance to higher education institutions and community colleges on increasing access to OTC contraception through vending machines. The work includes grants to community colleges for OTC vending machines. This public-private partnership is supported by funding from the Straus Family Foundation;

2025: Maryland becomes the first state to establish an OTC contraceptive coverage collaborative by law, which is the genesis of the Maryland Collaborative to Advance Implementation of Coverage of Over-the-Counter Birth Control (HB 939 – Delegate Joseline Peña-Melnyk/SB 674 – Senator Shelly Hettleman).

State-Level Policy Attacks on Contraceptive Care

Since the overturn of *Roe v. Wade* in 2022, several states have attempted to restrict access to abortion and contraception at the state level. In 2024, eight states implemented or introduced various pieces of legislation that threatened contraceptive care, For instance, Oklahoma attempted to pass legislation that could ban Oklahomans usage of emergency contraception and IUDs in an attempt to ban abortions.[10] Indiana passed a similar bill that provided subdermal contraceptive implants (Nexplanon) to Medicaid beneficiaries who had recently given birth, but limited the legislation to that specific type of contraception.[11] While policies targeting contraception are significantly smaller and more incremental than those targeting abortion, due to continued federal protections, they are undeniable.

[10]Forman, C. (n.d.). New Oklahoma Bill could allow state to create database of women who had abortions. The Oklahoman. https://www.oklahoman.com/story/news/2024/02/15/oklahoma-abortion-law-kevin-west-bill-creates-database-women/72613836007/

[11]House Bill 1426, Indiana General Assembly (2024). bill. Retrieved December 8, 2025, from https://iga.in.gov/legislative/2024/bills/house/1426/details.

State-Level Protections for Contraceptive Care

Although various states have begun to attack contraceptive care in tandem with federal policy attacks by the Trump Administration, other states have counteracted these harms by introducing legislation and regulations to increase protections and access for young people, people of lower incomes, and uninsured individuals. As previously stated, thirty states and DC allow pharmacist prescribing of at least some forms of contraception, and eleven states require at least some insurance coverage of OTC methods.

In the past year, states have also begun introducing proactive legislation to codify contraceptive care into legislation. In the first half of 2025, 21 states have introduced at least 47 bills that have attempted to enshrine the right of contraception into state law and provide full coverage for contraceptives, including Tennssee passing a law that would affirm the right to contraceptives and fertility care that took effect in July.[12]

Maryland has long been a pioneer in contraceptive access. The state has a strong law requiring coverage of over the counter contraceptive methods and allows pharmacists to prescribe contraception. The role of the Collaborative is to continue to innovate in implementing this coverage and making it accessible to all Maryland residents. Maryland continues to be an example to the rest of the nation as we move forward.

III. Activities and Recommendations of the Collaborative

Appointments

The Collaborative's authorizing legislation lists the agencies and organizations that make up the Collaborative's membership. The staff of the Maryland Commission for Women worked over the summer of 2025 to identify representatives from agencies and organizations to participate in the Collaborative. Five members were appointed by state agencies, with the remaining fifteen chosen by their respective constituencies and appointed by Department of Human Services Secretary Rafael López. Through diligent work by the MCW, a full slate of 20 proposed members was presented to the Secretary in mid-August.

The Collaborative is made up of a diverse group of stakeholders with experience in reproductive health, rights, and justice; public policy; retail pharmacies; public education and youth engagement; and communication. In addition to representing constituencies across the health care spectrum, the members themselves come from a variety of racial, ethnic, and regional backgrounds.

[12]Curhan, T., Fairbanks, M., Forouzan, K., Jemmott, N. S., & Mariappuram, R. (2025, June 17). State policy trends midyear analysis. Guttmacher Institute. https://www.guttmacher.org/2025/06/state-policy-trends-midyear-analysis

Meetings

Following the appointment of its members, the Collaborative met virtually in October and November 2025. The meetings followed an agenda, introduced members to the Collaborative's work, and initiated discussion of recommendations for this interim report. A summary of each meeting is below, and meeting agendas and minutes follow the report as Appendix B. Both meetings used the Department of Human Services' Google Meet platform. The meetings were both livestreamed and recorded, and the recordings are available for public viewing on the Maryland Commission for Women website and YouTube channel.

October:

On October 7, 2025, the Collaborative met for the first time. The purpose of the meeting was primarily to introduce Collaborative members to one another and to the work, and to establish processes for the group.

Senator Shelly Hettleman began the meeting with a welcome, and expressed her excitement at the Collaborative's scope of work. MCW staff previewed the structure of the group's work over the course of the project, facilitated introductions, and announced the Collaborative's impressive co-chairs.

Representatives of Free the Pill, including Collaborative member Victoria Nichols, presented on the history of OTC contraception and the national-level issues that demonstrated the need for work like that of the Collaborative. Review of Free the Pill's report *Free the Pill and Cover It Too* will form part of the Collaborative's year 2 work in 2026, as required by the authorizing statute.

November:

The Collaborative held its second meeting on November 5, 2025. The primary purpose of the meeting was to discuss and vote on proposed interim recommendations.

The Collaborative discussed and voted to approve the two interim recommendations discussed in detail on page 16 of this report. There was unanimous agreement on the first recommendation calling on state agencies to issue clear billing guidance. A robust discussion centered on the best approaches to public education campaigns. Both recommendations are vital to full implementation of OTC coverage.

Recommendations and Justification

The following represent the interim recommendations of the Maryland Collaborative to Advance Implementation of Over-the-Counter Birth Control Coverage. The Collaborative will continue to

consider these interim recommendations in its 2026 work, and the final report will include all approved recommendations.

Recommendation 1: Consistent Pharmacy Billing Guidance

"State agencies, including the Maryland Insurance Administration, Department of Health, Medicaid Program, and State Employee Health Program, should advance guidance to pharmacies, pharmacy benefit managers, and health plans regarding a consistent billing method for insurance coverage of OTC contraceptive products. OTC contraceptive products include, but are not limited to, levonorgestrel emergency contraception, the OPill, and condoms."

Consistency in billing protocols for OTC contraception is key. The Collaborative heard this repeatedly from pharmacists within and outside of the CollaborativeConsistency in billing protocols for OTC contraception is key. The Collaborative heard this repeatedly from pharmacists within and outside of the Collaborative. This issue has been researched extensively by Free the Pill as well as the American Pharmacist Association and the Contraception Access Initiative. Pharmacy insurance claims forms include a field for the prescriber's national provider identifier (NPI). Since an OTC product does not have a prescriber, pharmacists are often unclear about how to fill out the claims form. This lack of clarity has slowed implementation of OTC coverage.

Consistency will streamline implementation and ensure a seamless experience for consumers. The Collaborative will examine existing methodologies of billing and make further recommendations in consultation with the Maryland Insurance Administration, Department of Budget and Management, and Department of Health. Examples of billing guidance shared with Collaborative members and that may form the basis of future recommendations may be found in the minutes of the October 7th meeting, in Appendix B. CVS Caremark issued both pieces of guidance, one specific to the Maryland State Employee Health Plan, and one offered more generally following the approval of OPill for OTC use.

According to *Free the Pill and Cover It Too*, CareMark's guidance, issued in March 2024, on billing for Opill has set the industry standard for billing protocols for OTC contraception: in an OTC claim through CVS/CareMark, pharmacists place the pharmacy's NPI in the prescriber field. When CareMark administered the pharmacy benefit for the Maryland State Employee and Retiree Benefit Plan, the company issued the same directions with guidance in 2019.

Recommendation 2: Public and Provider Education and Associated Partnerships

"The state should inform and educate Marylanders about OTC birth control access by activating all relevant existing partnerships and seeking out new partnerships within and outside of state government.

The term "Marylanders" here includes but is not limited to

(f) Youth and young adults
(g) Communities that have historically faced barriers to contraceptive access
(h) Pharmacists and pharmacy employees
(i) Other health care providers, including physicians and advanced practice clinicians
(j) Insurers and pharmacy benefit managers."

State agencies, working in partnership with community organizations, will be especially vital in reaching consumers. High priorities communities are those who may have less access to contraception in general, and for whom OTC options are especially essential. The Collaborative encourages the state to work with consumer advocacy groups and other local community groups to identify innovative communication strategies and share accessible, plain-language information with those who face barriers to contraceptive access.

Justification for the proposed recommendations

Contraception and Economic Freedom

OTC contraception has the potential to transform individuals' lives, but only if it is accessible. The Collaborative's recommendations will support more people's access to OTC contraception and the ability to make their own reproductive health decisions.

There is a connection between reproductive freedom and women's economic empowerment;[13] when women and girls cannot access adequate sexual and reproductive health services or control their reproduction, they cannot obtain true economic freedom. Research shows that women are more likely to receive higher-paying jobs and succeed in their respective career choices when they have access to contraception and can plan their educational aspirations and become financially stable.[14]

[13]Finlay, J. E., & Lee, M. A. (2018). Identifying Causal Effects of Reproductive Health Improvements on Women's Economic Empowerment Through the Population Poverty Research Initiative. The Milbank quarterly, 96(2), 300–322. https://doi.org/10.1111/1468-0009.12326

[14]Jocelyn E. Finlay, Mariam Gulaid, Chiseche Mibenge, Nyovani Madise, Naa Dodua Dodoo, John Stover, Michelle Weinberger, Michelle O'Brien, Marita Zimmermann, *Contraception to women's economic empowerment: A narrative review,* World Development, Volume 196, 2025, 107167, ISSN 0305-750X, https://doi.org/10.1016/j.worlddev.2025.107167. (https://www.sciencedirect.com/science/article/pii/S0305750X25002530)

Access to contraceptives enables people to manage their family planning decisions and have the bodily autonomy and decision-making power to choose when and whether they want to become pregnant and carry a pregnancy to term. This flexibility allows women and girls to manage caregiving duties, should they choose to do so, simultaneously with their workforce participation.[15] Utilizing these services provides a future where women and girls can escape poverty and improve their own and their families' lives. Local, state, and federal governments must invest in programs that support women and girls' contraceptive access and usage, which in turn supports their economic freedom and empowerment and encourages women's participation in the workforce.[16] Women's empowerment is a key underpinning of contraceptive access policies, including those that the Collaborative recommends.

Barriers to Contraceptive Access

Various sociopolitical, economic, and geographic barriers prevent women and girls across the United States from accessing adequate contraceptive care services and the methods of their choosing; many of these barriers can be overcome or mitigated with full, insurance-covered access to OTC contraceptive products. For instance, those residing in areas without access to a health center that provides a full range of birth control methods, also known as contraceptive deserts,[17] experience significant challenges in accessing care, as it requires additional time and transportation that they may also not have access to–both barriers that OTC coverage can help to overcome. According to Power to Decide, around 19 million out of over 60 million women of reproductive age in the United States cannot afford contraceptive care and live in contraceptive care deserts. These deserts primarily impact communities of color, young people, and low-income individuals, who are more likely to reside in rural areas, perpetuating health, social, and economic disparities.[18] These populations are all target populations of the Collaborative's public education recommendation.

Difficulties accessing contraceptive care is highly prevalent among women of color within the United States. They are more likely to face systemic racism and oppression within the health care system, have higher rates of unemployment, lower incomes, and their citizenship status is a consequential factor in preventing them from obtaining contraceptives compared to their white

[15]Finlay, J. E., & Lee, M. A. (2018). Identifying Causal Effects of Reproductive Health Improvements on Women's Economic Empowerment Through the Population Poverty Research Initiative. The Milbank quarterly, 96(2), 300–322. https://doi.org/10.1111/1468-0009.12326

[16]Jocelyn E. Finlay, Mariam Gulaid, Chiseche Mibenge, Nyovani Madise, Naa Dodua Dodoo, John Stover, Michelle Weinberger, Michelle O'Brien, Marita Zimmermann, *Contraception to women's economic empowerment: A narrative review,* World Development, Volume 196, 2025, 107167, ISSN 0305-750X, https://doi.org/10.1016/j.worlddev.2025.107167. (https://www.sciencedirect.com/science/article/pii/S0305750X25002530)

[17]Smith, C. W., Kreitzer, R. J., Kane, K. A., & Saunders, T. M. (2022). Contraception Deserts: The Effects of Title X Rule Changes on Access to Reproductive Health Care Resources. *Politics & Gender*, *18*(3), 672–707. doi:10.1017/S1743923X2100009X

[18]Contraceptive deserts. 2025 | Power to Decide. (n.d.). https://powertodecide.org/what-we-do/contraceptive-deserts

counterparts.[19] A recent study that surveyed Black, Indigenous, and women of color of reproductive age in the United States found that 45% of the 727 surveyed stated they faced at least one barrier when attempting to access the contraceptive method of their choice, with 37% reporting logistical challenges and 20% citing interpersonal barriers.[20]

These barriers included difficulty scheduling an appointment, lack of opportunity to take time off work, difficulty obtaining transportation, lack of insurance coverage, concerns about unfair or discriminatory treatment by a provider, and safety concerns when attempting to receive their preferred preventative method.[21] These various logistical and systemic barriers contribute to a large portion of individuals not being able to receive contraceptive care. It is vital to consider these barriers in all policy and implementation work to expand access to contraception, and they represent strong arguments for improved OTC contraceptive availability.

Prescription requirements themselves can pose a barrier for consumers, demonstrating the importance of OTC options. Time and transportation to get to a health center, health center hours that may conflict with work hours, and child care needs all make it difficult for some patients to see a clinician regularly to start or renew a prescription method. Medical distrust and trauma similarly impact consumers and make them reluctant to seek out a method that requires interacting with the health care system. Thirty states and DC now allow pharmacists to prescribe some methods of contraception, but implementation of this authority can be difficult.[22]

Insurance coverage of OTC methods, including levonorgestrel emergency contraception and progesterone-only daily oral contraception (OPill) removes many of these barriers; one trip to the store or pharmacy, no wait for a prescription or counseling, and minimal interaction with the health care system, as well as no cost sharing to the consumer. Retail facilities also typically have hours that allow working people to visit before or after their work hours.

Other Year 1 Activities: Maryland Commission for Women

In addition to leading the appointment process and staffing the Collaborative itself, the MCW has engaged in additional staff work to support implementation and raise awareness of the need for real, on-the-ground OTC contraceptive access.

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[19]Buscaglia, A., Glover, A., Smith, N., & Garnsey, A. (2025, March 10). Barriers and facilitators to contraception provision among rural healthcare providers - contraception and Reproductive Medicine. SpringerLink. https://link.springer.com/article/10.1186/s40834-025-00350-x

[20]Katherine Key, Alexandra Wollum, Charon Asetoyer, Maricela Cervantes, Alyssa Lindsey, Raquel Z. Rivera, Janette Robinson Flint, Carmela Zuniga, Jessica Sanchez, Sarah E. Baum, Challenges accessing contraceptive care and interest in over-the-counter oral contraceptive pill use among Black, Indigenous, and people of color: An online cross-sectional survey, Contraception, Volume 120, 2023, 109950, ISSN 0010-7824, https://doi.org/10.1016/j.contraception.2023.109950. (https://www.sciencedirect.com/science/article/pii/S0010782423000033)

[21] Ibid.

[22]Pharmacist-prescribed contraceptives. Guttmacher Institute. (2025, July 25). https://www.guttmacher.org/state-policy/explore/pharmacist-prescribed-contraceptives

The MCW has increased its staff capacity in 2024 and 2025, including hiring a Program Manager whose work focuses on OTC contraception. The Program Manager staffs the Collaborative, including overseeing the development of this report, and supervises the work of interns and graduate students who contribute their time and research skills to the project.

Two masters students are working with the MCW on different aspects of the Collaborative's work. Taryn Graves, a student at George Washington University, performed an environmental scan and assisted with drafting the background section of this report. Her work has been invaluable to the Collaborative. In addition, Clara Miller, a student at the University of Maryland, will be focusing her second-year capstone project on retail point-of-sale coverage for OTC contraception, a key component of the Collaborative's Year 2 work in 2026. Her work is also essential to the Collaborative's ability to offer robust recommendations to solve complex coverage issues.

The MCW has also taken advantage of opportunities to raise awareness of the Collaborative's work. Both Executive Director Ariana Kelly and Program Manager Brett Jordan have brought attention to the Collaborative's work in external spaces. On September 29, 2025, prior to the Collaborative's first meeting, Executive Director Kelly spoke at the annual meeting of the American Society for Emergency Contraception (ASEC), a national partner organization that also sits on the Collaborative. She shared the exciting, first-in-the-nation work that the Collaborative is doing to improve access to contraception, bringing awareness and excitement to a nationwide community dedicated to this issue. The MCW and partners hope that other states will follow Maryland's example and bring coverage of OTC contraception to their states.

Program Manager Brett Jordan attended the Maryland Higher Education Commission's Student Success Summit on November 14, 2025 and spoke to that community about the importance of OTC contraceptive access on college campuses. The MCW is working with ASEC and the Straus Foundation to bring startup funding for OTC contraceptives to community college campuses, work that dovetails with the Collaborative's overall access goals. The Collaborative's work on point of sale coverage will also directly impact students' ability to acquire OTC products on campus, without cost-sharing. Jordan spoke to both the exciting possibilities that grant funding can bring to campuses, and the ongoing barrier of cost that point of sale coverage would mitigate.

Year 2 Planned Activities

As the Collaborative looks ahead to 2026, the group is planning the research, meetings, and discussions necessary to complete its statutorily required activities and build a strong slate of recommendations for its final report.

Meetings:
The Collaborative plans to meet formally every other month through calendar year 2026. There may be additional meetings with experts and speakers between formal Collaborative meetings as well.

Review of required materials:
The Collaborative's authorizing statute specifically requires review of three external sources as the foundation for its recommendations. The Collaborative will begin 2026 with this work, and build its recommendations throughout the year.

The first required source is Free the Pill's *Free the Pill and Cover it Too* report, which sets forth best practices for coverage of and access to OTC contraception. Free the Pill has done a great deal of work and research on legislating and implementing coverage on the state level. The Collaborative heard a brief presentation from Free the Pill at its October meeting and will hear more detailed presentations in future meetings.

Secondly, the authorizing statute requires the Collaborative to review and consider the public comments on two pieces of federal rulemaking: a 2023 RFI regarding coverage of OTC contraception, and a corresponding 2024 proposed rule that would have mandated coverage for OTC products at the federal level. That rule was not finalized, but the comments remain helpful for states.

Public comments capture both individual concerns and overall trends, and they also offer opportunities for experts and advocates to make their voices heard. The Collaborative staff members analyzing the comments will capture this range of perspectives in briefing materials for Collaborative leadership and members, and use this information to shape and refine consumer-centered recommendations.

Coverage beyond the pharmacy counter:
Ensuring that pharmacies have clear, consistent billing guidance is a necessary first step in the Collaborative's work. The Collaborative will also examine innovative ways to provide coverage at the retail counter, online, and in settings like vending machines.

The Collaborative plans to consult experts on expanded coverage and examine existing forms of coverage for OTC products, in an effort to determine whether mapping those methods onto contraceptive coverage is feasible.

Public and provider education:
A key component of the Collaborative's legislative directive includes ensuring that consumers and health care stakeholders understand what OTC birth control coverage is required by law and

how that coverage works. Pharmacists, insurance plans, and pharmacy benefit managers need information about coverage, cost sharing (or lack thereof) and billing mechanisms. Clinicians need guidance on talking to patients about OTC contraceptive options. Consumers must have easily accessible and plain-language information about their own coverage and where and how to access OTC products.

Public health programs:
Not all Marylanders have insurance plans that fall under the state's jurisdiction, and the Collaborative will examine ways of advancing access to OTC contraception for people who are uninsured or underinsured, or who may fear to use their insurance. The Collaborative plans to examine methods of providing coverage and/or funding assistance for individuals in these groups, and will leverage public-private partnerships in order to make them sustainable for the state.

Final report:
The Collaborative's final report will document its research, findings, and recommendations. The report will be submitted to the MGA by January 1, 2027. The report will include the methods by which the Collaborative completed its work, its decision-making process, and approved recommendations

IV. Conclusion
The Maryland Collaborative to Advance Implementation of Over-the-Counter Contraception is pleased to submit this report and its interim recommendations to the Maryland General Assembly. This report is the culmination of the Collaborative's first year of work, from the passage of its enacting legislation through the end of calendar year 2025. As a two year project, the Collaborative will undertake the majority of its work in its second year, which will culminate in a slate of recommendations addressing all of the Collaborative's goals and based on the Collaborative's required work.

The Collaborative hopes that these preliminary recommendations help the MGA and state agencies begin to prioritize work around implementing OTC coverage and raising awareness of that coverage. The Collaborative will submit amended and expanded versions of these recommendations as part of its final set of recommended actions. The Collaborative is excited to continue its work through 2026 and partner with the MGA and executive agencies to put its ideas into practice.

Appendix A: Glossary of terms

Over the Counter (OTC): Health care drugs and devices approved by the FDA for use without a prescription.

Contraception/Birth Control: Drugs and devices designed to prevent pregnancy. Some forms also prevent the transmission of sexually transmitted infections.

Emergency Contraception (EC): Drugs and devices approved by the FDA to prevent pregnancy following unprotected sexual intercourse. Levonorgestrel and Ulipristal are the two active ingredients in emergency contraception medications; the copper IUD is also a form of emergency contraception when inserted soon after unprotected sexual intercourse. Levonorgestrel is available over the counter; Ulipristal is prescription-only, and IUDs must be inserted by a clinician.

Long-Acting Reversible Contraception (LARC): intrauterine devices (IUDs) and the Nexplanon implant. These forms of contraception are clinician-inserted devices, most of which include hormonal medication as part of their mechanisms. The copper IUD is the only non-hormonal LARC. Each LARC lasts several years, does not require the consumer/patient to engage with the device, and is 99% effective at preventing pregnancy.

Free the Pill coalition: Free the Pill is a national coalition dedicated to making contraception available over the counter and to implementing coverage of OTC methods. The Free the Pill framework is consumer-centered and evidence-based. The Collaborative bases its work on best practices determined by the coalition.

Affordable Care Act (ACA): The ACA is a federal law passed in 2010. It established a number of patient protections, including allowing young people to remain on their parents' insurance plans until age 26, prohibiting insurers' rejecting enrollees based on preexisting conditions, and required coverage of preventive health care.

Burwell v. Hobby Lobby: 2014 Supreme Court decision that weakened contraceptive coverage protections for employees of closely-held for-profit corporations. The case led to government workarounds for employees to receive coverage without the involvement of their employers.

Grisold v. Connecticut: 1965 Supreme Court decision establishing that married people have a right to contraceptive use. Prior to this decision, the legality of contraception varied by state. Decided five years after the FDA approved the first contraceptive pill.

Eisenstadt v. Baird: 1972 Supreme Court decision establishing the right to contraceptive use for all Americans. Between 1965 and 1972, only married couples had this right.

Roe v. Wade: 1973 Supreme Court decision (overturned 2022) establishing a federal right to abortion access for all Americans.

Dobbs v. Jackson Women's Health Organization: 2022 Supreme Court decision overturning Roe v. Wade. Paved the way for current attacks at the state and federal levels on abortion and contraceptive access.

Advanced practice clinicians: Physician Assistants (or Associates), Nurse Practitioners, and other mid-level clinicians whose licenses permit them to treat patients and prescribe medications with or without the supervision of a physician. Licensure varies by state.

Appendix B: Minutes of the Over-the-Counter Birth Control Collaborative's 2025 meetings

Over-the-Counter Birth Control Collaborative

Meeting Minutes

Tuesday, October 7, 2025
2:30 p.m.
Virtual

Members Attending:	**Members Absent:**
Co-Chair Cynthia Baur, Consumer Health Information Hub	Matt Celentano, Funk & Bolton Law (represented by Allison Taylor and Philemon Kendzierski)
Co-Chair Aliyah Horton, Maryland Pharmacists Association	Sarah Parsons, Mountain Maryland Alliance for Reproductive Freedom
Neil McGarvey, Professional Pharmacy Group	Heather Cascone, Pharmaceutical Care Management Association
Penny Jacobs, University of Maryland	**Staff Attending:**
Cailey Locklair, Maryland Retailers Alliance	Ariana Kelly, Executive Director
Joe Winn, Maryland MCO Association	Brett Jordan, Program Manager
Samantha Ritter, Maryland Dept of Health	Camille Fabiyi, Policy and Program Assistant
Christina Kuminski, Maryland Dept of Budget and Management	Genesis Franco, Management Associate
Becca Lane, Maryland Health Benefits Exchange	Taryn Graves, Graduate Research Assistant
Victoria Nichols, Ibis Reproductive Health	
Kelly Cleland, American Society for Emergency Contraception	**Guests:**
Jakeya Johnson, Reproductive Justice Maryland	Senator Shelly Hettleman
Krista Hein, Albertson's/Safeway	LaShaune Stitt, Commission for Women Chair
Philemon Kendzierski, Funk & Bolton Law	Christine Lee, Commissioner, Commission for Women

Allison Taylor, Kaiser Permanente	Robyn Elliott, Public Policy Partners
Joy Baldwin, Maryland Dept of Health	Bria Goode, Ibis Reproductive Health
Christina Piecora, National Health Law Program	
Sabrina Bassett, Maryland Insurance Administration	
Delia Angulo Chen, Advocates for Youth	

2:30pm I. Call to Order ……..……..……..……Senator Shelly Hettleman and Ariana Kelly, Executive Director, Maryland Commission for Women

A. Welcome remarks

Executive Director Ariana Kelly welcomed the Collaborative Members and set the stage for this meeting and future work. She discussed the Maryland Commission for Women and its history of advocacy, introduced the concept of over the counter contraception, and described the authorizing legislation that created the Collaborative. Executive Director Kelly emphasized the legislative mandate of the Collaborative to study and make recommendations to the General Assembly to fully implement insurance coverage of over the counter contraception.

Senator Shelly Hettleman later joined the call to briefly congratulate and welcome the Collaborative, expressing her excitement for the work the Collaborative will accomplish.

B. Collaborative Logistics and Housekeeping

Program Manager Brett Jordan discussed the purpose of Collaborative meetings and the two reports that the Collaborative will submit to the General Assembly. Members will meet to hear from experts and discuss and finalize recommendations. The reports will offer context and recommendations to the General Assembly.

2:41pm II. Introductions……..……..……... Brett Jordan, Maryland Commission for Women

Collaborative members introduced themselves and their organizations.

2:49pm III. Chair nomination and approval…….……..…Brett Jordan

Brett Jordan announced that Cynthia Baur and Aliyah Horton will be co-chairing the Collaborative. The co-chairs expressed their appreciation for the opportunity to lead the Collaborative and their hopes for strong collaboration.

2:50pm IV. Mindfulness Exercise ……..……..…..…Aliyah Horton and Cynthia Baur, Co-Chairs

A. What does full OTC contraceptive access look like in your world? How does it impact Marylanders?

Collaborative members and guests thoughtfully answered these questions in the meeting chat box. Priorities ranged from cost parity for commercial insurance, Medicaid, and the uninsured to ensuring providers and consumers are aware of OTC coverage.

2:54pm V. Overview of the Collaborative: Past, Present, Future …..……. Victoria Nichols and Bria Goode, Ibis Reproductive Health, and Robyn Elliott, Public Policy Partners

Collaborative member Victoria Nichols and guests Bria Goode and Robyn Elliott presented to the Collaborative regarding the work and history of the Free the Pill Coalition; they also introduced potential areas of discussion regarding billing practices and Medicaid coverage of OPill. The Free the Pill presentation included the process by which a drug becomes approved for over-the-counter use, as well as different models of contraceptive access.

3:39pm VI. Upcoming report deadline……..……. Brett Jordan

A. Timeline

Brett Jordan shared the review timeline that will have the Collaborative's interim report submitted by December 31, 2025.

B. Opportunity for member review

Collaborative members will have the opportunity to review sections of the interim report between December 8th and December 15th.

3:43pm VII. Next Steps……..……Co-Chairs

Collaborative co-chairs will schedule the next meeting for November. Brett Jordan will share minutes and the Collaborative contact list with members. Minutes and a recording of the meeting will be available on the Commission for Women website.

3:48pm VIII. Meeting Adjourned

Respectfully submitted:
Ariana Kelly, Executive Director
Maryland Commission for Women
October 10, 2025

This update applies to:
All Network Pharmacies

States:
Maryland

Line of Business:
Commercial

Customer Care for Plan Members:
1-844-460-8767

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or 1-800-364-6331 if one is not provided.

Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at **caremark.com/pharminfo** > NCPDP Payer Sheets.

OTC Emergency Contraceptive Billing

State of Maryland

RXBIN: 004336
RXPCN: ADV
RXGRP: RX0613

State of Maryland is an existing client with CVS Caremark®.

In response to House Bill 1024, effective October 1, 2018, OTC emergency contraceptives, Plan B and its generic alternatives, are covered as part of a member's prescription benefit at a $0 copay and do not require a prescription.

To adjudicate an OTC emergency contraceptive claim without a prescription, Providers should submit their pharmacy NPI as the Prescriber ID (NCPDP Field 411-DB). Please contact the Pharmacy Help Desk for any additional questions related to claims processing.

CVS caremark

Pharmacy Update

March 28, 2024

ACA OTC Products, including Opill®

This update applies to: All Network Pharmacies
State(s): National
Line of Business: All
Pharmacy Inquiries: If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-364-6331** if one is not provided.
Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at **caremark.com/pharminfo** > NCPDP Payer Sheets.

On or around April 1, 2024, Opill is expected to be available at pharmacies. This over-the-counter birth control will not require a prescription. Opill will be added to the preventive services oral contraceptives list and will be covered at zero cost for many Plan Sponsors. Please rely on the claims adjudication system to determine coverage and copay, if applicable.

Prescription Requirements:
A prescription from a health care provider is NOT required. Pharmacies should submit their pharmacy (Type 2) National Provider Identifier (NPI) in NCPDP Field # 411-DB. If your pharmacy receives a Prescriber ID reject, you may submit Submission Clarification Code (SCC) value "42" to override the reject.

Maryland OTC BC Collaborative meeting

November 5, 2025, 12:00 PM EST

Attendance

Collaborative Members (and representatives):

- Delia Angulo Chen
- Sabrina Bassett
- Cynthia Baur
- Aliyah Horton
- Penny Jacobs
- Jakeya Johnson
- Becca Lane
- Cailey Locklair
- Neil McGarvey
- Victoria Nichols
- Christina Piecora
- Samantha RItter
- Joe Winn
- Joy Baldwin
- Camille Fesche
- Philemon Kendzierski
- Amanda Li

Commissioners:

- LaShaune Stitt
- Christine Lee

Guests:

- Robyn Elliot

Commission Staff:

- Ariana Kelly
- Brett Jordan

- Genesis Franco
- Camille Fabiyi

Summary

Co-Chairs Cynthia Baur and Aliyah Horton welcomed participants to the meeting. Aliyah Horton clarified that there are no age restrictions on Plan B or other over-the-counter birth control products, a point supported by Victoria Nichols and Samantha Ritter. The collaborative approved Draft Recommendation 1 (included below) regarding consistent billing for OTC contraceptives, as written. Discussion of Draft Recommendation 2 (included below) led to the decision to amend it with subrecommendations focusing on specific priority populations, including young people, pharmacists, and communities facing systemic barriers. The meeting finished with a reminder of the upcoming opportunity to review sections of the interim report, as well as a preview of the Collaborative's planned work in 2026.

Details

- **Welcome and Overview of the Meeting** Co-Chair Cynthia Baur opened the second meeting of the over-the-counter birth control collaborative, with Co-Chair Aliyah Horton joining her in the welcome. The agenda included clarifying a point on age restrictions, discussing draft recommendations for the interim report, and concluding with questions and wrap-up.
- **Clarification on Age Restrictions for Over-the-Counter Contraceptives** Aliyah Horton provided clarification that there are no age restrictions on access to Plan B, as the previous restriction is no longer in place, and over-the-counter (OTC) birth control in general is approved for full access with no age restrictions. Victoria Nichols added context, noting that age restrictions create barriers for young people and those without ID, and that Opill was approved without an age restriction due to evidence supporting adolescent access to contraception. Samantha Ritter supported this by noting that Maryland has strong minor consent laws and a well-established precedent to expand access as broadly as possible.
- **Draft Recommendation 1: Consistent Billing Method for OTC Contraceptives**
    - Draft text: "State agencies, including the Maryland Insurance Administration, Department of Health, Medicaid Program, and State

Employee Health Program, should advance guidance to pharmacies, pharmacy benefit managers, and health plans regarding a consistent billing method for insurance coverage of OTC contraceptive products."

    - Aliyah Horton introduced the first draft recommendation, stemming from the pharmacy community, which proposes that state agencies should advance guidance to stakeholders regarding a consistent billing method for insurance coverage of OTC contraceptive products. This recommendation is intended to ensure consistency in the billing process across the board for full access, and the agencies would be asked to support stakeholder education on implementing the practice. Victoria Nichols agreed with the recommendation, noting that pharmacists need clear guidance for claim processing and mentioned that CVS Caremark has issued a bulletin with a billing protocol recommending the use of the pharmacy's NPI number.

- **Discussion and Approval of Recommendation 1** Samantha Ritter supported the recommendation but suggested clarifying the specific responsibilities of state agencies in the final report, while Becca Lane also expressed support, viewing it as a necessary step for implementing existing coverage requirements. Joy Baldwin shared that there are slight administrative and billing differences between Medicaid fee-for-service and MCOs but committed to working to keep the two branches cohesiveThe collaborative voted, with 10 votes to approve the billing guidance as finalized for the interim report, deferring more detailed work on agency roles for the next year.
- **Draft Recommendation 2: Informing and Educating Marylanders on OTC Birth Control**
    - Draft text: "The state should inform and educate Marylanders about OTC birth control access by activating all relevant existing partnerships and seeking out new partnerships within and outside of state government."
    - Cynthia Baur presented the second draft recommendation, focusing on the state informing and educating Marylanders about OTC birth control access by utilizing existing and seeking new partnerships within and outside state government. The intent is to emphasize consumer/public education and leverage partnerships for this purpose. Delia Angulo Chen expressed strong support, noting a current lack of public knowledge about Opill, especially among young people on college campuses.

- **Refining Recommendation 2 for Specific Target Audiences** Christina Piecora emphasized the importance of educational efforts meeting people where they are, particularly young folks and underserved communities, and ensuring accessibility and clarity in communication. Victoria Nichols sought clarification on whether the recommendation targeted general consumers, or also included educating stakeholders like pharmacists and retailers. Brett Jordan clarified that the collaborative could choose to either add specific populations as subrecommendations or as context within the report, suggesting that "Marylanders" can be broadly defined with the understanding that priority populations are included.
- **Decision on Structure of Recommendation 2 and Identification of Priority Groups** After discussion about the preference for subrecommendations or context, and considering clarity and avoiding long lists, Aliyah Horton suggested focusing on three broad categories: the state, providers, and the public. A poll was conducted, and the Collaborative voted with seven votes to amend the recommendation by adding specific populations as subrecommendations, with five votes for including them as context. Priority populations identified for these subrecommendations included young people/young adults, pharmacists, other healthcare providers, insurers, PBMs, and communities facing systemic barriers to contraception.
- **Timeline for Interim Report Review and Future Work** Brett Jordan reminded members that the review window for the draft interim report, specifically the recommendation and meetings sections, is December 8th through 15th, ahead of the January 1st deadline to the legislature. Looking ahead to 2026, the collaborative's work will involve reviewing federal comments and proposed regulations, analyzing the "Free the Pill" report, examining the feasibility of point-of-sale coverage, and engaging in deeper public and stakeholder education efforts. The final report will also address public health programs for consumers not covered by the Contraceptive Equity Act.
- **The meeting adjourned at 12:45 pm EST.**

Next steps

- [ ] Cynthia E Baur, Aliyah Horton, and Brett Jordan -DHS- will draft a revised version of Recommendation 2 to include sub-recommendations for specific populations, which the collaborative will review as part of the draft report.

Appendix C: Forms of contraception, courtesy of the Reproductive Health Access Project[23]

Your Birth Control Choices

METHOD	HOW TO USE	THINGS TO KNOW	HOW WELL DOES IT WORK*
Condom External 	• Use a new condom each time you have sex • Use a polyurethane condom if allergic to latex	• Can use for oral, vaginal, and anal sex • Protects against HIV and other sexually transmitted infections (STIs)	87%
Condom Internal 	• Use a new condom each time you have sex • Use extra lube as needed	• Can use for oral, anal and vaginal sex • May increase vaginal/anal pleasure • Good for people with latex allergy • Protects against HIV and other sexually transmitted infections (STIs)	79%
Diaphragm Caya® and Milex® 	• Put in vagina each time you have sex • Use with spermicide each time	• Can last several years • Spermicide may raise the risk of getting HIV • Raises risk of bladder infection	83%
Emergency Contraception (EC) Pills Plan B®, Next Choice®, ella® and others 	• Works best the sooner you take EC pills after unprotected sex • You can take EC up to 5 days after unprotected sex	• May cause spotting • Your next monthly bleeding may come early or late • Ulipristal acetate EC works better than progestin EC if your body mass index (BMI) is over 26. • ella EC works better than progestin EC 3-5 days after sex	58-94%
Fertility Awareness Natural Family Planning 	• Predict fertile days by: taking temperature daily, checking vaginal mucus, and/or keeping a record of your monthly bleeding	• Can help with avoiding or trying to become pregnant • Use another birth control method on fertile days • Does not work well if your monthly bleeding is irregular	85%
Implant Nexplanon® 	• A clinician places it under the skin of the upper arm • It must be removed by a clinician	• Lasts up to 5 years • May cause irregular spotting or no monthly bleeding at all • Cramps often improve	>99%
IUD - Copper ParaGard® 	• Must be placed in uterus by a clinician • Usually removed by a clinician	• Lasts up to 12 years • May cause cramps and heavy monthly bleeding • Can be used as emergency contraception up to 5 days after unprotected sex	>99%
IUD - Hormonal Liletta®, Mirena®, Skyla®, and others 	• Must be placed in uterus by a clinician • Usually removed by a clinician	• Lasts 3 to 8 years, depending on which IUD you get • May improve cramps • May cause lighter monthly bleeding, spotting, or no monthly bleeding at all • Uses levonorgestrel, a progestin • Some types can be used as emergency contraception up to 5 days after unprotected sex	>99%
The Patch Ortho Evra® 	• Apply a new patch once a week for three weeks • No patch in week 4	• Can irritate skin under the patch • Can make monthly bleeding more regular and less painful • May cause spotting the first few months	93%

METHOD	HOW TO USE	THINGS TO KNOW	HOW WELL DOES IT WORK*
The Pill 	• Take the pill daily	• Can improve acne and premenstrual syndrome (PMS) symptoms • May cause nausea, weight gain, headaches, change in sex drive • Can make monthly bleeding more regular and less painful • May cause spotting the first few months	93%
Progestin-Only Pills 	• Take the pill daily	• May cause changes in hair, skin, or sex drive • Can make monthly bleeding more regular and less painful • May cause spotting the first few months	93%
The Ring ANNOVERA® and Nuvaring® 	• Insert a small ring into the vagina • Monthly Ring: Change ring each month • Yearly Ring: Change ring each year	• There are 2 types: a monthly ring and a yearly ring • Can make monthly bleeding more regular and less painful • May cause spotting the first few months • Can increase vaginal discharge	93%
The Shot Depo-Provera® 	• Get a shot every 3 months (13 weeks) • Give yourself the shot or get it in a medical office	• May cause changes in mood, weight, hair, skin, or sex drive • Side effects may last up to 6 months after you stop the shots • Often decreases monthly bleeding • May cause spotting or no monthly bleeding	96%
Sterilization: Tubal Methods "tubes tied" 	• This method closes the fallopian tubes • A clinician reaches the tubes through your belly	• This method is permanent • Reversal is difficult • Risks include infection, bleeding, pain, and reactions to anesthesia	>98%
Sterilization: Vasectomy 	• A clinician blocks or cuts the tubes that carry sperm • Can be done in the clinician's office	• This method is permanent • It is more effective, safer, and cheaper than tubal procedures • Reversal is difficult • Risks include infection, pain, and bleeding • It may take a few months to work	>99%
Vaginal Acidifying Gel Phexxi® 	• Insert gel in vagina each time you have sex	• Can be put in as part of sex play/foreplay • Does not have any hormones • Requires a prescription • May irritate vagina, penis • Should not be used with urinary tract infection	86%
Vaginal Spermicide cream, gel, sponge, foam, inserts, film 	• Insert spermicide each time you have sex	• Comes in many forms: cream, gel, sponge, foam, inserts, film • May raise the risk of getting HIV • May irritate vagina, penis • Can buy at many stores without a prescription	79%
Withdrawal Pull-out	• Pull penis out of vagina before ejaculation (coming)	• Costs nothing • Less pleasure for some • Does not work if penis is not pulled out in time • Must interrupt sex	80%

*Typical Use

If you are looking for protection from STIs and HIV, both the internal and external condom are great options!

www.reproductiveaccess.org

reproductive health access project

[23]https://www.reproductiveaccess.org/wp-content/uploads/2022/11/2024-02-Your-Birth-Control-Choices-Poster_Final.pdf