

Department of Legislative Services
Maryland General Assembly
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FISCAL AND POLICY NOTE
First Reader

House Bill 1205 (Delegate Morales, *et al.*)
Health and Government Operations and
Appropriations

Public Institutions of Higher Education - Access of Students to Emergency
Contraception

This bill requires a student health center at a public institution of higher education to provide, during the regular hours of operation of the center, on-site access to emergency contraception by prescription and over the counter as well as contraceptive counseling or referrals for contraceptive counseling to other qualified health care providers. In addition, a public institution of higher education must ensure the availability of (1) over-the-counter emergency contraception at all times; (2) information relating to the availability of emergency contraception on campus and off campus on its website and through other means of communicating with students; and (3) information relating to emergency contraception in a consumer-friendly format based on the recommendations of the American Society for Emergency Contraception.

The bill takes effect July 1, 2017.

Fiscal Summary

State Effect: Higher education expenditures at University System of Maryland (USM) institutions, Morgan State University (MSU), St. Mary's College of Maryland (SMCM), and Baltimore City Community College (BCCC) may increase minimally to provide access to over-the-counter emergency contraception during the hours that an institution's health center is closed. However, as explained below, it is assumed that any costs are absorbable within institutional budgets. The other provisions of the bill can be met using existing resources. Revenues are not directly affected.

Local Effect: Local community college expenditures may increase to provide access to over-the-counter emergency contraception during the hours that an institution's health

center is closed. Since most local community colleges have smaller annual budgets than public four-year institutions, their expenditures to provide over-the-counter contraception may not be absorbable. However, as explained below, it is assumed that any costs are minimal. The other provisions of the bill can be met using existing resources. Revenues are not directly affected.

Small Business Effect: None.

Analysis

Bill Summary: “Emergency contraception” is defined as a drug regimen approved by the U.S. Food and Drug Administration (FDA) that is used after sexual intercourse to prevent pregnancy. “Over-the-counter” is defined as a drug approved by FDA for over-the-counter use.

Current Law/Background: Emergency contraception is a type of birth control that reduces a woman’s chances of becoming pregnant *after* unprotected sex or birth control failure. Emergency contraception prevents pregnancy by stopping ovulation; it does not stop a pregnancy when a woman is already pregnant. Also, emergency contraception does not protect against sexually transmitted infections, like HIV (only condoms do). In the United States, two types of emergency contraceptive pills are available – one over the counter and the other by prescription.

On June 20, 2013, [FDA approved](#) Plan B One-Step, a 1.5 milligram levonorgestrel pill, which may be sold over the counter to either women or men without age restriction. Since then, several generic brands of the same medicine (including Take Action, My Way, and Next Choice One-Dose) have been also been approved to be sold over the counter without restriction. Emergency contraception should be taken as soon as possible after unprotected intercourse to be effective. This type of emergency contraceptive pill must be taken within 72 hours of unprotected intercourse.

Plan B One-Step usually costs about \$40 to \$50; the generic brands generally cost about \$35 to \$45. Another generic brand called AfterPill can be purchased online for \$20 plus \$5 shipping, although it does not ship quickly enough to be used if purchased after unprotected intercourse.

Another type of emergency contraception is known as Ella, which contains 30 milligrams of ulipristal acetate and is available only by prescription. This type of emergency contraceptive pill must be taken within 120 hours of unprotected intercourse. Ella costs about \$50 at a pharmacy or drugstore; it can also be obtained online for \$59, which includes the medical consultation, prescription, and shipping.

FDA has also approved combinations of regular oral contraceptives as safe and effective for use as emergency contraception; this type of emergency contraception requires a second dose 12 hours later.

According to its [website](#), the American Society for Emergency Contraception collaborates with the [International Consortium for Emergency Contraception](#) to produce fact sheets that are evidence based on emergency contraception.

Public institutions of higher education in Maryland are not currently required to provide access to prescription or over-the-counter emergency contraception.

State and Local Expenditures Effect: For USM institutions, MSU, SMCM, and BCCC, it is assumed that any costs associated with the bill are absorbable. Due to their smaller annual budgets, costs for local community colleges to provide access to over-the-counter emergency contraception may not be absorbable. However, as explained below, costs per campus are anticipated to be minimal and the other provisions of the bill can be met using existing resources. The following information and assumptions were used in this estimate.

- It is assumed that health centers can provide on-site access to prescription and over-the-counter emergency contraception during their normal operating hours using their normal procedures for providing on-site access to prescription and over-the-counter drugs. It is assumed that this has no material effect on revenues and expenditures. Likewise, it is assumed that health centers can provide contraceptive counseling or referrals for contraceptive counseling to other qualified health care providers using existing procedures. It is further assumed that these services are currently being provided at most, if not all, institutions of higher education.
- The bill requires a public institution of higher education to ensure the availability of over-the-counter emergency contraception at all times, including when the health center is closed. Thus, over-the-counter emergency contraception must be available elsewhere when the health center is closed.
- It is assumed that institutions are required to ensure availability to over-the-counter emergency contraception *on campus*, rather than periodically ensuring that it is provided off campus. To the extent that the bill is interpreted to only require institutions to survey off-campus availability, costs are minimal.
- It is assumed that over-the-counter emergency contraception can be provided by a cost-effective method during hours when the health center is closed. For example,

over-the-counter emergency contraception could be provided in a vending machine. For less than \$3,800 each, an institution could procure commercially available full-featured vending machines designed to dispense items costing up to \$99. Additionally, over-the-counter contraception could be added to existing on-campus vending machines. Alternatively, an institution could decide to provide access to over-the-counter emergency contraception at a 24-hour campus store or by a staff position that is constantly on campus.

- It is assumed that the costs associated with institutions obtaining and providing access to over-the-counter contraception can be at least partially recouped through the sale of the over-the-counter emergency contraception. As stated above, the retail price for AfterPill is \$20, plus \$5 shipping.
- It is assumed that each public institution of higher education can ensure the availability of the following using existing resources: (1) information relating to the availability of emergency contraception on campus and off campus on its website and through other means of communication with students; and (2) information relating to emergency contraception in a consumer-friendly format based on the recommendation of the American Society for Emergency Contraception.
- USM advises that providing emergency contraception available during the hours the health centers are closed may increase expenditures. It is assumed that USM institutions can absorb any increase in expenditures. MSU advises that the bill has no fiscal impact. SMCM advises that it currently provides access to both emergency contraception and contraceptive counseling to students, as well as printed and web-based information and resources; thus, SMCM expenditures are not affected. BCCC advises that expenditures increase due to printing brochures and purchasing over-the-counter emergency contraception. It is assumed that any costs for printing can be absorbed; it is further assumed that most, if not all, of the costs associated with purchasing over-the-counter emergency contraception will be partially recouped when individuals purchase the drug from BCCC.
- It is assumed that over-the-counter contraception must only be made available when students are permitted to be on campus. Some campuses close to students during holidays. Further, local community colleges, which are generally not residential, are often closed to students during the hours of the day when classes are not in session. To the extent institutions are required to provide access on campus during periods when the campus is generally closed to students, costs may increase significantly.

- Accordingly, it is assumed that, for USM institutions, MSU, SMCM, and BCCC, any costs associated with the bill are absorbable. Due to their smaller annual budgets, costs for local community colleges to provide access to over-the-counter emergency contraception may not be absorbable; however, the cost per campus is anticipated to be minimal.
- The Department of Legislative Services advises that the bill does not require an institution of higher education to provide *free* access to either prescription or over-the-counter emergency contraception.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Baltimore City Community College; University System of Maryland; Morgan State University; St. Mary's College of Maryland; U.S. Food and Drug Administration; Association of Reproductive Health Professionals; American Society for Emergency Contraception; International Consortium for Emergency Contraception; Ella, AfterPill; www.webMD.com; Department of Legislative Services

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