

SB 527 2024 Bob Spear.pdf

Uploaded by: Bob Spear

Position: FAV

My name is Dr, Robert Spear, and I am submitting written testimony in favor of Senate Bill 527 which will require contraception access on community college campuses.

Last year the Legislature passed a bill requiring contraception access at the state's four-year higher education institutions. It is only logical to extend this access to students attending our community colleges.

In the 2022-2023 academic year, Maryland higher education schools (including graduate programs) enrolled 173,258 students. Of these 94,834 or more than 54% were community college students. Hence, last year's legislation addressed the needs of less than half of Maryland 's college students.

In higher education overall in the state of Maryland, 65.6% of students are Maryland residents and 34.4% are out of state. Since the out-of-state students are concentrated in our four-year colleges and universities, it follows the our community colleges overwhelmingly serve Maryland residents. Our law should prioritize serving Maryland residents, who are found largely at community colleges.

Please vote for Senate Bill 527.

--Dr. Robert J Spear,
retired professor, Prince George's Community College
member of Mountain Maryland Alliance for Reproductive Freedom (MMARF)

Reference: Credit Headcount Enrollment, MHEC [Microsoft Power BI \(powerbigov.us\)](https://powerbigov.us), page 5

SB527.pdf

Uploaded by: Cresta Kowalski

Position: FAV

Bill Number: SB527

Title: Community Colleges - Contraception - Access Requirements

Committee: Education, Energy and the Environment

Hearing Date: 02/14/2024

Submitted by: Cresta Kowalski, Chairperson, Mountain Maryland Alliance for Reproductive Freedom

Position: FAVORABLE

In Mountain Maryland, we are lucky to have students from across our state that come West for college. At Allegany College of Maryland, with an attendance of 3,184 students in 2022-2023, 54.3% of the student population are from Maryland. At Garrett College, 82% of the student population are Maryland residents. The responsibilities we have as members of the communities where these students live and learn are great; one of the responsibilities we have is access to reproductive healthcare including emergency contraception.

It is imperative that college students have opportunities to make choices for themselves in all areas, and this includes the bodily autonomy and reproductive choice. To increase access to emergency contraception at community colleges will increase opportunities for students to continue their education. According to the American Association of Community Colleges, 7% of community college dropouts leave because of an unplanned pregnancy. Nationally, this rate is 1 in 10 dropouts among female students at community colleges. Without access to emergency contraception, we are negatively impacting the futures of females at a disproportionate rate than that of males attending colleges. This inequity is unacceptable.

Our community college students need support, especially in a rural area like Mountain Maryland where transportation is a luxury. If there is a need for emergency contraception, transportation can be a barrier for some students, leading to an unplanned pregnancy. Furthermore, if access to reproductive healthcare and education were more readily available on community college campuses, our students would be able to make informed decisions about their needs and wants.

The use of emergency contraception can prevent up to 95% of pregnancies if taken 5 days after intercourse according to the World Health Organization. (<https://shorturl.at/enzMZ>) If Maryland wants to enable people who do not want to be pregnant the autonomy of choice, and decrease the need for surgical abortions-which many people still oppose- increasing access to emergency contraception is the only way.

For these reasons, I urge a favorable vote on this bill.

SB0527_MACC_FAV.pdf

Uploaded by: Drew Jabin

Position: FAV

Senate Education, Energy, and the Environment Committee
February 14, 2024

SB 527 - Community Colleges - Contraception - Access Requirements

Position: Favorable

The Maryland Association of Community Colleges (MACC), representing Maryland's 16 community colleges, supports **SB 527**, which would require colleges to consult with students to develop and implement a plan to provide student access to over-the-counter contraception on community college campuses.

MACC is in strong support of ensuring students have access to a full range of preventative, reproductive, and sexual health offerings. Many students may not have easy access to healthcare services and access to contraceptives is essential for promoting health equity. Low-income students and students from marginalized communities may face greater barriers to accessing healthcare services, including contraceptives.

While MACC is in support of the Senate version of this bill, it is worth noting the House bill is not in the same posture – and includes 24/7 access. Unlike residential campuses where students live on-site, the majority of students at community colleges commute to campus for classes and activities. As a result, there is typically low overnight attendance, especially during late-night hours. Mandating sexual health offerings 24/7 would not effectively serve the needs of students if there are few or no students present to utilize these services during those times. MACC recommends the Committee to support the Senate version of this bill to ensure this is done in an inclusive, effective way.

Maryland's community colleges understand that offering over-the-counter contraceptives is an important step toward promoting reproductive health, supporting student success, and addressing health disparities within the student population. Accordingly, MACC urges the Committee to issue a **FAVORABLE** vote on **SB 527**.

Please contact Brad Phillips (bphillips@mdacc.org) or Drew Jabin (djabin@mdacc.org) with questions.

CFW SB 527 - SUPPORT.pdf

Uploaded by: Elizabeth Richards

Position: FAV



**COMMISSION FOR WOMEN
COMMUNITY ENGAGEMENT CLUSTER**

February 14, 2024
Senator Brian Feldman
Chair, Senate Education, Energy, and the Environment Committee
Miller Senate Office Building, 3 East Street
Annapolis, MD 21401

RE: SB 527 Two-Year College Institutions – Reproductive Health Services Access

Position: **SUPPORT**

Dear Chairperson Feldman, and members of the Senate Education, Energy, and the Environment Committee,

On behalf of the Montgomery County Commission for Women, I am writing to ask for your support of SB 527 — Two-Year College Institutions – Reproductive Health Services Access. The 2023 General Assembly voted to require four-year colleges and institutions provide access to emergency contraception, like via vending machines. This bill expands that requirement to two-year colleges and institutions increasing access.

The Montgomery County Commission for Women advocates for legislation that promotes the equal and full participation of women and girls in every aspect of community living and access to education, healthcare, and work advancement with political and economic power. Body autonomy is foundational for equal and full participation in all facets of society. Access to emergency contraceptives is critical to maintaining that autonomy, as well as vital to the health of the community.

The proposed legislation ensures equitable access to emergency contraceptives for community college students, who are more likely to be uninsured, and come from lower-income families compared to students at four-year colleges. Additionally, easy, on-campus access to emergency contraceptives would negate some of the difficulties and inequalities this population experiences when trying to acquire emergency contraceptives, such as pharmacy hours, transportation issues, cultural norms/stigmas which may make accessing contraceptives difficult, or denial of services. Ready access to emergency contraceptives has the potential to make it easier for students to complete their education. Child Trend found that 62% of community college students who had children after enrolling did not finish their degree. Therefore, I urge a favorable report on SB 527.

Sincerely,

Commissioner Elizabeth Richards
Member, Policy & Legislative Committee
Montgomery County Commission for Women

SB527_EmilyBlank_FAV.pdf

Uploaded by: Emily Blank

Position: FAV

Date of Hearing 2/14/2024

Emily Blank
Brentwood, MD 20722

TESTIMONY ON SB527- POSITION: FAVORABLE
Community Colleges-Contraception-Access Requirements

TO: Chair Feldman, Vice Chair Kagan, and members of the Education, Energy, and the Environment Committee

FROM: Emily C. Blank

My name is Emily C Blank. I am a resident of District 47a. I am submitting this testimony in support of SB527, Community Colleges-Contraception-Access Requirements.

My name is Emily Blank. I am a member of Congregation Oseh Shalom in Laurel, MD, and I retired from teaching economics at Howard University in May 2023.

Regardless of how one regards premarital sex, I would argue that college students (at least those over the age of 18) have the right to decide for themselves whether or not to engage in coitus. I would further argue that anyone who has this right, deserves to have readily accessible, affordable birth control. An unplanned pregnancy can derail the education of not only the pregnant woman, but her partner as well. In a world in which increasingly, an Associate degree is the bare minimum for most people to achieve financial stability, reliable birth control is important. Further, a truly unwanted pregnancy may be a disaster not only for the parents, but for the unwanted child and for society at large. Are we really confident that even a child given up for adoption will find a decent family?

In sum, I argue that Community Colleges should provide birth control to their students, in order to help students complete their educations, and to thoughtfully plan child-bearing. **I respectfully urge this committee to return a favorable report on HB527.**

PPM--SB 527--FAV.pdf

Uploaded by: Erin Bradley

Position: FAV



330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Planned Parenthood of Maryland

Committee: Senate Education, Energy, and the Environment Committee

Bill Number: Senate Bill 527 - Community Colleges - Contraception - Access Requirements

Hearing: February 14, 2024

Position: Support

Planned Parenthood of Maryland (PPM) supports *Senate Bill 527 – Community Colleges - Contraception - Access Requirements*. This bill requires each community college, in consultation with students, to develop and implement a plan to provide over-the-counter contraception at the institution through the student health center, on-campus retailer, vending machines or some other means that provides access to all students.

Building on the success of last year’s legislation to require public colleges and universities to improve access to reproductive health care, this bill will improve access to contraception for thousands of busy community college students. The Association of State and Territorial Health Officers (ASTHO) finds that when people are able to access contraception with few logistical and stigma-related barriers, there is an increase in positive health outcomes for both students and their communities. Further, when people can easily receive birth control, rates of unintended pregnancy, preterm births, and short interval pregnancies decrease, while better access to contraception is associated with increased financial opportunities and educational attainment.¹

Every person should have easy access to over-the-counter contraception. We ask for a favorable report on this legislation. If we can provide any additional information, please contact Erin Bradley at erin.bradley@ppm.care or (443) 604-3544.

¹ <https://www.astho.org/communications/blog/opportunities-barriers-to-contraception-access-on-college-campuses/#:~:text=The%20program%20helps%20reduce%20unintended,and%20deliver%20sexual%20health%20education.>

SB 527 - EEE - MDH- LOS.pdf

Uploaded by: Jason Caplan

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 14, 2024

The Honorable Brian J. Feldman
Chair, Education, Energy, and the Environment Committee
2 West, Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 527 – Community Colleges - Contraception - Access Requirements – Letter of Support

Dear Chair Feldman and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill (SB) 527 – Community Colleges - Contraception - Access Requirements. SB 527 requires each community college to develop and implement a plan to provide students with access to over-the-counter contraception. Additionally, the bill authorizes the Department, on request, to provide assistance to community colleges in developing and implementing the plans.

Equitable access to high-quality reproductive health services is important for the health, social, and economic well-being of individuals throughout their lives.¹ According to the American Academy of Pediatrics, all youth (aged 11-25 years old) are entitled to comprehensive, confidential, and accessible sexual and reproductive health care, including contraception access and counseling, and abortion care services.² Community college students are more likely to be uninsured and have lower incomes, both of which are barriers that increase difficulty in accessing contraceptive care.³ Young people (aged 15-24 years) account for almost 50 percent of new sexually transmitted infections, but only represent 25 percent of the sexually active population.⁴ College-aged youth have a greater risk of negative health outcomes from sexual behavior. Twenty-nine percent of this population have reported not wearing condoms, and 11 percent have reported not using birth control.⁵ When college-aged youth have access to comprehensive reproductive health care, they are better able to make informed decisions about their sexual and reproductive health.²

¹ Resources on Reproductive Health, Equity, & Society. The National Academies of Sciences, Engineering, and Medicine. <https://www.nationalacademies.org/topics/reproductive-health-equity-society>

² American Academy of Pediatrics. Equitable Access to Sexual and Reproductive Health Care for All Youth. <https://www.aap.org/en/patient-care/adolescent-sexual-health/equitable-access-to-sexual-and-reproductive-health-care-for-all-youth/>

³ Yarger J, Schroeder R, Blum M, Cabral MA, Brindis CD, Perelli B, Harper CC. Concerns About the Cost of Contraception Among Young Women Attending Community College. *Women's Health Issues*. 2021;31(5):420-5. doi: 10.1016/j.whi.2021.03.006

⁴ Sexually Transmitted Infections Surveillance, 2022. Centers for Disease Control and Prevention. <https://www.cdc.gov/std/statistics/2022/overview.htm>

⁵ Lechner KE, Garcia CM, Frerich EA, Lust K, Eisenberg ME. College students' sexual health: personal responsibility or the responsibility of the college? *J Am Coll Health*. 2013;61(1):28-35. doi: 10.1080/07448481.2012.750608. PMID: 23305542; PMCID: PMC4142756.

The Department surveyed the 16 community colleges (22 total campuses) in the State and found that 7 campuses were identified to have a student health center present on campus and 15 campuses do not. Vending machines are an option that at least 50 college campuses across the country have utilized to expand access to over-the-counter medication and sexual health products.⁶ In Maryland, Johns Hopkins University and Towson University have already implemented vending machines that contain over-the-counter contraception on campus.⁶

The Department is in support of SB527 which prioritizes the reproductive health of community college students in the state by increasing access to over-the-counter contraception.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "L. Herrera Scott".

Laura Herrera Scott, M.D., M.P.H.
Secretary

⁶ Colleges and Universities with EC Vending Machine Sites. American Society for Emergency Contraception. <https://www.ec4ec.org/ec-vending-machines/>

SB 527 Testimony.pdf

Uploaded by: Jordan Jekel

Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 527 (2024)

Community Colleges – Contraception – Access Requirements
Before the Education, Energy, and the Environment Committee: February 14, 2024

Senate Bill 527, cross-filed with House Bill 367, would require community colleges to provide students with access to over-the-counter (“OTC”) contraception (for purchase without a prescription) as approved by the Food and Drug Administration (“FDA”), through the student health center, retail establishments on campus, vending machines, or other methods.

Contraception access is a key component of health care and barriers to access pose public health issues. This is why last year the General Assembly enacted a law requiring that all public senior higher education institutions develop reproductive health care services plans and provide contraceptive services on-campus. Passing SB 527 would decrease the barriers to accessing contraceptive services, prevent unintended pregnancies and provide other health benefits, and bring community college campus health care access into greater alignment with the campus access at four-year university campuses in Maryland.

SB 527 REDUCES BARRIERS TO ACCESSING HEALTH CARE THROUGH PROVIDING EASIER ACCESS TO CONTRACEPTIVE SERVICES

SB 527 will improve access to contraceptive services by increasing the number of access points and providing access where individuals of reproductive age are already located—community college campuses.¹ A common barrier to successful oral contraceptive treatment is that the individual does not take the pill on time because they could not get access to the next supply, with 36% of reproductive-age females reporting this barrier as a factor in missing a pill.² Given that birth control prescriptions in Maryland are typically given in one month or three month supplies, users bear the burden of frequent pharmacy visits to access the medication. Approximately 77% of females of reproductive age favor an over-the-counter pill, citing convenience as the main reason for this preference. Data also demonstrates that women are

¹ Throughout, the testimony alternates between using the term “individuals,” “females,” and “women,” dependent upon the language used in the cited study. While the latter two terms may be used throughout, the assertions are intended to be inclusive to all individuals of reproductive potential, including transgender and nonbinary individuals.

² Michelle Long et al., *Interest in Using Over-the-Counter Oral Contraceptive Pills: Findings from the 2022 KFF Women’s Health Survey*, KFF (Nov. 3, 2022), <https://www.kff.org/womens-health-policy/issue-brief/interest-using-over-the-counter-oral-contraceptive-pills-findings-2022-kff-womens-health-survey/>.

willing to purchase OTC contraceptive services where available, with 39% willing to pay \$1–\$10 a month and 16% willing to pay more than \$20 a month. Further, following the recent approval of Opill, a daily oral contraceptive pill (colloquially “birth control pill”), for OTC use (starting in 2024), the impact of SB 527 will be even greater. Rather than just increasing access to contraceptive services like emergency contraception or condoms, community college campuses can serve as an access point for more Marylanders to acquire the contraception method they desire.

Another barrier to access is contraceptive deserts—essentially, areas where individuals lack access to a health center in their county that provides full access to contraceptives. In Maryland, 286,870 women live in contraceptive deserts.³ By ensuring community college campuses provide access to contraception, the number of access points for contraception increases, which in turn, will hopefully address this current barrier to access. Ninety-eight percent of community college students are ages eighteen to fifty-nine, falling within the reproductive age range, so SB 527 directly meets the individuals who need access where they are already present.⁴ Additionally, community college campuses are spread throughout Maryland, so they can impact numerous communities.

GREATER CONTRACEPTION ACCESS IMPROVES HEALTH OUTCOMES BY DECREASING UNINTENDED PREGNANCIES AND PROVIDING OTHER, NON-PREGNANCY RELATED HEALTH BENEFITS

Removing barriers to contraceptive access paves the way for health benefits for those who are using or wish to use contraception, including decreasing unintended pregnancies and providing other health benefits. SB 527 can directly foster a pathway to these health outcomes.

Unintended pregnancy is considered a public health issue, as almost 50% of pregnancies in the United States are unintended and these pregnancies can create negative health outcomes

³ *Contraceptive Access in Maryland*, POWER TO DECIDE (Nov. 2022), <https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-maryland>.

⁴ TRACY HUNT-WHITE, 2015-16 NATIONAL POSTSECONDARY STUDENT AID STUDY (NPSAS:16) (2018).

for the pregnant individual.⁵ About 85% of contraception users do so to avoid pregnancy.⁶ Decreasing unintended pregnancies through contraception allows individuals to space out and limit pregnancies, reduces unsafe abortions, and lowers maternal morbidity and mortality rates. Barriers to accessing contraception, including lack of OTC access to contraceptive pills, are a large part of why unintended pregnancy numbers are so high; increasing access is projected to greatly decrease these pregnancies. By providing greater access to contraceptive services, SB 527 can decrease the number of unintended pregnancies and the resulting public expenditures.

Beyond eliminating unintended pregnancies, contraception can serve as an important part of an individual's health treatment in other ways. About 40% of contraception users rely on the medication for reasons beyond pregnancy prevention (i.e., treating a medical condition, preventing sexually transmitted diseases). Oral contraceptive pills may safely treat various health conditions, including “menstrual pain, irregular menstruation, fibroids, endometriosis-related pain, menstrual related migraines, and acne management.”⁷ Additionally, contraception can reduce the risk of certain cancers and improve maternal health outcomes. Contraception also improves general wellbeing, increases the female work force, and provides greater economic self-control for women. Finally, contraception use is safer than the risks associated with pregnancy, birth, or self-managed abortion. SB 527 increases the access and availability of contraception, so more individuals of reproductive age can potentially receive these non-pregnancy related health benefits, which increases public health outcomes overall.

ENACTING SB 527 BRINGS COMMUNITY COLLEGE CAMPUS CONTRACEPTION ACCESS INTO GREATER ALIGNMENT WITH OTHER UNIVERSITY CAMPUSES IN MARYLAND

Because the General Assembly last year passed requirements for public senior higher education institutions (“PSHEIs”) to provide contraception access on-campus, SB 527 would align community college campus health care with other public colleges in the State. It is

⁵ Hélène Guillard, *Modeling the Potential Benefit of an Over-the-Counter Progestin-Only Pill in Preventing Unintended Pregnancies in the U.S.*, 117 CONTRACEPTION 7 (2022).

⁶ Brittini Frederiksen et al., *Contraception in the United States: A Closer Look at Experiences, Preferences, and Coverage*, KFF (Nov. 3, 2022), <https://www.kff.org/womens-health-policy/report/contraception-in-the-united-states-a-closer-look-at-experiences-preferences-and-coverage/>.

⁷ Michelle Long et al., *Over-the-Counter Oral Contraceptive Pills*, KFF (Sept. 14, 2023), <https://www.kff.org/womens-health-policy/issue-brief/over-the-counter-oral-contraceptive-pills/>.

important that students both at traditional four-year universities and two-year community colleges receive the same access to these services. The passage of SB 527 makes this possible.

Maryland requires PSHEIs to provide reproductive health services plans, starting August 1, 2024, including “24-hour access to over-the-counter contraception through the student health center, retail establishments on campus, or vending machines.”⁸ For example, at the University of Maryland, College Park, the campus health center offers several options for birth control, including free condoms, over twenty types of birth control pills, and more. With the FDA’s recent OTC birth control approval, this means both the PSHEIs and community colleges can more readily provide the pill within their comprehensive contraception offerings. Thus, this bill would simply bring community college campuses into alignment with the contraceptive services required at these other higher education institutions. Also, the data suggests that this addition is necessary. About 97,000 students attend community colleges in Maryland.⁹ This shows that by only providing pills at the PSHEIs, the State is missing a large portion of students.

OTC oral contraceptives are expected to particularly benefit groups who historically face barriers to access, including young adults and those without insurance—which correlates directly with the typical populations at community colleges. Community college students are more racially diverse and more likely to attend part time (often due to job responsibilities). Additionally, about 55% of community college students are women, falling into the target demographic of many OTC contraceptive services.¹⁰ This further shows the need for contraception access on campus, as these individuals may have higher needs for family planning, face more historical barriers to access, and/or juggle school and work, needing ease of access.

⁸ MD. CODE ANN., EDUC. § 15-136 (West 2023).

⁹ *Maryland at A Glance*, MD. MANUAL ONLINE (Sept. 20, 2023), <https://msa.maryland.gov/msa/mdmanual/01glance/html/edpub.html>.

¹⁰ TRACY HUNT-WHITE, 2015-16 NATIONAL POSTSECONDARY STUDENT AID STUDY (NPSAS:16) (2018).

CONCLUSION

By eliminating barriers to contraception access, SB 527 can increase health outcomes, through decreasing unintended pregnancies and improving health benefits for contraceptive users on community college campuses. SB 527 also will ensure that community college students receive access to contraception, like students at PSHEIs receive, starting in late 2024. For these reasons, we urge a favorable report on Senate Bill 527.

ADDITIONAL RESOURCES

- *Access to Contraception*, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN (2022), <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception>
- Diana G. Foster et al., *Potential Public Sector Cost-Savings from Over-the-Counter Access to Oral Contraceptives*, 91 CONTRACEPTION 373 (2015).
- *Improving Access to Over the Counter Contraception by Expanding Insurance Coverage*, AM. PUB. HEALTH ASS'N (Nov. 1, 2011), <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/24/10/31/improving-access-to-over-the-counter-contraception-by-expanding-insurance-coverage>.
- *IOM Report Recommends Eight Additional Preventive Health Services to Promote Women's Health*, NAT'L ACADS. (July 19, 2011), <https://www.nationalacademies.org/news/2011/07/iom-report-recommends-eight-additional-preventive-health-services-to-promote-womens-health>.
- Karla Maguire & Carolyn Westhoff, *The State of Hormonal Contraception Today: Established and Emerging Noncontraceptive Health Benefits*, 205 AM. J. OF OBSTETRICS & GYNECOLOGY S4 (2011).
- Pam Belluck, *F.D.A. Approves First U.S. Over-the-Counter Birth Control Pill*, N.Y. TIMES (July 13, 2023), <https://www.nytimes.com/2023/07/13/health/otc-birth-control-pill.html>.
- ROBERT A. HATCHER ET AL., CONTRACEPTIVE TECHNOLOGY (20th ed. 2011).
- UMD Health Center, *Free Emergency Contraception*, UNIV. OF MD., <https://health.umd.edu/free-ec> (last visited on Feb. 5, 2024).
- *Universal Access to Contraception*, AM. PUB. HEALTH ASS'N (Nov. 3, 2015), <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception>.

This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.

Senate Comm Coll Contraception Bill Testimony2024.

Uploaded by: Judy A. Carbone

Position: FAV

POSITION: Favorable SB527 “Community Colleges – Contraception – Access Requirements”
TO: Senate Education, Energy, and the Environment Committee
DATE: February 13, 2024
FROM: Judy A. Carbone, Swanton, Garrett County, MD
Mountain Maryland Alliance for Reproductive Freedom (MMARF)

My name is Judy Carbone, and I am testifying today as a member of the Mountain Maryland Alliance for Reproductive Freedom (MMARF), a non-partisan, grassroots organization of people in Allegany and Garrett Counties, committed to assuring and expanding reproductive healthcare and freedom to residents in rural Mountain Maryland. I am also a member of AAUW-Garrett Branch, part of the American Association of University Women, the largest women’s equity organization in the county. Most of all, I am testifying as a resident of Garrett County.

I ask that the committee deliver a favorable vote on SB527. This bill is an important protection to all Marylanders, but this bill is particularly important to residents of Mountain Maryland and students at Garrett College and Allegany College of Maryland. I’d like to specifically address the need for access to contraception in residence halls in rural communities.

Last year, this body approved a similar bill that affected public 4-year universities in the University of Maryland System. It was a good bill and done for all the right reasons, but it left out public community colleges. Those of us with community colleges in our communities saw that then and vowed to correct that in the future. I am grateful to Senators Kelly and Kagan for bringing SB527 forward in this session.

I ask that you deliver a favorable vote as having been a Student Affairs administrator in higher education for over 30 years, including 11 years at Garrett College in McHenry, MD. Garrett College, as you may know, is the first community college in Maryland to have residential students, many of whom don’t have cars. One of the challenges for students at Garrett College when I was employed there was the lack of public transportation for students who lived on campus, as well as it is for students who attended classes from the local community. The closest grocery store for resident hall students is about 1 and a half miles away; the closest pharmacy is across Rt. 219 from the grocery store; the closest medical facility is near the pharmacy. In bad weather, especially our snowy and blustery winters, the walk to these locations seems even farther.

If a student wants to get more discounted products at WalMart, the nearest one is more than 12 miles away in Oakland, MD. The walk to WalMart, should one try to attempt it on the sunniest of days, is complicated further by our hilly terrain.

In short, if students don’t have access to their own car, going to the store for needed supplies is hard, even harder if a student needs over-the-counter contraception during a small window of time as is the case with Plan-B contraception.

In my roles as a Student Affairs administrator, several times I was asked to sit in on Judicial Hearings by the Director of the Residence Halls. For those who don't live or work in residence halls, let me tell you that attending and judging in such hearings is an eye-opening experience, one that gives great insight into the minds of traditional aged college students being on their own for the first time in their lives. In one particularly memorable case, a young woman living in the residence hall brought charges against a young man who was also a resident. As happens, a party took place one night and both the young woman and young man imbibed more than they should have, the young woman even more so. He ended up taking liberties with the young woman of which she was barely aware in her drunken state. Luckily, there was no need for Plan-B contraception with that situation, although if there had been, since she wasn't sexually active and hadn't planned on anything happening and since there was no 24/7 access to contraception, she would have been in a bad place in that regard.

In listening to the young man's justification of his actions and his own defensive statements that he really hadn't done anything wrong...that it was all in "good fun"...it was a crystal clear example of how the decision making processes of young, inexperienced people can lead in the moment to a bad decision that is life changing. Had the incident proceeded to rape, he wouldn't be sitting in front of a student affairs Judicial Hearing but rather sitting with law enforcement. If he had proceeded to rape, the young woman could have found herself pregnant with no contraception recourse afterwards. Both of their economic, emotional, educational, and social lives would have been changed forever and very likely changed for the worse.

The point is young people make decisions at times that turn out not to be very good ones. They deserve access to Plan B and similar contraception that allow them to keep an unwanted pregnancy from happening and steer clear of altering the trajectory of their lives in an unwanted direction.

Of course, young people often make good decisions about actions they take in the future and want to be responsible when it comes to having sex. These young people need to be supported in taking such responsibility by having access to contraception in advance. Being community college students in our rural communities that lack easily accessible transportation, providing 24/7 access to contraception through vending machines is a way to support students in being responsible when sexually active.

Again, I ask you to give your full support to SB527 and afford the same access for community college students to contraception that this body gave last year to their counterparts at public 4-year universities.

Thank you.

Bills Community Colleges - SB527 Dr. Judy Stone.pd

Uploaded by: Judy Stone

Position: FAV

Bill Number: SB527

Title: Community Colleges - Contraception - Access Requirements

Committee: Health and Government

Hearing Date: 02/13/2024

Position: **FAVORABLE**

My name is Dr. Judy Stone; I am a member of MMARF and I am writing to express my strong support for Senate Bill 527, titled "Community Colleges - Contraception - Access Requirements", which addresses the critical need for on-campus access to over-the-counter contraceptives at Maryland community colleges. As a physician in rural Maryland, with a deep understanding of the importance of reproductive health access for students, this legislation is crucial for the well-being and academic success of individuals attending Maryland community colleges. Maryland community college students face barriers to accessing contraceptives, which impacts their reproductive health decisions, educational prospects, and overall well-being.

Senate Bill 527 aims to address this issue by ensuring convenient access to over-the-counter contraceptives during all operating hours.

The impact on students is significant— 61 percent of community college students who have children after enrolling do not finish their education. That dropout rate is 65% higher than the rate of non-pregnant or parenting students. By providing on-campus access to over-the-counter contraceptives, we can empower students to make informed reproductive health choices. I believe this legislation will positively impact their overall well-being, academic success, and future goals by removing barriers to accessing essential healthcare.

As a physician, I have seen the consequences of unsafe abortions and complications of even desperately wanted pregnancies and deliveries. Women should be readily able to avoid unintended pregnancies.

In conclusion, Senate Bill 527 is a vital piece of legislation that addresses a significant gap in reproductive health access for Maryland community college students. By addressing the challenges related to unplanned pregnancies, this bill has the potential to positively impact retention rates and contribute to the well-being, success, and prospects of countless individuals pursuing education in our state. For these reasons, I strongly urge a favorable report on SB527.

MMARF SB527.pdf

Uploaded by: Lori Richards

Position: FAV

Bill Number: SB527

Title: Community Colleges - Contraception - Access Requirements

Committee: Education, Energy and the Environment

Hearing Date: 02/14/2024

Submitted by: **The Mountain Maryland Alliance for Reproductive Freedom**

Position: FAVORABLE

The Mountain Maryland Alliance for Reproductive Freedom is a non-partisan, grassroots organization of people in Allegany and Garrett Counties committed to assuring and expanding reproductive healthcare in rural Mountain Maryland. We worked very hard in the last session to represent all of those in our rural counties who support access to and education about reproductive health and to help pass the full package of reproductive health legislation in 2023.

We now strongly support this bill to close the gap in access to over-the-counter-contraception between students at 4-year public universities and students at public community colleges. We understand both how important it is to have access to contraception, including emergency contraception, as well as the challenges that people in rural areas like ours face in doing so.

Being able to make informed reproductive choices and to prevent unplanned pregnancy is an essential part of reproductive freedom. By providing on-campus access to over-the-counter contraceptives, we can empower students to make informed reproductive health choices just as their adult lives are taking shape. And, if we do not do so, the impact on students will be significant - more than 60% of community college students who have children after enrolling do not finish their education. That interferes with their life plans and their ability to access future opportunities for career and economic success. It can have generational consequences for years.

We also know that in rural areas like ours, accessing a drug store can be challenging without having scheduled public transportation or access to a car. Students in rural areas have a particular need for on-campus access to over-the-counter contraception.

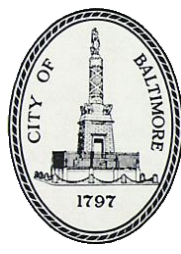
Finally, college healthcare providers tell us, and academic studies show, that college students need education and counseling about all aspects of reproductive health, including sex, contraception and STDs, <https://beyondthepill.ucsf.edu/news/beyond-pill-research-finds-community-college-students-need-better-birth-control-education>. Access to contraception coupled with education is critical - we hope that our colleges and universities and the Maryland Department of Health will work to ensure that the educational and counseling component is provided on-campus, along with access to contraception.

For these reasons, we urge a favorable report on this bill. And we appreciate the steadfast efforts of our Maryland legislators and allies in seeking to improve reproductive health for Marylanders.

SB0527-JUD-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

Office of Government Relations
88 State Circle
Annapolis, Maryland 21401

SB0527

February 14, 2024

TO: Members of the Senate Education, Energy and Environment Committee
FROM: Nina Themelis, Director of Mayor's Office of Government Relations
RE: Senate Bill 527 – Community Colleges - Contraception - Access Requirements
POSITION: FAVORABLE

Chair Feldman, Vice Chair Kagan, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 527.

SB 527 proposes all community colleges to develop and implement a plan to provide students with access to over-the-counter contraceptives. Further, it requires that this plan be developed collaboratively with students. Access to affordable and convenient contraceptives is an essential component of reproductive healthcare and can significantly impact students' lives.ⁱ By involving students and student organizations in the development and implementation of the plan outlined in the bill, Maryland will foster a collaborative approach that considers the unique needs and preferences of the community college population. This legislation is a crucial step towards ensuring the well-being and success of our community college students.

Over-the-counter contraceptives are a safe and effective means of birth control.ⁱⁱ Providing access to them will ensure that students have the tools they need to make decisions about their reproductive health. Unplanned pregnancies can pose significant challenges to a student's educational and career goals.ⁱⁱⁱ Research shows that providing women with access to contraception increases the likelihood that they will continue their education beyond high school, increases their participation in the workforce, and increases their earning power.ⁱⁱ Making contraceptives more accessible will support students in their pursuit of academic success and career advancement. This, in turn, benefits the community by fostering a well-educated and empowered workforce.

Involving students and student organizations in the planning process acknowledges the importance of their voices and experiences. This collaborative effort will ensure that the implemented plan is not only effective, but also reflective of the diverse needs and preferences within the community college student body. For these reasons, the BCA respectfully requests a **favorable** report on SB 527.

ⁱ Brittain, A. W., Loyola Briceno, A. C., Pazol, K., Zapata, L. B., Decker, E., Rollison, J. M., Malcolm, N. M., Romero, L. M., & Koumans, E. H. (2018). Youth-Friendly Family Planning Services for Young People: A Systematic Review Update. *American journal of preventive medicine*, 55(5), 725–735. <https://doi.org/10.1016/j.amepre.2018.06.010>

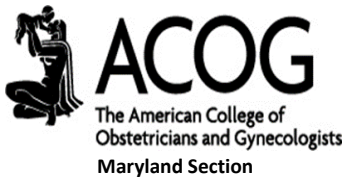
ⁱⁱ American College of Obstetricians and Gynecologists' Committee on Gynecologic Practice. (2019). Over-the-Counter Access to Hormonal Contraception. Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/10/over-the-counter-access-to-hormonal-contraception>

ⁱⁱⁱ Sonfield, A., Hasstedt, K., Kavanaugh, M., & Anderson, R. (2013). The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children. The Guttmacher Institute. Retrieved from <https://www.guttmacher.org/sites/default/files/pdfs/pubs/social-economic-benefits.pdf>

SB0527_FAV_MDACOG, MDAAP_Comm. Coll - Contraceptio

Uploaded by: Pam Kasemeyer

Position: FAV



TO: The Honorable Brian J. Feldman, Chair
Members, Senate Education, Energy, and the Environment Committee
The Honorable Ariana B. Kelly

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Christine K. Krone

DATE: February 14, 2024

RE: **SUPPORT** – Senate Bill 527 – *Community Colleges – Contraception – Access Requirements*

On behalf of the Maryland Section of the American College of Obstetricians and Gynecologists and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of **support** for Senate Bill 527.

Senate Bill 527 requires community colleges, in consultation with students and student organizations, to develop and implement a plan to provide students with 24-hour access to over-the-counter contraception through the student health center, retail establishments, or vending machines. The community colleges will be required to report on how access is provided, available information on the amount of contraception provided on campus, and how the college consulted with students on the development and implementation of the plan. The Maryland Department of Health may provide assistance to a college in developing the plan.

Community college students, the majority of whom are adolescents or young adults, should have easy access to over-the-counter contraception in order to prevent unwanted pregnancies, which could negatively impact a student's health and wellbeing as well as their educational path, and progress toward professional and personal independence. Often students are hesitant to express their need for contraception and having easy 24-hour access will enable them to obtain this critical protection without requiring that they discuss their needs with others. A favorable report is requested.

For more information:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
(410) 244-7000

Testimony in support of SB0527.pdf

Uploaded by: Richard KAP Kaplowitz

Position: FAV

2/14/2024

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0527- POSITION: FAVORABLE
Community Colleges - Contraception - Access Requirements

TO: Chair Feldman, Vice Chair Kagan, and members of the Education, Energy, and the Environment Committee

FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3. I am submitting this testimony in support of SB#/0527, Community Colleges - Contraception - Access Requirements

As a senior student at Frederick Community College currently having earned three degrees from FCC over the last eight years I seen how the younger generation considers sexual activity.

I have sat in a lounge where three female students are using a social media app to select the person they will “hookup” with, have sexual relations with, in the coming weekend. I have heard conversations between couples planning their date that will end with sex. I have heard and seen that some of our youth behave irresponsibly in matters of sexual health and pregnancy prevention.

This bill recognizes that our post-secondary students may be considered adults but sometimes fail to act as adults making good decisions. The consequences of their misjudgment can have life changing effects as a result. If college is a way to help youth transition to adulthood this bill gives these students a way to recover from a situation that, if not properly remediated, will turn their lives upside-down. We can try and educate students to make proper choices, but we must acknowledge that not every student will agree or adopt that proper conduct. The bill also requires reports to be filed which can be shared with our Health Department to guide there decisions in this area.

I respectfully urge this committee to return a favorable report on SB#/0527.

2024 ACNM SB 527 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Education, Energy, and the Environment Committee

Bill Number: SB 527 - Community Colleges - Contraception - Access Requirements

Hearing Date: February 14, 2023

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 527 - Community Colleges - Contraception - Access Requirements*. The bill will require each community college, in consultation with students and student organizations, to develop and implement a plan to provide students with access to over-the-counter (OTC) contraception during the hours when the campus is open for classes.

Last year, the Maryland General Assembly enacted legislation that requires public colleges and universities to provide access to OTC contraception at four-year public colleges and universities. Illinois also enacted similar legislation in the same year. ACNM strongly supported that legislation because of the need for accessible contraception on-campus. Many students live on campus and cannot easily access OTC contraception off-campus because of the lack of transportation and the scarcity of pharmacy and retail locations that provide access.

Community college students also need access to contraception. While community colleges generally do not have student health centers to dispense prescribed contraception, we are fortunate that there are now more OTC contraception options. This summer, the Food and Drug Administration approved Opill, the first OTC birth control pill for daily use. College campuses have several options, including campus retail locations and vending machines, to provide access to OTC contraception.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2024 WLCM SB 527 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: Senate Education, Energy, and the Environment Committee

Bill number: SB 527 - Community Colleges - Contraception - Access Requirements

Hearing Date: February 14, 2024

Position: Support

The Women's Law Center of Maryland (WLC) supports *SB 527 - Community Colleges - Contraception - Access Requirements*. The bill will require each community college, in consultation with students and student organizations, to develop and implement a plan to provide students with access to over-the-counter (OTC) contraception during class hours.

Last year, the Maryland General Assembly enacted legislation requiring access to OTC contraception on public four-year college campuses. This legislation was the result of advocacy from students who shared that access to contraception on some campuses was limited. We are appreciative that the Maryland General Assembly and the higher education community listened to students about their reproductive health needs.

This year's legislation focuses on contraceptive access on community college campuses. We think this legislation is critical because community college students tend to be older and face more challenges in balancing competing priorities between classes and commitments to work and family. While community colleges may not have on campus health centers, there are a growing number of OTC contraceptive options. This past summer, the Food and Drug Administration approved the first OTC birth control pill after a unanimous recommendation of an advisory committee of clinical and research experts.

Community colleges can provide access to OTC contraception through a number of means, although vending machines may be the best option. A growing number of campuses across the country have installed wellness vending machines that sell low-cost options for OTC birth control, menstrual hygiene products, and OTC medication commonly, such as ibuprofen, commonly needed by students.

Improved access to contraception supports educational success, and also addresses systemic inequality since the people who are most at risk for dropping out of college —low-income Americans and racial minorities—are also the ones who are most likely to unexpectedly become pregnant at an early age.

Because access to contraception is essential for the health, well-being, and success of college students, the WLC urges a favorable report on this bill. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

The Women’s Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland

Sen Kelly SB527 FAV.pdf
Uploaded by: Senator Ariana Kelly
Position: FAV



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 14th, 2024

SB527: Community Colleges - Contraception - Access Requirements

Chair Feldman, Vice-Chair Kagan, Members of the EEE Committee,

SB527 *Community Colleges - Contraception - Access Requirements* is the follow-up to Chair Feldman's SB341 which was enacted last year to expand access to reproductive health services at 4-year public colleges and universities.

SB527 comes directly from a thoughtful question about access to contraception at community colleges asked by Vice Chair Kagan at the hearing for last year's bill. I'm appreciative she is co-sponsoring this bill with me.

This year's bill would provide equitable access to contraceptives for community college students, who tend to be older than four-year college students and juggle more competing priorities with work and family obligations.

Community colleges have a lower completion rate of 43.4% when compared to the 67.4% completion rate for public 4-year schools. Importantly, 61% of students who have unplanned pregnancies while studying in community colleges do not complete their programs. The gaps in completion rates between four-year and two-year institutions can be narrowed with the addition of contraceptive resources on campus for students who need them.

SB527 is similar to the bill this committee passed last year, but **appropriately modified for community colleges which are non-residential and do not generally have health centers on campus**. It ensures community college campuses in Maryland provide access to over-the-counter contraception during class hours.

This would ensure our community college students have access to:

- Condoms
- Emergency contraception ("Plan B" and other generics)
- Over-the-counter birth control "Opill"

This legislation allows each campus the flexibility to determine how to provide this access, from utilizing campus stores to vending machines. The *American Society for Emergency Contraception* has compiled a list of over-the-counter contraceptive suppliers that offer a discounted rate for schools.

As with last year's bill for four year campuses, this bill also authorizes the Department of Health to provide technical assistance to community colleges in partnership with a non-profit organization with expertise in the area. As a result of last year's legislation, the Department of Health is already collaborating with the *American Society of Emergency Contraception* to provide technical assistance to campuses across Maryland on vending machines.

The bill also requires that the community colleges must work with students on bill implementation to ensure student needs are met and provides for a simple reporting requirement from the community colleges to the Maryland Higher Education Commission.

Today, you will hear from Reproductive Justice Maryland Executive Director Jakeya Johnson, Robyn Elliot on behalf of the Women's Law Center of Maryland and the American College of Nurse Midwives, as well as Victoria Nichols representing Ibis Reproductive Health in her role as Project Director of Free The Pill.

Thank you for your time today, and I urge a favorable report on SB527.

WDC 2024 Testimony_SB527_FINAL.pdf

Uploaded by: Stephanie Castro

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**Senate Bill 0527, Community Colleges – Contraception – Access Requirements
Education, Energy, and Environment Committee – February 14, 2024
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2024 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of [SB527](#). This bill requires each community college to develop and implement a plan to provide students with access to over-the-counter contraception, on or before December 1, 2024. This plan must cover 24-hour access to all FDA approved contraception, including emergency contraception (EC); prevention and treatment of sexually transmitted infections; and HIV prevention. These services can be provided through the student health center, on-campus retail establishments, vending machines, or by referral to a network of off-campus providers in reasonable proximity, in which case the plan must address transportation access.

No woman should be forced to give birth. [Many community college campuses have little to no access to essential reproductive healthcare resources.](#) In cases of sexual assault, unprotected or coerced sex, and failed birth control, on-campus access to emergency contraception is an important way for students to maintain bodily autonomy and prevent unwanted pregnancy in a timely and private manner. Access off-campus presents barriers such as limited health center pharmacy hours, transportation challenges, high pharmacy costs, pharmacies not stocking EC on the shelf, enforcing outdated age restrictions, or refusing to sell EC outright.

The recent Federal Supreme Court Dobbs decision that overturned Roe vs. Wade, which had guaranteed women's reproductive care rights for fifty years, makes it imperative that the State take action to protect these rights for all women. Sexually active young women are particularly vulnerable. Many community college campuses have little to no access to essential reproductive healthcare resources. Young women are leading a nation-wide movement to provide comprehensive reproductive care on community college campuses.

We ask for your support for SB0527 and strongly urge a favorable Committee report.

Tazeen Ahmad
WDC President

Stephanie Castro
WDC Reproductive Health &
Justice Committee

Cynthia Rubenstein
Co-Chair, WDC Advocacy

Maryland Catholic Conference_UNF_SB527.pdf

Uploaded by: Diane Arias

Position: UNF



MARYLAND
CATHOLIC
CONFERENCE

February 13, 2024

**Senate Bill 527
Community Colleges – Contraception – Access Requirements
Senate Education, Energy, and the Environment Committee**

Position: Unfavorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 527 mandates that each community college must develop and implement a plan by October 1, 2024, to offer students access to over-the-counter (OTC) contraception. The bill requires community colleges to submit an annual report to the Maryland Higher Education Commission by July 1 of each year. Additionally, the Commission is obligated to present a report to the General Assembly by September 1 each year. The Maryland Department of Health is authorized to assist a community college upon request.

The utilization of over-the-counter (OTC) contraception eliminates the need for clinician involvement in obtaining these medications. Typically, clinicians guide contraception use, discussing potential health implications based on individual conditions. However, without such consultations, students, including those under 18, attending community colleges may be exposed to the misuse and potential dangers associated with contraceptive use. The broader effects of contraceptive use on women and society are under researched. During the average human menstrual cycle, women experience an ~8-fold increase in 17β -estradiol (the most prevalent and potent form of estrogen in mammals) and an ~80-fold increase in progesterone.¹ During the average human menstrual cycle, women experience significant hormonal fluctuations, and using OTC contraceptives on campus may encourage the suppression of natural sex hormone production. This manipulation can impact various aspects of daily human activities, such as stress, eating patterns, emotion regulation, learning, and attraction, with long-lasting cascading effects.

While Senate Bill 527 aims to provide access to OTC contraception through vending machines, retail establishments on campus, and the student health center, it is noted that the bill lacks a

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7882021/>

comprehensive approach to health decisions and the potential implications of contraceptive use on individuals. Instead of solely focusing on promoting contraceptive use, institutions of higher education should prioritize enhancing knowledge and awareness of women's bodies while safeguarding their unique ecosystems. Students should have a range of options beyond contraception, emphasizing a holistic approach to women's health.

For these reasons, the MCC asks for an unfavorable report on **SB527**.

Thank you for your consideration.

2024 SB527 Opposition Contraception in Community C

Uploaded by: Deborah Brocato

Position: INFO



Opposition Statement SB527

Community Colleges – Contraception – Access Requirements
Deborah Brocato, Legislative Consultant
Maryland Right to Life

Maryland Right to Life Strongly Oppose SB527.

On behalf of our 200,000 followers across the state, we strongly object to SB527. **This bill forces community colleges to become active partners with the abortion industry using taxpayer funds.**

Contraception includes the minipill or Opill and emergency contraception pills also known as “morning after” pills. There are many high school students who also attend community college which means that minor girls will also have access to abortifacient birth control. This undermines the ability of parents to discuss medication decisions with their minor daughter. Maryland Right to Life requests an amendment to exclude this bill from being used for abortion purposes.

The Opill is newly approved by the Food and Drug Administration (FDA) for over the counter (OTC) use. It contains norgestrel which is the synthetic form of progestin. The Opill is a 0.075mg pill taken once per day every day. The pill works by preventing ovulation, or by thickening cervical mucus to prevent sperm from reaching the egg, **or by thinning the uterine lining to prevent implantation of a fertilized egg in the womb (abortion).** Risks include liver problems, ectopic pregnancy and severe allergic reaction. (mayoclinic.org)

Emergency contraception pills are taken as a one-dose pill after sex. The emergency contraception pill **contains 1.5 mg norgestrel, which is 20 times the dose of the daily Opill** taken all in one dose. It is important to note that girls could take this high dose hormone regularly which is not how its meant to be used and could cause serious health problems. This pill also works by preventing ovulation **or preventing implantation of a fertilized egg in the uterus (abortion).** Risks include severe bleeding and ectopic pregnancy. The likelihood of those risks increase if this high-dose hormone is taken often, like after each sexual encounter, in place of a lower dose birth control pill. (mayoclinic.org)

Maryland is a State Sponsor of Abortion. The Abortion Care Access Act provides that taxpayer funds are used to pay for abortion through Medicaid and private health insurance providers. This legislation will further use taxpayer funds to provide abortifacient birth control to community college students or anyone who has access to the community college.

Maryland is Failing to Protect Children. Because there are minor, high school girls who attend community colleges, minor girls will have easier access to these abortifacient pills. Maryland is again failing to protect children and creating a barrier for parental involvement.



SB527
2024

We urge you to consider the health and well-being of all women and girls by adding an amendment to exclude abortion purposes from this bill. Without the amendment, we ask for an unfavorable report on SB527.

Mayo Clinic - Morning after pill.pdf

Uploaded by: Deborah Brocato

Position: INFO



Morning-after pill

Overview

The morning-after pill is a type of emergency birth control (contraception). Emergency contraception is used to prevent pregnancy for women who've had unprotected sex or whose birth control method has failed.

The morning-after pill is intended for backup contraception only, not as a primary method of birth control. Morning-after pills contain either levonorgestrel (Plan B One-Step) or ulipristal acetate (ella).

Levonorgestrel is available over-the-counter without a prescription; ulipristal acetate is available only with a prescription.

Why it's done

Morning-after pills can help prevent pregnancy if you've had unprotected sex — either because you didn't use birth control, you missed a birth control pill, you were sexually assaulted or your method of birth control failed.

Morning-after pills do not end a pregnancy that has implanted. They work primarily by delaying or preventing ovulation.

Keep in mind that the morning-after pill isn't the same as mifepristone (Mifeprex), also known as RU-486 or the abortion pill. This drug terminates an established pregnancy — one in which the fertilized egg has attached to the uterine wall and has begun to develop.

Risks

Emergency contraception is an effective option for preventing pregnancy after unprotected sex, but it isn't as effective as other methods of contraception and isn't recommended for routine use. Also, the morning-after pill can fail even with correct use, and it offers no protection against sexually transmitted infections.

The morning-after pill isn't appropriate for everyone. Don't take a morning-after pill if:

- You're allergic to any component of the morning-after pill
- You're taking certain medications that can decrease the effectiveness of the morning-after pill, such as barbiturates or St. John's wort

If you're overweight or obese, there's some indication that the morning-after pill won't be as effective in preventing pregnancy as it is for women who aren't overweight.

Also, make sure you're not pregnant before using ulipristal. The effects of ulipristal on a developing baby are unknown. If you're breast-feeding, ulipristal isn't recommended.

Side effects of the morning-after pill, which typically last only a few days, might include:

- Nausea or vomiting
- Dizziness
- Fatigue
- Headache
- Breast tenderness
- Bleeding between periods or heavier menstrual bleeding
- Lower abdominal pain or cramps

How you prepare

For maximum effectiveness, emergency contraception should be started as soon as possible after unprotected intercourse, and within 120 hours. You can take emergency contraceptive pills anytime during your menstrual cycle.

What you can expect

To use the morning-after pill:

- Follow the morning-after pill's instructions. If you use Plan B One-Step, take one Plan B One-Step pill as soon as possible and less than 72 hours after unprotected sex. If you use ella, take one ella pill as soon as possible and less than 120 hours after unprotected sex.
- If you vomit within two hours after taking the morning-after pill, ask your health care provider if you should take another dose.

- Don't have sex until you start another method of birth control. The morning-after pill doesn't offer lasting protection from pregnancy. If you have unprotected sex in the days and weeks after taking the morning-after pill, you're at risk of becoming pregnant. Be sure to begin using or resume use of birth control.

Using the morning-after pill may delay your period by up to one week. If you don't get your period within three to four weeks of taking the morning-after pill, take a pregnancy test.

Normally, you don't need to contact your health care provider after using the morning-after pill. However, if you have bleeding or spotting that lasts longer than a week or develop severe lower abdominal pain three to five weeks after taking the morning-after pill, contact him or her. These can indicate a miscarriage or that the fertilized egg has implanted outside the uterus, usually in a fallopian tube (ectopic pregnancy).

[By Mayo Clinic Staff](#)

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Mayo Clinic - Opill.pdf

Uploaded by: Deborah Brocato

Position: INFO



Minipill (progestin-only birth control pill)

Overview

The minipill norethindrone is an oral contraceptive that contains the hormone progestin. Oral contraceptives are medicines used to prevent pregnancy. These medicines also are called birth control pills.

Unlike combination birth control pills, the minipill — also known as the progestin-only pill — doesn't have any estrogen in it.

The minipill thickens cervical mucus and thins the lining of the uterus. These prevent sperm from reaching the egg and a fertilized egg from implanting in the womb. The minipill may keep you from ovulating. This means that the pill keeps your ovaries from releasing an egg. However, about half the people using the minipill still ovulate.

To be effective in preventing pregnancy, you must take the minipill every day at the same time.

Why it's done

The minipill is a method of birth control that's easy to reverse. And your fertility is likely to return quickly. You can get pregnant almost right away after you stop taking the minipill.

Besides preventing pregnancy, the minipill may reduce or stop heavy or painful periods. The minipill also may help treat a type of skin irritation called estrogen dermatitis that seems to be related to the menstrual cycle.

You might consider the minipill if:

- **You've given birth or are breastfeeding.** The minipill is safe to start any time during breastfeeding. It does not affect the amount of milk produced. You can begin using the minipill right away after giving birth, even if you're not breastfeeding.
- **You have certain health problems.** If you have a history of blood clots in the legs or the lungs, or if you have an increased risk of those conditions, your provider might advise that you take the minipill. The minipill also might be a good choice if you have high blood pressure or heart problems.
- **You're concerned about taking estrogen.** Some women choose the minipill because of possible side effects of birth control pills containing estrogen.

But the minipill isn't the best choice for everyone. Your health care provider may not advise you to take the minipill if you:

- Have past or present breast cancer.
- Have certain liver diseases.
- Have unexplained uterine bleeding.
- Take certain medicines for tuberculosis or HIV/AIDS or to control seizures.

If you'll have trouble taking the pill at the same time every day due to a changing work schedule or other factors, the minipill may not be the best birth control choice.

Risks

Pregnancy

With typical use, as many as 9 out of 100 people who use the minipill will get pregnant during the first year of use. With perfect use as directed, the pregnancy rate is less than 1 in 100 people every year. This rate is close to that of other birth control methods that use hormones.

If you get pregnant while taking the minipill, there appears to be a slightly higher chance that the fertilized egg will implant outside the uterus, usually in a fallopian tube. This is called an ectopic pregnancy. The fallopian tubes carry eggs from the ovaries to the uterus.

There doesn't seem to be an increased risk of birth defects in babies born to people taking the minipill while pregnant. But you should stop taking the minipill as soon as you find out you're pregnant.

Sexually transmitted infections

The minipill won't protect you from sexually transmitted infections. To help protect against these infections, practice safer sex.

Side effects

Side effects of the minipill might include:

- Irregular menstrual bleeding and spotting.

- Acne.
- Breast tenderness.
- Decreased sex drive, also called libido.
- Depression.
- Headaches.
- Nausea.
- Ovarian cysts.

How you prepare

You'll need a prescription for the minipill from your health care provider. Minipills usually come in packs of 28 active pills. This means that all the pills contain progestin. There are no inactive pills without hormones.

As long as you aren't pregnant, you can start taking the minipill anytime — ideally on the first day of your menstrual period.

You might be able to skip the recommended two days of avoiding sex or using backup birth control, such as a condom, if you start taking the minipill:

- During the first five days of your period.
- Between six weeks and six months after giving birth if you are fully breastfeeding and haven't had a period.
- Within the first 21 days after giving birth if you're not breastfeeding.
- The day after you stop using another hormonal method of contraception.
- Right away after a pregnancy loss or abortion.

If you start taking the minipill more than five days after the start of a period, you may need to avoid sex or use a backup method of birth control for the first two days you take the minipill.

If you're switching from a combination birth control pill to the minipill, start taking the minipill the day after you take your last active combination birth control pill.

Talk with your provider so that you know when you need to avoid sex or use a backup method of birth control when starting and using the minipill.

What you can expect

While taking the minipill, you may have less bleeding during periods or you may not have any bleeding at all.

To use the minipill:

- **Talk to your health care provider about a starting date.** Make sure you have a backup method of birth control available if needed.
- **Choose a routine time to take the pill.** It's important to take the minipill at the same time every day. If you take the minipill more than three hours later than usual, avoid sex or use a backup method of birth control for at least two days.
- **Know what to do if you miss pills.** If you miss taking a minipill by more than three hours after your routine time, take the missed pill as soon as you remember, even if it means taking two pills in one day. Avoid sex or use a backup method of birth control for the next two days. If you've had unprotected sex, talk to your health care provider about the type of emergency contraception you should use.
- **Don't take breaks between pill packs.** Always have your next pack ready before you finish your current pack. Unlike combination birth control pills, minipill packs don't contain a week of inactive pills.
- **Know what to do when you're sick.** If you have vomiting or severe diarrhea while using the minipill, the progestin might not be absorbed by your body. Avoid sex or use a backup method of birth control until two days after the vomiting and diarrhea stop. If you throw up within three hours of taking a minipill, take another pill as soon as possible.
- **Tell your health care provider about all medicines you take.** Some medicines may make the minipill less effective. For example, you may need to use a backup method of birth control when taking certain antibiotics.

If your period is heavier than expected or lasts for more than eight days, talk to your health care provider. Also contact your provider if you have any concerns or if you'd like to change to another method of birth control.

Your health care provider can talk with you about birth control options to decide if minipills are right for you.

[By Mayo Clinic Staff](#)

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2024 Ibis SB 441 Senate Side.pdf

Uploaded by: Victoria Nichols

Position: INFO



To: Senate Education, Energy, and Environment Committees

From: Victoria Nichols, Free the Pill Project Director, Ibis Reproductive Health

Dates: February 14, 2024

RE: Information Regarding SB 527 Community Colleges – Contraception – Access - Requirements

I am Victoria Nichols, Project Director for Free the Pill, a project of Ibis Reproductive Health that supports a coalition of more than 200 reproductive health, rights, and justice organizations, research and advocacy groups, youth activists, health care providers, prominent medical and health professional associations, and others who share a commitment to ensuring more equitable access to safe, effective, and affordable birth control to people of all ages, backgrounds, and identities in the United States. Coalition members support over-the-counter (OTC) birth control pills that are affordable, fully covered by insurance, and available to people of all ages.

I appreciate the opportunity to provide information on Senate Bill 527 – Community Colleges – Contraceptive – Access Requirements. The bill would require community college campuses in Maryland to provide access to OTC contraception during school hours.

I would like to provide background on a new type of OTC birth control. On July 13, 2023, the Food and Drug Administration approved Opill, a progestin-only birth control pill (POP), for over-the-counter (OTC) use. After a comprehensive review of the data and a unanimous advisory committee vote to recommend Opill for over-the-counter status, the FDA followed the science and made a decision that will help expand contraceptive access for those who face the greatest barriers to care. Decades of data show that progestin-only pills are safe, effective, and appropriate for use by people of all ages. The United States will now join over 100 countries where birth control pills are available without a prescription.

Opill will soon be available in most major pharmacies across the country and will be the most effective birth control method available over the counter. It will be on the shelves, just like any other OTC medication, and also sold online. Like other birth control pills, Opill must be taken daily. HB 367/SB 527 would include access to Opill, as it is one of three kinds of OTC contraception.

Free the Pill has been working with state and national partners to develop strategies to ensure Opill is accessible to all people regardless of age, income level, insurance status, race or ethnicity, sexual orientation, gender identity, geographic location, or disability. We have many strong partners in Maryland, as Maryland was the first state to require insurance coverage of OTC contraception. We are pleased to be able to provide information about Opill and OTC contraception as you consider this legislative proposal.

If I can provide any further information, please contact me at vnichols@ibisreproductivehealth.org