CAROLYN A. QUATTROCKI Chief Deputy Attorney General

LEONARD J. HOWIE IIIDeputy Attorney General

CARRIE J. WILLIAMS
Deputy Attorney General

ZENITA WICKHAM HURLEYChief, Equity, Policy, and Engagement



STATE OF MARYLAND OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION HEALTH EDUCATION AND ADVOCACY UNIT

WILLIAM D. GRUHN
Division Chief

PETER V. BERNS
General Counsel

CHRISTIAN E. BARRERA Chief Operating Officer

IRNISE F. WILLIAMS
Assistant Attorney General

ANTHONY G. BROWN

Attorney General

February 18, 2025

TO: The Honorable, Joseline A. Peña-Melnyk, Chair

Health and Government Operations Committee

FROM: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

RE: House Bill 0939- Maryland Commission for Women - Maryland Collaborative to

Advance Implementation of Coverage of Over-the-Counter Birth Control-

SUPPORT

The Health Education and Advocacy Unit supports House Bill 939. Maryland was the first state to require coverage of over-the-counter (OTC) birth control with the enactment of the Contraceptive Equity Act in 2016. Regrettably, OTC access has not been implemented effectively because retail pharmacies have struggled to establish systems with carriers to obtain the required payments. This Workgroup would gather stakeholders to study ways to implement the OTC coverage required by law.

Coverage of OTC birth control is essential to increase access to contraception, reduce unintended pregnancies, and improve reproductive autonomy. OTC birth control is intended for regular use, while Plan B is an emergency contraceptive pill that is typically only used after unprotected sex. Plan B can cost as much as \$50 for one pill, while Opill, the first daily birth control for OTC use, can cost as little as \$20 for a 30-day pack.

Currently, ten other states have OTC <u>coverage requirements</u> and many have struggled with the same implementation challenges that Maryland faces. This Commission would bring together stakeholders to address how to:

- o Improve communication to pharmacies on how to bill for the OTC birth control;
- o Improve communication with consumers about coverage;
- o Explore implementation that can be rolled out without delay.

Most Medicare Advantage plans have OTC coverage cards, which is a great model for best practices and guidance on implementation. Substantial work has been done on the national level

to minimize delays in implementation, but some pharmacists are unaware of or unsure of the billing process and consumers are unaware of the pill's availability. The <u>seminal report</u> on implementation on the national level will be used to guide the Commission's work.

This Commission will play an important role in navigating the many challenges that have caused the delay in the implementation of the law and will be able to address the concerns of all the stakeholders involved.

We urge a favorable report.

cc: The Honorable Gabriel Acevero The Honorable Heather Bagnall The Honorable Bonnie Cullison The Honorable Jen Terrasa