HOUSE BILL 939

01, J1 5lr2021 CF SB 674

By: Delegates Pena-Melnyk, Acevero, Bagnall, Cullison, and Terrasa Terrasa, Bhandari, Guzzone, Hill, S. Johnson, Kaiser, Kerr, Lopez, Martinez, Rosenberg, Taveras, White Holland, Woods, and Woorman

Introduced and read first time: January 31, 2025 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 25, 2025

CHAPTER

1 AN ACT concerning

- 2 Maryland Commission for Women Maryland Collaborative to Advance 3 Implementation of Coverage of Over-the-Counter Birth Control
- FOR the purpose of requiring the Maryland Commission for Women to establish the Maryland Collaborative to Advance Implementation of Coverage of Over—the—Counter Birth Control to study access to over—the—counter birth control; and generally relating to coverage of over—the—counter birth control.

8 Preamble

- 9 WHEREAS, Access to birth control is essential to reproductive freedom and 10 autonomy; and
- WHEREAS, Increasing access to over—the—counter birth control is a critical strategy in empowering people who have been unable to access birth control because of challenges in province that he self-house systems and
- 13 in navigating the health care system; and
- WHEREAS, Maryland was the first state to require coverage of over—the—counter birth control with the enactment of the Contraceptive Equity Act of 2016; and
- WHEREAS, 2.7 million Marylanders now have coverage of over—the—counter birth control through a State—regulated private plan, the Maryland Medical Assistance Program, or the State Employee and Retiree Health and Welfare Benefits Program; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 2 3	WHEREAS, On July 13, 2023, the federal Food and Drug Administration expanded the number of over—the—counter birth control options with the approval of the first daily birth control pill for over—the—counter use; and			
4 5 6 7	WHEREAS, Maryland can continue to lead the nation in ensuring over—the—counter birth control access by establishing a consumer—focused implementation collaborative to support collaboration among consumer organizations, industry stakeholders, and State agencies; now, therefore,			
8 9	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:			
10 11 12	shall establish the Maryland Collaborative to Advance Implementation of Coverage of			
13	(b) The Collaborative consists of the following members:			
14 15	(1) one representative of the Maryland Insurance Administration, designated by the Commissioner of the Maryland Insurance Administration;			
16 17	(2) two representatives of the Maryland Department of Health, designated by the Secretary of Health, of whom:			
18 19	(i) one shall be a representative of the Maryland Medical Assistance Program; and			
20	(ii) one shall be a representative of public health;			
21 22 23	(3) one representative of the Department of Budget and Management with expertise in the State Employee and Retiree Health and Welfare Benefits Program, designated by the Secretary of Budget and Management;			
24 25	(4) one representative of the Maryland Health Benefit Exchange, designated by the Executive Director of the Maryland Health Benefit Exchange; and			
26	(5) the following members, appointed by the Secretary of Human Services:			
27	(i) one representative of Ibis Reproductive Health;			
28	(ii) one representative of the National Health Law Program;			
29 30	(iii) one representative of the American Society for Emergency Contraception;			

$\frac{1}{2}$	organizations;	(iv)	two representatives of Maryland-based reproductive justice
3		(v)	one representative of Advocates for Youth;
4		(vi)	one representative of the Maryland Retailers Alliance;
5 6	Stores;	(vii)	one representative of the Maryland Association of Chain Drug
7		(viii)	one representative of the Independent Pharmacies of Maryland;
8		(ix)	one representative of the Maryland Pharmacist Association;
9 10	Maryland;	(x)	one representative of the League of Life and Health Insurers of
11		(xi)	one representative of a pharmacy benefits manager;
12 13	Association;	(xii)	one representative of the Maryland Managed Care Organization
14 15	provides student h	(xiii) ealth i	1 0
16 17	the University of N	(xiv) Iaryla	one representative of the Consumer Health Information Hub at nd School of Public Health.
18 19	(c) The c of the Collaborativ		f the Maryland Commission for Women shall designate the chair
20 21	(d) The Collaborative.	Maryl	land Commission for Women shall provide staff for the
22	(e) A men	mber o	of the Collaborative:
23	(1)	may 1	not receive compensation as a member of the Collaborative; but
24 25	(2) Travel Regulations		titled to reimbursement for expenses under the Standard State rovided in the State budget.
26 27			e of the Collaborative is to study and make recommendations to he—counter birth control through:

implementation of State coverage requirements for over-the-counter

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(1)

birth control at pharmacies;

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over-the-counter contraception;

- 1 (2) advancement of point-of-sale coverage options at retail counters, 2 virtual retail platforms, and vending machines; 3 identification of public health initiatives to increase access to over-the-counter birth control for individuals who: 4 5 (i) do not have over-the-counter birth control coverage; or 6 (ii) cannot access over-the-counter birth control coverage; and 7 **(4)** enhancement of education and engagement of consumers, health care 8 practitioners, public health and community programs, and health care industry stakeholders. 9 The Collaborative shall: 10 (g) 11 (1) study: 12 responses to the request for information on over-the-counter (i) coverage of preventive services published on October 4, 2023, from the U.S. Department of 13 Labor, the U.S. Department of the Treasury, and the U.S. Department of Health and 14 Human Services; 15 16 (ii) responses to the proposed rule on over-the-counter coverage 17 issued by the U.S. Department of Health and Human Services on October 21, 2024; 18 the report developed in consultation with policy experts in states (iii) with over-the-counter coverage laws and published by Ibis Reproductive Health on 19 November 4, 2024, titled "Free the Pill and Cover it Too: Strategies for Making OTC 2021Coverage Work in the Real World"; and 22other reports and materials on implementing coverage for (iv) 23over-the-counter birth control; and (2) make recommendations on its findings. 2425 (h) The Collaborative may consult with: 26 health professional associations and other organizations with expertise 27 in advancing equitable access to birth control for all communities: 28retailers, independent and chain pharmacies, pharmacists, online retail 29 platforms, wellness vending machine companies, and any other entity involved in providing
- 31 (3) insurers, managed care organizations, pharmacy benefits managers, 32 entities that administer cards for health savings accounts or flexible spending accounts,

	President of the Senate.
	Speaker of the House of Delegates.
	Governor.
	Approved:
10	of no further force and effect.
12 13 14 15	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2025. It shall remain effective for a period of 3 years and, at the end of June 30, 2028 this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.
10 11	report of its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.
9	(2) On or before December 1, 2027, the Collaborative shall submit a final
6 7 8	(i) (1) On or before January 1, 2026, the Collaborative shall submit an interim report of its findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.
3 4 5	(4) community health centers, local health departments, and community-based organizations that support communities that have historically not been engaged with the health care system.
$\frac{1}{2}$	and any other organizations involved in administering coverage of over-the-countercontraception; and