

TESTIMONY IN SUPPORT OF HOUSE BILL 367 (2024)

Community Colleges – Contraception – Access Requirements
Before the Appropriations Committee: February 13, 2024

House Bill 367, cross-filed with Senate Bill 527, would require community colleges to provide students with 24-hour 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 HB 367 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.

HB 367 REDUCES BARRIERS TO ACCESSING HEALTH CARE THROUGH PROVIDING EASIER ACCESS TO CONTRACEPTIVE SERVICES

HB 367 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 HB 367 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 HB 367 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. HB 367 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, HB 367 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. HB 367 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 HB 367 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, HB 367 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 Brittni 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 HB 367 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, HB 367 can increase health outcomes, through decreasing unintended pregnancies and improving health benefits for contraceptive users on community college campuses. HB 367 also will ensure that community college students receive the same access to contraception that students at PSHEIs receive, starting in late 2024. For these reasons, we urge a favorable report on House Bill 367.

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.