

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1380
Health

(Delegate Fair)

Health Insurance - Prescriptions for Gender-Affirming Care and Hormone
Therapy - Coverage and Dispensing Requirements

This bill requires certain insurers, nonprofit health service plans, and health maintenance organizations (collectively carriers) to provide coverage for a single dispensing of a supply of a “qualifying prescription” for up to a 12-month period. For a qualifying prescription that is a controlled substance, a carrier must provide coverage for the maximum supply that may be dispensed at one time under federal and State law. The bill also authorizes a pharmacist to dispense a qualifying prescription that does not exceed a 12-month supply of the prescription drug. **The bill takes effect January 1, 2027, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration (MIA) in FY 2027 only from the \$125 rate and form filing fee; any additional workload on MIA can likely be handled with existing budgeted resources. No material impact on the State Employee and Retiree Health and Welfare Benefits Program.

Local Effect: Potential increase in expenditures for local governments that purchase fully insured health benefit plans. Revenues are not affected.

Small Business Effect: Minimal.

Analysis

Bill Summary: “Qualifying prescription” means a prescription for a prescription drug that is (1) used to medically suppress, increase, or replace hormones that the body is not producing at intended levels or (2) related to gender-affirming treatment. “Qualifying prescription” does not include a prescription for (1) a glucagon-like peptide-1 (GLP-1) or GLP-1 receptor antagonist; (2) a prescription that cannot be safely stored at room temperature without refrigeration; or (3) a prescription prescribed for single use, emergency use, or for a nonrenewable course of treatment that the prescriber does not intend to continue on an ongoing or maintenance basis.

A carrier may (1) temporarily limit dispensing of a qualifying prescription to a 90-day supply if there is an acute dispensing shortage for the drug; (2) limit the dispensing during the last quarter of the plan year if a 12-month supply was already dispensed during the plan year; and (3) apply utilization management strategies to a qualifying prescription. However, a carrier may not require an enrollee to accept a 12-month supply if they request a smaller supply or the prescribing provider indicates that the enrollee should receive a smaller supply.

Current Law: A carrier that provides coverage for contraceptive drugs and devices must provide coverage for a single dispensing of up to a 12-month supply of prescription contraceptives. A provider is not required to prescribe, furnish, or dispense 12 months of contraceptives at one time. Whenever a carrier increases the copayment for a single dispensing of up to a 12-month supply of prescription contraceptives, the carrier must proportionately increase the dispensing fee paid to the pharmacist.

Additional Comments: MIA advises that the bill does apply to the nongrandfathered individual and small employer markets.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

Fiscal Note History: First Reader - March 12, 2026
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