



TESTIMONY IN SUPPORT OF HB 1380
Health Insurance - Prescriptions for Gender-Affirming Care and Hormone Therapy -
Coverage and Dispensing Requirements
Favorable

March 13, 2026

Advance Maryland submits this testimony in strong support of HB 1380, which would authorize prescribers to provide up to a 12-month supply of hormone therapy in a single prescription. Maryland patients are too often limited to one- or three-month supplies, requiring repeated prescriber visits, refill requests, and pharmacy trips to maintain uninterrupted access to medications that they rely on. The evidence is clear and consistent: eliminating these unnecessary barriers improves patient health outcomes, reduces gaps in medication availability, could healthcare costs, and promotes equity.

Peri-menopausal and menopausal hormone therapy, especially systemic estrogen, protects against bone loss that occurs in early menopause, can help prevent osteoporosis, has cardiac protective qualities, and is recognized as the most effective treatment available for managing vasomotor symptoms such as hot flashes and sleep disruption. Hormone therapy is not a short-term or as-needed treatment — its protective effects require consistent, uninterrupted use. Requiring patients to return for a new prescription every one to three months creates unnecessary interruptions in therapy with no corresponding clinical benefit. The American College of Obstetricians and Gynecologists' (ACOG) own guidance recommends annual follow-up — not monthly or quarterly prescribing — as routine practice for patients on hormone therapy. There is no clinical rationale for supply limits more restrictive than that standard.

Gender-affirming hormone therapy, including estrogen, testosterone, and related medications prescribed to transgender and gender-nonconforming individuals, is recognized as medically necessary care by the World Professional Association for Transgender Health (WPATH), the Endocrine Society, the American Medical Association, and the American Academy of Pediatrics. The evidence supporting its health benefits is substantial and growing. Like menopausal hormone therapy, GAHT is a long-term, ongoing treatment whose benefits depend on continuity; making short-supply prescribing an especially poor fit for this patient population.

For patients in rural areas, those without reliable transportation, those with inflexible work schedules, or those with limited incomes, the administrative burden of repeated prescriptions is not a minor inconvenience — it is a genuine barrier to care. Documented shortages of estradiol patches and injectable estrogen have further disrupted access for both menopausal and transgender patients in recent years. A 12-month supply gives patients substantially more time to navigate these disruptions

before facing a forced gap in treatment. This legislation would also better serve patients who travel frequently or spend significant time away from home, such as college students.

A 12-month prescription is precisely calibrated to the annual follow-up standard endorsed by leading medical organizations. Prescribers retain full authority to prescribe for shorter durations when clinical circumstances warrant, but can provide up to 12 months when they believe it is appropriate. HB 1380 simply removes an artificial ceiling that forces unnecessary visits.

We respectfully urge the Committee to pass HB 1380 and ensure that Marylanders are not forced to choose between their health and the administrative burden of unnecessary prescription restrictions.