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The Honorable Heather Bagnall
House Health Committee
240 Taylor House Office Building
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Testimony of Trans Maryland

IN SUPPORT OF

House Bill #1380: Health Insurance - Prescriptions for Gender-Affirming Care and Hormone Therapy - Coverage and Dispensing Requirements

To the Chair, Vice Chair, and esteemed members of the Health Committee:

Trans Maryland submits this testimony in support of HB1380. Trans Maryland is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland's trans community. We have served trans Marylanders for years through direct services, peer support, policy advocacy, and community-based research, and we write today because this bill addresses a real and persistent barrier our community members face in accessing medically necessary care.

HB 1380 would require insurers, nonprofit health service plans, and health maintenance organizations to cover up to a 12-month supply of qualifying prescriptions for gender-affirming hormone therapy. The bill follows the same framework Maryland already uses for contraceptive coverage, which has allowed a 12-month dispensing supply since 2020. It is a practical, narrowly tailored measure that would reduce unnecessary obstacles for Marylanders who depend on ongoing hormone therapy as part of their medical care.

For many trans Marylanders, hormone therapy is a long-term or lifelong medical need. These prescriptions are stable, well-established medications managed under the care of a licensed provider. Requiring patients to refill every 30 or 90 days creates repeated opportunities for coverage disruptions, lapses in access, and gaps in treatment. This is especially burdensome for community members in rural parts of the state who may travel significant distances to reach a pharmacy or provider, and for those living on limited incomes who face compounding costs with each short-term fill.

The consequences of interrupted hormone therapy are serious. Research from the University of Washington found that among trans individuals surveyed, only 19% adhered to their prescribed hormone dosage, while 57% took less than prescribed. The most commonly cited reasons included insurance and cost barriers, forgetting to pick up prescriptions, and transportation difficulties. A study published in the *Annals of Behavioral Medicine* examining the Veterans



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Health Administration similarly found that financial and insurance difficulties, along with a limited number of trained providers, were among the most frequently reported barriers to accessing gender-affirming hormone therapy. These are structural problems, and HB 1380 directly addresses one of the structural mechanisms that perpetuates them.

Trans Maryland's own work has put us in close contact with the real-life impact of these barriers. Our Maryland Trans Survey, conducted in partnership with the Queer/Trans Collective for Research on Equity and Wellness at Towson University, surveyed 750 trans Marylanders across all counties and Baltimore City. Among its findings: more than 75% of respondents worried about being negatively judged when seeking health care, and nearly a third had delayed necessary treatment. These numbers reflect a community already navigating a health system that too often fails to meet their needs. Anything the General Assembly can do to simplify and stabilize access to prescribed medications will have a direct, measurable effect on health outcomes for this population.

We want to emphasize that HB 1380 is carefully constructed with appropriate safeguards. It preserves all existing limits on controlled substances under federal and state law. It allows insurers to temporarily limit dispensing to a 90-day supply during acute drug shortages. It permits plans to continue applying utilization management strategies where authorized. And it ensures that no patient is required to accept a 12-month supply if they or their provider prefer a smaller quantity. The bill does not expand the scope of what is prescribed or who prescribes it. It simply ensures that once a provider has determined a patient needs ongoing hormone therapy, insurance coverage does not force that patient into unnecessarily short refill cycles.

Maryland has been a leader in protecting access to gender-affirming care. The Trans Health Equity Act of 2023 expanded Medicaid coverage for gender-affirming treatments. In 2024, the General Assembly passed legal protections for gender-affirming treatment against out-of-state interference. HB 1380 is a logical continuation of this work. It addresses a gap that remains in the private insurance landscape that creates unnecessary friction and cost for our community.

Trans Maryland respectfully urges a favorable report on House Bill 1380. We appreciate the Committee's time and attention to this issue, and we welcome any questions.

Respectfully submitted,

Trans Maryland
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