



15 School Street, Suite 200  
Annapolis, Maryland 21401  
410-269-1554

March 13, 2026

The Honorable Heather Bagnall  
Chair, House Health Committee  
240 Taylor Office Building  
Annapolis, MD 21401

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

Dear Chair Bagnall,

The League of Life and Health Insurers of Maryland, Inc. respectfully opposes *House Bill 1380 – Health Insurance – Prescriptions for Gender-Affirming Care and Hormone Therapy – Coverage and Dispensing Requirements* and urges the committee to give the bill an unfavorable report.

League members are opposed to HB 1380 as the legislation has no regard for if the patient changes course of treatment or coverage. It also is a challenge for carriers as paying for a year of medications (*these particular prescriptions are extremely costly*) will lead to significant waste that will drive further consumer cost exposure. We also don't see a need for the bill as Maryland carriers are already covering these drugs and services.

Mandating coverage of up to a 12-month supply in a single dispensing dramatically increases the upfront cost exposure per member per transaction. Insurers price premiums based on expected utilization patterns, typically built around 30- or 90-day supply cycles. Compressing an entire year's drug cost into one adjudication event disrupts pharmacy cost-sharing structures, disrupts risk pooling models, and may require significant actuarial repricing, ultimately increasing premiums for all enrollees.

A 12-month supply dispensed at once creates a substantial risk of medication waste if a patient's dosage is adjusted, they experience side effects, switch medications, or discontinue therapy during the year. Insurers will have already paid for the full supply with no mechanism for recovery. This represents an inefficient use of premium dollars and could be seen as inconsistent with value-based care principles Maryland has otherwise embraced.

Hormone therapies typically require ongoing clinical monitoring including lab work, dosage titration, and provider check-ins to ensure safety and efficacy. Dispensing a full year's supply at once may reduce the

natural touchpoints that prompt patients to return to their provider, potentially masking adverse effects or necessary prescription changes. Insurers have a contractual and regulatory interest in ensuring medically appropriate care pathways, which this bill could inadvertently undermine.

The bill's definition of a "qualifying prescription" is broad, encompassing any drug used to "suppress, increase, or replace hormones that the body is not producing at intended levels." This language could be interpreted expansively beyond gender-affirming care to include a wide range of endocrine therapies, thyroid medications, and other hormone-related treatments creating interpretive uncertainty for insurers about the full scope of mandated coverage.

For plans subject to ERISA or ACA requirements, mandating a 12-month supply for a specific, politically defined class of medications, while other chronic condition medications remain at 90-day limits, could raise questions about discriminatory benefit design or create compliance complexity under federal parity frameworks, particularly for self-funded employers choosing to comply voluntarily under state law.

While Maryland carriers do not oppose ensuring access to gender-affirming care and hormone therapy, HB 1380 as drafted imposes blunt mandates that increase costs, introduce clinical risk, and create operational and legal uncertainty. A more targeted approach such as discussing 90-day supply coverage with streamlined refill processes and anti-discrimination protections could achieve the same access goals with fewer unintended consequences for Maryland's insurance market.

For these reasons, the League urges the committee to give House Bill 1380 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano  
Executive Director

cc: Members, House Health Committee