

Bill: HB 1380 (Health Insurance - Prescriptions for Gender-Affirming Care and Hormone Therapy - Coverage and Dispensing Requirements)

Position: Favorable

Committee: Health

Hearing Date: 11 March 2026

Chair Bagnall and Members of the Committee,

My name is Cathrine Schmid, and I am a resident of Baltimore and a constituent of District 41. I am writing to urge a favorable report on House Bill 1380.

I am a transgender woman and a disabled veteran. I retired from the United States Army last December after twenty years of service, after being pushed out along with many other trans service members. For those of us forced out, the transition from the military medical system to civilian care is difficult. We are watching TRICARE and the VA step back from transition-related care, including hormone therapy that many of us have relied on for years. The benefits and continuity of care we depended on are shrinking just as we are losing access to federal support.

I know what it feels like to stare at a bottle of medication and count the days left. I have watched my supply of hormones run down while I tried to find a new prescriber who accepted my insurance, had appointments available, and was willing to take on a new transgender patient. I have refreshed patient portals, left voicemail after voicemail, and waited on hold with pharmacies. Interruptions in hormone therapy are not just inconvenient. They affect mood, energy, physical health, and the ability to function at work and at home.

House Bill 1380 would make a real difference. A 12-month supply of gender-affirming hormone therapy would give people a buffer when life or bureaucracy gets in the way of regular care. If a provider retires, moves, or stops accepting a plan, a patient with a full year of medication has time to establish care elsewhere. Someone changing jobs or insurance is less likely to run out of medicine in the middle of that transition.

A 12-month supply also cuts down on the number of appointments and pharmacy trips. Many of us are on a 90-day cycle, four times a year arranging transportation, time off work, child care, and coordination with providers. Moving to an annual supply removes most of that burden. For disabled people, people with limited transportation, and those balancing work and caregiving, that change is significant. It also eases pressure on clinics and pharmacies that are already booked solid.

Maryland has already recognized the value of longer prescription supplies by allowing a 12-month supply of contraceptives. The same logic applies here. When medication is safe to store and used on an ongoing basis, longer fills support adherence, stability, and better health outcomes. Gender-affirming hormone therapy clearly fits that pattern.

HB 1380 is a concrete way for Maryland to step in where federal systems are pulling back and to say to transgender Marylanders, including veterans, that our health and stability matter.

For these reasons, I respectfully urge you to give House Bill 1380 a favorable report.

Thank you for your time and consideration.

Cathrine Joy Schmid

Baltimore, Maryland