

KRIS FAIR
Legislative District 3
Frederick County

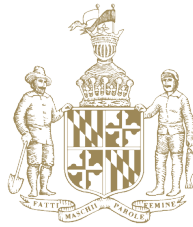
Government, Labor, and
Elections Committee

Subcommittees

Chair, Election Law

Local Government/Bi-County
Agencies and Administration

Chair, Maryland Legislative
LGBTQ+ Caucus



The Maryland House of Delegates
6 Bladen Street, Room 306
Annapolis, Maryland 21401
410-841-3472
800-492-7122 Ext. 3472
Kris.Fair@house.maryland.gov

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

The Honorable Heather Bagnall, Chair
Health Committee
Maryland House of Delegates
6 Bladen Street, Room 240
Annapolis, MD 21401

SPONSOR TESTIMONY

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

Chair Bagnall, Vice Chair Cullison, and Members of the Committee,

HB 1380 is a necessary bill to improve access to hormone therapy for those who need it. Currently, patients whose providers have determined they are eligible for a 12 month supply of hormone therapy typically only receive insurance coverage for a 1-3 month supply of their necessary medications. **This coverage gap creates logistical hurdles for patients that lead to disruptions in care (especially for rural Marylanders that have fewer options for this care), as well as a drug dispensing bottleneck that is contrary to a provider's determination, which burdens provider and pharmacy time and resources.**

The League of Life and Health Insurers of Maryland argues that the bill is redundant, has no safeguards for patients or providers, and that it will lead to waste, increases in premium costs, and disruptions in utilization management. While I welcome the opportunity to work with the League on these issues, the text of the bill directly addresses the League's concerns; and though I asked for alternatives and amendments to make the bill more workable for the League's members, I was not provided any.

Addressing the League's opposition directly:

1) HB 1380 does not mandate coverage of any particular medication or change how much money is charged per unit of medication - a company will receive the same amount of money as it does under current law.

- 2) **The bill does not prevent a provider from determining that a smaller supply is more medically appropriate for the patient, allowing for necessary clinical monitoring and lab work to ensure proper dosage without waste.**
- 3) The bill maintains utilization management authority, provides flexibility to insurers in the event of acute dispensing shortages, includes guardrails to ensure responsible dispensing with regard to plan year start and end dates, and expressly limits supplies of controlled substances to comply with federal law.
- 4) The bill goes into effect on Jan 1, 2027 in alignment with the next plan year to avoid mid-year implementation challenges for insurers.
- 5) **A letter we received from Douglas Jacobs, Executive Director of the Maryland Health Care Commission (MHCC), confirmed that MHCC "do[es] not believe there would be a measurable increase to premiums for HB 1380."**

So what does this bill do? To put it plainly: Should a provider decide that it is clinically appropriate to prescribe a 12 month supply to a patient, and insurers that ordinarily cover the medication determine there are no dispensing shortages or other challenges, then HB 1380 requires those insurers to cover a 12 month supply of that medication -- without increasing premiums for Marylanders.

This is not unprecedented. Washington State passed a version of this law in 2025, and **Maryland has already implemented a similar program for birth control with 2016's Maryland Contraceptive Equality Act (signed by Gov. Hogan).**

This bill is important for everyone who relies on hormone therapy - but it will have an especially profound impact for transgender Marylanders who rely on hormone therapy as part of their gender affirming care. Antagonistic elected officials and their appointees make no secret of their intent to restrict freedoms for transgender people, with healthcare access being the centerpiece of their efforts. We have seen dozens of hostile actions from federal administrative agencies, multiple passed and proposed bills in Congress, adverse federal court rulings, and many coordinated state legislative actions that have curtailed access to transgender health care for youth and adults alike across the country.

Coverage of a 12 month supply of hormones would thus provide stability and crucial decision-making time for transgender Marylanders in the event of anticipated federal actions that limit or eliminate access to gender affirming care. A 12 month supply would give them time to figure out how to continue accessing care with minimal disruptions, and in the worst case scenario it would give them the longest possible runway to wean themselves off of their hormone medication. HB 1380 is a clear way that Maryland can provide support to this small population that is the target of an outsized amount of hostile policymaking and rhetoric -- **and its benefits extend far beyond the trans community.**

The change is necessary, simple, and will have a big impact for the many Marylanders experiencing menopause, polycystic ovary syndrome, thyroid deficiencies, hormonal imbalances, chronic menstrual irregularities, and gender dysphoria. Access to a 12 month supply will create stability and predictability for patients whose doctors affirm they need the care. HB 1380 removes unnecessary hurdles to essential medications and eases patients' anxieties about shortages and disruptions. **And it does so while mitigating insurers' concerns and without any increase to Marylanders' premiums.**

For these reasons I respectfully urge a favorable report.

Thank you for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Kris Fair". The signature is written in a cursive, flowing style.

Delegate Kris Fair
District 3, Frederick County