

# HOUSE . . . . . No. 4488

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## The Commonwealth of Massachusetts

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HOUSE OF REPRESENTATIVES, September 18, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1330) of Alyson M. Sullivan-Almeida relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth, reports recommending that the accompanying bill (House, No. 4488) ought to pass.

For the committee,

JAMES M. MURPHY.

**HOUSE . . . . . No. 4488**

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**  
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An Act relative to pharmacy benefit managers reimbursements to pharmacies in the Commonwealth.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Chapter 176D of the General Laws is hereby amended by inserting after section 3B the  
2 following section:-

3 Section 3C. (a) As used in this section, the following terms shall, unless the context  
4 clearly requires otherwise, have the following meanings:

5 "Maximum allowable cost list" or "list", a list of drugs used by a pharmacy benefits  
6 manager in setting the maximum allowable cost upon which reimbursement to a pharmacy or  
7 pharmacist may be based.

8 "Pharmaceutical wholesaler", a person or entity that sells and distributes prescription  
9 pharmaceutical products, including without limitation a full line of brand-name, generic and  
10 over-the-counter pharmaceuticals, and that offers regular and private delivery to a pharmacy.

11 "Pharmacist", as defined in section 1 of chapter 94C.

12 “Pharmacist services”, products, goods or services provided as a part of the practice of  
13 pharmacy.

14 “Pharmacy”, as defined in section 1 of chapter 94C.

15 "Pharmacy acquisition cost", the amount that a pharmaceutical wholesaler charges for a  
16 pharmaceutical product as listed on the pharmacy's billing invoice.

17 “Pharmacy benefits manager”, as defined in section 226 of chapter 175.

18 "Pharmacy benefits manager affiliate", (i) a pharmacy or pharmacist that directly or  
19 indirectly, through 1 or more intermediaries, owns or controls a pharmacy with a pharmacy  
20 benefits manager; or (ii) a pharmacy that directly or indirectly, through 1 or more intermediaries,  
21 is owned or controlled by or is under common ownership or control with a pharmacy benefits  
22 manager.

23 “Pharmacy benefits plan or program”, a plan or program that pays for, reimburses, covers  
24 the cost of or otherwise provides for pharmacist services to individuals who reside in or are  
25 employed in the commonwealth.

26 (b) Before a pharmacy benefits manager places or continues to administer a particular  
27 drug on a maximum allowable cost list, the drug shall: (i) be listed as therapeutically equivalent  
28 and pharmaceutically equivalent “A” or "B" rated in the United States Food and Drug  
29 Administration’s most recent version of the Orange Book or Green Book or have an NR or NA  
30 rating by Medi-span, Elsevier Gold Standard Drug Database or a similar rating by a nationally  
31 recognized reference; (ii) be available for purchase by each pharmacy in the commonwealth  
32 from national or regional wholesalers operating in the commonwealth; and (iii) not be obsolete.

33 (c) (1) A pharmacy benefits manager shall: (i) provide access to its maximum allowable  
34 cost list to each pharmacy subject to the list; (ii) update its maximum allowable cost list on a  
35 timely basis, but in no event later than 7 calendar days after an increase of 10 per cent or more in  
36 the pharmacy acquisition cost from 60 per cent or more of the pharmaceutical wholesalers doing  
37 business in the commonwealth or a change in the methodology upon which the list is based or in  
38 the value of a variable involved in the methodology; (iii) provide a process for each pharmacy  
39 subject to the maximum allowable cost list to receive prompt notification of an update to the list;  
40 and (iv) provide a reasonable administrative appeal procedure to allow pharmacies to challenge  
41 maximum allowable costs and reimbursements made under a maximum allowable cost for a  
42 specific drug or drugs as not meeting the requirements of this section or being below the  
43 pharmacy acquisition cost.

44 (2) The reasonable administrative appeal procedure shall include a dedicated telephone  
45 number and email address or website for the purpose of submitting administrative appeals.  
46 Pharmacies shall be able to submit an administrative appeal directly to the pharmacy benefits  
47 manager regarding the pharmacy benefits plan or program or through a pharmacy service  
48 administrative organization. Pharmacies shall have no less than 7 business days to file an  
49 administrative appeal.

50 (3) The pharmacy benefits manager shall respond to a challenge based on  
51 reimbursements made under a maximum allowable cost within 7 business days after receipt of  
52 the challenge.

53 (4) If a challenge is based on maximum allowable cost and the appeal is upheld, the  
54 pharmacy benefits manager shall, within 7 business days after receipt of the challenge: (i) make

55 the change in the maximum allowable cost; (ii) permit the challenging pharmacy or pharmacist  
56 to reverse and rebill the claim in question; (iii) provide the National Drug Code for the drug that  
57 the increase or change is based upon to the pharmacy or pharmacist; and (iv) make the change in  
58 the maximum allowable cost effective for each similarly situated pharmacy as defined by the  
59 payor subject to the maximum allowable cost list.

60 (5) If a challenge is based on maximum allowable cost and the appeal is denied, the  
61 pharmacy benefits manager shall, within 7 business days after receipt of the challenge, provide  
62 the challenging pharmacy or pharmacist the National Drug Code for the drug and the name of the  
63 national or regional pharmaceutical wholesalers operating in the commonwealth that have the  
64 drug currently in stock at a price below the maximum allowable cost on the list.

65 (6) If the drug for which the National Drug Code provided by the pharmacy benefits  
66 manager is not available at a price below the pharmacy acquisition cost from the pharmaceutical  
67 wholesaler from which the pharmacy or pharmacist purchases the majority of prescription drugs  
68 for resale, then the pharmacy benefits manager shall adjust the price on the maximum allowable  
69 cost list to exceed the challenging pharmacy's pharmacy acquisition cost and permit the  
70 pharmacy to reverse and rebill each claim affected by the inability to procure the drug at a cost  
71 that is equal to or less than the previously challenged maximum allowable cost.

72 (d) A pharmacy benefits manager shall not reimburse a pharmacy or pharmacist in an  
73 amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits  
74 manager affiliate for providing the same pharmacist services. The amount shall be calculated on  
75 a per unit basis based on the same generic product identifier or generic code number.

76 (e) A pharmacy or pharmacist may decline to provide pharmacist services to a patient or  
77 pharmacy benefits manager if, as a result of a maximum allowable cost list, a pharmacy or  
78 pharmacist would be paid less than the pharmacy acquisition cost of the pharmacy providing  
79 pharmacist services.

80 (f) This section shall apply to the pharmacy benefits manager employed by or under  
81 contract with MassHealth or the group insurance commission if, at any time, MassHealth or the  
82 group insurance commission engages the services of a pharmacy benefits manager to maintain a  
83 maximum allowable cost list.

84 (g) A violation of this section shall be a deceptive and unfair trade practice as described  
85 in section 2 of chapter 93A of the General Laws.