

HOUSE No. 4492

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, September 18, 2025.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1133) of Marjorie C. Decker relative to insurance coverage out-of-pocket limits for prescription drugs, reports recommending that the accompanying bill (House, No. 4492) ought to pass.

For the committee,

JAMES M. MURPHY.

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**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to patient financial protection.

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

1 SECTION 1. Chapter 175 of the General Laws is hereby amended by inserting before
2 section 47CCC the following section:-

3 Section 47AAA. Any policy, contract, agreement, plan or certificate of insurance issued,
4 delivered or renewed within the commonwealth that provides coverage for prescription drugs
5 shall establish a separate out-of-pocket limit for prescription drugs, which shall include specialty
6 drugs. The out-of-pocket limit shall not exceed the dollar amount set as the minimum annual
7 deductible for a high deductible health plan under section 223 of the federal Internal Revenue
8 Code of 1986, 26 U.S.C. §223 (c)(2)(A)(i), for self-only and family coverage, respectively. For
9 the purposes of this section the term “out-of-pocket limit” shall include expenses that: (1) are a
10 cost-sharing expenditure under section 1302 of the federal Patient Protection and Affordable
11 Care Act, 42 U.S.C. §18022 (c)(3); and (2) relate to prescription drug coverage.

12 SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after
13 section 8DDD the following section:-

14 Section 8EEE. Any contract between a subscriber and the corporation under an individual
15 or group hospital service plan which is delivered, issued, or renewed within the commonwealth
16 that provides coverage for prescription drugs shall establish a separate out-of-pocket limit for
17 prescription drugs, which shall include specialty drugs. The out out-of-pocket limit shall not
18 exceed the dollar amount set as the minimum annual deductible for a high deductible health plan
19 under section 223 of the federal Internal Revenue Code of 1986, 26 U.S.C. §223 (c)(2)(A)(i), for
20 self-only and family coverage, respectively. For the purposes of this section the term “out-of-
21 pocket limit” shall include expenses that: (1) are a cost-sharing expenditure under section 1302
22 of the federal Patient Protection and Affordable Care Act, 42 U.S.C. §18022 (c)(3); and (2) relate
23 to prescription drug coverage.

24 SECTION 3. Chapter 176B of the General Laws is hereby amended by inserting after
25 section 4DDD the following section:-

26 Section 4EEE. Any subscription certificate under an individual or group medical service
27 agreement delivered, issued or renewed within the commonwealth that provides coverage for
28 prescription drugs shall establish a separate out-of-pocket limit for prescription drugs, which
29 shall include specialty drugs. The out-of-pocket limit shall not exceed the dollar amount set as
30 the minimum annual deductible for a high deductible health plan under section 223 of the federal
31 Internal Revenue Code of 1986, 26 U.S.C. §223 (c)(2)(A)(i), for self-only and family coverage,
32 respectively. For the purposes of this section the term “out-of-pocket limit” shall include
33 expenses that: (1) are a cost-sharing expenditure under section 1302 of the federal Patient
34 Protection and Affordable Care Act, 42 U.S.C. §18022 (c)(3); and (2) relate to prescription drug
35 coverage.

36 SECTION 4. Chapter 176G of the General Laws is hereby amended by inserting after
37 section 4VV the following section:-

38 Section 4WW. Any individual or group health maintenance organization that provides
39 coverage for prescription drugs shall establish a separate out-of-pocket limit for prescription
40 drugs, which shall include specialty drugs. The out-of-pocket limit shall not exceed the dollar
41 amount set as the minimum annual deductible for a high deductible health plan under section 223
42 of the federal Internal Revenue Code of 1986, 26 U.S.C. §223 (c)(2)(A)(i), for self-only and
43 family coverage, respectively. For the purposes of this section the term “out-of-pocket limit”
44 shall include expenses that: (1) are a cost-sharing expenditure under section 1302 of the federal
45 Patient Protection and Affordable Care Act, 42 U.S.C. §18022 (c)(3); and (2) relate to
46 prescription drug coverage.

47 SECTION 5. This act shall apply to all policies, contracts and certificates of health
48 insurance subject to section 47AAA of chapter 175, section 8EEE of chapter 176A, section
49 4EEE of chapter 176B and section 4WW of chapter 176G of the General Laws delivered, issued
50 or renewed on or after January 1, 2026.