

HOUSE No. 4956

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 28, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1313) of Lindsay N. Sabadosa relative to patient choice in dispensing of clinician-administered drugs, reports recommending that the accompanying bill (House, No. 4956) 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 relating to patient choice in dispensing of clinician-administered drugs.

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 176O of the General Laws is hereby amended by inserting after
2 section 30 the following section:-

3 Section 31. (a) In this section:

4 (1) "Clinician-administered drug" means an outpatient prescription drug other than a
5 vaccine that:

6 (A) cannot reasonably be self-administered by the patient to whom the drug is prescribed
7 or by an individual assisting the patient with the self-administration; and

8 (B) is typically administered:

9 (i) by a health care provider authorized under the laws of this state to administer the drug,
10 including when acting under a physician 's delegation and supervision; and

11 (ii) in a physician's office, hospital outpatient infusion center, or other clinical setting.

(b) A health benefit carrier:

(1) shall not refuse to authorize, approve, or pay a participating provider for providing covered clinician-administered drugs and related services to covered persons;

(2) shall not impose coverage or benefits limitations, or require an enrollee to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other penalty when obtaining clinician-administered drugs from a health care provider authorized under the laws of this state to administer clinician-administered drugs, or a pharmacy;

(3) shall not interfere with the patient's right to choose to obtain a clinician-administered drug from their provider or pharmacy of choice, including inducement, steering, or offering financial or other incentives;

(4) shall not require clinician-administered drugs to be dispensed by a pharmacy selected by the health plan;

(5) shall not limit or exclude coverage for a clinician-administered drug when not dispensed by a pharmacy selected by the health plan, if such drug would otherwise be covered;

(6) shall not reimburse at a lesser amount clinician-administered drugs dispensed by a pharmacy not selected by the health plan;

(7) shall not condition, deny, restrict, refuse to authorize or approve, or reduce payment to a participating provider for providing covered clinician-administered drugs and related services to covered persons when all criteria for medical necessity are met, because the participating provider obtains clinician-administered drugs from a pharmacy that is not a participating provider in the health benefit issuer's network;

(8) shall not require that an enrollee pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other form of price increase for clinician-administered drugs when not dispensed by a pharmacy selected by the health plan;

(9) shall not require a specialty pharmacy to dispense a clinician-administered medication directly to a patient with the intention that the patient will transport the medication to a healthcare provider for administration

(c) A health benefit carrier may offer, but shall not require:

(1) the use of a home infusion pharmacy to dispense clinician-administered drugs to patients in their homes or;

(2) the use of an infusion site external to a patient's provider office or clinic.