

HOUSE No. 5381

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, April 11, 2026.

The committee on Health Care Financing to whom was referred the Bill relative to provider choice (House, No. 2384), reports recommending that the same ought to pass with an amendment substituting therefor the accompanying bill (House, No. 5381).

For the committee,

JOHN J. LAWN, JR..

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

An Act relative to provider choice.

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. Section 24N of Chapter 111 of the General Laws, as appearing in the 2024
2 Official Edition, is hereby amended by striking out paragraph (c) in its entirety and inserting in
3 place thereof the following paragraph:-

4 (c) There shall be a vaccine program advisory council consisting of the commissioner of
5 public health or a designee, who shall serve as chair; the medical director of the universal
6 immunization program of the department of public health established under section 24I; the
7 executive director for the center for health information and analysis or a designee; the executive
8 director of the commonwealth health insurance connector authority or a designee; 1 person to be
9 appointed by the director of Medicaid, who shall be a representative of managed care
10 organizations contracting with MassHealth; 3 persons to be appointed by the commissioner of
11 insurance, each of whom shall be a representative of 1 of the 3 health insurance companies
12 having the most insured lives in the commonwealth; and 7 persons to be appointed by the
13 commissioner of public health, 1 of whom shall be a representative of an employer that self-
14 insures for health coverage who shall be appointed from lists of nominees submitted by statewide

15 associations of employers, 1 of whom shall be a member of the Massachusetts Medical Society,
16 1 of whom shall be a member of the Massachusetts chapter of the American Academy of
17 Pediatrics, 1 of whom shall be a member of the Massachusetts Academy of Family Physicians,
18 and 3 of whom shall be physicians licensed to practice in the commonwealth and who shall have
19 expertise in the area of childhood vaccines. The council shall recommend the amount of funding
20 needed each fiscal year by calculating the total non-federal program cost.

21 SECTION 2. Section 24N of Chapter 111 of the General Laws, as so appearing, is hereby
22 amended by striking out paragraph (d) in its entirety and inserting in place thereof the following
23 paragraph:-

24 (d) Under regulations adopted by the commissioner of public health, each surcharge
25 payor in the commonwealth shall pay to the commissioner of public health, for deposit in the
26 Vaccine Purchase Trust Fund, a routine childhood immunizations surcharge assessed by the
27 commissioner. By January 1 of each year, the commissioner of public health shall determine the
28 total amount of the surcharge for the current fiscal year by determining the final amount required
29 to be included in the Vaccine Purchase Trust Fund for the current fiscal year to cover the
30 estimated costs to purchase, store and distribute immunizations for routine childhood
31 immunizations and to administer the fund and the immunization registry, established pursuant to
32 section 24M. The amount shall take into consideration the limitations on expenditures described
33 in subsection (b) any anticipated surplus or deficit in the trust fund and shall exclude any costs
34 anticipated to be covered by federal contribution. Any increase in the surcharge amount for the
35 prior fiscal year shall not be more than the percentage set as the health care cost growth
36 benchmark, established under section 9 of chapter 6D, unless the commissioner of public health
37 submits a detailed report to the clerks of the house of representatives and senate who shall

38 forward the report to the house and senate committees on ways and means, the house and senate
39 chairs of the joint committee on public health and the house and senate chairs of the joint
40 committee on health care financing explaining the need for the increase.

41 SECTION 3. Chapter 111 of the General Laws, as so appearing, is hereby amended by
42 inserting after section 244 the following section:-

43 Section 245. (1) The department shall implement a provider immunization brand choice
44 requirement as part of the Commonwealth's universal immunization program, pursuant to
45 sections 24I and 24N of chapter 111, and shall implement such requirement in any other existing
46 or future immunization program for children or adults administered through the state using local,
47 state or federal funds.

48 (2) Pursuant to the provider immunization brand choice requirement, for all categories of
49 immunizations included in the programs described in paragraph (1) of this section, all healthcare
50 providers participating in these programs must be able to select any brand or type of any
51 immunization (including any combination immunization and dosage form), as long as the
52 immunization is licensed or authorized for emergency use by the federal Food and Drug
53 Administration, is recommended by the national Centers for Disease Control and Prevention
54 Advisory Committee on Immunization Practices, and is recommended by national professional
55 medical societies. The Commonwealth's universal immunization program, pursuant to sections
56 24I and 24N of chapter 111, shall reflect adequate patient and provider immunization brand
57 choice to preserve clinical judgment for healthcare providers, enhance vaccine confidence,
58 stabilize the vaccine supply and encourage access to future vaccines. The department may
59 exclude certain brand vaccines based on concerns for the health and safety of patients or

60 excessive purchase cost in comparison to comparable agents. This section shall not apply in the
61 event of a shortage or delay in vaccine availability, disaster or public health emergency, terrorist
62 attack, hostile military or paramilitary action, or extraordinary law enforcement emergency.

63 (3) The department shall implement all or part of the provider immunization brand choice
64 requirement as soon as it is determined to be feasible, provided, however, that the department
65 shall complete full implementation of the system not later than July 1, 2026.