

**JOINT COMMITTEE ON FINANCIAL SERVICES
2025-2026 (194th) BILL SUMMARY**

Bill No: H1364

Title: AN ACT RELATIVE TO PROMOTING HEALTHCARE ACCESS AND AFFORDABILITY FOR PATIENTS

Sponsor: Rep. Carole A. Fiola (*Fall River*)

Hearing Date: June 10, 2025

Reporting Deadline: August 9, 2025

Prior History: None

Similar Matters: S724 (DiDomenico – Identical); H1234 (Lawn)

CURRENT LAW:

M.G.L. c. 4 Statutes § 7 Definitions of statutory terms; statutory construction

"Public records" means all books, papers, maps, photographs, recorded tapes, financial statements, statistical tabulations, or other documentary materials or data, regardless of physical form or characteristics, made or received by any officer or employee of any agency, executive office, department, board, commission, bureau, division or authority of the commonwealth, or of any political subdivision thereof, or of any authority established by the general court to serve a public purpose, or any person, corporation, association, partnership or other legal entity which receives or expends public funds for the payment or administration of pensions for any current or former employees of the commonwealth or any political subdivision as defined in section 1 of chapter 32, unless such materials or data fall within certain listed exemptions.

M.G.L. c. 66 Public Records § 10 Inspection and copies of public records; requests; written responses; extension of time; fees

M.G.L. c. 94C Controlled Substances Act §21C Point of sale charge for prescription drug; limit on amount of cost-sharing payment

"Cost-sharing", an amount owed by an individual under the terms of the individual's health benefit plan.

M.G.L. c. 118E Division of Medical Assistance (MassHealth)

M.G.L. c. 175H False Health Care Claims §3 Solicitation, improper inducement to use goods, facilities, services, or products covered by insurance

[Subsections (b) to (d) effective until January 1, 2026. Repealed by 2012, 139, Sec. 131. See 2012, 139, Sec. 226 as amended by 2014, 441, Sec. 2; 2016, 133, Sec. 129; 2018, 363, Sec. 1; 2019, 142, Sec. 15; 2020, 227, Sec. 59; and 2022, 126, Sec. 111.]

M.G.L. c. 176O Health Insurance Consumer Protections

M.G.L. c. 176Y Licensing and Regulation of Pharmacy Benefit Managers § 1 Definitions
“Pharmacy benefit manager”, a person, business or other entity, however organized, that directly or through a subsidiary provides pharmacy benefit management services for prescription drugs and devices on behalf of a health benefit plan sponsor, including, but not limited to, a self-insurance plan, labor union or other third-party payer; provided, however, that “pharmacy benefit manager” shall not include a health benefit plan sponsor unless otherwise specified by the division.

Chapter 139 of the Acts of 2012, An Act making appropriations for the fiscal year 2013 for the maintenance of the departments, boards, commissions, institutions and certain activities of the commonwealth, for interest, sinking fund and serial bond requirements and for certain permanent improvements, §§ 131, 226

§ 131. Said section 3 of said chapter 175H, as so appearing, is hereby amended by striking out subsections (b) to (d), inclusive.

§ 226. Section 131 will take effect on July 1, 2015.

Chapter 260 Acts of 2020, An Act promoting a resilient health care system that puts patients first
§ 26

Establishes a rare disease advisory council within the department of public health

SUMMARY:

SECTION 1.

This section eliminates the sunset provision of what is referred to as the pharmaceutical manufacturer discount coupon exception to the anti-kickback statute. Eliminating the sunset provision renders the exception permanent.

SECTION 2.

A carrier or any pharmacy benefit manager (PBM) will make available to an insured at least 80 per cent of the estimated rebates received by such carrier, or PBM, by reducing the amount of defined cost-sharing that the carrier would otherwise charge a health plan member at the point of sale. Carriers will report their compliance with this section to the division of insurance. The division will fine a carrier up to \$5,000 per day of noncompliance.

A PBM, its agent or any third-party administrator will not publish or otherwise disclose information regarding the actual amount of rebates a carrier receives on a specific product or therapeutic class of products, manufacturer or pharmacy-specific basis. This information will be considered a trade secret and confidential commercial information and not a public record.

SECTION 3

The health policy commission (HPC), with the secretary of the executive office of health and human services, will conduct an analysis and issue a report on the future of cell and gene therapy in the commonwealth to address barriers to access that may exist with respect to such treatments MassHealth consumers and other vulnerable populations.

If any barriers are identified, the HPC and the secretary will analyze and report on the reasons and will propose corrective policy solutions. If any barriers are related to MassHealth

reimbursement methodologies, the HPC and the secretary will propose modifications to the extent authorized under federal law.

The HPC will make the report available on their website and by July 30, 2028, and will file the report with the secretary of administration and finance, the clerks of the house of representatives and the senate, the house and senate committees on ways and means and the joint committee on health care financing.