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

Bill No: H1080

Title: AN ACT RELATIVE TO COPAY ASSISTANCE

Sponsor(s): Brian M. Ashe (*Longmeadow*), Angelo J. Puppolo, Jr. (*Springfield*)

Hearing Date: October 1, 2025

Reporting Deadline: November 30, 2025

Prior History: None

Similar Matters: None

CURRENT LAW:
M.G.L. c. 112 § 12D Prescriptions of interchangeable drug products; notification of substitute for narrow therapeutic index immunosuppressant drug for treatment of organ or tissue transplant
Department of Public Health standards permit the practitioner to instruct the pharmacist to dispense a brand name drug product by indicating "no substitution". The standards require that the indication of "no substitution" will not be the default indication and further that the prescription indicate the "Interchange is mandated unless the practitioner indicates 'no substitution' in accordance with the law". Where the practitioner has so indicated "no substitution", the pharmacist will dispense the exact drug product as indicated by the practitioner. Except in cases where the practitioner has indicated "no substitution", the pharmacist will dispense: an interchangeable abuse deterrent product if one exists; or, if none exists, a less expensive, reasonably available, interchangeable drug product as allowed by the most current formulary or supplement.

M.G.L. c. 175 Insurance

SUMMARY:
This bill would add a new section to the general laws including the following definitions:

“Branded drug”, a drug sold or marketed under a specific name or trademark.

“Equivalent drug”, a drug that has been approved by the federal Food and Drug Administration as an AB rated generic therapeutic equivalent of a branded drug.

“FDA”, the federal Food and Drug Administration.

This bill would prohibit any individual, general, blanket, or group policy of health, accident, and sickness insurance issued by an insurer licensed under *chapter 175* from discontinuing or reducing their coverage of a branded drug until an FDA approved an equivalent drug has been

available for use in the commonwealth for at least 3 calendar months, as determined by the department of public health (DPH).

In making their determination, the DPH would consider the number and geographic distribution of pharmacies that have the equivalent drug in stock; the supply level of the equivalent drug in the commonwealth and the incidence of the condition or illness for which the branded drug and equivalent drug are approved treatments; and any barriers patients may encounter in accessing the equivalent drug in the commonwealth.