

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

Bill No: H1305

Title: AN ACT TO HELP PATIENTS AND REDUCE HEALTH CARE COSTS BY ENSURING PATIENT ADHERENCE TO MEDICATIONS

Sponsor: Rep. Daniel J. Ryan (*Boston*)

Hearing Date: June 10, 2025

Reporting Deadline: August 9, 2025

Prior History:

2023-24 (H1135): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

2021-22 (H1191): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

2019-20 (H1099): Reported favorably; Referred to Health Care Financing; Reporting Deadline Extended; No further action taken

2017-18 (H2022): Reported favorably; Referred to Health Care Financing; HWM; No further action taken

2015-16 (H791): Reported favorably; Referred to Health Care Financing; HWM; No further action taken

Similar Matters: S781 (Lovely – Identical)

CURRENT LAW:

Chapter 208 of the Acts of 2018, An Act for prevention and access to appropriate care and treatment of addiction.

For any covered drug that is a narcotic schedule II drug and subject to cost sharing, if a person receives a prescription filled in a lesser quantity, they will not be subject to any additional patient cost-sharing if they fill the remaining portion of the prescription within 30 days. This law applies to health insurance policies issued by the Group Insurance Commission (GIC), MassHealth, and commercial health insurers.

SUMMARY:

Medication synchronization is the process of aligning a patient's medication fills so that they can all be picked up on the same day.

- This bill would allow health plan members to synchronize their medications, without financial penalty, for all schedules of medications dispensed by a network pharmacy.

Contingencies include:

- Either the prescriber or the pharmacist determines that medication synchronization is in the health plan members' best interest.

- The health plan applies a pro-rated daily cost sharing to the partial fill prescription.
- The health plan allows the pharmacy to override health plan or pharmacy benefit manager (PBM) denial codes indicating that the prescription is being refilled too soon.
- The health plan does not apply pro-rated dispensing fees to the partial fill.