

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

**Bill No:** H1326

**Title:** AN ACT TO ENSURE ACCESS TO PRESCRIPTION MEDICATIONS

**Sponsor:** Rep. Alan Silvia (*Fall River*)

**Hearing Date:** April 29, 2025

**Reporting Deadline:** June 28, 2025

**Prior History:**

2023-24 (H3587): Reported favorably; Referred to Health Care Financing; Ordered to a House Study; Referred to House Rules

2021-22 (H1202): Reported favorably; Referred to Health Care Financing; Ordered to a House Study

2019-20 (H1104): Reporting deadline extended; No further action taken

**Similar Matters:** S827 (Tarr – Identical); H1157 (Fiola); H1324 (Silvia); H1325 (Silvia); H1330 (Sullivan-Almeida); S830 (Tarr); S831 (Tarr); S837 (Tarr)

**CURRENT LAW:**

*M.G.L. c. 94C Controlled Substances Act § 21C Pharmacy prescription drug charges at point of sale must not exceed retail price*

At the point of sale, a pharmacy will charge an individual for a prescription drug the lesser of the applicable cost-sharing amount or the pharmacy retail price. A health benefit plan or carrier will be prohibited from requiring an insured to make a cost-sharing payment for a prescription drug greater than that charged at the point of sale.

*M.G.L. c. 118E Division of Medical Assistance*

*M.G.L. c. 176D Unfair methods of competition and unfair and deceptive acts and practices in the business of insurance § 3B Requirements for carriers offering pharmacy networks; arrangements between carriers and non-network pharmacies; definitions*

*Chapter 342 of the Acts of 2024, An Act relative to pharmaceutical access, costs and transparency (PACT Act) §§ 27, 37*

Requires a pharmacy to charge an individual's appropriate cost-sharing amount (co-payment, deductible or coinsurance) or the pharmacy's retail price for a prescription drug, whichever is lowest.

Empowers the Division of Insurance (DOI) to license and oversee pharmacy benefit managers (PBMs). Requires each PBM to be reviewed by DOI at least every three years. Allows DOI to

establish rules for licensure; and to revoke, suspend or make provisional licenses based on the findings of its investigation. Includes PBMs in the Health Policy Commission's (HPC's) annual Cost Trends Hearings.

### **SUMMARY:**

This bill adds a definition for the term "maximum allowable cost list" - a list of drugs, medical products or devices, or both medical products and devices, for which a maximum allowable cost has been established by a pharmacy benefits manager (PBM) or covered entity. The term "maximum allowable cost" means the maximum amount that a PBM or covered entity will reimburse a pharmacy for the cost of a drug or a medical product or device inclusive of all discounts when the claim is processed or taken retroactively.

Pricing Methodology & Disclosure: This bill specifies criteria for PBMs' inclusion of drugs on maximum allowable cost (MAC) lists. PBMs must justify the price set and identify the resource used to determine a drug, product, or device's cost. This bill requires drug reimbursement for nonaffiliated pharmacies to be equal to or greater than that of affiliated pharmacies and requires all discounts to be applied when a claim is approved with retroactive discounts prohibited.

### MAC & Change Notification:

PBMs must make available to contracting pharmacies every MAC for individual drugs used by the PBM for patients served by that pharmacy.

Upon a contracting pharmacy's request, PBMs must make available every MAC list that they use for patients served by that pharmacy.

PBMs must update the MAC list every 3 business days.

PBMs have 2 business days to use the updated MACs to calculate payments due to pharmacies.

PBMs have 3 days to remove drugs that no longer meet list requirements.

### Appeals Process:

This bill establishes a transparent appeal process that will allow pharmacies to file for adjustments.

PBMs will spell out an adjudication process on their website for instances where a pharmacy disputes the PBMs MAC price.

Pharmacies will have 7 days to file an appeal.

PBMs will have 7 days to make a final determination on the appeal.

PBMs will have 3 business days to adjust the MAC if an appeal is determined to be valid.

PBMs will adjust the drug cost for all pharmacies if the appeal is successful and will disclose any price adjustment to all network pharmacies.

### DOI Oversight:

This bill empowers the Division of Insurance to regulate the MAC process and establish a transparent methodology for pharmacies to provide services at compensation based on published prices for drugs available to participating pharmacies.

### Gag Clause:

PBMs will not prohibit a pharmacist or pharmacy from providing an insured information on the amount of the insured's cost share for such insured's prescription drug and the clinical efficacy of a more affordable alternative drug if one is available. PBMs will not penalize a pharmacist or pharmacy for such disclosure or for selling an insured a more affordable alternative.

MassHealth:

This bill requires MassHealth Managed Care Plans to reimburse pharmacies at the Centers of Medicare and Medicaid (CMS) approved MassHealth rate.