

**SENATE . . . . . No. 612**

---

**The Commonwealth of Massachusetts**

PRESENTED BY:

***John J. Cronin***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to promoting healthcare access and affordability for patients.

PETITION OF:

NAME:

*John J. Cronin*

DISTRICT/ADDRESS:

*Worcester and Middlesex*

**SENATE . . . . . No. 612**

---

By Mr. Cronin, a petition (accompanied by bill, Senate, No. 612) of John J. Cronin for legislation to promote healthcare access and affordability for patients. Financial Services.

---

**The Commonwealth of Massachusetts**

\_\_\_\_\_  
**In the One Hundred and Ninety-Third General Court  
(2023-2024)**  
\_\_\_\_\_

An Act relative to promoting healthcare access and affordability for patients.

*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. Sections 131 and 226 of chapter 139 of the acts of 2012 are hereby  
2 repealed.

3 SECTION 2: Chapter 176O of the General Laws is hereby amended by adding the  
4 following section:-

5 Section 30. (a) For the purposes of this section, “estimated rebate” shall mean (1)  
6 negotiated price concessions including, but not limited to, base rebates and reasonable estimates  
7 of any price protection rebates and performance-based rebates that may accrue, directly or  
8 indirectly, to a carrier during the plan year from a pharmaceutical manufacturer, dispensing  
9 pharmacy, or other party to the transaction based on the amounts the carrier receives in the prior  
10 quarter or reasonably expects to receive in the current quarter; and (2) reasonable estimates of  
11 any fees and other administrative costs that are passed through to the carrier and serve to reduce

12 the carrier's prescription drug liabilities for the plan year based on the amounts the carrier  
13 received in the prior quarter or reasonably expects to receive in the current quarter.

14 (b) A carrier shall annually certify to the commissioner that, during the prior plan year,  
15 the carrier made available to the insured at least 80 percent of the estimated rebates received by  
16 such carrier by reducing the amount of cost sharing that it would otherwise charge at the point of  
17 sale except that the reduction amount shall not result in a credit at the point of sale. Neither the  
18 insured nor the carrier is responsible for any difference between the estimated rebate amount and  
19 the actual rebate amount the carrier receives provided that such estimates were calculated in  
20 good faith.

21 (c) Beginning April 1, 2026 and annually thereafter, a carrier shall file with the division a  
22 report in the manner and form determined by the commissioner demonstrating the manner in  
23 which the carrier has complied with this section. If the commissioner determines that a carrier  
24 has not complied with one or more requirements of this section, the commissioner shall notify  
25 the carrier of such noncompliance and a date by which the carrier must demonstrate compliance.  
26 If the carrier does not come into compliance by such date, the division shall impose a fine not to  
27 exceed \$5,000 for each day during which such noncompliance continues.

28 (d) In making the disclosures required under this section, a carrier shall not publish or  
29 otherwise reveal information regarding, or that can be reasonably be calculated to reveal, the  
30 amount of rebates it receives, including, but not limited to, information regarding the amount of  
31 rebates it receives on a product-, manufacturer-, or pharmacy-specific basis. Such information  
32 shall be considered to be a trade secret and confidential commercial information, and shall not be  
33 a public record and shall be exempt from disclosure under clause Twenty-sixth of section 7 of

34 chapter 4 or section 10 of chapter 66. A carrier shall impose the confidentiality provision of this  
35 subsection on any vendor or third party that performs any services on behalf of the carrier and  
36 that may receive or have access to rebate or estimated rebate information.

37 (e) The commissioner shall adopt any written policies, procedures or regulations the  
38 commissioner determines necessary to implement this section.

39 SECTION 3. (a) Notwithstanding any general or special law to the contrary, the health  
40 policy commission, together with the secretary of the executive office of health and human  
41 services, shall conduct an analysis and issue a report on the future of cell and gene therapy in the  
42 commonwealth with the objective of addressing anticipated barriers to access that may exist with  
43 respect to such treatments for patients covered by MassHealth programs and other vulnerable  
44 populations. The analysis and report shall include, but not be limited to:

45 (1) a projection of the estimated total number of cell and gene therapy products, including  
46 information on the diseases and conditions such products will be approved to treat (including the  
47 total estimated number of lives impacted in the commonwealth, and the total number receiving  
48 care under MassHealth), that are expected to come to market in the U.S. (hereinafter the  
49 “products”) during a forecast period of 2025 to 2035 (hereinafter, the “forecast period”);

50 (2) an assessment of existing reimbursement frameworks and methodologies employed  
51 by MassHealth for the products to the extent purchased by health care facilities for  
52 administration to MassHealth beneficiaries during inpatient hospital stays;

53 (3) an assessment of whether the reimbursement frameworks and methodologies  
54 identified in subdivision (2) would lead to barriers to access to the products during the forecast  
55 period in light of the projected costs to the Massachusetts health care system associated with the

56 utilization of the products, and whether such barriers to access, if any, would disproportionately  
57 impact MassHealth beneficiaries or other vulnerable populations, including population groups  
58 that may be more likely to have adverse health outcomes due to experience with historic  
59 disparities or discrimination, including racial or ethnic minority population groups;

60 (4) An assessment of whether the health care facility infrastructure in place and planned  
61 for development during the forecast period, and that is necessary of the administration of the  
62 products, will be adequate to ensure equitable access for patients in need of treatment with the  
63 products.

64 (b) To the extent that the analysis required under subdivision (3) of subsection (a)  
65 identifies any barriers to access, the commission and the secretary shall analyze and report on the  
66 reasons for such barriers and shall propose corrective policy solutions. If any identified barriers  
67 are the result of or otherwise related to current MassHealth reimbursement methodologies for  
68 gene and cell therapies, the commission and the secretary shall propose modifications to such  
69 methodologies to the extent authorized under Federal law. Such proposed modifications shall  
70 address and be designed to eliminate any disproportionate impact of the access barriers on  
71 MassHealth beneficiaries or other vulnerable populations.

72 (c) In conducting the analysis and producing the report as required by subsection (a), the  
73 secretary and the commission shall consult with the Massachusetts Biotechnology Council or a  
74 designee, the Massachusetts Hospital Association or a designee, the Conference of Boston  
75 Teaching Hospitals or a designee, and the rare disease advisory council established pursuant to  
76 section 26 of chapter 260 of the acts of 2020.

77 (d) The report shall be made available electronically on the commission's website, and  
78 shall be filed with the secretary of administration and finance, the clerks of the house of  
79 representatives and the senate, the house and senate committees on ways and means and the joint  
80 committee on health care financing no later than July 30, 2025.