



June 11, 2025

William J. Driscoll, Jr., Chair  
Joint Committee on Public Health  
State House, Room 507  
Boston, MA 02133

Marjorie C. Decker, Chair  
Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

RE: 6/11 Joint Committee on Public Health Legislative Hearing

Dear Chairs Driscoll and Decker,

On behalf of the Massachusetts Association of Health Plans and our 13-member health plans and one behavioral health organization, providing health insurance coverage to nearly 3 million Massachusetts residents, we appreciate the opportunity to share feedback on the following bills before your committee that will raise costs for small businesses and their employees. Health care affordability is the number one challenge facing individuals and small businesses in this state, driven by ever-increasing prices for prescription drugs, hospitals and providers. Without action to address the key cost drivers, the Commonwealth cannot make health care more affordable. We offer our feedback below.

**House No. 2447, An Act authorizing a 90-day supply of medically necessary testosterone therapy medication – Oppose**

H2447 would amend the Massachusetts Controlled Substances Act to permit fills of a 90-day supply of testosterone therapy medication and would shift medical necessity determinations to the treating clinician, thereby jeopardizing patient safety and creating barriers to access for appropriately prescribed patients.

Although not commonly recognized as a controlled substance, testosterone is classified as a Schedule III drug under state and federal law and is therefore subject to the 30-day fill restriction under M.G.L. c. 94C, § 23. This limitation is in place to prevent misuse and protect patient safety, particularly in light of the FDA's 2018 warning about the abuse potential and serious risks—such as heart attacks and strokes—associated with testosterone misuse. Health plans have implemented 30-day supply policies consistent with these regulations, especially given that testosterone dosing often requires adjustment based on lab testing. A 30-day limit also reduces waste and abuse potential. With testosterone prescriptions on the rise—often for individuals who do not meet the criteria for testosterone deficiency—and amid ongoing drug shortages, especially affecting transgender individuals seeking gender-affirming care, permitting a 90-day supply could jeopardize access and safety.

H2447 would also shift medical necessity determinations from health plans to treating clinicians, undermining the evidence-based, objective processes plans are required to follow under Chapter 176O. Health plans use nationally accredited, clinician-developed standards that are updated regularly and reviewed by the Division of Insurance and the Office of Patient Protection to ensure safe, appropriate, and individualized care. Care managers consider each patient's unique clinical context and available care options before determining medical necessity. Allowing clinicians to unilaterally determine medical

necessity and mandate 90-day testosterone prescriptions would erode safeguards, drive up health care costs, and conflict with state efforts to promote high-value, cost-effective care. **For these reasons, we OPPOSE House Bill 2447.**

**House No. 2535, / Senate No. 1551, An Act establishing a Naloxone Purchase Trust fund – Oppose** H2535 and S1551 would divert funds from the Health Safety Net Trust Fund (HSNTF) to a new fund to purchase opioid antagonists for distribution to acute care hospital, emergency departments, substance use disorder treatment facilities, and community health centers to offer patients with opioid use disorder. These bills are unnecessary, as the substance use law enacted last session (CH 285 of the Acts of 2024) mandated carriers to cover Narcan provided to patients upon discharge from a hospital or substance use clinic without cost sharing. Moreover, H2535 and S1551 would exacerbate ongoing challenges facing the HSNTF, which is reportedly already experiencing significant shortfalls. **For these reasons, we OPPOSE House Bill 2535 and Senate Bill 1551.**

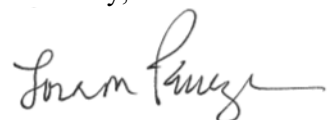
**Senate No. 1635, An Act authorizing pharmacists to provide opioid use disorder treatment – Oppose** S1635 would authorize pharmacists to initiate, modify or discontinue medications, treatment, or therapy, and prescribe and dispense medications for certain behavioral health conditions. Expanding pharmacists' scope of practice to initiate, modify or discontinue substance use medications, treatment, or therapy, and to prescribe and dispense medications for all substance use disorders or any disorder described in the Diagnostic and Statistical Manual of Mental Disorders (DSM) presents potential significant patient safety concerns. Today, pharmacist prescribing authority is appropriately limited under M.G.L. c. 112, §§ 24B½ and 24B¾ and 247 CMR 16.00, which established the Board of Registration in Medicine's (BORIM) Collaborative Drug Therapy Management Agreement. BORIM permits certain pharmacists and physicians to enter into a collaborative practice agreement, under which the pharmacist may then initiate, monitor, modify or discontinue a patient's drug therapy. Additionally, pharmacists with appropriate training may administer vaccines. This limitation allows sufficient flexibility for pharmacists to modify prescriptions without engaging in the practice of medicine.

Finally, S1635 will also raise costs for businesses and consumers by creating redundancies and adding to the overall costs of care. As pharmacists' prescribing and dispensing authority is limited to certain specific conditions, expanding their scope of prescribing would not eliminate patients' need to see their primary care physicians for other health care related issues, and would likely create additional costs. Also, allowing pharmacists to have independent prescription authority will serve to further fragment care and will undermine the goals of integrated, accountable care. This would result in increased costs for businesses and consumers. **For these reasons, we OPPOSE Senate Bill 1635.**

For the above reasons, we urge the Committee to **oppose the following bills: House Nos. 2447 and 2535, and Senate Nos. 1551 and 1635.**

Thank you for the opportunity to share our concerns. Please do not hesitate to contact me for additional information or to discuss these bills further.

Sincerely,



Lora M. Pellegrini, President and CEO  
Massachusetts Association of Health Plans