COMMISSION ON STEP THERAPY PROTOCOLS

Minutes of Virtual Meeting Held March 12, 2026

1. Call to Order

Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau, presided over the Fifth Meeting of the Commission on Step Therapy Protocols (Commission) held virtually on March 12, 2026, beginning at 9:00 AM EST. Kevin called the meeting to order and introduced the following agenda items:

Agenda:

- Welcome
- Approval of Minutes
- Schedule of Future Meetings
- Review Draft – Exception Requests for Prescription Drugs
- Continuity of Coverage Plans
- Turnaround Times
- DOI Pharmacy Benefit Manager Regulation
- Other Matters
- Adjournment

2. Welcome - Attendees

Commission Members	**Member Information**
Nancy Ryan	Designee of Executive Director David Seltz of the Health Policy Commission (OPP)
Caitlin Sullivan	Designee of Executive Director Lauren Peters of the Center for Health Information and Analysis
Cheryl Bartlett	A representative of the Massachusetts Public Health Association
Leah Dart (attending for Paul Jones, non-voting)	A representative of Blue Cross and Blue Shield of Massachusetts, Inc.
Sarah Chiaramida	A representative of the Massachusetts Association of Health Plans, Inc.
Kimberly Lenz	Designee of Assistant Secretary for MassHealth Michael Levine
Marc Hymovitz	A representative of a patient advocacy organization (ACSCan)
Clinton Pong	A licensed physician in the Commonwealth (PCP, Family Practice)
Eileen McAnneny	A representative of an employer organization

Commission Members Not in Attendance	Member Information
Darlene Sawicki, CNP	A licensed clinician, other than a physician who has prescribing authority under the scope of her license (MGH)

Guests	Guest Information
Rebecca Butler	Counsel to the Commissioner, Division of Insurance
Shannon Lynch	Health Research Analyst, Healthcare Access Bureau, Division of Insurance
Rita Gallo (Meeting Minutes)	Health Analyst, Bureau of Managed Care, Division of Insurance

3. Approval of Minutes

Motion to Approve the Minutes of the Fourth Meeting of the Commission, Held December 11, 2025

- Introduced by Nancy; seconded by Cheryl; no discussion requested
- Motion passed unanimously by all Commission members in attendance:

The following members voted yes: Beagan, Ryan, Sullivan, Bartlett, Chiaramida, and Hymovitz.
Members Pong and Lenz arrived late and did not vote. Leah Dart was a non-voting attendee.
Upon approval of the Minutes, Kevin proceeded with the Agenda.

4. Schedule of Future Meetings

Kevin advised the group that future meetings are currently scheduled for June 12, 2026 (*sic* – correct date: June 11, 2026), September 10, 2026, and December 10, 2026. Kevin confirmed that: (i) the start time for all upcoming Commission meetings has been changed from 10:00 AM to 9:00 AM, as previously agreed upon by Commission members, and (ii) it is important that the Commission utilize the September 10, 2026 meeting to review and vote on the final report of the Commission, which is due under the law on October 1, 2026. Kevin added that Commission members could advise whether they believe a summer meeting is necessary. Kevin indicated that the current meeting will be used to provide members with a chance to react to the materials distributed with the meeting notice, as outlined on the Agenda.

5. Review Draft – Exception Requests for Prescription Drugs

Kevin presented the 2025 Report of Exception Requests for Prescription Drugs (2025 Report) for comment from the members:

- Nancy indicated that, as she previously stated, the external reviews reported by plans in this report do not necessarily line up with the external reviews tracked by the Office of Patient Protection (OPP), possibly due to plans' not reporting certain appeals as step therapy appeals.
- Kevin added that the 2025 Report contains unaudited data for 2024, as reported by the companies, and the next report is due May 1, 2026, for the 2025 reporting year. Kevin noted that there are variations in the data reported by carriers, e.g., a higher number of exceptions reported by MGBHP compared to other carriers, and he solicited comments from members to help the Division to craft refined guidance to carriers within the next month to enhance the usefulness of this report.
- Sarah stated that she would take the 2025 Report back to carriers for further discussion through MAHP and determine what questions they might have regarding the reporting requirements. Sarah also noted that Fallon's data is not reflected in the 2025 Report.
    - Shannon responded that she would check to see if Fallon submitted data and, if so, she would amend the 2025 Report accordingly.
- Eileen indicated that the variations in carrier data are startling and asked whether we can supply carriers with a more uniform spreadsheet to ensure more consistent results.
- Kevin responded that the Division did provide all carriers with the same spreadsheet to complete, along with guidance for completing the report, but that the data might have been collected inconsistently, e.g., the distinction of reporting data by drug vs. provider type. Kevin added for the group that providing carriers with clearer guidance could enhance data quality in the next report.

6. Continuity of Coverage Plans

Kevin presented the Continuity of Coverage Plans ("Plans") submitted by all carriers, allowing coverage under a prior plan to continue for 30 days after coverage ends. Kevin added that this submission is also due May 1, 2026, and that if there is a way to collect this information more consistently as well, members are welcome to offer comment. Kevin noted that the Plans presented generally include information regarding how the carrier does appropriate checks for safe continuation of coverage and the steps carriers take to ensure that coverage is continued as required.

- Caitlin asked whether exclusions apply and if that information is reflected in the plans appropriately.
- Kevin indicated that exclusions may apply and asked if carriers should: (i) spell out Continuity of Coverage in the Plans differently, (ii) represent Continuity of Coverage in the Plans in a way that is more easily understood by treating providers, and (iii) post Plans on their websites in a clearer format.
- Eileen asked whether the Commission could piece together best practices from these submissions.
- Kevin responded that it might be possible to determine best practices based on these submissions but added that not all the Plans provide clear procedures for providers to follow when Continuity of Coverage is applicable. Kevin suggested that the Plans may need to be more instructional and added that there is too much information in too many

places, which might be why some carriers have such low step therapy numbers. Kevin requested that members review the Plans prior to the next meeting and come prepared with suggestions to help make them clearer and more uniform.

- Sarah agreed that the Commission has an opportunity to improve the Plans and noted that the current submission was prepared with a short turnaround time. Sarah also favors a more instructional format.
- Kimberly indicated that some carriers' step therapy procedures build certain exception criteria into the approval process, e.g., adverse reaction, which would increase initial approvals. As the requested drug is not denied, a step therapy exception request is not submitted, lowering the number of reported step therapy incidents.
- Sarah concurred and added that if the exception criteria are built into the initial review process, and the drug is approved, carriers are also not using the form developed for this process.
- Marc indicated that it might be necessary to know all members whose prescription drug [claims] were approved based on step therapy exception to capture step therapy incidents that were not reported based on denial/using submitted exception form.
- Kevin indicated that reporting should accurately reflect that the process outlined in the law is being followed. Kevin added that he would like to schedule a meeting with Sarah's carriers to discuss these procedures and to solicit comments regarding the Plans for the Commission's June meeting.

7. Turnaround Times

Kevin asked Cheryl if she is satisfied with the turnaround times detailed in the 2025 Report, as this was a concern she had raised in a previous Commission meeting. Cheryl responded that she is satisfied with the turnaround times and added that a more instructional format would be helpful to both pharmacists and consumers.

8. DOI Pharmacy Benefit Manager Regulation

Kevin updated the Commission on the status of the Pharmacy Benefit Manager (PBM) Regulation. The Division is issuing the PBM Regulation tomorrow [March 13, 2026], at which time the Division will have licensed 42 PBMs for an interim 1-year term. Kevin added that renewal licensing applications are due in July 2026 for the 2027-2029 period. Kevin will forward copies of the newly issued PBM Regulation to all Commission members for comment, as PBMs will be required to adhere to step therapy requirements.

9. Other Matters

Prior Authorization Requirements: Kevin indicated that he recently circulated proposed amendments to 211 CMR 52.00 (Regulation 52), providing, among other things, that carriers review service codes periodically to determine whether prior authorization remains an appropriate requirement for each covered service or benefit. Proposed amendments to Regulation 52 also: (i) require that carriers submit their service codes with prior authorization requirements to the Division as part of their managed care accreditation filings every two years, and (ii) extend the Continuity of Care period from 30 days to 90

days, which could impact step therapy requests. The Division recently conducted a public hearing on the proposed amendments and is currently reviewing formal comments received from carriers and other interested parties. Kevin indicated that if Regulation 52 is adopted as amended prior to the next meeting, he will provide Commission members with the final version.

- Kim shared the provider feedback she received indicating that Massachusetts had passed the "gold card" on prior authorization, adding that she found their feedback to be helpful.
- Kevin anticipates that the Division will need to spend a great deal of time clarifying the new requirements for carriers to promote consistency, noting that definitions matter.

Leah requested that Kevin confirm the ask for carriers related to the Continuity of Care plans due to the Division by May 1, 2026. Kevin indicated that carriers should highlight changes from the prior filing and compliance with the Division's instructions, which are forthcoming.

Compliance with M.G.L. c. 176O § 12B - Commission on step therapy protocol; responsibilities; annual report: Kevin presented relevant provisions of the law (below) for discussion with members:

> (b) The commission shall study and assess the implementation of step therapy process reforms established in section 51A of chapter 118E and section 12A. The commission shall:
>
> (i) Analyze the impact of step therapy protocols on total medical expenses, health care quality outcomes, premium cost and out-of-pocket costs to the consumer and the health care cost benchmark.

- Kevin indicated that Commission needs to identify the information needed to conduct this analysis and asked for thoughts from the group on how best to collect this information, e.g., total medical expenses.
- Caitlin responded that CHIA collects medical expense data annually in September for the following March, adding that this may provide an opportunity to collect more information on total medical expenses for enhanced reporting by the Commission.
- Kevin asked if information is being collected on premiums that could be leveraged by the Commission.
- Caitlin responded that data may be available on overall trends in prescription drugs vs. prescription drugs subject to step therapy requirements in terms of cost trends.
- Kevin asked if information is available on health outcomes possibly from the Health Policy Commission (HPC).
- Nancy responded that it may be helpful to approach the HPC on use of data sources like the APCD to focus on step therapy.

- Eileen asked what drugs are subject to step therapy and expressed concern with capturing accurate data.
- Kevin responded that we would see what CHIA and HPC can offer on these procedures to start.
- Kevin asked Sarah and Leah if they could comment on premium impact.
- Sara and Leah agreed that it may be difficult to isolate the impact of the step therapy process from other factors impacting premiums and added that clarifying definitions might be helpful.
- Kim added that premium savings might be understated due to inconsistency in reporting procedures.

(ii) Assess the efficacy of the step therapy exception process in ensuring that consumers diagnosed with medical conditions that rely on stability or have achieved a positive clinical response on a medication are able to maintain that course of treatment including, but not limited to, a form of multiple sclerosis. The commission shall also examine any available empirical data on the impact of step therapy protocols on health disparities related to outcomes, access and medication adherence.

- Kevin indicated that the Continuity of Care Plans might be useful for ensuring compliance with this requirement, particularly regarding chronic conditions and multiple sclerosis. Kevin added that we have time now to ask questions to get the information needed to produce the report and stated that he is looking for Commission members to propose appropriate questions perhaps addressing multiple sclerosis specifically.
- Nancy responded that we might want to ask all the carriers for specific information, such as a deidentified patient or provider story to highlight the intent of the law, the struggles addressed, and specific examples to show personal impact.
- Kim proposed that we might issue a request to all carriers requesting how they would handle a step therapy request for multiple sclerosis. Kim added that we could anticipate that all carriers would describe scenarios in which the request was approved.
- Clinton added that risk for hospitalization or complication might be one way of assessing the value of the step therapy process. Clinton shared a link to an article on Hierarchical Condition Category (HCC) Coding published by the American Academy of Family Physicians (AAFP). The article states, “Hierarchical condition category (HCC) coding is a risk-adjustment model originally designed to estimate future health care costs for patients.” Clinton indicated that HCC may be reportable from existing data. (See, Hierarchical Condition Category Coding | AAFP.)

Kevin asked members to articulate and send him their suggestions on the following topics discussed above:

- Low numbers of step therapy incidents reported by some carriers in the 2025 Report

- Comments on existing Continuity of Care Plans and proposals for enhanced formatting and instructions and communications to providers
- Reactions to the final PBM Regulation and Amended Regulation 52 (211 CMR 52.00), which the Division will circulate upon adoption
- Think about what we can report on now in June vs. what we can report in the future

Kevin will synthesize all comments and suggestions received from Commission members on these topics for the next Commission meeting.

There were no other matters proposed for discussion, and Kevin entertained a Motion to Adjourn the Meeting.

10. Motion to Adjourn Meeting

- Introduced by Clinton; seconded by Kay; no discussion requested
- Motion passed unanimously with all members (other than Dart) voting yes, and Kevin closed the meeting at 9:59 AM EST.