COMMISSION ON STEP THERAPY PROTOCOLS

Minutes of Virtual Meeting Held September 10, 2026 - DRAFT

1. Call to Order

Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau, Massachusetts Division of Insurance (DOI), presided over the Seventh Meeting of the Commission on Step Therapy Protocols (Commission) held virtually on September 10, 2026, beginning at 9:00 AM EST. Kevin called the meeting to order and introduced the following agenda items:

Agenda:

- Welcome
- Approval of Minutes
- New Reporting Protocols
- Prior Authorization Implementation
- DOI Pharmacy Benefit Manager Licensing
- Report:
    - Approval required by this Commission
    - Submission of the Report to the Secretary of Health and Human Services and the Joint Committee on Health Care Financing required no later than October 1, 2026
- Dr. Clinton Pong: introduction of consumer representative
- Schedule of Future Meetings
- Other Matters
- Adjournment

2. Welcome - Attendees

Commission Members in Attendance:
Nancy Ryan, Health Policy Commission (OPP)
Kimberly Lenz, MassHealth
Caitlin Sullivan, Center for Health Information and Analysis
Sarah Chiaramida, Massachusetts Association of Health Plans, Inc.
Marc Hymovitz, representing ACSCan, a patient advocacy organization
Eileen McAnneny, representing Massachusetts employer organizations
Clinton Pong, MD (PCP, Family Practice), representing Massachusetts licensed physicians
Darlene Sawicki, CNP, representing MGH as a non-physician licensed Massachusetts prescribers

Commission Members Not in Attendance:
Open for Blue Cross and Blue Shield of Massachusetts (new member to be named)
Open for Massachusetts Public Health Association (new member to be named)

Other Persons Attending:
Rita Gallo, Health Analyst, Bureau of Managed Care, DOI
Representative Jeffrey N. Roy, Massachusetts Legislature
Kate McCann, Counsel to the Massachusetts Insurance Commissioner, DOI
Leah Dart, Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA)

Kevin noted that he had been in touch with both the Massachusetts Public Health Association and Blue Cross and Blue Shield of Massachusetts, Inc. as their commission members have both left their positions and new candidates need to be identified for gubernatorial appointments.

3. Approval of Minutes

Motion to Approve the Minutes of the Sixth Meeting of the Commission, Held June 11, 2025

- Introduced by Kimberly; seconded by Eileen; no discussion requested
- Motion passed unanimously by all voting Commission members in attendance.

Members Voting in Favor:
Kevin Beagan
Nancy Ryan
Kimberly Lenz
Sarah Chiaramida
Marc Hymovitz
Eileen McAnneny
Dr. Clinton Pong
Darlene Sawicki, CNP

Non-Voting Members:
Caitlin Sullivan (Late Arrival)

Upon approval of the Minutes, Kevin proceeded with the agenda.

4. New Reporting Protocols

Kevin presented the Draft 2025 Report of Exception Requests for Prescription Drugs (Exception Report), which was discussed in the June 11, 2026, Commission meeting, and initiated a discussion regarding the Commission's goals of obtaining more consistent data reporting from carriers and analyzing cost impact:

- Sarah expanded on her prior recommendations for improving the Exception Report:
    - Explaining the differences in how various carriers define step therapy exception requests versus prior authorization requests. Carriers may have built step therapy protocols into their prior authorization procedures from either a systems or workflow perspective and may be unable to separate the data, resulting in artificially inflated numbers.

    - Clarifying for carriers how to define medical/surgical requests versus behavioral health/substance use disorder requests in the reporting instructions to carriers.
    - Clarifying for carriers how to report step therapy exception requests when providers have selected multiple reasons for the request. It appears that carriers are reporting each reason as a separate exception request, resulting in artificially inflated numbers.
- Sarah indicated that Carriers have reached out to Pharmacy Benefit Managers (PBMs) to obtain a list of prescription drugs that are subject to step therapy protocols, which comprises a subset of the prescription drugs subject to prior authorization requirements. Extracting step therapy exception requests from a larger data set including prior authorization requests using information from PBMs may require manual data scrubbing but may also result in greater reporting accuracy.
- Kevin charged MAHP and BCBSMA to present concrete proposals to the Commission for the next meeting to modify reporting instructions to carriers, as the final Exception Report needs to be clean and clear. Kevin also invited other Commission members to contribute proposals.
- Eileen added that it is important for the final Exception Report to be clean and clear to help the Commission to determine whether step therapy protocols promote affordability, which is a goal of the Commission.
- Kevin followed up on two items previously discussed by the Commission: 1) the inclusion of an example of a multiple sclerosis step therapy exception request in the Commission's first report to the legislature, and 2) improving the quantitative analysis in the report.
- Kim stated that she will take away the improved quantitative analysis, adding that she does not want to add more costly or burdensome reporting requirements for carriers. Kim reminded the group that this is why the prior authorization request form was utilized as the basis for the step therapy exception request form but indicated that she will investigate better methods for isolating step therapy data for future reporting.
- Kevin reminded the group that we want to have concrete proposals to vote on at the next meeting.
- Kim indicated that she is concerned that the draft Exception Report suggests that carriers are not following step therapy protocols. The Step Therapy Exception Request Form was presented on screen, and Kim indicated that carriers are only reporting requests for which Section V of the form is filled out, resulting in underreporting of step therapy instances. However, carriers are reporting all requests for which Section II of the form is filled out. As Section II is completed for both step therapy and prior authorization requests, this results in overreporting. Reporting instructions to carriers should be clarified accordingly.
- Sarah proposed that it would be more effective to clarify for carriers which sections of the form are reportable rather than changing the content of the form.
- Leah stated that she will look into this issue at BCBSMA.
- Kevin intends that the Commission discuss these issues and cost information at the next meeting.
- Nancy requested a copy of the reporting instructions to carriers; Kevin will forward. [See, DOI Bulletin 2024-03, dated January 16, 2024.]

Kevin introduced guest attendee Rep. James Roy, who was instrumental in the passage of Chapter 254 of the Acts of 2022.

5. Prior Authorization Implementation

Kevin shared a September 8, 2026, presentation deck outlining newly promulgated Prior Authorization requirements, which are expected to have significant impact on the health care market. Kevin shared that the DOI committed to issuing guidance documentation that will instruct carriers to submit implementation plans related to the new requirements. Key aspects of the implementation plans will include plans for making medical necessity guidelines available to members and providers and eliminating prior authorization requirements for certain medical services listed in the amended regulation. Kevin explained that the DOI is currently working to define these services more clearly prior to issuing further guidance to carriers. Kevin emphasized that the DOI does not intend to create confusion or added burden for carriers. The DOI plans to issue Q&As to accompany its guidance documents and is currently developing responses to more than 100 questions submitted after the information sessions held earlier this year. Kevin reminded the Commission that the DOI regulates only insured business, which currently comprises about ¼ of the market, but remains receptive to comments from the Commission regarding the impact of the new requirements on other aspects of health care.

- Eileen asked what is driving the increase in prior authorization.
- Kevin indicated that the DOI is relying on a 1-year study, which might not be a comprehensive review. Prior authorizations for some services appear to have decreased, while increasing for other services, including prescription drugs. The DOI wants to be sure prior authorizations are being used effectively.
- Caitlin asked whether the DOI is continuing to collect prior authorization information.
- Kevin confirmed that this is an ongoing process, along with information sessions.
- Kim shared that there is pressure at the federal level on prescription drug manufacturers, including the use of tariffs and special programs, which is impacting pricing and rebating. Groundbreaking brand name drugs are very expensive, while the prices of certain generic drugs may be increasing. The process is dynamic.
- Kevin indicated that other services, such as ambulatory surgery and radiology, are also experiencing cost impacts.

6. DOI Pharmacy Benefit Manager Licensing

Kevin provided an update on the DOI's efforts to licensing PBMs. The DOI is currently reviewing 47 active licensing applications for the next 3-year licensing period beginning January 1, 2027, through December 31, 2029. The DOI is using this process to gain a better understanding of who the PBMs are. Going forward, the Commission may suggest whether PBMs need to submit data regarding step therapy protocols.

7. Report Approval and Submission

Kevin presented the Draft Report of the Commission on Step Therapy Protocols, which was distributed to members with the Meeting Notice (Commission Report). Kevin invited comments from members, indicating that the draft Commission Report may be submitted to the Legislature as an initial report with interim reports to follow before the next biennial report is due:

- Eileen stated that she is in favor of an early or abbreviated report with supplemental reports to follow. Eileen also suggested that the Commission Report be revised to include the challenges faced by the Commission and necessary changes to reporting requirements.
- Marc suggested that it is important for the Commission Report to highlight the challenge of collecting accurate data from carriers and to include appropriate caveats to prevent misinterpretations of the Exception Report and the misuse of the reported data.
- Clinton proposed that the Commission Report highlight how various organizations process prior authorizations differently, e.g., manual versus in automated processes, as the physicians completing step therapy exception request forms are often the middle managers between patients and these organizations. Clinton proposed that increased transparency in this area would assist physicians.
- Kevin emphasized that the Commission's next December meeting would be focused on reporting, and members should be prepared to provide their input and suggestions.
- Eileen suggested that the Commission Report should acknowledge the metrics the Commission is currently unable to address, e.g., cost effectiveness.
- Leah shared that data presented in the Commission Report should be caveated appropriately and sufficiently detailed. Leah requested Kevin's timeline for feedback.
- Sarah also reiterated the importance of caveating the data, e.g., including a statement that accounting differences do not reflect non-compliance of some carriers with step therapy protocols. Rather, variances may result from the way step therapy has been incorporated into a carrier's existing reporting structure or from the carrier's difficulty in extracting this data from prior authorization data generally.
- Caitlin agrees that the Commission Report should address the legislative charges the Commission was unable to meet and present a plan for addressing these issues going forward. For example, CHIA data may be utilized as an indicator of cost impact, while emphasizing that the Commission may require several reporting cycles to complete its analysis, as required.
- Kevin highlighted the Next Steps section of the draft Commission Report and stated that members are welcome to propose additional steps the Commission should take.

8. Consumer Representative

Clinton indicated that his guest consumer representative was unable to make this meeting, but Representative Roy said a few words to support the work of the Commission.

9. Schedule of Future Meetings

Kevin requested that Commission members provide the DOI with feedback on the draft Commission Report by September 24, 2026, as the final report is due to the legislature on or before October 1, 2026. Kevin further proposed that the Commission meet at 9:00 AM EST on September 25, 2026, to discuss and agree upon proposed enhancements to the Commission Report. All voting members indicated that they are available to attend a meeting at this time, and Kevin stated that an invitation would be issued after this meeting.

The Commission's next regularly scheduled quarterly meeting will be held virtually at 9:00 AM EST on December 10, 2026.

10. Other Matters

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

11. Motion to Adjourn Meeting

- Introduced by Eileen; seconded by Sarah; no discussion requested
- Motion passed unanimously by all voting Commission members in attendance.

Members Voting in Favor:
Kevin Beagan
Nancy Ryan
Kimberly Lenz
Caitlin Sullivan
Sarah Chiaramida
Marc Hymovitz
Eileen McAnneny
Dr. Clinton Pong
Darlene Sawicki, CNP

Kevin adjourned the meeting at 9:56 AM EST.