Massachusetts Strategies to
Reduce Cost-Sharing for Patients

Reduced Cost-Sharing for Prescription Drugs

This section examines whether states have passed legislation to reduce the amount consumers pay out-of-pocket for select prescriptions drugs including insulin, epinephrine, and asthma inhalers, and specialty drugs. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for Diabetes Medications
- Waived or Reduced Cost-Sharing for Asthma Inhalers
- Waived or Reduced Cost-Sharing for Epinephrine Auto-Injectors
- Waived or Reduced Cost-Sharing for Specialty Drugs

Reduced Cost-Sharing for Behavioral Health Services

High out-of-pocket costs can limit access to behavioral health care. To address this, some states require insurers to waive or reduce cost-sharing for an annual behavioral health visit, ensuring more affordable access to essential mental health services. This section examines whether states have implemented reduced cost-sharing requirements through:

- Waived or Reduced Cost-Sharing for an Annual Behavioral Health Office Visit

Reduced Cost-Sharing for Preventive Care

Preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) are critical to early detection and management of health conditions. States can improve access by requiring insurers to waive or reduce cost-sharing for these services. Strategies examined in this section include:

- Waived or Reduced Cost-Sharing for United States Preventive Services Task Force (USPSTF) Recommended Preventive Services

Reduced Cost-Sharing for Maternal and Reproductive Health Services

Some states expand access to reproductive health care by requiring coverage of services such as fertility treatments, doula support, and abortion care without high cost-sharing barriers. These policies aim to improve maternal health outcomes and ensure equitable access to reproductive services. Strategies examined in this section include mandates requiring:

- Individual and Small Group Health Plans to Cover Fertility Treatments
- Individual and Small Group Health Plans to Cover Doula Services
- Individual and Small Group Health Plans to Cover Abortion Services

Reduced Cost-Sharing for Cancer Screening and Testing Services

Early detection of cancer improves outcomes but cost-sharing can be a barrier to recommended screenings. States may require insurers to waive or reduce cost-sharing for services such as colorectal, breast, cervical, lung, prostate, and ovarian cancer screenings, as well as biomarker testing. This section examines whether such requirements are in place to promote timely and affordable cancer screening. Strategies examined in this section include mandates requiring:

- Waived or Reduced Cost-Sharing for Colorectal Cancer Screenings
- Waived or Reduced Cost-Sharing for Follow-Up Colorectal Cancer Screenings
- Waived or Reduced Cost-Sharing for Lung Cancer Screenings
- Waived or Reduced Cost-Sharing for Breast Cancer Screenings
- Waived or Reduced Cost-Sharing for Supplementary Breast Cancer Screenings
- Waived or Reduced Cost-Sharing for Cervical Cancer Screenings
- Waived or Reduced Cost-Sharing for Ovarian Cancer Screenings
- Waived or Reduced Cost-Sharing for Prostate Cancer Screenings
- Waived or Reduced Cost-Sharing for Biomarker Testing

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Massachusetts caps the out-of-pocket cost for a 30-day supply of prescription insulin at $25.00, regardless of the amount or type of insulin needed.
Waives or Reduces Cost-Sharing for Asthma Inhalers	State has not enacted legislation limiting cost-sharing for asthma inhalers	
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has not enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Massachusetts health insurance carriers are required to cap cost-sharing for one generic and one brand name drug used to treat the two most prevalent heart conditions among enrollees (four drugs total).

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State requires private insurers to cover at least one annual mental health wellness exam without cost-sharing	Massachusetts requires health insurance plans to cover an annual mental health wellness exam without patient cost-sharing.

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Massachusetts requires insurers with pregnancy benefits to provide coverage for fertility preservation and in-vitro fertilization for patients with medical or genetic conditions that may impair fertility.
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for colorectal cancer screening exams	Massachusetts legislators introduced several bills in 2025 that would require health insurance carriers to cover colorectal cancer screening without cost-sharing, however none have been passed.
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	⊗ State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams	Massachusetts legislators introduced several bills in 2025 that would require health insurance carriers to cover supplemental colorectal cancer screening without cost-sharing, however none have been passed.
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening tests with no cost-sharing	All insurers in Massachusetts are required to provide coverage for cytologic screening for the detection of cervical cancer, and health maintenance organizations are explicitly required to cover these services without cost-sharing.
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening but allows cost-sharing	Health insurance carriers in Massachusetts are currently required to cover screening mammography without cost-sharing under federal and state law, but if substantial changes are made to the Affordable Care Act the cost-sharing prohibitions may cease as state law mandates coverage but does not explicitly waive cost-sharing. However, new legislation passed in 2024 (H.4918) includes language stating that, "there shall be no increase in patient cost sharing for: (i) screening mammograms; (ii) digital breast tomosynthesis; (iii) screening breast magnetic resonance imaging; (iv) screening breast ultrasound; or (v) diagnostic examinations for breast cancer." Whether this would apply in a situation where the cost-sharing prohibitions in the ACA are overturned or reduced is unclear. Legislation to establish state-level cost-sharing prohibitions was introduced in 2025, but the bills are still being considered as of writing.
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening but allows cost-sharing	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	⊗ State law does not require coverage or waive cost-sharing for prostate cancer screening exams*	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	⊗ State law does not require coverage or waive cost-sharing for ovarian cancer screening exams*	
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	⊗ State does not require coverage or waive cost-sharing for biomarker testing	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

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