

340B REPORT

Maine, Mass. Introduce 340B Contract Pharmacy Access Bills; Mass. Also Introduces Separate Provider Reporting Legislation

March 18, 2025 [William Newton, Associate Editor/Senior Writer](#)

Lawmakers in Maine and Massachusetts recently introduced bills to prohibit drugmaker 340B contract pharmacy restrictions, while a Bay State legislator also introduced 340B provider reporting legislation.

Maine and Massachusetts now join more than 20 other states that have introduced contract pharmacy access bills in 2025—including South Dakota, which recently became the first state in 2025 to [enact a contract pharmacy law](#). Meanwhile, Massachusetts now joins ten other states to have introduced 340B provider reporting bills in 2025. Nine states have enacted contract pharmacy access laws, while three states have passed 340B provider reporting laws.

Maine Legislation

On March 12, a bipartisan group of ten Maine lawmakers introduced a bill ([S.B. 1018](#)) to prohibit drug manufacturers from restricting 340B contract pharmacy access in the state. The bill would also bar pharmacy benefit managers (PBMs) and health insurers from differentially reimbursing 340B providers and from taking other “discriminatory actions.”

S.B. 1018 was referred to Maine’s Joint Committee on Health Coverage, Insurance and Financial Services—a panel that includes members from both state legislative chambers. The bill’s lead sponsor, Sen. Donna Bailey (D), is the Senate chair of that committee. S.B. 1018 is also co-sponsored by Senate President Matthea Larsen Daughtry (D), as well as Sens. Joseph Baldacci (D) and Marianne Moore (R). It has six other sponsors in the Maine House—four Republicans and two Democrats.

Maine Democrats hold a 20-15 majority in the Senate and a 76-73 majority in the House. Gov. Janet Mills is also a Democrat.

In 2023, Mills [signed a law](#) requiring state 340B hospitals to annually report their estimated total 340B savings and how they use those savings to benefit their communities. Those requirements are consistent with the American Hospital Association’s 340B good stewardship principles, which many state hospitals had already voluntarily followed.

Support from Maine Providers and Pharmacists

The Maine Primary Care Association (MPCA), the Maine Hospital Association (MHA), the Maine Pharmacy Association and the Maine Society of Health System Pharmacists all support S.B. 1018.

“Our coalition of local healthcare providers have been following the 340B rules and we believe pharmaceutical companies should as well,” said Jeffrey Austin, vice president of government affairs and communications at MHA. “We appreciate the bipartisan group of legislators who agreed to sponsor this legislation on our behalf and we look forward to working with the full legislature to get it enacted.”

Bryan Wyatt, chief public affairs officer at the MPCA, also supported the legislation, adding that it “protects the health care safety-net in Maine at no cost to the taxpayer or government.”

“We look forward to a fact-based debate as this bill works its way through the legislative process,” Wyatt said in a statement. “Maine will not be fooled by false and misleading manufacturer claims about the intent and benefits of this vital program to the thousands of Maine patients who need it most.”

Massachusetts Legislation

Meanwhile, Massachusetts state legislators have recently introduced a series of 340B-related bills, including contract pharmacy access measures and provider reporting requirements. All of those bills were formally assigned a number and committee on Feb. 27, as Massachusetts is in the early stages of its two-year legislative session.

Three Democratic state senators introduced a sweeping healthcare package ([S.868](#)) that would protect certain covered entities from drugmaker contract pharmacy restrictions. The bill’s protections would only apply to federally qualified health centers, certain public safety-net hospitals and covered entities that receive at least 60% of their funding from government sources—a definition that would not apply to many 340B nonprofit hospitals.

S.868 was referred to the Massachusetts Joint Committee on Health Care Financing. The bill’s lead sponsor, Sen. Cindy Friedman (D), is the Senate chair of that committee. The bill’s contract pharmacy provisions are similar to those in separate legislation that cleared the state Senate during Massachusetts’ 2023-2024 legislative session but [did not receive](#) a vote in the House. In addition, four Democratic House members introduced a separate bill ([H.1107](#)) that would prohibit drugmakers from placing contract pharmacy restrictions on all covered entity types and bar PBMs and insurers from differentially reimbursing 340B providers. H.1107 was referred to the Massachusetts Joint Committee on Financial Services though none of the bill’s four sponsors sit on that committee.

Meanwhile, Rep. Brian Murray (D) introduced a bill ([H.785](#)) that would also bar drugmakers from placing contract pharmacy restrictions on all covered entity types. However, it does not

have any PBM or health insurer provisions. H.785 was referred to the Massachusetts Joint Committee on Financial Services.

Murray is also the lead House sponsor of another 340B-related bill ([H.1274](#)), which bars PBMs from differentially reimbursing 340B providers but does not have contract pharmacy provisions. Additionally, the bill has two Senate sponsors, as Massachusetts allows lawmakers from both chambers to sponsor the same bill: Sens. James Eldridge (D) and Michael Moore (D). H.1274 was referred to the Massachusetts Joint Committee on Financial Services. Moore is vice-chair of that committee.

Massachusetts Reporting Bill

Meanwhile, Massachusetts state Sen. John Cronin (D) introduced a bill ([S.848](#)) to require state providers to annually report detailed financial information on their 340B programs. Those data include the total costs and payment received for 340B drugs; the itemized cost of charity care and discounts passed directly to patients; the total number of contract pharmacies located in and out-of-state; and the total payment made to contract pharmacies and other 340B vendors. S.848 was referred to the Joint Committee on Health Care Financing, of which Cronin is the vice-chair. That bill, like the other four previously listed 340B-related Massachusetts bills, was formally assigned its bill number and committee on Feb. 27.

Multiple Massachusetts state provider advocates declined to comment on the multiple 340B-related bills, noting they were still reviewing the measures early in the legislative session.