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## DIGEST

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HB 766 Original

2026 Regular Session

Freeman

**Abstract:** Establishes updated requirements governing health insurance coverage for orally administered anti-cancer medications.

Present law requires health insurance issuers that provide coverage for cancer treatment to provide coverage for orally administered anti-cancer medications on a basis no less favorable than intravenously administered or injected cancer medications. Present law prohibits certain cost-sharing practices, authorizes a \$100 per-prescription cap for compliance, and excludes high-deductible health plans, limited benefit policies, and qualified health plans offered through a health benefit exchange from applicability.

Proposed law modernizes and expands oral chemotherapy parity requirements:

- (1) Requires coverage of prescribed orally administered anti-cancer medications on a basis no less favorable than intravenously administered or injected anti-cancer medications.
- (2) Prohibits prior authorization, dollar limits, copayments, deductibles, coinsurance, specialty tier placement, formulary classification, benefit category determinations, or other cost-sharing or utilization management requirements that result in greater out-of-pocket expense or more restrictive access for orally administered anti-cancer medications.
- (3) Requires cost-sharing for orally administered anti-cancer medications to be applied toward the enrollee's deductible and annual out-of-pocket maximum in the same manner as other covered benefits.
- (4) Prohibits a health insurance issuer from reclassifying or increasing cost-sharing for anti-cancer medications to achieve compliance.
- (5) Prohibits copayment adjustment programs, including accumulator and maximizer programs, that fail to credit manufacturer or third-party financial assistance toward an enrollee's deductible, cost-sharing obligation, or annual out-of-pocket maximum.
- (6) Defines "anti-cancer medications", "covered person", "health coverage plan", "health insurance issuer", "network of providers", "copayment adjustment program", and "specialty tier".
- (7) Applies proposed law to individual and group health coverage plans, high-deductible health plans, qualified health plans offered through a health benefit exchange, nonfederal

governmental plans, and the Office of Group Benefits, to the maximum extent permitted under federal law.

(Amends R.S. 22:999.1)