
DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 1236 Reengrossed

2026 Regular Session

Dewitt

Abstract: Provides for pharmacy reimbursement guidelines. Prohibits certain reimbursement cost assignments and cost changes to certain prescription drugs.

Present law prohibits pharmacy benefit managers or persons acting on behalf of a pharmacy benefit manager from reimbursing a contracted or local pharmacy or pharmacist in this state an amount less than the acquisition cost for the covered drug, device, or service. Proposed law retains present law.

Present law defines certain terms. Proposed law adds "professional dispensing fee" to the list of definitions and otherwise retains present law.

Proposed law provides additional reimbursement guidelines for a pharmacy benefit manager claim submitted by any local pharmacy to a pharmacy benefit manager administering claims on behalf of a health plan, except for the Office of Group Benefits.

Proposed law retains present law relative to appeals process for pharmacists to challenge claim payment errors.

Proposed law prohibits pharmacy benefit managers from amending or changing the amount a prescription drug consumer must pay for an out-of-pocket cost share or expense.

Proposed law permits a health insurance issuer or pharmacy benefit manager to implement copay assistance benefit plans, also known as copay maximizer plans, for its members or enrollees as permitted by federal law. Proposed law provides that participation by a member or enrollee is optional.

Proposed law requires pharmacy benefit managers to bear all costs associated with the reimbursement of professional dispensing fees. Proposed law prohibits such costs from being assigned to plans, members, pharmacies, and pharmacists.

Proposed law authorizes the commissioner of insurance to require submission of claims-level data, including but not limited to reimbursement amounts, dispensing fees, and any adjustments, for the purpose of verifying compliance with proposed law.

Proposed law provides that the provisions of proposed law shall be given prospective and retroactive application.

Proposed law requires the reimbursement formula created by proposed law to be retroactively adopted dating back to Jan. 1, 2026.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1868(B)(intro. para.), (1), (2), and (4), and (C); Adds R.S. 22:1868(B)(5), (D), and (E) and 1868.2; Repeals R.S. 22:1868(B)(2) and (C)(2))

Summary of Amendments Adopted by House

The House Floor Amendments to the engrossed bill:

1. Re-define the term "reimbursement formula".
2. Add provision that a health insurance issuer or pharmacy benefit manager may implement copay assistance benefit plans, also known as copay maximizer plans, for its members or enrollees as permitted by federal law. Participation by a member or enrollee shall be optional.
3. Provide for retroactive application for the reimbursement formula.
4. Repeal statutory provisions in present law (R.S. 22:1868(B)(2) and (C)(2)).
5. Make technical changes.