

GREEN SHEET REDIGEST

HB 766

2026 Regular Session

Freeman

INSURANCE/HEALTH: Provides relative to coverage for orally administered anti-cancer medications.

DIGEST

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 for 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 retains present law and expands oral chemotherapy parity requirements as follows:

- (1) Requires coverage of prescribed orally administered anti-cancer medications on a basis no less favorable than for 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 for certain high-deductible plan policies.
- (6) Defines "anti-cancer medications", "copayment adjustment program", "covered person", "health coverage plan", "health insurance issuer", "network of providers", 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 by federal law.
- (8) Revises applicability provisions to clarify that the proposed law does not apply to limited benefit health insurance policies or contracts.
- (9) Clarifies that nothing in the proposed law will be construed to regulate self-funded employee benefit plans governed by the Employee Retirement Income Security Act of 1974 (ERISA), except to the extent permitted by federal law.

Effective August 1, 2026.

(Amends R.S. 22:999.1)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Clarify the scope of applicability by specifying that it does not apply to limited-benefit health insurance policies or contracts.
2. Establish an exemption for self-funded employee benefit plans governed by the Employee Retirement Income Security Act of 1974 (ERISA). It stipulates that proposed law shall not be interpreted as regulating these plans, except to the extent permitted by federal law.
3. Make technical changes.

The Committee Amendments Proposed by House Committee on Appropriations to the engrossed bill:

1. Reinstate present law regarding cost-sharing requirements.
2. Limit application of proposed law regarding copayment adjustment programs to certain high-deductible plans.

The House Floor Amendments to the reengrossed bill:

1. Establish access to oral chemotherapy framework that recognizes issuers as compliant when they limit patient cost-sharing to a maximum of \$100 per prescription.
2. Prohibit prior authorization and other cost-sharing or utilization management practices that impose higher out-of-pocket expenses or restrict access to orally administered anti-cancer medications compared to intravenously administered or injected therapies.

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the re-engrossed bill

1. Restores language prohibiting the implementation or use of a copayment adjustment program that does not credit the value of the copayment adjustment to the enrollee's deductible, cost-sharing obligation, or annual out-of-pocket maximum under the plan for anti-cancer medications as part of certain high-deductible health plan policies.