RÉSUMÉ DIGEST

ACT 833 (HB 766) **2026 Regular Session** **Freeman**

Existing law mandates that health insurance issuers providing coverage for cancer treatments must offer coverage for orally administered anti-cancer medications on a basis that is no less favorable than that afforded to intravenously administered or injected anti-cancer medications.

Existing law delineates certain limitations regarding cost-sharing practices and excludes specific plans, such as high-deductible health plans, limited benefit policies, and certain exchange plans, from its applicability.

New law retains the provisions of existing law while expanding the requirements pertinent to coverage for orally administered anti-cancer medications and associated cost-sharing practices.

New law stipulates that health insurance issuers are required to provide coverage for prescribed orally administered anti-cancer medications on a basis no less favorable than that for intravenously administered or injected anti-cancer medications.

New law prohibits health coverage plans from imposing prior authorization, dollar limits, copayments, deductibles, coinsurance, specialty tier placement, formulary classification, benefit category determinations, or any other cost-sharing or utilization management requirements on orally administered anti-cancer medications that result in greater out-of-pocket expenses or more restrictive access than those imposed on intravenously administered or injected medications.

New law clarifies and reinforces these prohibitions and extends their application to certain high-deductible health plans.

New law mandates that cost-sharing for orally administered anti-cancer medications be applied toward the enrollee's deductible and annual out-of-pocket maximum in the same manner as for other covered benefits.

New law prohibits health insurance issuers from reclassifying or increasing cost-sharing measures to achieve compliance with these provisions.

New law provides that a health insurance issuer be deemed in compliance if it limits the total amount paid by a covered person through all cost-sharing requirements to no more than $80 per filled prescription for any orally administered anti-cancer medication.

New law reduces the cap from $100 to $80 per prescription.

New law prohibits health insurance issuers from implementing or utilizing a copayment adjustment program, including accumulator or maximizer programs, that does not credit the value of manufacturer-sponsored or third-party financial assistance toward an enrollee's deductible, cost-sharing obligations, or annual out-of-pocket maximum for anti-cancer medications. This prohibition applies to certain high-deductible health plan policies.

New law applies to both individual and group health coverage plans, including high-deductible health plans, qualified health plans offered through a health benefit exchange, nonfederal governmental plans, and the Office of Group Benefits, to the fullest extent permitted by federal law.

New law stipulates that:

(1) It does not apply to limited benefit health insurance policies or contracts.

(2) It will not be construed to regulate self-funded employee benefit plans governed by the Employee Retirement Income Security Act of 1974 (ERISA), except as permitted by federal law.

New law defines key terms, including "anti-cancer medications", "covered person", "health insurance issuer", "copayment adjustment program", and "specialty tier".

Effective August 1, 2026.

(Amends R.S. 22:999.1)