CONFERENCE COMMITTEE REPORT

HB 870 **2026 Regular Session** **Turner**

May 29, 2026

To the Honorable Speaker and Members of the House of Representatives and the Honorable President and Members of the Senate.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning House Bill No. 870 by Representative Turner, recommend the following concerning the Reengrossed bill:

1. That Senate Committee Amendments Nos. 1 through 9 proposed by the Senate Committee on Insurance (#3313) be adopted.

2. That Senate Committee Amendment No. 10 proposed by the Senate Committee on Insurance (#3313) be rejected.

3. That all Senate Floor Amendment proposed by Senator Bass (#4071) be rejected.

4. That the following amendments to the Reengrossed bill be adopted:

AMENDMENT NO. 1

On page 1, at the beginning of line 2, after "To" insert "amend and reenact R.S. 44:4.1(B)(11) and to"

AMENDMENT NO. 2

On page 1, line 5, after "definitions;" and before "and" insert "to provide for confidentiality; to provide for exception from public records;"

AMENDMENT NO. 3

On page 2, line 21, after "drug" and before "on" insert "and any other drug sharing its reference listed drug"

AMENDMENT NO. 4

On page 3, line 11, after "product" and before "on" insert "and any other biosimilar sharing its reference product"

AMENDMENT NO. 5

On page 3, after line 26, insert the following:

"D.(1) A health insurance issuer may utilize net cost calculation in lieu of wholesale acquisition cost for purposes of determining placement on the drug formulary pursuant to this Section.

(2) A health insurance issuer shall notify the commissioner in writing within thirty days if the health insurance issuer if the health insurance issuer opts to utilize the net cost calculation for a branded prescription drug in a drug formulary.

(3) For each National Drug Code (NDC), the notification shall provide the following information for both the branded prescription drug and any available generic or biosimilar:

(a) Wholesale acquisition cost.

(b) Net cost.

(4) The health insurance issuer shall provide the branded prescription drug cost-sharing amount and the cost-sharing amount if the generic or biosimilar was added to the drug formulary at a more favorable coverage tier.

(5) The health insurance issuer shall include in the notification how the issuer is utilizing the rebate provided by the manufacturer of the branded prescription drug.

E.(1) To ensure transparency regarding formulary decisions, the commissioner shall provide an annual report, providing a summary of the notifications pursuant to this Section, including an analysis of the overall impact on patient costs.

(2) All information and data obtained by the department pursuant to this Subpart that is not otherwise publicly available is considered to be a trade secret, confidential, and proprietary, is not subject to disclosure pursuant to the Public Records Law, R.S. 44:1 et seq., and shall not be disclosed directly or indirectly.

(3) The Department of Insurance shall impose the confidentiality protections of this Section on any third party that may receive or otherwise have access to this information.

Section 2. R.S. 44:4.1(B)(11) is hereby amended and reenacted to read as follows:

§4.1. Exceptions

* * *

B. The legislature further recognizes that there exist exceptions, exemptions, and limitations to the laws pertaining to public records throughout the revised statutes and codes of this state. Therefore, the following exceptions, exemptions, and limitations are hereby continued in effect by incorporation into this Chapter by citation:

* * *

(11) R.S. 22:2, 14, 31, 42.1, 88, 244, 263, 265, 461, 550.7, 550.22, 550.29, 550.30, 571, 572, 572.1, 572.2, 574, 601.3, 618, 639, 691.4, 691.5, 691.6, 691.7, 691.8, 691.9, 691.9.1, 691.10, 691.38, 691.56, 732, 752, 753, 771, 834, 972(D), 976, 1008, 1019.2, 1060.9, 1203, 1276, 1460, 1464, 1466, 1483.1, 1488, 1546, 1559, 1566(D), 1644, 1656, 1657.1, 1660.7, 1723, 1796, 1801, 1808.3, 1869, 1927, 1929, 1983, 1984, 2036, 2045, 2056, 2085, 2091, 2293, 2303, 2508

* * *"

Respectfully submitted,

Representative Christopher Turner	Senator Kirk Talbot
Representative Michael "Gabe" Firment	Senator Adam Bass
Representative Dustin Miller	Senator Jimmy Harris

CONFERENCE COMMITTEE REPORT DIGEST

HB 870 **2026 Regular Session** **Turner**

Keyword and oneliner of the instrument as it left the House

INSURANCE/HEALTH: Provides relative to formulary placement and cost-sharing requirements for certain generic drugs and biosimilars

Report adopts Senate amendments to:

1. Define "net cost calculation".

2. Make technical changes.

Report rejects Senate amendments which would have:

1. Required notice if a health insurance issuer uses net cost calculation for a branded prescription drug in a drug formulary in lieu of placing a generic or biosimilar on the drug formulary.

2. Provided for the content of the required notice.

3. Expanded the definition of "net cost calculation".

4. Required reporting of certain net cost calculations.

5. Provided for continuity of therapy for certain plan users.

6. Provided for confidentiality of certain information provided to the Department of Insurance under provisions of proposed law.

Report amends the bill to:

1. Allow use of a net cost calculation in place of wholesale acquisition cost for purposes of determining drug formulary placement.

2. Require notice if a health insurance issuer uses net cost calculation for a branded prescription drug in a drug formulary in lieu of placing a generic or biosimilar on the drug formulary.

3. Provide for the content of the required notice.

4. Require the inclusion any other generic drug sharing the reference listed generic drug to the plan's formulary.

5. Require the inclusion any other biosimilar drug sharing the reference product of the biosimilar drug to the plan's formulary.

6. Provide for confidentiality of certain information provided to the Department of Insurance.

7. Add an exception from public records law.

Digest of the bill as proposed by the Conference Committee

Proposed law defines "biosimilar", "brand drug", "formulary", "generic drug", "net cost calculation", "reference listed drug", "reference product", and "wholesale acquisition cost".

Proposed law mandates that health insurance issuers providing coverage for a reference listed drug must immediately include a newly marketed generic drug on the plan formulary with more favorable cost-sharing arrangements, provided that the wholesale acquisition cost of the generic drug is lower than that of the reference listed drug at the time of the generic drug's initial marketing date.

Proposed law prohibits prior authorization, step therapy, or any other restrictions that would make accessing the generic drug more challenging than accessing the reference listed drug.

Proposed law prohibits placing any limitations on the pharmacies through which an enrollee can obtain the generic drug.

Proposed law continues to apply as long as the wholesale acquisition cost of the generic drug remains lower than that of the reference listed drug.

Proposed law further requires health insurance issuers providing coverage for a reference product to immediately include at least one biosimilar on the formulary with more favorable cost-sharing when the biosimilar's wholesale acquisition cost is lower than that of the reference product at its initial marketing date. Similar to the provisions for generics, proposed law prohibits prior authorization, step therapy, or limitations that hinder access to the biosimilar compared to the reference product, along with prohibiting restrictions on the pharmacies that can dispense the biosimilar. Proposed law continues to apply as long as the biosimilar's wholesale acquisition cost remains lower than that of the reference product.

Proposed law requires a notice to the commissioner of insurance if a health insurance issuer uses a net cost calculation for a branded prescription drug in a prescription drug formulary in lieu of placing a generic or biosimilar on the drug formulary. Proposed law further provides for what must be placed in the required notice.

Proposed law provides that certain information provided to the Department of Insurance pursuant to proposed law is not subject to disclosure. Proposed law clarifies and strengthens that such information constitutes confidential, proprietary trade secret information and explicitly extends non-disclosure protections, including application to third parties with access to the information.

Effective August 1, 2026.

(Amends R.S. 44:4.1(B)(11); Adds R.S. 22:1060.9)