

HOUSE SUMMARY OF SENATE AMENDMENTS

HB 766

2026 Regular Session

Freeman

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

Synopsis of Senate Amendments

1. Revises language that prohibits the implementation or use of a copayment adjustment program unless it credits the value of the adjustment toward the enrollee's deductible, cost-sharing obligations, or annual out-of-pocket maximum for anti-cancer medications within certain high-deductible health plans.
2. Reduces the maximum cost-sharing threshold for orally administered anti-cancer medications by lowering the per-prescription cap from \$100 to \$80.
3. Makes technical changes.

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 \$80 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.
- (10) Proposed law reinstates prior language prohibiting the implementation or use of a copayment adjustment program unless the value of the adjustment is credited toward the enrollee's deductible, cost-sharing obligations, or annual out-of-pocket maximum for anti-cancer medications in certain high-deductible health plans.

Effective August 1, 2026.

(Amends R.S. 22:999.1)