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SYNOPSIS:

Under existing law, health insurance plans are required to cover annual screening of men over 40 years of age for the early detection of prostate cancer.

This bill would require coverage of annual screening, regardless of age, for men who are in the high risk group for prostate cancer, which includes African American men and men with a first degree relative who has had prostate cancer.

This bill would also require that screening coverage for high risk men who are 40 years of age or older be provided without deductibles, copayments, or other cost-sharing requirements.

A BILL
TO BE ENTITLED
AN ACT

Relating to insurance; to amend Sections 27-58-1, 27-58-2, and 27-58-4, Code of Alabama 1975; to recognize that a higher risk exists for prostate cancer in certain men; to require health insurance plans to cover screening of younger high risk men; and to cover screening of older, high risk men free of out-of-pocket costs.



29 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

30 Section 1. Sections 27-58-1, 27-58-2, and 27-58-4,
31 Code of Alabama 1975, are amended to read as follows:

32 "§27-58-1

33 As used in this chapter, the following terms shall have
34 the following meanings:

35 (1) COST-SHARING REQUIREMENTS. An annual deductible,
36 coinsurance, copayment, or other out-of-pocket expense imposed
37 on an insured as a condition for receiving a covered treatment
38 or service.

39 (2) HEALTH BENEFIT PLAN. Any individual or group plan,
40 employee welfare benefit plan, policy, or contract for health
41 care services issued, delivered, issued for delivery, or
42 renewed in this state by a health care insurer, health
43 maintenance organization, accident and sickness insurer,
44 fraternal benefit society, nonprofit hospital service
45 corporation, nonprofit medical service corporation, health
46 care service plan, any plan or health benefits offered by a
47 nonprofit agricultural organization, or any other person,
48 firm, corporation, joint venture, or other similar business
49 entity that pays for insureds or beneficiaries in this state.
50 The term includes, but is not limited to, entities created
51 pursuant to Article 6 of Chapter 20 of Title 10A. A health
52 benefit plan located or domiciled outside of the State of
53 Alabama is deemed to be subject to this chapter if it
54 receives, processes, adjudicates, pays, or denies claims for
55 health care services submitted by or on behalf of patients,
56 insureds, or beneficiaries who reside in Alabama. Provided,



57 however, the term shall not include accident-only, specified
58 disease, hospital indemnity, Medicare supplement, long-term
59 care, disability income, or other limited benefit health
60 insurance policies.

61 (3) MEN AT HIGH RISK. Regardless of age, African
62 American men and men who have a father, brother, or son to
63 whom any of the following apply:

64 a. Received a diagnosis of prostate cancer.

65 b. Developed prostate cancer.

66 c. Death caused by prostate cancer.

67 d. Received a diagnosis of a cancer that is known to be
68 associated with a higher risk for prostate cancer.

69 e. Carrier of a genetic marker known to be associated
70 with an increased risk of prostate cancer.

71 ~~(2)~~ (4) SCREENING FOR THE EARLY DETECTION OF PROSTATE
72 CANCER. At a minimum, a prostate-specific antigen blood test
73 and a digital rectal examination."

74 "§27-58-2

75 On and after October 1, 2007, each health benefit plan
76 shall offer, together with identification of associated costs,
77 policies, and contracts ~~including~~ that include coverage for the
78 annual screening for the early detection of prostate cancer
79 in: (i) men over ~~age~~ 40 years of age; and (ii) men at high
80 risk for prostate cancer."

81 "§27-58-4

82 (a) The benefits provided in this chapter shall be
83 subject to the same ~~annual deductible or coinsurance~~
84 ~~established~~ cost-sharing requirements for all covered benefits



85 within a given policy, except that no cost-sharing
86 requirements shall be imposed on men at high risk who are over
87 40 years of age. Private ~~third party~~third-party payors may not
88 reduce or eliminate coverage due to the requirements of this
89 chapter.

90 (b) A health benefit plan subject to this chapter shall
91 not terminate services, reduce capitation payment, or
92 otherwise penalize an attending physician or health care
93 provider who orders medical care consistent with this chapter.

94 (c) Nothing in this chapter is intended to expand the
95 list of designations of covered providers as specified in any
96 health benefit plan."

97 Section 2. This act shall become effective on October
98 1, 2025.