

House Insurance Reported Substitute for HB334

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| 5 | A BILL |
| 6 | TO BE ENTITLED |
| 7 | AN ACT |
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| 9 | Relating to insurance; to amend Sections 27-58-1, |
| 10 | 27-58-2, and 27-58-4, Code of Alabama 1975; to recognize that |
| 11 | a higher risk exists for prostate cancer in certain men; and |
| 12 | to require health insurance plans to cover screening of both |
| 13 | younger high-risk men and all older men, free of out-of-pocket |
| 14 | costs. |
| 15 | BE IT ENACTED BY THE LEGISLATURE OF ALABAMA: |
| 16 | Section 1. Sections 27-58-1, 27-58-2, and 27-58-4, |
| 17 | Code of Alabama 1975, are amended to read as follows: |
| 18 | " §27-58-1 |
| 19 | As used in this chapter, the following terms shall have |
| 20 | the following meanings: |
| 21 | (1) COST-SHARING REQUIREMENTS. An annual deductible, |
| 22 | coinsurance, copayment, or other out-of-pocket expense imposed |
| 23 | on an insured as a condition for receiving a covered treatment |
| 24 | or service. |
| 25 | (2) HEALTH BENEFIT PLAN. Any individual or group plan, |
| 26 | employee welfare benefit plan, policy, or contract for health |
| 27 | care services issued, delivered, issued for delivery, or |
| 28 | renewed in this state by a health care insurer, health |



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29 maintenance organization, accident and sickness insurer, 30 fraternal benefit society, nonprofit hospital service 31 corporation, nonprofit medical service corporation, health 32 care service plan, any plan or health benefits offered by a 33 nonprofit agricultural organization, or any other person, 34 firm, corporation, joint venture, or other similar business 35 entity that pays for insureds or beneficiaries in this state. 36 The term includes, but is not limited to, entities created 37 pursuant to Article 6 of Chapter 20 of Title 10A. A health benefit plan located or domiciled outside of the State of 38 39 Alabama is deemed to be subject to this chapter if it receives, processes, adjudicates, pays, or denies claims for 40 41 health care services submitted by or on behalf of patients, 42 insureds, or beneficiaries who reside in the State of Alabama. 43 Provided, however, the term shall not include accident-only, specified disease, hospital indemnity, Medicare supplement, 44 45 long-term care, disability income, or other limited benefit 46 health insurance policies. 47 (3) MEN AT HIGH RISK. Regardless of age, African 48 American men and men who have a father, brother, or son to 49 whom any of the following apply: 50 a. Received a diagnosis of prostate cancer. 51 b. Developed prostate cancer. 52 c. Death caused by prostate cancer. 53 d. Received a diagnosis of a cancer that is known to be 54 associated with a higher risk for prostate cancer. 55 e. Carrier of a genetic marker known to be associated 56 with an increased risk of prostate cancer.



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57 (2) (4) SCREENING FOR THE EARLY DETECTION OF PROSTATE 58 CANCER. At a minimum, a prostate-specific antigen blood test and a digital rectal examination." 59 60 **"**§27-58-2 61 On and after October 1, 2007, each health benefit plan 62 shall offer, together with identification of associated costs, 63 policies, and contracts include coverage for the 64 annual screening for the early detection of prostate cancer in: (i) men over age 4050 years of age; and (ii) men over 40 65 years of age at high risk for prostate cancer." 66 67 **"**\$27-58-4 (a) The benefits provided in this chapter shall be 68 subject to the same annual deductible or coinsurance 69 established cost-sharing requirements for all covered benefits 70 71 within a given policy, except that no cost-sharing requirements shall be imposed on: (i) men at high risk who are 72 73 over 40 years of age; and (ii) men over 50 years of age. 74 Private third partythird-party payors may not reduce or 75 eliminate coverage due to the requirements of this chapter. 76 (b) A health benefit plan subject to this chapter shall 77 not terminate services, reduce capitation payment, or 78 otherwise penalize an attending physician or health care 79 provider who orders medical care consistent with this chapter. 80 (c) Nothing in this chapter is intended to expand the 81 list of designations of covered providers as specified in any health benefit plan." 82

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