

- 1 SB190
- 2 CXX12QW-2
- 3 By Senator Livingston
- 4 RFD: Banking and Insurance
- 5 First Read: 20-Feb-25

SB190 Engrossed



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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; to
12	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



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 pursuant to Article 6 of Chapter 20 of Title 10A. A health 37 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 Alabama. Provided, 43 however, the term shall not include accident-only, specified disease, hospital indemnity, Medicare supplement, long-term 44 45 care, disability income, or other limited benefit health 46 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 <u>a. Received a diagnosis of prostate cancer.</u>
- 51 b. Developed prostate cancer.
- 52 <u>c. Death caused by prostate cancer.</u>
- 53 <u>d. Received a diagnosis of a cancer that is known to be</u> 54 associated with a higher risk for prostate cancer.
- 55 <u>e. Carrier of a genetic marker known to be associated</u>
 56 with an increased risk of prostate cancer.

SB190 Engrossed



57	(2)(4) SCREENING FOR THE EARLY DETECTION OF PROSTATE
58	CANCER. At a minimum, a prostate-specific antigen blood test
59	and a digital rectal examination."
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 including that include coverage for the
64	annual screening for the early detection of prostate cancer
65	in: (i) men over age 4050 years of age; and (ii) men over 40
66	years of age at high risk for prostate cancer."
67	<u>years of age at high fisk for prostate cancer</u> . "\$27-58-4
68	(a) The benefits provided in this chapter shall be
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	subject to the same annual deductible or coinsurance
70	establishedcost-sharing requirements for all covered benefits
71	within a given policy, except that no cost-sharing
72	requirements shall be imposed on: (i) men at high risk who are
73	over 40 years of age; and (ii) men over 50 years of age.
74	Private third party third-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
82	health benefit plan."
83	Section 2. This act shall become effective on October
84	1, 2025.



85 86

87 Senate

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Read for the first time and referred ......20-Feb-25
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    to the Senate committee on Banking
    and Insurance
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     Read for the second time and placed .....05-Mar-25
    on the calendar:
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     0 amendments
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     as amended
           Yeas 33
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           Nays 0
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           Abstains 0
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                               Patrick Harris,
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                               Secretary.
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