

SB190 INTRODUCED



1 SB190
2 EYSAC29-1
3 By Senator Livingston
4 RFD: Banking and Insurance
5 First Read: 20-Feb-25



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SYNOPSIS:

Under existing law, health insurance plans are required to cover annual screening of men over the age of 40 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 younger 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; and to require health insurance plans to cover screening of younger high risk men, free of out-of-pocket costs.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:



SB190 INTRODUCED

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

31 "§27-58-1

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

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

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



SB190 INTRODUCED

57 disability income, or other limited benefit health insurance
58 policies.

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

62 a. Received a diagnosis of prostate cancer.

63 b. Developed prostate cancer.

64 c. Death caused by prostate cancer.

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

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

69 ~~(2)~~ (4) SCREENING FOR THE EARLY DETECTION OF PROSTATE
70 CANCER. At a minimum, a prostate-specific antigen blood test
71 and a digital rectal examination."

72 "§27-58-2

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

79 "§27-58-4

80 (a) The benefits provided in this chapter shall be
81 subject to the same ~~annual deductible or coinsurance~~
82 ~~established~~ cost-sharing requirements for all covered benefits
83 within a given policy, except that no cost-sharing
84 requirements shall be imposed on men at high risk who are 40



SB190 INTRODUCED

85 years of age or younger. Private ~~third-party~~third-party payors
86 may not reduce or eliminate coverage due to the requirements
87 of this chapter.

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

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

95 Section 2. This act shall become effective on October
96 1, 2025.