

**House Insurance Reported Substitute for HB283**

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5 A BILL

6 TO BE ENTITLED

7 AN ACT

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9 Relating to health insurance; to create the Health  
10 Savings Account State-Federal Regulatory Coordination Act; to  
11 add Article 5 to Chapter 19, Title 27, Code of Alabama 1975,  
12 to limit application of a federal cost-sharing requirement to  
13 instances where the minimum deductible under federal law has  
14 been applied to an enrollee's plan; to ensure the enrollee's  
15 health savings account continues to qualify as a  
16 high-deductible plan under federal law; and to amend Sections  
17 10A-20-6.16 and 27-21A-23, Code of Alabama 1975, relating to  
18 certain health care service corporations and health  
19 maintenance organizations, to reference the new Article 5,  
20 Chapter 9, Title 27, Code of Alabama 1975, created by the new  
21 article.

22 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

23 Section 1. Article 5 is added to Chapter 19, Title 27  
24 of the Code of Alabama 1975, to read as follows:

25 Article 5. The Health Savings Account State-Federal  
26 Regulatory Coordination Act.

27 §27-19-180

28 (a) This article shall be known and may be cited as the

**House Insurance Reported Substitute for HB283**

29 Health Savings Account State-Federal Regulatory Coordination  
30 Act.

31 (b) The purpose of this article is to protect the  
32 efficacy of Health Savings Account (HSA) qualified plans via a  
33 legislative exception or safe harbor from any state benefit  
34 mandate or copay accumulator adjustment law due to federal  
35 law, regulations, rules, or guidance regarding high deductible  
36 health plans.

37 (c) For purposes of this article, the following terms  
38 have the following meanings:

39 (1) ENROLLEE. An individual who is enrolled in a health  
40 insurance plan, whether on an individual or group basis,  
41 including any covered dependent.

42 (2) HEALTH SAVINGS ACCOUNT QUALIFIED INSURANCE PLAN or  
43 HSA. A high deductible health plan that meets the specific  
44 requirements of 26 U.S.C. § 223, as interpreted and  
45 administered by the federal Internal Revenue Service.  
46 Individuals covered by such a plan may contribute to a Health  
47 Savings Account (HSA), a trust, or a custodial account for  
48 qualified medical expenses. An individual may not contribute  
49 to an HSA unless he or she is covered by an HSA-qualified  
50 insurance plan and has no other disqualifying coverage.

51 (3) HIGH DEDUCTIBLE HEALTH PLAN. A health insurance  
52 plan, as defined in 26 U.S.C. § 223(c)(2).

53 (4) PREVENTIVE CARE. Those services defined as such by  
54 the U.S. Department of the Treasury and the Internal Revenue  
55 Service, including preventive services recognized under the  
56 Affordable Care Act, pursuant to regulation or guidance issued

**House Insurance Reported Substitute for HB283**

57 under the authority of Title 26 of the United States Code. In  
58 general, the term does not include services that provide  
59 treatment for known illnesses, diseases, or conditions.  
60 However, under IRS Notice 2019-45, the term also includes  
61 specified products and services provided to individuals with  
62 certain defined chronic conditions including, but not limited  
63 to, diabetes, asthma, and heart disease.

64 (5) ZERO COST-SHARING or COST-SHARING RESTRICTIONS.

65 Prohibition outright of any deductible, copayment, or  
66 coinsurance on the part of the enrollee or certain limitations  
67 on the amount of the deductible, copayment, or coinsurance.

68 (d) If under federal law, the application of any  
69 cost-sharing requirement of the Insurance Code would cause the  
70 enrollee's health savings account plan to no longer qualify as  
71 a high-deductible health plan under 26 U.S.C. § 223, then the  
72 cost-sharing requirement shall only apply to the enrollee's  
73 plan once the minimum deductible under 26 U.S.C. § 223 has  
74 been applied.

75 (e) The Commissioner of Insurance may adopt rules as  
76 necessary to implement this section.

77 Section 2. Sections 10A-20-6.16 and 27-21A-23 of the  
78 Code of Alabama 1975, are amended to read as follows:

79 "§10A-20-6.16

80 (a) No statute of this state applying to insurance  
81 companies shall be applicable to any corporation organized  
82 under this article ~~and amendments thereto~~ or to any contract  
83 made by the corporation~~s~~, except the corporation shall be  
84 subject to the following:



House Insurance Reported Substitute for HB283

(1) The provisions regarding annual premium tax to be paid by insurers on insurance premiums.

(2) Chapter 55 of Title 27.

(3) Article 2 and Article 3 of Chapter 19 of Title 27.

(4) Section 27-1-17.

(5) Chapter 56 of Title 27.

(6) Rules adopted by the Commissioner of Insurance

pursuant to Sections 27-7-43 and 27-7-44.

(7) Chapter 54 of Title 27.

(8) Chapter 57 of Title 27.

(9) Chapter 58 of Title 27.

(10) Chapter 59 of Title 27.

(11) Chapter 54A of Title 27.

(12) Chapter 12A of Title 27

(13) Chapter 2B of Title 27.

(14) Chapter 29 of Title 27.

(15) Chapter 62 of Title 27.

(16) Chapter 63 of Title 27.

(17) Chapter 45A of Title 27

(18) Article 5 of Chapter 19 of Title 27.

(b) The provisions in subsection (a) that require specific types of coverage to be offered or provided shall not apply when the corporation is administering a self-funded benefit plan or similar plan, fund, or program that it does not insure."

"§27-21A-23

(a) Except as otherwise provided in this chapter, provisions of the insurance law and provisions of health care

**House Insurance Reported Substitute for HB283**

113 service plan laws shall not be applicable to any health  
114 maintenance organization granted a certificate of authority  
115 under this chapter. This ~~provision~~subsection shall not apply  
116 to an insurer or health care service plan licensed and  
117 regulated pursuant to the insurance law or the health care  
118 service plan laws of this state except with respect to its  
119 health maintenance organization activities authorized and  
120 regulated pursuant to this chapter.

121 (b) Solicitation of enrollees by a health maintenance  
122 organization granted a certificate of authority shall not be  
123 construed to violate any provision of law relating to  
124 solicitation or advertising by health professionals.

125 (c) Any health maintenance organization authorized  
126 under this chapter shall not be deemed to be practicing  
127 medicine and shall be exempt from the provisions of Section  
128 34-24-310, et seq., relating to the practice of medicine.

129 (d) No person participating in the arrangements of a  
130 health maintenance organization other than the actual provider  
131 of health care services or supplies directly to enrollees and  
132 their families shall be liable for negligence, misfeasance,  
133 nonfeasance, or malpractice in connection with the furnishing  
134 of such services and supplies.

135 (e) Nothing in this chapter shall be construed in any  
136 way to repeal or conflict with any provision of the  
137 certificate of need law.

138 (f) Notwithstanding the provisions of subsection (a), a  
139 health maintenance organization shall be subject to all of the  
140 following:

**House Insurance Reported Substitute for HB283**

141 (1) Section 27-1-17.

142 (2) Chapter 56.

143 (3) Chapter 54.

144 (4) Chapter 57.

145 (5) Chapter 58.

146 (6) Chapter 59.

147 (7) Rules adopted by the Commissioner of Insurance

148 pursuant to Sections 27-7-43 and 27-7-44.

149 (8) Chapter 12A.

150 (9) Chapter 54A.

151 (10) Chapter 2B.

152 (11) Chapter 29.

153 (12) Chapter 62.

154 (13) Chapter 63.

155 (14) Chapter 45A.

156 (15) Article 5 of Chapter 19."

157 Section 3. This act shall become effective on June 1,  
158 2026.