

SB177 ENGROSSED



1 SB177
2 DGVISTN-2
3 By Senators Coleman-Madison, Figures, Smitherman, Beasley,
4 Coleman
5 RFD: Banking and Insurance
6 First Read: 20-Jan-26



SB177 Engrossed

A BILL

TO BE ENTITLED

AN ACT

Relating to health insurance; to require that health benefit plans offered in this state which pay or reimburse for breast examinations, including mammography, provide the coverage without imposing a deductible, copayment, or coinsurance charge on the beneficiary.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. (a) For purposes of this section, the following terms have the following meanings:

(1) COST-SHARING REQUIREMENT. A deductible, copayment, coinsurance, or similar expense borne by the insured for a covered benefit under a health benefit plan.

(2) DIAGNOSTIC BREAST EXAMINATION. A medically necessary and appropriate examination of the breast by technology that includes, but is not limited to, contrast-enhanced mammography, diagnostic mammography, breast magnetic resonance imaging, breast ultrasound, or molecular breast imaging that is used to:

a. Evaluate an abnormality seen or suspected from a screening examination for breast cancer; or

b. Evaluate an abnormality detected by another means of



SB177 Engrossed

examination.

(3) HEALTH BENEFIT PLAN. a. Any plan, policy, or contract issued, delivered, or renewed in this state that provides health coverage that includes payment for hospitalization, physician care, treatment, surgery, therapy, drugs, equipment, and any other medical expense, regardless of the following:

1. Whether the plan, policy, or contract is provided by a health care insurer; health maintenance organization established under Chapter 21A of Title 27, Code of Alabama 1975; health care services plan established under Chapter 20 of Title 10A, Code of Alabama 1975; a nonprofit agricultural organization that provides health benefits to its members under Chapter 33 of Title 2, Code of Alabama 1975; or any other entity that pays for, purchases, or reimburses for health care services.

2. Whether the plan is for a group or an individual.

b. The term does not include accident-only, specified disease, individual hospital indemnity, credit, dental-only, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies, or coverage issued as supplemental to liability insurance, workers' compensation, or automobile medical payment insurance.

(4) SUPPLEMENTAL BREAST EXAMINATION. A medically necessary and appropriate examination of the breast that includes, but is not limited to, contrast-enhanced mammography, breast magnetic resonance imaging, breast ultrasound, or molecular breast imaging that is used to screen



SB177 Engrossed

57 for breast cancer when there is no abnormality seen or
58 suspected, based on personal or family medical history or
59 additional factors that increase the risk of breast cancer,
60 including dense tissue, on the recommendation of a physician.

61 (b) A health benefit plan that pays for, purchases, or
62 furnishes health care services to individuals who reside in
63 this state, and which provides coverage for a supplemental
64 breast examination or a diagnostic breast examination, may not
65 impose any cost-sharing requirement on an enrollee for a
66 supplemental breast examination or diagnostic breast
67 examination.

68 Section 2. This act shall become effective on January
69 1, 2027.



SB177 Engrossed

70
71
72 Senate

73 Read for the first time and referred20-Jan-26
74 to the Senate committee on Banking
75 and Insurance

76
77 Read for the second time and placed05-Feb-26
78 on the calendar:
79 2 amendments

80
81 Read for the third time and passed10-Feb-26
82 as amended

83 Yeas 30
84 Nays 0
85 Abstains 1

86
87
88 Patrick Harris,
89 Secretary.
90