

SB177 INTRODUCED



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



SYNOPSIS:

Existing Alabama law requires health insurers to cover mammography to screen for breast cancer in women 40 years of age and over.

Furthermore, health benefit plans that are subject to the requirements of the federal Affordable Care Act must cover screening mammography for women 40 years of age and over without requiring them to share any of the cost through a deductible, copayment, or coinsurance.

This bill would require that any health benefit plan issued in the state which covers screening for breast cancer or diagnostic imaging of abnormalities in the breast provide such coverage without requiring the beneficiary to share the cost.

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



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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 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. Obtain accurate images necessary to supplement a supplemental breast examination; or

b. Evaluate an abnormality that is detected by a supplemental breast 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



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

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



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85 Section 2. This act shall become effective on October
86 1, 2026.