

SB19 INTRODUCED



1 SB19
2 6YFX833-1
3 By Senator Livingston
4 RFD: Banking and Insurance
5 First Read: 13-Jan-26
6 PFD: 10-Sep-25



4 SYNOPSIS:

5 Under existing law, health insurance plans are
6 required to cover annual screening of men over 40 years
7 of age for the early detection of prostate cancer.

8 This bill would recognize that African American
9 men and men who have a first degree relative who has
10 had prostate cancer are at high risk for the disease.

11 This bill would also require that coverage for
12 screening of high-risk men and all older men be
13 provided without deductibles, copayments, or other
14 cost-sharing requirements.

15
16
17 A BILL

18 TO BE ENTITLED

19 AN ACT

20
21 Relating to insurance; to amend Sections 27-58-1 and
22 27-58-4, Code of Alabama 1975; to recognize that a higher risk
23 of prostate cancer exists in certain groups of men; and to
24 require health insurance plans to cover screening of both
25 younger high-risk men and all older men, free of out-of-pocket
26 costs.

27 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

28 Section 1. Sections 27-58-1 and 27-58-4, Code of



SB19 INTRODUCED

Alabama 1975, are amended to read as follows:

"§27-58-1

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

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

~~(1)~~ (2) HEALTH BENEFIT PLAN. Any individual or group plan, employee welfare benefit plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state by a health care insurer, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care service plan, any plan or health benefits offered by a nonprofit agricultural organization, or any other person, firm, corporation, joint venture, or other similar business entity that pays for insureds or beneficiaries in this state. The term includes, but is not limited to, entities created pursuant to Article 6 of Chapter 20 of Title 10A. A health benefit plan located or domiciled outside of the State of Alabama is deemed to be subject to this chapter if it receives, processes, adjudicates, pays, or denies claims for health care services submitted by or on behalf of patients, insureds, or beneficiaries who reside in Alabama. Provided, however, the term shall not include accident-only, specified disease, hospital indemnity, Medicare supplement, long-term



SB19 INTRODUCED

care, disability income, or other limited benefit health insurance policies.

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

a. Received a diagnosis of prostate cancer.

b. Developed prostate cancer.

c. Death caused by prostate cancer.

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

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

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

"§27-58-4

(a) The benefits provided in this chapter shall be subject to the same ~~annual deductible or coinsurance established~~ cost-sharing requirements for all covered benefits within a given policy, except that no cost-sharing requirements shall be imposed on: (i) men over 50 years of age; and (ii) men at high risk for prostate cancer who are over 40 years of age. Private ~~third party~~ third-party payors may not reduce or eliminate coverage due to the requirements of this chapter.

(b) A health benefit plan subject to this chapter shall not terminate services, reduce capitation payment, or otherwise penalize an attending physician or health care



SB19 INTRODUCED

85 provider who orders medical care consistent with this chapter.

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

89 Section 2. This act shall become effective on October
90 1, 2026.