

HB334 INTRODUCED



1 HB334
2 84WPAHH-1
3 By Representatives Gray, McCampbell, Chestnut, Lands, Ensler,
4 Hollis, Lawrence, Clarke, Forte, Rafferty, Jackson, Tillman,
5 Boyd, Hassell, Bracy, Drummond, Morris, Moore (M), Colvin,
6 Moore (P), Hall, Sellers, Datcher, Shaw
7 RFD: Insurance
8 First Read: 25-Feb-25

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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 require coverage of annual
9 screening, regardless of age, for men who are in the
10 high risk group for prostate cancer, which includes
11 African American men and men with a first degree
12 relative who has had prostate cancer.

13 This bill would also require that screening
14 coverage for high risk men who are 40 years of age or
15 younger be provided without deductibles, copayments, or
16 other cost-sharing requirements.

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19 A BILL
20 TO BE ENTITLED
21 AN ACT
22

23 Relating to insurance; to amend Sections 27-58-1,
24 27-58-2, and 27-58-4, Code of Alabama 1975; to recognize that
25 a higher risk exists for prostate cancer in certain men; and
26 to require health insurance plans to cover screening of
27 younger high risk men, free of out-of-pocket costs.

28 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:



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Section 1. Sections 27-58-1, 27-58-2, and 27-58-4, Code of 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.

(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, 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 the State of Alabama. Provided, however, the term shall not include accident-only, specified disease, hospital indemnity, Medicare supplement, long-term



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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 for prostate cancer.

e. Carrier of 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."

"§27-58-2

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

"§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 men at high risk who are 40



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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.