

HB40 INTRODUCED



1 HB40
2 ARHYR7Q-1
3 By Representative Gray
4 RFD: Insurance
5 First Read: 13-Jan-26
6 PFD: 28-Aug-25



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SYNOPSIS:

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

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

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

A BILL
TO BE ENTITLED
AN ACT

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

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

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



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29 Alabama 1975, are amended to read as follows:

30 "§27-58-1

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

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

37 ~~(1)~~ (2) HEALTH BENEFIT PLAN. Any individual or group
38 plan, employee welfare benefit plan, policy, or contract for
39 health care services issued, delivered, issued for delivery,
40 or renewed in this state by a health care insurer, health
41 maintenance organization, accident and sickness insurer,
42 fraternal benefit society, nonprofit hospital service
43 corporation, nonprofit medical service corporation, health
44 care service plan, any plan or health benefits offered by a
45 nonprofit agricultural organization, or any other person,
46 firm, corporation, joint venture, or other similar business
47 entity that pays for insureds or beneficiaries in this state.
48 The term includes, but is not limited to, entities created
49 pursuant to Article 6 of Chapter 20 of Title 10A. A health
50 benefit plan located or domiciled outside of the State of
51 Alabama is deemed to be subject to this chapter if it
52 receives, processes, adjudicates, pays, or denies claims for
53 health care services submitted by or on behalf of patients,
54 insureds, or beneficiaries who reside in Alabama. Provided,
55 however, the term shall not include accident-only, specified
56 disease, hospital indemnity, Medicare supplement, long-term



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

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

62 a. Received a diagnosis of prostate cancer.

63 b. Developed prostate cancer.

64 c. Death caused by prostate cancer.

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

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

69 ~~(2)~~ (4) SCREENING FOR THE EARLY DETECTION OF PROSTATE
70 CANCER. At a minimum, a prostate-specific antigen blood test
71 and a digital rectal examination."

72 "§27-58-4

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

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



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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.