

MAINE STATE LEGISLATURE

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Date: 3/27/26

MAJORITY

(Filing No. H-916)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
132ND LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 986, L.D. 1502, "An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening"

Amend the bill by striking out everything after the enacting clause and inserting the following:

'Sec. 1. 24 MRSA §2325-C, as enacted by PL 1997, c. 754, §1, is amended to read:

§2325-C. Coverage for prostate cancer screening

1. Definition Services for the early detection of prostate cancer; definition. As used in this section, "services for the early detection of prostate cancer" means the following procedures provided to a man for the purpose of early detection of prostate cancer:

- A. A digital rectal examination; and
- B. A prostate-specific antigen test.

1-A. Nationally recognized clinical practice guideline; definition. As used in this section, unless the context otherwise indicates, "nationally recognized clinical practice guideline" means an evidence-based clinical practice guideline:

- A. Developed using a transparent methodology and reporting structure by an independent organization or medical professional society that has adopted a conflict of interest policy;
- B. That establishes a standard of care informed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options; and
- C. That includes recommendations intended to optimize patient care.

2. Required coverage for prostate cancer screening. All individual and group nonprofit hospital and medical services plan contracts must provide coverage for services for the early detection of prostate cancer. The contracts must reimburse for services for the early detection of prostate cancer, if recommended by a physician, ~~at least once a year for men 50 years of age or older until a man reaches the age of 72~~ when supported by medical

1 and scientific evidence according to the most recently published nationally recognized
 2 clinical practice guideline.

3 ~~3. Application. The requirements of this section apply to all policies, contracts and~~
 4 ~~certificates executed, delivered, issued for delivery, continued or renewed in this State on~~
 5 ~~or after September 1, 1998. For purposes of this section, all contracts are deemed to be~~
 6 ~~renewed no later than the next yearly anniversary of the contract date.~~

7 4. Cost sharing prohibited. An individual or group nonprofit hospital and medical
 8 services plan contract may not impose any deductible, copayment, coinsurance or other
 9 cost-sharing requirement for the costs of services for the early detection of prostate cancer
 10 required to be covered under subsection 2. This subsection does not apply to a contract
 11 offered for use with a health savings account unless the federal Internal Revenue Service
 12 determines that the requirements in this subsection are permissible in a high deductible
 13 health plan as defined in the federal Internal Revenue Code of 1986, Section 223(c)(2).

14 **Sec. 2. 24-A MRS §2745-G**, as reallocated by RR 1997, c. 2, §51, is amended to
 15 read:

16 **§2745-G. Coverage for prostate cancer screening**

17 **1. Definition Services for the early detection of prostate cancer; definition.** As
 18 used in this section, "services for the early detection of prostate cancer" means the
 19 following procedures provided to a man for the purpose of early detection of prostate
 20 cancer:

- 21 A. A digital rectal examination; and
- 22 B. A prostate-specific antigen test.

23 **1-A. Nationally recognized clinical practice guideline; definition.** As used in this
 24 section, unless the context otherwise indicates, "nationally recognized clinical practice
 25 guideline" means an evidence-based clinical practice guideline:

- 26 A. Developed using a transparent methodology and reporting structure by an
 27 independent organization or medical professional society that has adopted a conflict of
 28 interest policy;
- 29 B. That establishes a standard of care informed by a systematic review of evidence
 30 and an assessment of the benefits and risks of alternative care options; and
- 31 C. That includes recommendations intended to optimize patient care.

32 **2. Required coverage for prostate cancer screening.** All individual insurance
 33 policies and contracts except accidental injury, specified disease, hospital indemnity,
 34 Medicare supplement, long-term care and other limited benefit health insurance policies
 35 and contracts must provide coverage for services for the early detection of prostate cancer.
 36 The contracts must reimburse for services for the early detection of prostate cancer, if
 37 recommended by a physician, at least once a year for men 50 years of age or older until a
 38 man reaches the age of 72 when supported by medical and scientific evidence according to
 39 the most recently published nationally recognized clinical practice guideline.

40 ~~3. Application. The requirements of this section apply to all policies, contracts and~~
 41 ~~certificates executed, delivered, issued for delivery, continued or renewed in this State on~~

1 ~~or after September 1, 1998. For purposes of this section, all contracts are deemed to be~~
 2 ~~renewed no later than the next yearly anniversary of the contract date.~~

3 4. Cost sharing prohibited. An individual insurance policy or contract may not
 4 impose any deductible, copayment, coinsurance or other cost-sharing requirement for the
 5 costs of services for the early detection of prostate cancer required to be covered under
 6 subsection 2. This subsection does not apply to a policy or contract offered for use with a
 7 health savings account unless the federal Internal Revenue Service determines that the
 8 requirements in this subsection are permissible in a high deductible health plan as defined
 9 in the federal Internal Revenue Code of 1986, Section 223(c)(2).

10 **Sec. 3. 24-A MRSA §2837-H**, as reallocated by RR 1997, c. 2, §52, is amended to
 11 read:

12 **§2837-H. Coverage for prostate cancer screening**

13 **1. Definition Services for the early detection of prostate cancer; definition.** As
 14 used in this section, "services for the early detection of prostate cancer" means the
 15 following procedures provided to a man for the purpose of early detection of prostate
 16 cancer:

- 17 A. A digital rectal examination; and
- 18 B. A prostate-specific antigen test.

19 **1-A. Nationally recognized clinical practice guideline; definition.** As used in this
 20 section, unless the context otherwise indicates, "nationally recognized clinical practice
 21 guideline" means an evidence-based clinical practice guideline:

- 22 A. Developed using a transparent methodology and reporting structure by an
 23 independent organization or medical professional society that has adopted a conflict of
 24 interest policy;
- 25 B. That establishes a standard of care informed by a systematic review of evidence
 26 and an assessment of the benefits and risks of alternative care options; and
- 27 C. That includes recommendations intended to optimize patient care.

28 **2. Required coverage for prostate cancer screening.** All group insurance policies
 29 and contracts except accidental injury, specified disease, hospital indemnity, Medicare
 30 supplement, long-term care and other limited benefit health insurance policies and
 31 contracts must provide coverage for services for the early detection of prostate cancer. The
 32 contracts must reimburse for services for the early detection of prostate cancer, if
 33 recommended by a physician, ~~at least once a year for men 50 years of age or older until a~~
 34 ~~man reaches the age of 72 when supported by medical and scientific evidence according to~~
 35 the most recently published nationally recognized clinical practice guideline.

36 **3. Application.** ~~The requirements of this section apply to all policies, contracts and~~
 37 ~~certificates executed, delivered, issued for delivery, continued or renewed in this State on~~
 38 ~~or after September 1, 1998. For purposes of this section, all contracts are deemed to be~~
 39 ~~renewed no later than the next yearly anniversary of the contract date.~~

40 **4. Cost sharing prohibited.** A group insurance policy or contract may not impose
 41 any deductible, copayment, coinsurance or other cost-sharing requirement for the costs of
 42 services for the early detection of prostate cancer required to be covered under subsection

1 2. This subsection does not apply to a policy or contract offered for use with a health
 2 savings account unless the federal Internal Revenue Service determines that the
 3 requirements in this subsection are permissible in a high deductible health plan as defined
 4 in the federal Internal Revenue Code, Section 223(c)(2).

5 **Sec. 4. 24-A MRSA §4244**, as reallocated by RR 1997, c. 2, §53, is amended to
 6 read:

7 **§4244. Coverage for prostate cancer screening**

8 **1. Definition Services for the early detection of prostate cancer; definition.** As
 9 used in this section, "services for the early detection of prostate cancer" means the
 10 following procedures provided to a man for the purpose of early detection of prostate
 11 cancer:

12 A. A digital rectal examination; and

13 B. A prostate-specific antigen test.

14 **1-A. Nationally recognized clinical practice guideline; definition.** As used in this
 15 section, unless the context otherwise indicates, "nationally recognized clinical practice
 16 guideline" means an evidence-based clinical practice guideline:

17 A. Developed using a transparent methodology and reporting structure by an
 18 independent organization or medical professional society that has adopted a conflict of
 19 interest policy;

20 B. That establishes a standard of care informed by a systematic review of evidence
 21 and an assessment of the benefits and risks of alternative care options; and

22 C. That includes recommendations intended to optimize patient care.

23 **2. Required coverage for prostate cancer screening.** All health maintenance
 24 organization individual and group contracts must provide coverage for services for the
 25 early detection of prostate cancer. The contracts must reimburse for services for the early
 26 detection of prostate cancer, if recommended by a physician, ~~at least once a year for men~~
 27 ~~50 years of age or older until a man reaches the age of 72~~ when supported by medical and
 28 scientific evidence according to the most recently published nationally recognized clinical
 29 practice guideline.

30 ~~**3. Application.** The requirements of this section apply to all policies, contracts and~~
 31 ~~certificates executed, delivered, issued for delivery, continued or renewed in this State on~~
 32 ~~or after September 1, 1998. For purposes of this section, all contracts are deemed to be~~
 33 ~~renewed no later than the next yearly anniversary of the contract date.~~

34 **4. Cost sharing prohibited.** An individual or group contract may not impose any
 35 deductible, copayment, coinsurance or other cost-sharing requirement for the costs of
 36 services for the early detection of prostate cancer required to be covered under subsection
 37 2. This subsection does not apply to a contract offered for use with a health savings account
 38 unless the federal Internal Revenue Service determines that the requirements in this
 39 subsection are permissible in a high deductible health plan as defined in the federal Internal
 40 Revenue Code, Section 223(c)(2).

41 **Sec. 5. Application.** This Act applies to all policies, contracts and certificates
 42 executed, delivered, issued for delivery, continued or renewed in this State on or after

1 January 1, 2027. For purposes of this Act, all contracts are deemed to be renewed no later
2 than the next yearly anniversary of the contract date.'

3 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
4 number to read consecutively.

5 **SUMMARY**

6 This amendment replaces the bill. Under current law, health insurance coverage must
7 be provided for annual prostate cancer screening, if recommended by a physician, to men
8 50 years of age or older until attaining 72 years of age. The amendment updates the required
9 coverage by doing the following.

10 1. It retains the provision in current law that requires coverage of a digital rectal
11 examination and a prostate-specific antigen test.

12 2. It requires the coverage of services for the early detection of prostate cancer, if
13 recommended by a physician, when supported by medical and scientific evidence
14 according to the most recently published nationally recognized clinical practice guideline.

15 3. It prohibits the use of any deductible, copayment, coinsurance or other cost-sharing
16 requirement for the costs of services for the early detection of prostate cancer.

17 The requirements apply to individual and group health insurance policies and health
18 maintenance organization contracts issued or renewed on or after January 1, 2027.

19 **FISCAL NOTE REQUIRED**

20 (See attached)



132nd MAINE LEGISLATURE

LD 1502

LR 2380(02)

An Act to Update the Requirements for Health Insurance Coverage of Prostate Cancer Screening

Fiscal Note for Bill as Amended by Committee Amendment "A" (H-916)
Committee: Health Coverage, Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

	FY 2025-26	FY 2026-27	Projections FY 2027-28	Projections FY 2028-29
Net Cost (Savings)				
General Fund	\$0	\$0	\$50,223	\$50,223
Highway Fund	\$0	\$0	\$17,469	\$17,469
Appropriations/Allocations				
General Fund	\$0	\$0	\$50,223	\$50,223
Highway Fund	\$0	\$0	\$17,469	\$17,469

Fiscal Detail and Notes

This bill expands the coverage of services for early detection of prostate cancer, and prohibits health insurance carriers from using any deductible, copayment, coinsurance, or other cost-sharing requirements for these services. The requirements of this bill apply to health plans issued or renewed on or after January 1, 2027.

The State Employee Health Plan annual impact will be \$109,181 beginning in fiscal year 2027-28. The annual costs are split across General Fund (\$50,223), Highway Fund (\$17,469) and all other (\$41,489).