



# 132nd MAINE LEGISLATURE

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Legislative Document

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H.P. 986

House of Representatives, April 8, 2025

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

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Reference to the Committee on Health Coverage, Insurance and Financial Services  
suggested and ordered printed.

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT

Clerk

Presented by Representative MOONEN of Portland.

Cosponsored by Representatives: BOYER of Cape Elizabeth, FLYNN of Albion, FOLEY of Wells, MASTRACCIO of Sanford, MATHIESON of Kittery, Senator: BAILEY of York.

1       **Be it enacted by the People of the State of Maine as follows:**

2               **Sec. 1. 24 MRSA §2325-C**, as enacted by PL 1997, c. 754, §1, is amended to read:  
3       **§2325-C. Coverage for prostate cancer screening**

4               ~~**1. Definition.** As used in this section, "services for the early detection of prostate~~  
5 ~~cancer" means the following procedures provided to a man for the purpose of early~~  
6 ~~detection of prostate cancer:~~

7               ~~A. A digital rectal examination; and~~

8               ~~B. A prostate-specific antigen test.~~

9               **1-A. Definitions.** As used in this section, unless the context otherwise indicates, the  
10 following terms have the following meanings.

11               A. "Nationally recognized clinical practice guideline" means an evidence-based  
12 clinical practice guideline:

13               (1) Developed by an independent organization or medical professional society  
14 using a transparent methodology and reporting structure and with a conflict of  
15 interest policy;

16               (2) That establishes a standard of care informed by a systematic review of evidence  
17 and an assessment of the benefits and risks of alternative care options; and

18               (3) That includes recommendations intended to optimize patient care.

19               B. "Services for the early detection of prostate cancer" means medically viable  
20 methods for the purpose of early detection and diagnosis of prostate cancer, including  
21 a digital rectal examination and prostate-specific antigen test and associated laboratory  
22 services. "Services for the early detection of prostate cancer" includes medically  
23 necessary follow-up testing as directed by a physician, including, but not limited to,  
24 urinary analysis; serum biomarker testing; and medical imaging such as magnetic  
25 resonance imaging.

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

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

37               **4. Cost sharing prohibited.** An individual or group nonprofit hospital and medical  
38 services plan contract may not impose any deductible, copayment, coinsurance or other  
39 cost-sharing requirement for the costs of services for the early detection of prostate cancer  
40 required to be covered under subsection 2. This subsection does not apply to a contract  
41 offered for use with a health savings account unless the United States Internal Revenue  
42 Service determines that the requirements in this subsection are permissible in a high

1 deductible health plan as defined in the United States Internal Revenue Code of 1986,  
2 Section 223(c)(2).

3 **Sec. 2. 24-A MRSA §2745-G**, as enacted by PL 1997, c. 754, §2 and reallocated  
4 by RR 1997, c. 2, §51, is amended to read:

5 **§2745-G. Coverage for prostate cancer screening**

6 **1. Definition.** ~~As used in this section, "services for the early detection of prostate~~  
7 ~~cancer" means the following procedures provided to a man for the purpose of early~~  
8 ~~detection of prostate cancer:~~

9 A. ~~A digital rectal examination; and~~

10 B. ~~A prostate-specific antigen test.~~

11 **1-A. Definitions.** As used in this section, unless the context otherwise indicates, the  
12 following terms have the following meanings.

13 A. "Nationally recognized clinical practice guideline" means an evidence-based  
14 clinical practice guideline:

15 (1) Developed by an independent organization or medical professional society  
16 using a transparent methodology and reporting structure and with a conflict of  
17 interest policy;

18 (2) That establishes a standard of care informed by a systematic review of evidence  
19 and an assessment of the benefits and risks of alternative care options; and

20 (3) That includes recommendations intended to optimize patient care.

21 B. "Services for the early detection of prostate cancer" means medically viable  
22 methods for the purpose of early detection and diagnosis of prostate cancer, including  
23 a digital rectal examination and prostate-specific antigen test and associated laboratory  
24 services. "Services for the early detection of prostate cancer" includes medically  
25 necessary follow-up testing as directed by a physician, including, but not limited to,  
26 urinary analysis; serum biomarker testing; and medical imaging such as magnetic  
27 resonance imaging.

28 **2. Required coverage for prostate cancer screening.** All individual insurance  
29 policies and contracts except accidental injury, specified disease, hospital indemnity,  
30 Medicare supplement, long-term care and other limited benefit health insurance policies  
31 and contracts must provide coverage for services for the early detection of prostate cancer.  
32 The 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.** An individual insurance policy or contract may not  
41 impose any deductible, copayment, coinsurance or other cost-sharing requirement for the  
42 costs of services for the early detection of prostate cancer required to be covered under

1 subsection 2. This subsection does not apply to a policy or contract offered for use with a  
2 health savings account unless the United States Internal Revenue Service determines that  
3 the requirements in this subsection are permissible in a high deductible health plan as  
4 defined in the United States Internal Revenue Code of 1986, Section 223(c)(2).

5 **Sec. 3. 24-A MRSA §2837-H**, as enacted by PL 1997, c. 754, §3 and reallocated  
6 by RR 1997, c. 2, §52, is amended to read:

7 **§2837-H. Coverage for prostate cancer screening**

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

11 ~~A. A digital rectal examination; and~~

12 ~~B. A prostate-specific antigen test.~~

13 **1-A. Definitions.** As used in this section, unless the context otherwise indicates, the  
14 following terms have the following meanings.

15 A. "Nationally recognized clinical practice guideline" means an evidence-based  
16 clinical practice guideline:

17 (1) Developed by an independent organization or medical professional society  
18 using a transparent methodology and reporting structure and with a conflict of  
19 interest policy;

20 (2) 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 (3) That includes recommendations intended to optimize patient care.

23 B. "Services for the early detection of prostate cancer" means medically viable  
24 methods for the purpose of early detection and diagnosis of prostate cancer, including  
25 a digital rectal examination and prostate-specific antigen test and associated laboratory  
26 services. "Services for the early detection of prostate cancer" includes medically  
27 necessary follow-up testing as directed by a physician, including, but not limited to,  
28 urinary analysis; serum biomarker testing; and medical imaging such as magnetic  
29 resonance imaging.

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

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

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

8        **Sec. 4. 24-A MRSA §4244**, as enacted by PL 1997, c. 754, §4 and reallocated by  
9        RR 1997, c. 2, §53, is amended to read:

10       **§4244. Coverage for prostate cancer screening**

11       **1. Definition.** ~~As used in this section, "services for the early detection of prostate~~  
12       ~~cancer" means the following procedures provided to a man for the purpose of early~~  
13       ~~detection of prostate cancer:~~

14       ~~A. A digital rectal examination; and~~

15       ~~B. A prostate-specific antigen test.~~

16       **1-A. Definitions.** As used in this section, unless the context otherwise indicates, the  
17       following terms have the following meanings.

18       A. "Nationally recognized clinical practice guideline" means an evidence-based  
19       clinical practice guideline:

20       (1) Developed by an independent organization or medical professional society  
21       using a transparent methodology and reporting structure and with a conflict of  
22       interest policy;

23       (2) That establishes a standard of care informed by a systematic review of evidence  
24       and an assessment of the benefits and risks of alternative care options; and

25       (3) That includes recommendations intended to optimize patient care.

26       B. "Services for the early detection of prostate cancer" means medically viable  
27       methods for the purpose of early detection and diagnosis of prostate cancer, including  
28       a digital rectal examination and prostate-specific antigen test and associated laboratory  
29       services. "Services for the early detection of prostate cancer" includes medically  
30       necessary follow-up testing as directed by a physician, including, but not limited to,  
31       urinary analysis; serum biomarker testing; and medical imaging such as magnetic  
32       resonance imaging.

33       **2. Required coverage for prostate cancer screening.** All health maintenance  
34       organization individual and group contracts must provide coverage for services for the  
35       early detection of prostate cancer. The contracts must reimburse for services for the early  
36       detection of prostate cancer, if recommended by a physician, ~~at least once a year for men~~  
37       ~~50 years of age or older until a man reaches the age of 72~~ when supported by medical and  
38       scientific evidence according to the most recently published nationally recognized clinical  
39       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 or group contract may not impose any  
4 deductible, copayment, coinsurance or other cost-sharing requirement for the costs of  
5 services for the early detection of prostate cancer required to be covered under subsection  
6 2. This subsection does not apply to a contract offered for use with a health savings account  
7 unless the United States Internal Revenue Service determines that the requirements in this  
8 subsection are permissible in a high deductible health plan as defined in the United States  
9 Internal Revenue Code of 1986, Section 223(c)(2).

10 **Sec. 5. Application.** This Act applies to all policies, contracts and certificates  
11 executed, delivered, issued for delivery, continued or renewed in this State on or after  
12 January 1, 2026. For purposes of this Act, all contracts are deemed to be renewed no later  
13 than the next yearly anniversary of the contract date.

## 14 SUMMARY

15 Under current law, health insurance coverage must be provided for annual prostate  
16 cancer screening, if recommended by a physician, to men 50 years of age or older until  
17 attaining 72 years of age. This bill updates the required coverage by doing the following.

18 1. It expands the scope of the required screening services to include medically  
19 necessary follow-up testing as directed by a physician, including, but not limited to, urinary  
20 analysis; serum biomarker testing; and medical imaging. It retains the provision in current  
21 law that requires coverage of a digital rectal examination and a prostate-specific antigen  
22 test and provides that associated laboratory fees for those tests are also covered.

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

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

28 The requirements of the bill apply to health plans issued or renewed on or after January  
29 1, 2026.