

STATE OF MAINE

—  
IN THE YEAR OF OUR LORD  
TWO THOUSAND TWENTY-SIX

—  
H.P. 986 - L.D. 1502

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

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

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

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

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

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

**§2745-G. 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 insurance policies and contracts except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and 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 and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

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

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

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

**§2837-H. 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 group insurance policies and contracts except accidental injury, specified disease, hospital indemnity, Medicare supplement, long-term care and other limited benefit health insurance policies and 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 and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

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

**4. Cost sharing prohibited.** A group insurance policy or contract may not impose any deductible, copayment, coinsurance or other cost-sharing requirement for the costs of services for the early detection of prostate cancer required to be covered under subsection 2. This subsection does not apply to a policy or contract offered for use with a health savings account unless the federal Internal Revenue Service determines that the

requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).

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

**§4244. 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 health maintenance organization individual and group 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 and scientific evidence according to the most recently published nationally recognized clinical practice guideline.

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

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

**Sec. 5. Application.** This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2027. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.