

House Bill 373

By: Representatives Glaize of the 67<sup>th</sup>, Newton of the 127<sup>th</sup>, Cooper of the 45<sup>th</sup>, Mitchell of the 88<sup>th</sup>, Paris of the 142<sup>nd</sup>, and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated,  
2 relating to general provisions regarding insurance, so as to require major medical coverage  
3 for annual prostate cancer screenings for certain men; to amend Part 1 of Article 1 of  
4 Chapter 18 of Title 45 of the Official Code of Georgia Annotated, relating to state employees'  
5 health insurance plan, so as to require coverage for annual prostate cancer screenings for  
6 certain men; to amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia  
7 Annotated, relating to medical assistance generally, so as to require coverage for annual  
8 prostate cancer screenings for certain men; to provide for a plan amendment when necessary;  
9 to provide for definitions; to provide for related matters; to provide for an effective date and  
10 applicability; to repeal conflicting laws; and for other purposes.

11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

12 **SECTION 1.**

13 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
14 general provisions regarding insurance, is amended by adding a new Code section to read as  
15 follows:

H. B. 373

16 "33-24-59.34.

17 (a) As used in this Code section, the term:

18 (1) 'Cost sharing requirement' means a deductible, coinsurance, copayment, or a  
19 maximum limitation on the application of a deductible, coinsurance, copayment, or other  
20 out-of-pocket expense.

21 (2) 'Health benefit policy' means any individual or group plan, policy, or contract for  
22 healthcare services issued, delivered, issued for delivery, or renewed in this state which  
23 provides major medical benefits by a healthcare corporation, health maintenance  
24 organization, preferred provider organization, accident and sickness insurer, fraternal  
25 benefit society, hospital service corporation, medical service corporation, or other insurer  
26 or similar entity.

27 (3) 'Men with a family history of prostate cancer' means men who have a first-degree  
28 relative:

29 (A) Who has been diagnosed with prostate cancer;

30 (B) Who developed prostate cancer;

31 (C) Whose death was a result of prostate cancer;

32 (D) Who has been diagnosed with a cancer known to be associated with an increased  
33 risk of prostate cancer; or

34 (E) Who has a genetic alteration known to be associated with an increased risk of  
35 prostate cancer.

36 (4) 'Men with a high risk for prostate cancer' means:

37 (A) Men who are 40 to 49 years of age with a family history of prostate cancer;

38 (B) Men who are 50 years of age and older; and

39 (C) Other men, as may be determined by a physician.

40 (b) A health benefit policy shall provide coverage for annual prostate cancer screenings  
41 for men with a high risk for prostate cancer. Such coverage shall include a digital rectal  
42 examination and a prostate-specific antigen test.

43 (c)(1) Except as provided in paragraph (2) of this subsection, a health benefit policy that  
 44 provides coverage for annual prostate cancer screenings shall provide such coverage  
 45 without imposing a cost sharing requirement on the enrollee.

46 (2) If compliance with paragraph (1) of this subsection would result in a high deductible  
 47 health benefit policy with a health savings account becoming ineligible under Section 233  
 48 of Title 26 of the Internal Revenue Code, then paragraph (1) of this subsection shall apply  
 49 to such policy only after the policy enrollee has satisfied the minimum deductible  
 50 required under such section of the Internal Revenue Code except with respect to items or  
 51 services that are deemed preventive care pursuant to 26 U.S.C. Section 223(c)(2)(C) of  
 52 the Internal Revenue Code, as such sections of Title 26 of the Internal Revenue Code are  
 53 in effect on January 1, 2025, or as the Commissioner shall determine necessary."

54 **SECTION 2.**

55 Part 1 of Article 1 of Chapter 18 of Title 45 of the Official Code of Georgia Annotated,  
 56 relating to state employees' health insurance plan, is amended by adding a new Code section  
 57 to read as follows:

58 "45-18-4.2.

59 (a) As used in this Code section, the term:

60 (1) 'Cost sharing requirement' means a deductible, coinsurance, copayment, or a  
 61 maximum limitation on the application of a deductible, coinsurance, copayment, or other  
 62 out-of-pocket expense.

63 (2) 'Men with a family history of prostate cancer' means men who have a first-degree  
 64 relative:

65 (A) Who has been diagnosed with prostate cancer;

66 (B) Who developed prostate cancer;

67 (C) Whose death was a result of prostate cancer;

68 (D) Who has been diagnosed with a cancer known to be associated with an increased  
69 risk of prostate cancer; or

70 (E) Who has a genetic alteration known to be associated with an increased risk of  
71 prostate cancer.

72 (3) 'Men with a high risk for prostate cancer' means:

73 (A) Men who are 40 to 49 years of age with a family history of prostate cancer;

74 (B) Men who are 50 years of age and older; and

75 (C) Other men, as may be determined by a physician.

76 (b) The health insurance plan established pursuant to this article shall include coverage for  
77 annual prostate cancer screenings for men with a high risk for prostate cancer. Such  
78 coverage shall include a digital rectal examination and a prostate-specific antigen test.

79 (c)(1) Except as provided in paragraph (2) of this subsection, a health insurance plan that  
80 provides coverage for annual prostate cancer screenings shall provide such coverage  
81 without imposing a cost sharing requirement on the enrollee.

82 (2) If compliance with paragraph (1) of this subsection would result in a high deductible  
83 health insurance plan established pursuant to this article with a health savings account  
84 becoming ineligible under Section 233 of Title 26 of the Internal Revenue Code, then  
85 paragraph (1) of this subsection shall apply to such plan only after the plan enrollee has  
86 satisfied the minimum deductible required under such section of the Internal Revenue  
87 Code except with respect to items or services that are deemed preventive care pursuant  
88 to 26 U.S.C. Section 223(c)(2)(C) of the Internal Revenue Code, as such sections of  
89 Title 26 of the Internal Revenue Code are in effect on January 1, 2025, or as the  
90 Commissioner of the Department of Community Health shall determine necessary."

91 **SECTION 3.**

92 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to  
93 medical assistance generally, is amended by adding a new Code section to read as follows:

94 "49-4-159.5.  
95 (a) As used in this Code section, the term:  
96 (1) 'Cost sharing requirement' means a deductible, coinsurance, copayment, or a  
97 maximum limitation on the application of a deductible, coinsurance, copayment, or other  
98 out-of-pocket expense.  
99 (2) 'Men with a family history of prostate cancer' means men who have a first-degree  
100 relative:  
101 (A) Who has been diagnosed with prostate cancer;  
102 (B) Who developed prostate cancer;  
103 (C) Whose death was a result of prostate cancer;  
104 (D) Who has been diagnosed with a cancer known to be associated with an increased  
105 risk of prostate cancer; or  
106 (E) Who has a genetic alteration known to be associated with an increased risk of  
107 prostate cancer.  
108 (3) 'Men with a high risk for prostate cancer' means:  
109 (A) Men who are 40 to 49 years of age with a family history of prostate cancer;  
110 (B) Men who are 50 years of age and older; and  
111 (C) Other men, as may be determined by a physician.  
112 (b) The department shall provide Medicaid recipients who are men with a high risk for  
113 prostate cancer with coverage for annual prostate screenings and do so without imposing  
114 a cost sharing requirement on the enrollee. Such coverage shall include a digital rectal  
115 examination and a prostate-specific antigen test.  
116 (c) To implement the provisions of this Code section, the department shall, when  
117 necessary, submit a Medicaid state plan amendment or waiver request to the United States  
118 Department of Health and Human Services."

119 **SECTION 4.**

120 This Act shall become effective upon its approval by the Governor or upon its becoming law  
121 without such approval and shall apply to all applicable insurance policies issued, delivered,  
122 issued for delivery, or renewed on or after January 1, 2026.

123 **SECTION 5.**

124 All laws and parts of laws in conflict with this Act are repealed.