SPONSOR: Rep. Bolden & Sen. Hoffner
Reps. Baumbach, Bush, Dorsey Walker, Heffernan, K. Johnson, Lynn, Morrison, Parker Selby, K. Williams, Wilson-Anton, Cooke, Osienski, Harris; Sens. Huxtable, Wilson

HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE SUBSTITUTE NO. 1
FOR
HOUSE BILL NO. 302

AN ACT TO AMEND TITLE 18 OF THE DELAWARE CODE RELATING TO PROSTATE CANCER SCREENING.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3346A. Prostate cancer screening.

(a) For purposes of this section, "prostate screening" means a medically necessary and clinically appropriate method for the detection and diagnosis of prostate cancer, including a digital rectal exam and prostate specific antigen test, and associated laboratory work.

(b) All individual health insurance policies, contracts, or certificates that are delivered, issued for delivery, renewed, extended, or modified in this State after December 31, 2025, shall provide coverage for prostate screenings at no cost to a covered individual, including deductible payments and cost-sharing amounts charged once a deductible is met. In accordance with the American Cancer Society guidelines, coverage shall begin at:

(1) Age 50 for men at average risk of developing prostate cancer.

(2) Age 45 for men at high risk for developing prostate cancer, including African American men and men who have a first degree relative diagnosed with prostate cancer.

(3) Age 40 for men at even higher risk for prostate cancer, including men who have more than one first degree relative diagnosed with prostate cancer.

(c) Except as provided under subsection (b) of this section, nothing in this section prevents the operation of a policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits, or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

(d)(1) This section does not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

(2) The cost-sharing limitation under subsection (b) of this section does not apply to a catastrophic health plan to the extent this cost-sharing limitation would cause the plan to fail to be treated as a catastrophic plan under § 1302(e) of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18022(e).

(3) a. The cost-sharing limitation under subsection (b) of this section does not apply to a high deductible health plan to the extent this cost-sharing limitation would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code.

b. If the cost-sharing limitation under subsection (b) of this section would result in an enrollee becoming ineligible for a health savings account under federal law, this cost-sharing limitation only applies to a qualified high deductible health plan after the enrollee's deductible has been met.

Section 2. Amend § 3552, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3552. Cancer screening tests.

(b) ~~All group and blanket health insurance policies which are delivered or issued for delivery in this State by any health insurer or health service corporation and which provide benefits for outpatient services shall provide to covered persons residing or having their principal place of employment in this State and being age 50 or above a benefit for prostate cancer screening, commonly known as a prostatic specific antigen (PSA) test. Such screening shall be deemed a covered service, notwithstanding policy exclusions or services which are part of or related to annual or routine examinations.~~ [Repealed]

Section 3. Amend Subchapter III, Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3552B. Prostate cancer screening.

(a) For purposes of this section, "prostate screening" means a medically necessary and clinically appropriate method for the detection and diagnosis of prostate cancer, including a digital rectal exam and prostate specific antigen test, and associated laboratory work.

(b) All group and blanket health insurance policies, contracts, or certificates that are delivered, issued for delivery, renewed, extended, or modified in this State shall provide coverage for prostate screenings at no cost to a covered individual, including deductible payments and cost-sharing amounts charged once a deductible is met. In accordance with the American Cancer Society guidelines, coverage shall begin at:

(1) Age 50 for men at average risk of developing prostate cancer.

(2) Age 45 for men at high risk for developing prostate cancer, including African American men and men who have a first degree relative diagnosed with prostate cancer.

(3) Age 40 for men at even higher risk for prostate cancer, including men who have more than one first degree relative diagnosed with prostate cancer.

(c) Except as provided under subsection (b) of this section, nothing in this section prevents the operation of a policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits, or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

(d)(1) This section does not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

(2) a. The cost-sharing limitation under subsection (b) of this section does not apply to a high deductible health plan to the extent this cost-sharing limitation would cause the plan to fail to be treated as a high deductible health plan under § 223(c)(2) of the Internal Revenue Code.

b. If the cost-sharing limitation under subsection (b) of this section would result in an enrollee becoming ineligible for a health savings account under federal law, this cost-sharing limitation only applies to a qualified high deductible health plan after the enrollee's deductible has been met.

Section 4. This Act applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2025.

SYNOPSIS

According to the American Cancer Society, prostate cancer is the second-leading cause of death from cancer in men. It is estimated that about 1 in 41 men will die of prostate cancer. According to ZERO Prostate Cancer, Black men face serious health care disparities regarding prostate cancer. 1 in 6 Black men will develop prostate cancer in their lifetime compared to 1 in 8 men overall. Black men are also 1.7 times more likely to be diagnosed with, and 2.1 times more likely to die from, prostate cancer than white men.

HB 302 requires all group, blanket, and individual health insurance policies to cover prostate screening for men at risk of prostate cancer. This Substitute bill broadens the definition of "prostate screening" to include any medically necessary and clinically appropriate method for the detection and diagnosis of prostate cancer, including a digital rectal exam and prostate specific antigen test, and associated laboratory work. This Substitute bill also clarifies the ages at which prostate screenings must be covered, consistent with the American Cancer Society guidelines, as follows: (1) Age 50 for men at average risk of developing prostate cancer; (2) Age 45 for men at high risk of developing prostate cancer, including African American men and men who have a first degree relative diagnosed with prostate cancer; and (3) Age 40 for men at even higher risk for prostate cancer, including men who have more than one first degree relative diagnosed with prostate cancer.

This Substitute bill also extends the effective date to health insurance policies modified after December 31, 2025, and makes technical corrections.