

**As Introduced**

**136th General Assembly**

**Regular Session**

**2025-2026**

**H. B. No. 33**

**Representatives Jarrells, Johnson**

**Cosponsors: Representatives Williams, Denson, McNally, Upchurch, Cockley,  
Brennan, Brewer, Russo, Sigrist, Synenberg, White, E., Mohamed, Rogers,  
Thomas, C., Schmidt**

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**A BILL**

To enact section 3902.66 of the Revised Code to 1  
require health insurers to cover preventive 2  
screenings for certain men at high-risk for 3  
developing prostate cancer. 4

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That section 3902.66 of the Revised Code be 5  
enacted to read as follows: 6

**Sec. 3902.66.** (A) As used in this section: 7

(1) "Family history of prostate cancer" means that a 8  
first-degree relative of a covered person was diagnosed with, 9  
developed, or died as a result of prostate cancer. 10

(2) "First-degree relative" means a biological parent, 11  
full biological sibling, or biological child. 12

(3) "Prostate cancer screening" means any evidence-based 13  
preventive care or screening procedure performed for the purpose 14  
of identifying prostate cancer, including prostate-specific 15  
antigen tests and digital rectal examination. 16

(B) Notwithstanding section 3901.71 of the Revised Code, a health benefit plan issued, renewed, or modified in this state on or after the effective date of this section shall provide coverage for all expenses associated with prostate cancer screenings for covered persons who are male, at least forty years of age, and are at high risk of developing prostate cancer based on one or both of the following factors: 17 18 19 20 21 22 23

(1) Diagnosis of the covered person or a first-degree relative with a genetic alteration or cancer associated with increased risk of prostate cancer; 24 25 26

(2) A family history of prostate cancer. 27

(C) Subject to division (E) of this section, no health benefit plan issued, renewed, or modified in this state on or after the effective date of this section shall impose a cost-sharing requirement for the coverage required by division (B) of this section. 28 29 30 31 32

(D) The superintendent of insurance shall adopt rules in accordance with Chapter 119. of the Revised Code for the purposes of implementing and administering this section, including rules that specify both of the following: 33 34 35 36

(1) The types of prostate-specific antigen tests for which coverage is required by this section; 37 38

(2) The interval between prostate cancer screenings covered in accordance with this section, which shall not be greater than one year. 39 40 41

(E) If, under federal law, the application of the requirement in division (C) of this section would result in health savings account ineligibility under 26 U.S.C. 223, then the requirement of division (C) of this section applies for 42 43 44 45

<u>health savings account-qualified high deductible health plans</u>	46
<u>with respect to the deductible of such a plan after the enrollee</u>	47
<u>has satisfied the minimum deductible under 26 U.S.C. 223.</u>	48