HOUSE No. 999

The Commonwealth of Massachusetts

PRESENTED BY:

Steven M. Walsh

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to colorectal cancer screenings.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Steven M. Walsh	11th Essex	1/16/2013
Louis L. Kafka	8th Norfolk	
Denise C. Garlick	13th Norfolk	
Robert F. Fennell	10th Essex	
Frank I. Smizik	15th Norfolk	
Ann-Margaret Ferrante	5th Essex	
Alice Hanlon Peisch	14th Norfolk	
Danielle W. Gregoire	4th Middlesex	
Kay Khan	11th Middlesex	

HOUSE No. 999

By Mr. Walsh of Lynn, a petition (accompanied by bill, House, No. 999) of Steven M. Walsh and others relative to insurance coverage for colorectal cancer screenings and breast cancer screenings. Financial Services.

The Commonwealth of Alassachusetts

In the Year Two Thousand Thirteen

An Act relative to colorectal cancer screenings.

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Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 175 of the General Laws is hereby amended by inserting after section 110M the following section:-

Section 110N. Any policy, contract, agreement, plan or certificate of insurance issued, delivered or renewed within the commonwealth which provides coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or mammogram ordered in a policy year by a physician for an insured.

SECTION 2. Chapter 176A of the General Laws is hereby amended by inserting after section 8AA the following section:-

Section 8BB. Any contract between a subscriber and the corporation under an individual or group hospital service plan delivered or issued or renewed within the commonwealth which provides coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or mammogram ordered in a policy year by a physician for an insured.

SECTION 3. Chapter 176B of the General Laws is hereby amended by inserting after section 4AA the following section:-

Section 4BB. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth which provides coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or mammogram ordered in a policy year by a physician for an insured.

SECTION 4. Chapter 176G of the General Laws is hereby amended by inserting after section 4S the following section:-

Section 4T. Any individual or group health maintenance contract which provides coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or mammogram ordered in a policy year by a physician for an insured.

SECTION 5. Chapter 32A of the General Laws is hereby amended by inserting after section 23 the following section:-

Section 24. Any coverage offered by the commission to any active or retired employee of the commonwealth who is insured under the group insurance commission which provides coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or mammogram ordered in a policy year by a physician for an insured.