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# The Commonwealth of Massachusetts

#### PRESENTED BY:

### Louis L. Kafka

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:
Louis L. Kafka	8th Norfolk	1/14/2015
Walter F. Timilty	7th Norfolk	9/5/2019
Claire D. Cronin	11th Plymouth	1/21/2015
Paul McMurtry	11th Norfolk	9/5/2019
Frank I. Smizik	15th Norfolk	2/2/2015
Elizabeth A. Poirier	14th Bristol	9/5/2019
Ann-Margaret Ferrante	5th Essex	2/3/2015
Robert F. Fennell	10th Essex	1/30/2015
Timothy R. Madden	Barnstable, Dukes and Nantucket	1/26/2015
James J. Dwyer	30th Middlesex	9/5/2019
Michael O. Moore	Second Worcester	9/5/2019
Marjorie C. Decker	25th Middlesex	9/5/2019
Kay Khan	11th Middlesex	2/2/2015
Kenneth I. Gordon	21st Middlesex	9/5/2019
Jason M. Lewis	Fifth Middlesex	9/5/2019

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By Mr. Kafka of Stoughton, a petition (accompanied by bill, House, No. 884) of Louis L. Kafka and others relative to insurance coverage for colorectal cancer screenings and breast cancer screenings. Financial Services.

## [SIMILAR MATTER FILED IN PREVIOUS SESSION SEE HOUSE, NO. 999 OF 2013-2014.]

## The Commonwealth of Massachusetts

In the One Hundred and Eighty-Ninth General Court (2015-2016)

An Act relative to colorectal cancer screenings.

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

1 SECTION 1. Chapter 175 of the General Laws is hereby amended by inserting after

2 section 110M the following section:-

3	Section 110N. Any policy, contract, agreement, plan or certificate of insurance issued,
4	delivered or renewed within the commonwealth which provides coverage for colorectal cancer
5	screenings or breast cancer screenings shall not impose (1) A deductible for a procedure that a
6	physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy or a
7	screening mammogram; or (2) A coinsurance, copayment, deductible or other out-of-pocket
8	expense for any additional colonoscopy, sigmoidoscopy or mammogram ordered in a policy year
9	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:-

12	Section 8BB. Any contract between a subscriber and the corporation under an individual
13	or group hospital service plan delivered or issued or renewed within the commonwealth which
14	provides coverage for colorectal cancer screenings or breast cancer screenings shall not impose
15	(1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy
16	or a screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment,
17	deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or
18	mammogram ordered in a policy year by a physician for an insured.
19 20	SECTION 3. Chapter 176B of the General Laws is hereby amended by inserting after section 4AA the following section:-
20	
21	Section 4BB. Any subscription certificate under an individual or group medical service
21 22	Section 4BB. Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth which provides coverage for
22	agreement delivered, issued or renewed within the commonwealth which provides coverage for
22 23	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
22 23 24	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
22 23 24 25	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
<ul> <li>22</li> <li>23</li> <li>24</li> <li>25</li> <li>26</li> </ul>	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

30 Section 4T. Any individual or group health maintenance contract which provides
31 coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A

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32	deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a
33	screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment,
34	deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or
35	mammogram ordered in a policy year by a physician for an insured.
36	SECTION 5. Chapter 32A of the General Laws is hereby amended by inserting after
37	section 23 the following section:-
38	Section 24. Any coverage offered by the commission to any active or retired employee of
39	the commonwealth who is insured under the group insurance commission which provides
40	coverage for colorectal cancer screenings or breast cancer screenings shall not impose (1) A
41	deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a
42	screening sigmoidoscopy or a screening mammogram; or (2) A coinsurance, copayment,
43	deductible or other out-of-pocket expense for any additional colonoscopy, sigmoidoscopy or
44	mammogram ordered in a policy year by a physician for an insured.