

HOUSE No. 3575

The Commonwealth of Massachusetts

PRESENTED BY:

James R. Miceli

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 colon screenings.

PETITION OF:

NAME:

James R. Miceli

DISTRICT/ADDRESS:

19th Middlesex

HOUSE No. 3575

By Mr. Miceli of Wilmington, a petition (accompanied by bill, House, No. 3575) of James R. Miceli relative to providing healthcare coverage for certain colon screenings. Financial Services.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act relative to colon 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. The General Court hereby finds and declares that:

2 (a) Colorectal cancer is the second leading cause of cancer death in the United States.
3 Metastatic disease accounts for 40 to 50 per cent of newly diagnosed patients and is associated
4 with high morbidity. In 2016, an estimated 134,000 persons will be diagnosed with colorectal
5 cancer, and about 49,000 will die from it. Colorectal cancer is the third most common cancer
6 worldwide.

7 (b) Despite the availability of effective screening options, nearly one-third of eligible
8 adults have never been screened for colorectal cancer.

9 (c) The United States Preventive Services Task Force has concluded, with high certainty,
10 that screening for colorectal cancer in average-risk, asymptomatic adults aged 50 to 75 years is
11 of substantial net benefit.

12 (d) In December of 2010 the commonwealth’s division of health care finance and policy
13 issued a review and evaluation of proposed legislation regarding mandated colorectal cancer
14 screenings. The review noted that in 2010, the federal Patient Protection Affordable Care Act
15 mandated coverage for colorectal screening.

16 (e) The President and the Congress of the United States have pledged to repeal the
17 Affordable Care Act. Congress has already attempted to repeal the act 62 times and in 2017, the
18 U.S. House of Representatives has begun the process anew to repeal the Affordable Care Act.
19 Repeal of the Affordable Care Act eliminates the federal mandate for colorectal screening health
20 insurance coverage.

21 (f) Mandated coverage and regulation of colorectal screening availability, cost and
22 pricing are important public policy goals to provide health care and insurance for the prevention
23 and treatment of a highly curable, deadly cancer.

24 SECTION 2. Chapter 32A of the General Laws, as appearing in the 2014 Official
25 Edition, is hereby amended by inserting after section 17N the following section:-

26 Section 17O. (a) The commission shall provide to any active or retired employee of the
27 commonwealth starting at 50 years of age who is insured under the group insurance commission
28 coverage for colorectal cancer screening as found medically necessary by the insured’s primary
29 care physician, including: (i) Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy
30 every 10 years plus FIT every year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically
31 necessary; (iv) FIT-DNA every year or every 3 years, as medically necessary; (v) FIT every
32 year; (vi) HSgFOBT every year; (vii) CT colonography every 5 years; and (viii) colonoscopy
33 every 5 or 10 years. For the purposes of this section the term “colonoscopy”, shall mean a

34 colorectal cancer screening service procedure that enables a physician to examine visually the
35 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or
36 both.

37 (b) Colorectal cancer screening services pursuant to subsection (a) performed under
38 contract with the commission shall not be subject to any co-payment, deductible, coinsurance or
39 other cost-sharing requirement. In addition, an insured shall not be subject to any additional
40 charge for any service associated with a procedure or test for colorectal cancer screening, which
41 may include 1 or more of the following: (i) removal of tissue or other matter; (ii) laboratory
42 services; (iii) physician services; (iv) facility use, regardless of whether such facility is a
43 hospital; and (v) anesthesia.

44 SECTION 3. Chapter 175 of the General Laws, as so appearing, is hereby amended by
45 inserting after section 47II the following section:-

46 Section 47JJ. (a) Any policy of accident and sickness insurance issued pursuant to section
47 108, and any group blanket policy of accident and sickness insurance issued pursuant to section
48 110 that is delivered, issued or renewed by agreement within or without the commonwealth shall
49 provide coverage, starting at 50 years of age, for colorectal cancer screening as found medically
50 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5
51 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,
52 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as
53 medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography every
54 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the term

55 “colonoscopy”, shall mean a procedure that enables a physician to examine visually the inside of
56 a patient's entire colon and includes the concurrent removal of polyps or biopsy, or both.

57 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
58 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
59 requirement. In addition, an insured shall not be subject to any additional charge for any service
60 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
61 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
62 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia.

63 SECTION 4. Chapter 176A of the General Laws, as so appearing, is hereby amended by
64 inserting after section 8KK the following section:-

65 Section 8LL. (a) Any contract between a subscriber and the corporation under an
66 individual or group hospital service plan which is delivered, issued or renewed within the
67 commonwealth shall provide coverage, starting at 50 years of age, for colorectal cancer
68 screening as found medically necessary by the insured's primary care physician, including: (i)
69 Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every
70 year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA
71 every year or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every
72 year; (vii) CT colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the
73 purposes of this section the term “colonoscopy”, shall mean a procedure that enables a physician
74 to examine visually the inside of a patient's entire colon and includes the concurrent removal of
75 polyps or biopsy, or both.

76 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
77 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
78 requirement. In addition, an insured shall not be subject to any additional charge for any service
79 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
80 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
81 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia.

82 SECTION 5. Chapter 176B of the General Laws, as so appearing, is hereby amended by
83 inserting after section 4KK the following section:-

84 Section 4LL. (a) Any subscription certificate under an individual or group medical
85 service agreement delivered, issued or renewed within the commonwealth shall provide
86 coverage, starting at 50 years of age, for colorectal cancer screening as found medically
87 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5
88 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,
89 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as
90 medically necessary; (iv) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography
91 every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the
92 term "colonoscopy", shall mean a procedure that enables a physician to examine visually the
93 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or
94 both.

95 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
96 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
97 requirement. In addition, an insured shall not be subject to any additional charge for any service

98 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
99 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
100 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia.

101 SECTION 6. Chapter 176G of the General Laws, as so appearing, is hereby amended by
102 inserting after section 4CC the following section:-

103 Section 4DD. (a) An individual or group health maintenance contract that is issued or
104 renewed shall provide coverage, starting at 50 years of age, for colorectal cancer screening as
105 found medically necessary by the insured's primary care physician, including: (i) Flexible
106 sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year;
107 (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year
108 or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT
109 colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this
110 section the term "colonoscopy", shall mean a procedure that enables a physician to examine
111 visually the inside of a patient's entire colon and includes the concurrent removal of polyps or
112 biopsy, or both.

113 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
114 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
115 requirement. In addition, an insured shall not be subject to any additional charge for any service
116 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
117 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
118 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia.