

# HOUSE . . . . . No. 1089

---

## The Commonwealth of Massachusetts

---

PRESENTED BY:

***David Allen Robertson***

---

*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:                              | DISTRICT/ADDRESS:                | DATE ADDED:      |
|------------------------------------|----------------------------------|------------------|
| <i>David Allen Robertson</i>       | <i>19th Middlesex</i>            | <i>1/17/2019</i> |
| <i>Timothy R. Whelan</i>           | <i>1st Barnstable</i>            | <i>1/28/2019</i> |
| <i>Steven S. Howitt</i>            | <i>4th Bristol</i>               | <i>1/29/2019</i> |
| <i>Bruce E. Tarr</i>               | <i>First Essex and Middlesex</i> | <i>1/30/2019</i> |
| <i>Brian M. Ashe</i>               | <i>2nd Hampden</i>               | <i>1/31/2019</i> |
| <i>David Henry Argosky LeBoeuf</i> | <i>17th Worcester</i>            | <i>2/1/2019</i>  |

# HOUSE . . . . . No. 1089

---

By Mr. Robertson of Tewksbury, a petition (accompanied by bill, House, No. 1089) of David Allen Robertson and others relative to co-payments, deductibles, coinsurance or other cost-sharing requirements for colon screenings. Financial Services.

---

## The Commonwealth of Massachusetts

\_\_\_\_\_  
In the One Hundred and Ninety-First General Court  
(2019-2020)  
\_\_\_\_\_

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. Chapter 32A of the General Laws, as appearing in the 2016 Official  
2 Edition, is hereby amended by inserting after section 17N the following section:-

3           Section 17O. (a) The commission shall provide to any active or retired employee of the  
4 commonwealth starting at 50 years of age who is insured under the group insurance commission  
5 coverage for colorectal cancer screening as found medically necessary by the insured's primary  
6 care physician, including: (i) Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy  
7 every 10 years plus FIT every year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically  
8 necessary; (iv) FIT-DNA every year or every 3 years, as medically necessary; (v) FIT every  
9 year; (vi) HSgFOBT every year; (vii) CT colonography every 5 years; and (vii) colonoscopy  
10 every 5 or 10 years. For the purposes of this section the term "colonoscopy", shall mean a  
11 colorectal cancer screening service procedure that enables a physician to examine visually the

inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or both.

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

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

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

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

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

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

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

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

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

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

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

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

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

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