HOUSE DOCKET, NO. 1343 FILED ON: 1/18/2023

HOUSE . . . . . No. 1020

The Commonwealth of Massachusetts

PRESENTED BY:

Colleen M. Garry

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 cancer under the age of 50 years of age, prevalence, screening and insurance coverage and care in the Commonwealth aka Martha's Bill.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
Colleen M. Garry	*36th Middlesex*	*1/18/2023*
Steven S. Howitt	*4th Bristol*	*1/23/2023*
Marcus S. Vaughn	*9th Norfolk*	*1/23/2023*
Josh S. Cutler	*6th Plymouth*	*1/26/2023*
Vanna Howard	*17th Middlesex*	*2/1/2023*
Kay Khan	*11th Middlesex*	*2/1/2023*
Hannah Kane	*11th Worcester*	*2/1/2023*
Carol A. Doherty	*3rd Bristol*	*2/7/2023*
Bruce E. Tarr	*First Essex and Middlesex*	*4/6/2023*
Edward J. Kennedy	*First Middlesex*	*4/20/2023*

HOUSE DOCKET, NO. 1343 FILED ON: 1/18/2023

HOUSE . . . . . No. 1020

By Representative Garry of Dracut, a petition (accompanied by bill, House, No. 1020) of Colleen M. Garry and others relative to colon cancer under the age of 50 years of age, prevalence, screening and insurance coverage and care. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. *1098* OF 2021-2022.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Third General Court
(2023-2024)

An Act relative to colon cancer under the age of 50 years of age, prevalence, screening and insurance coverage and care in the Commonwealth aka Martha's Bill.

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

Section 17R. (a) The commission shall provide to any active or retired employee of the commonwealth starting at 45 years of age who is insured under the group insurance commission coverage 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 (vii) colonoscopy

every 5 or 10 years. For the purposes of this section the term “colonoscopy”, shall mean a 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 47KK the following section:-

Section 47LL. (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 45 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 8MM the following section:-

Section 8NN. (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 45 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 4MM the following section:-

Section 4NN. (a) Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage, starting at 45 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 4EE the following section:-

Section 4FF. (a) An individual or group health maintenance contract that is issued or renewed shall provide coverage, starting at 45 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 7.

Resolved, that a special commission, to consist of 13 members as follows: the secretary of the executive office of health and human services, or a designee; the commissioner of public health, or a designee; the commissioner of insurance, or a designee; and 10 members who shall be appointed as follows: 3 members appointed by the senate president, 1 of whom shall be the senate chairman of the joint committee on public health, or a designee, 1 of whom shall be a person with Colon Cancer under the age of 50 years old and 1 of whom is a medical specialist in Colon Cancer under the age of 50 years old ; 3 members appointed by the speaker of the house of representatives, 1 of whom shall be the house chairman of the joint committee on public health, or a designee, 1 of whom shall be a person with Colon Cancer under the age of 50 years old and 1 of whom is a medical specialist in Colon Cancer under the age of 50 years old ; and 4 members appointed by the governor, 1 of whom shall be a person with Colon Cancer under the age of 50 years old , 1 of whom is a medical specialist in Colon Cancer under the age of 50 years old, and 2 members of the public with demonstrated expertise in issues relating to the work of the commission, is hereby established for the purpose of making an investigation and study to:

(1) establish a mechanism in order to ascertain the prevalence of Colon Cancer under the age of 50 years old in Massachusetts, and the unmet needs

of persons with Colon Cancer under the age of 50 years old and those of their families; collect time of diagnosis statistics and likely risks for Colon Cancer under the age of 50 years old;

(2) study Colon Cancer under the age of 50 years old prevention, screening, education and support programs for Colon Cancer under the age of 50 years old in the Commonwealth;

(3) provide recommendations for additional legislation, support programs and resources necessary to meet the unmet needs of persons with Colon Cancer under the age of 50 years old and their families and how to effectuate an early diagnosis and treatment for Colon Cancer under the age of 50 years old patients.

Vacancies in the membership of the commission shall be filled in the same manner provided for the original appointments.

The commission shall organize within 120 days following the appointment of a majority of its members and shall select a chairperson and vice-chairperson from among the members. The chairperson shall appoint a secretary who need not be a member of the commission.

The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties as provided by section 2A of chapter 4 of the General Laws.

The commission shall be entitled to call to its assistance and avail itself of the services of the employees of any state, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

The executive office of health and human services shall provide staff support to the commission.

The commission shall report to the general court the results of its investigation and study and its recommendations, if any, together with drafts of legislation necessary to carry its recommendations into effect, by filing the same with the clerk of the senate and the clerk of the House of representatives on or before December 31, 2023.