HOUSE DOCKET, NO. 3701 FILED ON: 1/17/2025

HOUSE . . . . . No. 1076

The Commonwealth of Massachusetts

PRESENTED BY:

James Arciero

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 screening.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
James Arciero	*2nd Middlesex*	*1/17/2025*
Dennis C. Gallagher	*8th Plymouth*	*1/17/2025*
Ryan & Alexa Morell		*1/17/2025*
Colleen M. Garry	*36th Middlesex*	*1/25/2025*
Vanna Howard	*17th Middlesex*	*1/21/2025*
Bud L. Williams	*11th Hampden*	*1/22/2025*
Steven George Xiarhos	*5th Barnstable*	*12/11/2025*

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HOUSE . . . . . No. 1076

By Representative Arciero of Westford, a petition (accompanied by bill, House, No. 1076) of James Arciero and others relative to colon cancer screening. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. *927* OF 2023-2024.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Fourth General Court
(2025-2026)

An Act relative to colon cancer screening.

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 is hereby amended by adding the following section:-

Section 31. (a) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage, starting at 30 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 (vii) colonoscopy every 5 or 10 years. For the purposes of this section the term

11 “colonoscopy”, shall mean a colorectal cancer screening service procedure that enables a
12 physician to examine visually the inside of a patient's entire colon and includes the concurrent
13 removal of polyps or biopsy, or both.

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

21 SECTION 2. Chapter 118E of the General Laws is hereby amended by adding the
22 following section:-

23 Section 80. The division and it’s contracted health insurers, health plans, health
24 maintenance organizations, behavioral health management firms and third-party administrators
25 under contract to a Medicaid managed care organization or primary care plan shall provide
26 coverage, starting at age 30, for colorectal cancer screening as found medically necessary by the
27 insured’s primary care physician, including: (i) Flexible sigmoidoscopy every 5 years; (ii)
28 Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF, PIK3CA Array
29 as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as medically
30 necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography every 5 years;
31 and (vii) colonoscopy every 5 or 10 years. For the purposes of this section the term
32 “colonoscopy”, shall mean a colorectal cancer screening service procedure that enables a

33 physician to examine visually the inside of a patient's entire colon and includes the concurrent
34 removal of polyps or biopsy, or both.

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

41 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after
42 section 47NN the following section:-

43 Section 47OO. (a) Any policy of accident and sickness insurance issued pursuant to
44 section 108, and any group blanket policy of accident and sickness insurance issued pursuant to
45 section 110 that is delivered, issued or renewed by agreement within or without the
46 commonwealth shall provide coverage, starting at 30 years of age, for colorectal cancer
47 screening as found medically necessary by the insured's primary care physician, including: (i)
48 Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every
49 year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA
50 every year or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every
51 year; (vii) CT colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the
52 purposes of this section the term "colonoscopy", shall mean a procedure that enables a physician
53 to examine visually the inside of a patient's entire colon and includes the concurrent removal of
54 polyps or biopsy, or both.

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

61 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after
62 section 8OO the following section:-

63 Section 8PP. (a) Any contract between a subscriber and the corporation under an
64 individual or group hospital service plan which is delivered, issued or renewed within the
65 commonwealth shall provide coverage, starting at 30 years of age, for colorectal cancer
66 screening as found medically necessary by the insured's primary care physician, including: (i)
67 Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every
68 year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA
69 every year or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every
70 year; (vii) CT colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the
71 purposes of this section the term "colonoscopy", shall mean a procedure that enables a physician
72 to examine visually the inside of a patient's entire colon and includes the concurrent removal of
73 polyps or biopsy, or both.

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

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

80 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after
81 section 4OO the following section:-

82 Section 4PP. (a) Any subscription certificate under an individual or group medical
83 service agreement delivered, issued or renewed within the commonwealth shall provide
84 coverage, starting at 30 years of age, for colorectal cancer screening as found medically
85 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5
86 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,
87 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as
88 medically necessary; (iv) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography
89 every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the
90 term "colonoscopy", shall mean a procedure that enables a physician to examine visually the
91 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or
92 both.

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

99 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
100 section 4GG the following section:-

101 Section 4HH. (a) An individual or group health maintenance contract that is issued or
102 renewed shall provide coverage, starting at 30 years of age, for colorectal cancer screening as
103 found medically necessary by the insured's primary care physician, including: (i) Flexible
104 sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year;
105 (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year
106 or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT
107 colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this
108 section the term "colonoscopy", shall mean a procedure that enables a physician to examine
109 visually the inside of a patient's entire colon and includes the concurrent removal of polyps or
110 biopsy, or both.

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