

HOUSE No. 1297

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>1/16/2025</i>

HOUSE No. 1297

By Representative Robertson of Tewksbury, a petition (accompanied by bill, House, No. 1297) of David Allen Robertson relative to co-payments, deductibles, coinsurance or other cost-sharing requirements for colon screenings. Financial Services.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1184 OF 2021-2022.]

The Commonwealth of Massachusetts

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

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
12 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or
13 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 3. Chapter 175 of the General Laws, as so appearing, is hereby amended by
22 inserting after section 47II the following section:-

23 Section 47JJ. (a) Any policy of accident and sickness insurance issued pursuant to section
24 108, and any group blanket policy of accident and sickness insurance issued pursuant to section
25 110 that is delivered, issued or renewed by agreement within or without the commonwealth shall
26 provide coverage, starting at 50 years of age, for colorectal cancer screening as found medically
27 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5
28 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,
29 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as
30 medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography every
31 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the term

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

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

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

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

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

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

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

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

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

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

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

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