

HOUSE No. 4933

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, January 22, 2026.

The committee on Financial Services, to whom was referred the petition (accompanied by bill, House, No. 1076) of James Arciero and others relative to colon cancer screening, reports recommending that the accompanying bill (House, No. 4933) ought to pass.

For the committee,

JAMES M. MURPHY.

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:

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by adding the
2 following section:-

(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, provided, however, that cost sharing shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on such for these services.

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

25 Section 87. The division and it's contracted health insurers, health plans, health
26 maintenance organizations, behavioral health management firms and third-party administrators
27 under contract to a Medicaid managed care organization or primary care plan shall provide
28 coverage, starting at age 30, for colorectal cancer screening as found medically necessary by the
29 insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5 years; (ii)
30 Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF, PIK3CA Array
31 as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as medically
32 necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography every 5 years;
33 and (vii) colonoscopy every 5 or 10 years. For the purposes of this section the term
34 "colonoscopy", shall mean a colorectal cancer screening service procedure that enables a
35 physician to examine visually the inside of a patient's entire colon and includes the concurrent
36 removal of polyps or biopsy, or both.

37 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
38 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
39 requirement. In addition, an insured shall not be subject to any additional charge for any service
40 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
41 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
42 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia,
43 provided, however, that cost sharing shall be required if the applicable plan is governed by the
44 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
45 on such for these services.

46 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting before
47 section 47CCC the following section:-

48 Section 47AAA. (a) Any blanket or general policy of insurance described in subdivision
49 (A), (C), or (D) of section one hundred and ten which is issued or subsequently renewed by
50 agreement between the insurer and the policyholder, within or without the commonwealth,
51 during the period within which this premium is effective, or any policy of accident or sickness
52 insurance as described in section one hundred and eight which provides hospital expense and
53 surgical expense insurance and which is delivered or issued for delivery or subsequently renewed
54 by agreement between the insurer and the policyholder in the commonwealth, during the period
55 within which this provision is effective, or any employers' health and welfare fund which
56 provides hospital expense and surgical expense benefits and which is issued or renewed to any
57 person or group of persons in the commonwealth, during the period within which this provision
58 is effective, shall provide coverage, starting at 30 years of age, for colorectal cancer screening as
59 found medically necessary by the insured's primary care physician, including: (i) Flexible

60 sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year;
61 (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year
62 or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT
63 colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this
64 section the term “colonoscopy”, shall mean a procedure that enables a physician to examine
65 visually the inside of a patient's entire colon and includes the concurrent removal of polyps or
66 biopsy, or both.

67 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
68 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
69 requirement. In addition, an insured shall not be subject to any additional charge for any service
70 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
71 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
72 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia,
73 provided, however, that cost sharing shall be required if the applicable plan is governed by the
74 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
75 on such for these services.

76 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after
77 section 8DDD the following section:-

78 Section 8EEE. (a) Any contract between a subscriber and the corporation under an
79 individual or group hospital service plan which is delivered, issued or renewed within the
80 commonwealth shall provide coverage, starting at 30 years of age, for colorectal cancer
81 screening as found medically necessary by the insured's primary care physician, including: (i)

82 Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every
83 year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA
84 every year or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every
85 year; (vii) CT colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the
86 purposes of this section the term “colonoscopy”, shall mean a procedure that enables a physician
87 to examine visually the inside of a patient's entire colon and includes the concurrent removal of
88 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, provided, however, that cost sharing shall be required if the applicable plan is governed by the Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition on such for these services.

98 SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after
99 section 4DDD the following section:-

100 Section 4EEE. (a) Any subscription certificate under an individual or group medical
101 service agreement delivered, issued or renewed within the commonwealth shall provide
102 coverage, starting at 30 years of age, for colorectal cancer screening as found medically
103 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5

104 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,
105 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as
106 medically necessary; (iv) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography
107 every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the
108 term “colonoscopy”, shall mean a procedure that enables a physician to examine visually the
109 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or
110 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,
117 provided, however, that cost sharing shall be required if the applicable plan is governed by the
118 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
119 on such for these services.

120 SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after
121 section 4VV the following section:-

122 Section 4WW. (a) An individual or group health maintenance contract that is issued or
123 renewed shall provide coverage, starting at 30 years of age, for colorectal cancer screening as
124 found medically necessary by the insured's primary care physician, including: (i) Flexible
125 sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year;

126 (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year
127 or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT
128 colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this
129 section the term “colonoscopy”, shall mean a procedure that enables a physician to examine
130 visually the inside of a patient's entire colon and includes the concurrent removal of polyps or
131 biopsy, or both.

132 (b) Colorectal cancer screening services pursuant to subsection (a) performed under this
133 section shall not be subject to any co-payment, deductible, coinsurance or other cost-sharing
134 requirement. In addition, an insured shall not be subject to any additional charge for any service
135 associated with a procedure or test for colorectal cancer screening, which may include 1 or more
136 of the following: (i) removal of tissue or other matter; (ii) laboratory services; (iii) physician
137 services; (iv) facility use, regardless of whether such facility is a hospital; and (v) anesthesia,
138 provided, however, that cost sharing shall be required if the applicable plan is governed by the
139 Federal Internal Revenue Code and would lose its tax-exempt status as a result of the prohibition
140 on such for these services.