

HOUSE No.

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:
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>1/15/2025</i>

HOUSE No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 1020 OF 2023-2024.]

The Commonwealth of Massachusetts

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

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:

1 SECTION 1. Chapter 32A of the General Laws, as appearing in the 2016 Official
2 Edition, is hereby amended by inserting after section 17Q the following section:-

3 Section 17R. (a) The commission shall provide to any active or retired employee of the
4 commonwealth starting at 45 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 47KK the following section:-

23 Section 47LL. (a) Any policy of accident and sickness insurance issued pursuant to
24 section 108, and any group blanket policy of accident and sickness insurance issued pursuant to
25 section 110 that is delivered, issued or renewed by agreement within or without the
26 commonwealth shall provide coverage, starting at 45 years of age, for colorectal cancer
27 screening as found medically necessary by the insured's primary care physician, including: (i)
28 Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every
29 year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA
30 every year or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every
31 year; (vii) CT colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the
32 purposes of this section the term "colonoscopy", shall mean a procedure that enables a physician

33 to examine visually the inside of a patient's entire colon and includes the concurrent removal of
34 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 4. Chapter 176A of the General Laws, as so appearing, is hereby amended by
42 inserting after section 8MM the following section:-

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

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

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

62 Section 4NN. (a) Any subscription certificate under an individual or group medical
63 service agreement delivered, issued or renewed within the commonwealth shall provide
64 coverage, starting at 45 years of age, for colorectal cancer screening as found medically
65 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5
66 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,
67 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as
68 medically necessary; (iv) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography
69 every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the
70 term "colonoscopy", shall mean a procedure that enables a physician to examine visually the
71 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or
72 both.

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

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

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

81 Section 4FF. (a) An individual or group health maintenance contract that is issued or
82 renewed shall provide coverage, starting at 45 years of age, for colorectal cancer screening as
83 found medically necessary by the insured's primary care physician, including: (i) Flexible
84 sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year;
85 (iii) KRAS, BRAF, PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year
86 or every 3 years, as medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT
87 colonography every 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this
88 section the term "colonoscopy", shall mean a procedure that enables a physician to examine
89 visually the inside of a patient's entire colon and includes the concurrent removal of polyps or
90 biopsy, or both.

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

97 SECTION 7.

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

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

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

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

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

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

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

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

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

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

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