SENATE DOCKET, NO. 1528 FILED ON: 1/16/2025

# SENATE . . . . . No. 776

## The Commonwealth of Massachusetts

PRESENTED BY:

***Edward J. Kennedy***

*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: |
|---|---|
| *Edward J. Kennedy* | *First Middlesex* |

SENATE DOCKET, NO. 1528 FILED ON: 1/16/2025

# SENATE . . . . . No. 776

By Mr. Kennedy, a petition (accompanied by bill, Senate, No. 776) of Edward J. Kennedy 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

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

Section 80. The division and it's contracted health insurers, health plans, health maintenance organizations, behavioral health management firms and third-party administrators under contract to a Medicaid managed care organization or primary care plan shall provide coverage, starting at age 30, 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 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 3. Chapter 175 of the General Laws is hereby amended by inserting after section 47NN the following section:-

Section 47OO. (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 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 (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 is hereby amended by inserting after section 8OO the following section:-

Section 8PP. (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 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 (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 is hereby amended by inserting after section 4OO the following section:-

Section 4PP. (a) Any subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide 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; (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 is hereby amended by inserting after section 4GG the following section:-

Section 4HH. (a) An individual or group health maintenance contract that is issued or renewed shall provide 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 (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.