

**SENATE . . . . . No.**

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**The Commonwealth of Massachusetts**

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PRESENTED BY:

*Edward J. Kennedy*

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*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:

*Edward J. Kennedy*

DISTRICT/ADDRESS:

*First Middlesex*

**SENATE . . . . . No.**

[Pin Slip]

[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:*

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

3 Section 31. (a) The commission shall provide to any active or retired employee of the  
4 commonwealth who is insured under the group insurance commission coverage, starting at 30  
5 years of age, for colorectal cancer screening as found medically necessary by the insured’s  
6 primary care physician, including: (i) Flexible sigmoidoscopy every 5 years; (ii) Flexible  
7 sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF, PIK3CA Array as  
8 frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as medically  
9 necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography every 5 years;  
10 and (viii) 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 its 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 (viii) 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 800 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 40O 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.