

**HOUSE . . . . . No. 3575**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***James R. Miceli***

*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:

*James R. Miceli*

DISTRICT/ADDRESS:

*19th Middlesex*

**HOUSE . . . . . No. 3575**

By Mr. Miceli of Wilmington, a petition (accompanied by bill, House, No. 3575) of James R. Miceli relative to providing healthcare coverage for certain colon screenings. Financial Services.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninetieth General Court  
(2017-2018)**

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. The General Court hereby finds and declares that:

2 (a) Colorectal cancer is the second leading cause of cancer death in the United States.  
3 Metastatic disease accounts for 40 to 50 per cent of newly diagnosed patients and is associated  
4 with high morbidity. In 2016, an estimated 134,000 persons will be diagnosed with colorectal  
5 cancer, and about 49,000 will die from it. Colorectal cancer is the third most common cancer  
6 worldwide.

7 (b) Despite the availability of effective screening options, nearly one-third of eligible  
8 adults have never been screened for colorectal cancer.

9 (c) The United States Preventive Services Task Force has concluded, with high certainty,  
10 that screening for colorectal cancer in average-risk, asymptomatic adults aged 50 to 75 years is  
11 of substantial net benefit.

12 (d) In December of 2010 the commonwealth’s division of health care finance and policy  
13 issued a review and evaluation of proposed legislation regarding mandated colorectal cancer  
14 screenings. The review noted that in 2010, the federal Patient Protection Affordable Care Act  
15 mandated coverage for colorectal screening.

16 (e) The President and the Congress of the United States have pledged to repeal the  
17 Affordable Care Act. Congress has already attempted to repeal the act 62 times and in 2017, the  
18 U.S. House of Representatives has begun the process anew to repeal the Affordable Care Act.  
19 Repeal of the Affordable Care Act eliminates the federal mandate for colorectal screening health  
20 insurance coverage.

21 (f) Mandated coverage and regulation of colorectal screening availability, cost and  
22 pricing are important public policy goals to provide health care and insurance for the prevention  
23 and treatment of a highly curable, deadly cancer.

24 SECTION 2. Chapter 32A of the General Laws, as appearing in the 2014 Official  
25 Edition, is hereby amended by inserting after section 17N the following section:-

26 Section 17O. (a) The commission shall provide to any active or retired employee of the  
27 commonwealth starting at 50 years of age who is insured under the group insurance commission  
28 coverage for colorectal cancer screening as found medically necessary by the insured’s primary  
29 care physician, including: (i) Flexible sigmoidoscopy every 5 years; (ii) Flexible sigmoidoscopy  
30 every 10 years plus FIT every year; (iii) KRAS, BRAF, PIK3CA Array as frequent as medically  
31 necessary; (iv) FIT-DNA every year or every 3 years, as medically necessary; (v) FIT every  
32 year; (vi) HSgFOBT every year; (vii) CT colonography every 5 years; and (vii) colonoscopy  
33 every 5 or 10 years. For the purposes of this section the term “colonoscopy”, shall mean a

34 colorectal cancer screening service procedure that enables a physician to examine visually the  
35 inside of a patient's entire colon and includes the concurrent removal of polyps or biopsy, or  
36 both.

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

44 SECTION 3. Chapter 175 of the General Laws, as so appearing, is hereby amended by  
45 inserting after section 47II the following section:-

46 Section 47JJ. (a) Any policy of accident and sickness insurance issued pursuant to section  
47 108, and any group blanket policy of accident and sickness insurance issued pursuant to section  
48 110 that is delivered, issued or renewed by agreement within or without the commonwealth shall  
49 provide coverage, starting at 50 years of age, for colorectal cancer screening as found medically  
50 necessary by the insured's primary care physician, including: (i) Flexible sigmoidoscopy every 5  
51 years; (ii) Flexible sigmoidoscopy every 10 years plus FIT every year; (iii) KRAS, BRAF,  
52 PIK3CA Array as frequent as medically necessary; (iv) FIT-DNA every year or every 3 years, as  
53 medically necessary; (v) FIT every year; (vi) HSgFOBT every year; (vii) CT colonography every  
54 5 years; and (viii) colonoscopy every 5 or 10 years. For the purposes of this section the term

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

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

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

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

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

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

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

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

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

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

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

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