

HOUSE No. 1934

The Commonwealth of Massachusetts

PRESENTED BY:

Hannah Kane and Joseph D. McKenna

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 to create a Massachusetts rare disease advisory council.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>1/15/2019</i>
<i>Joseph D. McKenna</i>	<i>18th Worcester</i>	<i>1/16/2019</i>
<i>Brian M. Ashe</i>	<i>2nd Hampden</i>	<i>1/22/2019</i>
<i>Julian Cyr</i>	<i>Cape and Islands</i>	<i>2/1/2019</i>
<i>Shawn Dooley</i>	<i>9th Norfolk</i>	<i>1/29/2019</i>
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>	<i>1/24/2019</i>
<i>Carole A. Fiola</i>	<i>6th Bristol</i>	<i>2/1/2019</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>1/30/2019</i>
<i>Anne M. Gobi</i>	<i>Worcester, Hampden, Hampshire and Middlesex</i>	<i>1/30/2019</i>
<i>Jonathan Hecht</i>	<i>29th Middlesex</i>	<i>1/31/2019</i>
<i>Bradley H. Jones, Jr.</i>	<i>20th Middlesex</i>	<i>1/28/2019</i>
<i>David Henry Argosky LeBoeuf</i>	<i>17th Worcester</i>	<i>1/28/2019</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>1/30/2019</i>
<i>Michael O. Moore</i>	<i>Second Worcester</i>	<i>1/24/2019</i>
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>1/29/2019</i>
<i>Elizabeth A. Poirier</i>	<i>14th Bristol</i>	<i>1/31/2019</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>2/1/2019</i>

Paul A. Schmid, III
Timothy R. Whelan

8th Bristol
1st Barnstable

1/30/2019
1/16/2019

HOUSE No. 1934

By Representatives Kane of Shrewsbury and McKenna of Webster, a petition (accompanied by bill, House, No. 1934) of Hannah Kane, Joseph D. McKenna and others for legislation to create a Massachusetts rare disease advisory council. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-First General Court
(2019-2020)**

An Act to create a Massachusetts rare disease advisory council.

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 111 of the General Laws is hereby amended by adding the
2 following section:-

3 Section 238. (a) For the purposes of this section the following words shall, unless the
4 context clearly requires otherwise, have the following meanings:-

5 "Rare disease", any disease that affects fewer than 200,000 people in the United States,
6 has status as an orphan disease for research purposes or is known to be substantially under-
7 diagnosed and unrecognized as a result of lack of adequate diagnostic and research information.

8 "Rare disease care", the academic research of a rare disease or the medical treatment of
9 individuals diagnosed with a rare disease.

10 (b) There is hereby established the rare disease advisory council consisting of the
11 following 27 members: the commissioner, or a designee who shall serve as chair; the executive

12 director, or a designee, of the Massachusetts health policy commission; 2 members of the state
13 senate, or their designee, 1 of whom shall be appointed by the senate president and 1 appointed
14 by the minority leader; 2 members of the house of representatives, or their designee, 1 of whom
15 shall be appointed by the speaker of the house and 1 appointed by the minority leader and 21
16 persons to be appointed by the governor, 2 of whom shall be from academic research institutions
17 that receive grant funding for rare diseases research; 2 of whom shall be physicians licensed and
18 practicing in the state with experience researching, diagnosing or treating rare diseases; 1 of
19 whom shall be a geneticist licensed and practicing in the state; 1 of whom shall be a registered
20 nurse or advanced practice registered nurse licensed and practicing in the commonwealth with
21 experience treating rare diseases; 2 of whom shall be hospital administrators, or their designee,
22 from hospitals in the commonwealth that provide care to persons diagnosed with a rare disease, 1
23 of whom shall represent a hospital in which the scope of service focuses on rare diseases of
24 pediatric patients; 3 of whom shall be representatives of rare disease patient organizations that
25 operate in the commonwealth; 1 of whom shall be a pharmacist with experience with drugs used
26 to treat rare diseases; 2 of whom shall be a representative of the biotechnology and scientific
27 community who is engaged in rare disease research, including, but not limited to, a medical
28 researcher with experience conducting research on rare diseases; 1 of whom shall be a
29 representative of a health plan or accountable care organization certified by the health policy
30 commission; 1 of whom shall be a genetic counselor with experience providing services to
31 persons diagnosed with a rare disease; 1 of whom shall be a representative from a rehabilitation
32 facility that provides rare disease care; 2 of whom shall be persons age 18 or older who have a
33 rare disease; and 1 of whom shall be a caregiver of a person with a rare disease.

34 (c) Each member of the rare disease advisory council shall serve for a term of 3 years and
35 shall serve until their successors have been appointed. The advisory council shall meet
36 periodically no fewer than 4 times annually, with members able to participate in any meeting by
37 teleconference. The members of the advisory council shall serve without compensation. The
38 commissioner shall provide the advisory council with suitable accommodations for its meetings
39 and the department shall further provide administrative support to assist the advisory council.

40 (d) The rare disease advisory council shall advise the governor, the general court and the
41 department on the incidence of rare disease within the commonwealth and the status of the rare
42 disease community. To achieve its purpose, the advisory council shall:

43 (i) coordinate the performance of the rare disease advisory council's duties with those of
44 other rare disease advisory bodies, community-based organizations and other public and private
45 organizations within the state for the purpose of ensuring greater cooperation regarding the
46 research, diagnosis and treatment of rare diseases. The coordination shall require, when
47 appropriate: (1) disseminating the outcomes of the advisory council's research, identified best
48 practices and policy recommendations; and (2) utilizing common research collection and
49 dissemination procedures;

50 (ii) using existing publicly available records and information, undertake a statistical and
51 qualitative examination of the prevalence and causes of rare disease to develop a profile of the
52 social and economic burden of rare disease in the commonwealth;

53 (iii) receive and consider reports and testimony from expert individuals, the department,
54 community-based organizations, voluntary health organizations, healthcare providers and other
55 public and private organizations recognized as having expertise in rare disease care, to learn

56 about their contributions to rare disease care and possibilities for the improvement of rare disease
57 care in the commonwealth;

58 (iv) develop methods to publicize the profile of the social and economic burden of rare
59 disease in the commonwealth to ensure that the public and healthcare providers are sufficiently
60 informed of the most effective strategies for recognizing and treating rare disease;

61 (v) determine the human impact and economic implications of early treatment of rare
62 diseases versus delayed or inappropriate treatment of rare disease as it pertains to the quality of
63 care, the quality of patients' and their families' lives, and the economic burdens; including
64 insurance reimbursements, rehabilitation, hospitalization and related services on patients,
65 families and the commonwealth;

66 (vi) evaluate the current system of rare disease treatment and available public resources
67 to develop recommendations to increase rare disease survival rates, improve quality of life and
68 prevent and control risks of co-morbidities for rare disease, based on available scientific
69 evidence;

70 (vii) research and determine the most appropriate method for the commonwealth to
71 collect rare disease data, including a database of all rare diseases identified in the commonwealth
72 along with known best practices for care of said diseases and such additional information
73 concerning these cases as the advisory committee deems necessary and appropriate to conduct
74 thorough and complete epidemiological surveys of rare diseases, subject to all applicable privacy
75 laws and protections;

76 (viii) examine the feasibility of developing a rare disease information and patient support
77 network in the commonwealth to aid in determining any genetic or environmental contributors to
78 rare diseases; and

79 (ix) develop and maintain a comprehensive rare disease plan for the commonwealth,
80 utilizing any information and materials received or developed by the advisory council pursuant
81 to this subsection, and which shall include information specifically directed toward the general
82 public, state and local officials, state agencies, private organizations and associations, and
83 businesses and industries.

84 (e) The advisory council may apply for, and accept, any grants of money from the federal
85 government, private foundations, or any other source which may be available for programs
86 related to rare diseases or to advance the mission of the advisory council.

87 (f) On or before December 31st of each calendar year, the advisory council shall file a
88 report with the clerks of the house of representatives and the senate and the executive office for
89 administration and finance, which shall include, but is not limited to: (i) a summary of the
90 current state of comprehensive rare disease plan for the commonwealth; (ii) those actions taken
91 and progress made toward achieving implementation of the comprehensive rare disease plan; (iii)
92 an accounting of all funds received by the council, and the source of those funds; (iv) an
93 accounting of all funds expended by the council; and (v) to the extent practicable, an estimate of
94 any cost savings on the part of individuals and the commonwealth that will occur upon full
95 implementation of the comprehensive rare disease plan and accompanying programs.

96 SECTION 2. Prior to appointing the members of the rare disease advisory council
97 established in this act, the governor or the secretary of the executive office of health and human

98 services shall research and report to the general court, within 30 days of the effective date of this
99 act, existing sources of funding that may be used to finance the formation and operation of the
100 advisory council.

101 SECTION 3. On or before 180 days following the effective date of this act, the rare
102 disease advisory council shall provide a preliminary report to the governor, the department of
103 public health and to the general court, by filing the same with the clerks of the house of
104 representatives and the senate. The preliminary report shall include, but is not limited to, an
105 estimate the financial, informational and other resources needed to achieve the goals and duties
106 of the advisory council.