

HOUSE No. 1183

The Commonwealth of Massachusetts

PRESENTED BY:

Marjorie C. Decker and Jon Santiago

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 advancing health care research and decision-making centered on patients and people with disabilities.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Marjorie C. Decker</i>	<i>25th Middlesex</i>	<i>1/20/2023</i>
<i>Jon Santiago</i>	<i>9th Suffolk</i>	<i>1/20/2023</i>
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>1/20/2023</i>
<i>Brian W. Murray</i>	<i>10th Worcester</i>	<i>1/25/2023</i>

HOUSE No. 1183

By Representatives Decker of Cambridge and Santiago of Boston, a petition (accompanied by bill, House, No. 1183) of Marjorie C. Decker, Jon Santiago and others relative to health care research and decision-making centered on patients and persons with disabilities. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 201 OF 2021-2022.]

The Commonwealth of Massachusetts

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**In the One Hundred and Ninety-Third General Court
(2023-2024)**
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An Act advancing health care research and decision-making centered on patients and people with disabilities.

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 118E of the General Laws is hereby amended by adding the
2 following section:

3 Section 80: Patient-Centeredness

4 Section 80 (a) Standards for Patient-Centeredness in Research & Analysis. The Division
5 of Medical Assistance shall ensure that any portfolio of research and analysis relied upon for
6 decision-making, whether provided by a state agency or a third party, impacting enrollee access
7 to healthcare treatments and services, meets standards of patient-centeredness. The Division of

8 Medical Assistance shall publicly provide a summary of patient-centeredness standards for any
9 such analysis that includes, but is not limited to:

10 1) Evaluation of a range of research and analysis that includes outcomes prioritized by
11 patients and people with disabilities within a specific disease area. If necessary, the Division of
12 Medical Assistance will commission a survey of patients to identify relevant outcomes within a
13 disease area.

14 2) Evaluation of a range of research and analysis that looks at relevant patient subgroups
15 to ensure consideration of important differences in preferences and clinical characteristics within
16 patient subpopulations.

17 3) Scientific Rigor: The Division of Medical Assistance shall require research and
18 analysis to comply with good research practices, defined as consideration of the full range of
19 relevant, peer-reviewed evidence (e.g., real-world evidence, research from range of sponsors
20 including manufacturers), avoid patient harm through over-interpretation of findings of
21 “inconclusive” evidence of clinical differences and instead allow time for conduct of additional
22 research.

23 (b) Prohibition on Reliance on Discriminatory Measures. The Division of Medical
24 Assistance shall not develop or utilize, directly or indirectly through a contracted entity or other
25 third-party, a dollars-per-quality adjusted life year or any similar measures or research in
26 determining whether a particular health care treatment is cost effective, recommended, the value
27 of a treatment, or in determining coverage, reimbursement, appropriate payment amounts, cost-
28 sharing, or incentive policies or programs.

29 (c) Appeals and Physician Override Mechanisms. The Division of Medical Assistance
30 may not implement any policy limiting patient access to healthcare treatment and services which
31 does not contain an appeals or physician override mechanism. Physicians may not be
32 discriminated against or otherwise negatively impacted for utilizing available physician override
33 mechanisms.

34 SECTION 2. Chapter 6D of the General Laws is hereby amended by adding the
35 following section:

36 Section 20. Patient-Centeredness Standards for Health Policy Commission Reviews

37 Section 20 (a) Standards for Patient-Centeredness in Research & Analysis. The Health
38 Policy Commission shall ensure that any portfolio of research and analysis relied upon for
39 determining the value of a healthcare treatment or service , whether provided by a state agency
40 or a third party, impacting enrollee access to healthcare treatments and services, meets standards
41 of patient-centeredness. The Health Policy Commission shall publicly provide a summary of
42 patient-centeredness standards for any such analysis that includes, but is not limited to:

43 1) Evaluation of a range of research and analysis that includes outcomes prioritized by
44 patients and people with disabilities within a specific disease area. If necessary, the Health Policy
45 Commission will commission a survey of patients to identify relevant outcomes within a disease
46 area.

47 2) Evaluation of a range of research and analysis that looks at relevant patient subgroups
48 to ensure consideration of important differences in preferences and clinical characteristics within
49 patient subpopulations.

50 3) Scientific Rigor: The Health Policy Commission shall require research and analysis to
51 comply with good research practices, defined as consideration of the full range of relevant, peer-
52 reviewed evidence (e.g., real-world evidence, research from range of sponsors including
53 manufacturers), avoid patient harm through over-interpretation of findings of “inconclusive”
54 evidence of clinical differences and instead allow time for conduct of additional research.

55 (b) Prohibition on Reliance on Discriminatory Measures. The Health Policy Commission
56 shall not develop or utilize, directly or indirectly through a contracted entity or other third-party,
57 a dollars-per-quality adjusted life year or any similar measures or research in determining
58 whether a particular health care treatment is cost effective, recommended, the value of a
59 treatment, or in determining coverage, reimbursement, appropriate payment amounts, cost-
60 sharing, or incentive policies or programs.