

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 2407**  
**99TH GENERAL ASSEMBLY**

6334H.02C

D. ADAM CRUMBLISS, Chief Clerk

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**AN ACT**

To amend chapter 208, RSMo, by adding thereto one new section relating to an advisory council on rare diseases within the MO HealthNet division.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Chapter 208, RSMo, is amended by adding thereto one new section, to be  
2 known as section 208.183, to read as follows:

**208.183. 1. The “Advisory Council on Rare Diseases and Personalized Medicine”**  
2 **is hereby established within the MO HealthNet division. The advisory council on rare**  
3 **diseases and personalized medicine shall serve as an expert advisory committee to the drug**  
4 **utilization review board, providing necessary consultation to the board when the board**  
5 **makes recommendations or determinations regarding beneficiary access to drugs or**  
6 **biological products for rare diseases, or when the board itself determines that it lacks the**  
7 **specific scientific, medical, or technical expertise necessary for the proper performance of**  
8 **its responsibilities and the necessary expertise can be provided by external in-state experts.**

9 **2. The advisory council on rare diseases and personalized medicine shall be**  
10 **composed of the following health care professionals, who shall be appointed by the director**  
11 **of the department of social services:**

12 **(1) Two physicians affiliated with public schools of medicine who are licensed and**  
13 **practicing in this state with experience researching, diagnosing, or treating rare diseases;**

14 **(2) Two physicians affiliated with private schools of medicine headquartered in this**  
15 **state who are licensed and practicing in this state with experience researching, diagnosing,**  
16 **or treating rare diseases;**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

17           **(3) A physician who holds a doctor of osteopathy degree and is active in medical**  
18 **practice and affiliated with a school of medicine in this state with experience researching,**  
19 **diagnosing, or treating rare diseases;**

20           **(4) Two medical researchers from either academic research institutions or medical**  
21 **research organizations in this state who have received federal or foundation grant funding**  
22 **for rare disease research;**

23           **(5) A registered nurse or advanced practice registered nurse licensed and practicing**  
24 **in this state with experience treating rare diseases;**

25           **(6) A pharmacist practicing in a hospital in this state that has a designated orphan**  
26 **disease center;**

27           **(7) A professor employed by a pharmacy program in this state that is fully**  
28 **accredited by the Accreditation Council for Pharmacy Education who has advanced**  
29 **scientific or medical training in orphan and rare disease treatments;**

30           **(8) One individual representing the rare disease community or who is living with**  
31 **a rare disease;**

32           **(9) One member who represents a rare disease foundation;**

33           **(10) A representative from a rare disease center located within one of the state's**  
34 **comprehensive pediatric hospitals;**

35           **(11) The chair of the joint committee on the life sciences or the chair's designee;**  
36 **and**

37           **(12) The chairperson of the drug utilization review board, or the chairperson's**  
38 **designee, who shall serve as an ex officio, nonvoting member of the advisory council.**

39           **3. The director shall convene the first meeting of the advisory council on rare**  
40 **diseases and personalized medicine no later than February 28, 2019. Following the first**  
41 **meeting, the advisory council shall meet upon the call of the chairperson of the drug**  
42 **utilization review board or upon the request of a majority of the council members.**

43           **4. The drug utilization review board, when making recommendations or**  
44 **determinations regarding beneficiary access to drugs and biological products for rare**  
45 **diseases, as defined in the federal Orphan Drug Act of 1983, Pub. L. 97-414, and drugs and**  
46 **biological products that are approved by the United States Food and Drug Administration**  
47 **and within the emerging fields of personalized medicine and noninheritable gene editing**  
48 **therapeutics, shall request and consider information from the advisory council on rare**  
49 **diseases and personalized medicine. "Beneficiary access", as used in this subsection, means**  
50 **developing prior authorization and reauthorization criteria for a rare disease drug,**  
51 **including placement on a preferred drug list or a formulary, payment, cost-sharing, drug**  
52 **utilization review, or medication therapy management.**

53           **5. The board shall seek the input of the advisory council on rare diseases and**  
54 **personalized medicine to address topics for consultation under this section including, but**  
55 **not limited to:**

56           **(1) Rare diseases;**

57           **(2) The severity of rare diseases;**

58           **(3) The unmet medical need associated with rare diseases;**

59           **(4) The impact of particular coverage, cost-sharing, tiering, utilization**  
60 **management, prior authorization, medication therapy management, or other Medicaid**  
61 **policies on access to rare disease therapies;**

62           **(5) An assessment of the benefits and risks of therapies to treat rare diseases;**

63           **(6) The impact of particular coverage, cost-sharing, tiering, utilization**  
64 **management, prior authorization, medication therapy management, or other policies on**  
65 **patients' adherence to the treatment regimen prescribed or otherwise recommended by**  
66 **their physicians;**

67           **(7) Whether beneficiaries who need treatment from or a consultation with a rare**  
68 **disease specialist have adequate access and, if not, what factors are causing the limited**  
69 **access; and**

70           **(8) The demographics and the clinical description of patient populations.**

71           **6. Nothing in this section shall be construed to create a legal right for a consultation**  
72 **on any matter or require the drug utilization review board to meet with any particular**  
73 **expert or stakeholder.**

74           **7. Recommendations of the advisory council on rare diseases and personalized**  
75 **medicine on an applicable treatment of a rare disease shall be explained in writing to**  
76 **members of the board during public hearings.**

77           **8. For purposes of this section, a "rare disease drug" is a drug used to treat a rare**  
78 **medical condition, defined as any disease or condition that affects fewer than two hundred**  
79 **thousand persons in the United States, such as cystic fibrosis, hemophilia, and multiple**  
80 **myeloma.**

81           **9. All members of the advisory council on rare diseases and personalized medicine**  
82 **shall annually sign a conflict of interest statement revealing economic or other**  
83 **relationships with entities that could influence a member's decisions, and at least twenty**  
84 **percent of the advisory council members shall not have a conflict of interest with respect**  
85 **to any insurer, pharmaceutical benefits manager, or pharmaceutical manufacturer.**

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