

1112--A

2015-2016 Regular Sessions

I N S E N A T E

January 8, 2015

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the social services law, in relation to establishing a health technology assessment committee within the medical assistance program; and to repeal section 365-d of such law relating to early and periodic screening diagnosis and treatment outreach demonstration projects

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 365-d of the social services law is REPEALED and a
2 new section 365-d is added to read as follows:
3 S 365-D. HEALTH TECHNOLOGY ASSESSMENT COMMITTEE. 1. THE DEPARTMENT
4 SHALL CONVENE A HEALTH TECHNOLOGY ASSESSMENT COMMITTEE. THE COMMITTEE
5 SHALL, AT THE REQUEST OF THE COMMISSIONER, PROVIDE ADVICE AND MAKE
6 RECOMMENDATIONS REGARDING COVERAGE OF HEALTH TECHNOLOGY FOR PURPOSES OF
7 THE MEDICAL ASSISTANCE PROGRAM. THE COMMISSIONER SHALL CONSULT SUCH
8 COMMITTEE PRIOR TO ANY DETERMINATION TO EXCLUDE FROM COVERAGE ANY HEALTH
9 TECHNOLOGY FROM THE MEDICAL ASSISTANCE PROGRAM. FOR PURPOSES OF THIS
10 SECTION, "HEALTH TECHNOLOGY" MEANS MEDICAL DEVICES AND SURGICAL PROCE-
11 DURES USED IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASE AND
12 OTHER MEDICAL CONDITIONS.
13 2. (A) THE HEALTH TECHNOLOGY ASSESSMENT COMMITTEE SHALL CONSIST OF
14 THIRTEEN MEMBERS, SEVEN OF WHOM SHALL BE APPOINTED BY THE COMMISSIONER,
15 THREE MEMBERS SHALL BE APPOINTED BY THE TEMPORARY PRESIDENT OF THE
16 SENATE, AND THREE MEMBERS SHALL BE APPOINTED BY THE SPEAKER OF THE
17 ASSEMBLY. MEMBERS SHALL SERVE THREE YEAR TERMS; EXCEPT THAT FOR THE
18 INITIAL APPOINTMENTS TO THE COMMITTEE, THREE MEMBERS APPOINTED BY THE
19 COMMISSIONER, AND ONE OF THE MEMBERS APPOINTED BY THE TEMPORARY PRESI-
20 DENT OF THE SENATE AND BY THE SPEAKER OF THE ASSEMBLY, SHALL SERVE ONE

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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YEAR TERMS, THREE MEMBERS APPOINTED BY THE COMMISSIONER, AND ONE OF THE MEMBERS APPOINTED BY THE TEMPORARY PRESIDENT OF THE SENATE AND BY THE SPEAKER OF THE ASSEMBLY, SHALL SERVE TWO YEAR TERMS; AND THE REMAINING THREE MEMBERS SHALL SERVE THREE YEAR TERMS. COMMITTEE MEMBERS MAY BE REAPPOINTED UPON THE COMPLETION OF THEIR TERMS. WITH THE EXCEPTION OF THE CHAIRPERSON, NO MEMBER OF THE COMMITTEE SHALL BE AN EMPLOYEE OF THE STATE OR ANY POLITICAL SUBDIVISION OF THE STATE, OTHER THAN FOR HIS OR HER MEMBERSHIP ON THE COMMITTEE, EXCEPT FOR EMPLOYEES OF HEALTH CARE FACILITIES OR UNIVERSITIES OPERATED BY THE STATE, A PUBLIC BENEFIT CORPORATION, THE STATE UNIVERSITY OF NEW YORK OR MUNICIPALITIES.

(B) THE MEMBERSHIP OF SUCH COMMITTEE SHALL BE AS FOLLOWS:

(I) THREE PERSONS LICENSED AND ACTIVELY ENGAGED IN THE PRACTICE OF MEDICINE IN THIS STATE;

(II) ONE PERSON LICENSED AND ACTIVELY ENGAGED IN THE PRACTICE OF NURSING AS A NURSE PRACTITIONER, OR IN THE PRACTICE OF MIDWIFERY IN THIS STATE;

(III) ONE PERSON WHO IS A REPRESENTATIVE OF A HEALTH TECHNOLOGY OR MEDICAL DEVICE ORGANIZATION WITH A REGIONAL, STATEWIDE OR NATIONAL CONSTITUENCY;

(IV) ONE PERSON WITH EXPERTISE IN HEALTH TECHNOLOGY ASSESSMENT WHO IS A HEALTH CARE PROFESSIONAL LICENSED UNDER TITLE EIGHT OF THE EDUCATION LAW;

(V) THREE PERSONS WHO SHALL BE CONSUMERS OR REPRESENTATIVES OF ORGANIZATIONS WITH A REGIONAL OR STATEWIDE CONSTITUENCY AND WHO HAVE BEEN INVOLVED IN ACTIVITIES RELATED TO HEALTH CARE CONSUMER ADVOCACY;

(VI) ONE PERSON WHO IS A REPRESENTATIVE OF A HOSPITAL ORGANIZATION WITH A REGIONAL, NATIONAL OR STATEWIDE CONSTITUENCY;

(VII) ONE PERSON WHO IS A REPRESENTATIVE OF A HEALTH INSURANCE OR MANAGED CARE ORGANIZATION WITH A REGIONAL, NATIONAL OR STATEWIDE CONSTITUENCY;

(VIII) ONE PERSON WHO IS A HEALTH ECONOMIST; AND

(IX) A MEMBER OF THE DEPARTMENT WHO SHALL ACT AS CHAIRPERSON AS DESIGNATED BY THE COMMISSIONER.

(C) THE COMMITTEE MAY INVITE AND CONSULT WITH SCIENTIFIC, TECHNICAL OR CLINICAL EXPERTS WITH DEMONSTRATABLE EXPERIENCE OR KNOWLEDGE OF THE TECHNOLOGY UNDER REVIEW.

3. THE HEALTH TECHNOLOGY ASSESSMENT COMMITTEE SHALL BE A PUBLIC BODY UNDER ARTICLE SEVEN OF THE PUBLIC OFFICERS LAW AND SUBJECT TO ARTICLE SIX OF THE PUBLIC OFFICERS LAW. THE DEPARTMENT SHALL PROVIDE INTERNET ACCESS TO ALL MEETINGS OF SUCH COMMITTEE THROUGH THE DEPARTMENT'S WEBSITE.

4. THE MEMBERS OF THE HEALTH TECHNOLOGY ASSESSMENT COMMITTEE SHALL RECEIVE NO COMPENSATION FOR THEIR SERVICES BUT SHALL BE REIMBURSED FOR EXPENSES ACTUALLY AND NECESSARILY INCURRED IN THE PERFORMANCE OF THEIR DUTIES. COMMITTEE MEMBERS SHALL BE DEEMED TO BE EMPLOYEES OF THE DEPARTMENT FOR PURPOSES OF SECTION SEVENTEEN OF THE PUBLIC OFFICERS LAW, AND SHALL NOT PARTICIPATE IN ANY MATTER FOR WHICH A CONFLICT OF INTEREST EXISTS.

5. THE HEALTH TECHNOLOGY ASSESSMENT COMMITTEE SHALL, AT THE REQUEST OF THE COMMISSIONER, CONSIDER ANY MATTER RELATING TO HEALTH TECHNOLOGY ASSESSMENT. THE COMMISSIONER SHALL PROVIDE MEMBERS OF THE COMMITTEE WITH ANY EVIDENCE OR INFORMATION RELATED TO THE HEALTH TECHNOLOGY ASSESSMENT INCLUDING, BUT NOT LIMITED TO, INFORMATION SUBMITTED BY MEMBERS OF THE PUBLIC. THE COMMISSIONER SHALL PROVIDE SIXTY DAYS PUBLIC NOTICE ON THE DEPARTMENT'S WEBSITE PRIOR TO ANY MEETING OF THE COMMITTEE TO DEVELOP RECOMMENDATIONS CONCERNING HEALTH TECHNOLOGY COVERAGE DETER-

1 MINATIONS. SUCH NOTICE SHALL INCLUDE A DESCRIPTION OF THE PROPOSED
2 HEALTH TECHNOLOGY TO BE REVIEWED, THE CONDITIONS OR DISEASES IMPACTED BY
3 THE HEALTH TECHNOLOGY, THE PROPOSALS TO BE CONSIDERED BY THE COMMITTEE,
4 AND THE SYSTEMATIC EVIDENCE-BASED ASSESSMENT PREPARED IN ACCORDANCE WITH
5 THIS SUBDIVISION. THE COMMITTEE SHALL ALLOW INTERESTED PARTIES A
6 REASONABLE OPPORTUNITY TO MAKE AN ORAL PRESENTATION TO THE COMMITTEE
7 RELATED TO THE HEALTH TECHNOLOGY TO BE REVIEWED AND TO SUBMIT WRITTEN
8 INFORMATION. THE COMMITTEE SHALL CONSIDER ANY INFORMATION PROVIDED BY
9 ANY INTERESTED PARTY, INCLUDING, BUT NOT LIMITED TO, HEALTH CARE PROVID-
10 ERS, HEALTH CARE FACILITIES, PATIENTS, CONSUMERS AND MANUFACTURERS. FOR
11 ALL HEALTH TECHNOLOGIES SELECTED FOR REVIEW, THE COMMISSIONER SHALL
12 CONDUCT A SYSTEMATIC EVIDENCE-BASED ASSESSMENT OF THE HEALTH TECHNOLO-
13 GY'S SAFETY AND CLINICAL EFFICACY. THE ASSESSMENT SHALL USE ESTABLISHED
14 SYSTEMATIC REVIEW ELEMENTS, SUCH AS A PICO (POPULATION, INTERVENTION,
15 COMPARATOR AND OUTCOMES) STATEMENT, KEY QUESTIONS, PRESPECIFIED INCLU-
16 SION AND EXCLUSION CRITERIA, STUDY QUALITY ASSESSMENT, AND DATA SYNTHESIS.
17 UPON COMPLETION, THE SYSTEMATIC, EVIDENCE-BASED ASSESSMENT SHALL BE
18 MADE AVAILABLE TO THE PUBLIC.

19 6. THE COMMISSIONER SHALL PROVIDE NOTICE OF ANY COVERAGE RECOMMENDA-
20 TIONS DEVELOPED BY THE COMMITTEE BY MAKING SUCH INFORMATION AVAILABLE ON
21 THE DEPARTMENT'S WEBSITE. SUCH PUBLIC NOTICE SHALL INCLUDE: A SUMMARY OF
22 THE DELIBERATIONS OF THE COMMITTEE; A SUMMARY OF THE POSITIONS OF THOSE
23 MAKING PUBLIC COMMENTS AT MEETINGS OF THE COMMITTEE AND ANY SAFETY AND
24 HEALTH OUTCOMES DATA SUBMITTED BY ANY INTERESTED PARTY; THE RESPONSE OF
25 THE COMMITTEE TO THOSE COMMENTS, IF ANY; THE CLINICAL EVIDENCE UPON
26 WHICH THE COMMITTEE BASES ITS RECOMMENDATIONS; AND THE FINDINGS AND
27 RECOMMENDATIONS OF THE COMMITTEE INCLUDING A FINAL EVIDENCE-BASED
28 SYSTEMATIC ASSESSMENT.

29 7. THE COMMISSIONER SHALL PROVIDE PUBLIC NOTICE ON THE DEPARTMENT'S
30 WEBSITE OF HIS OR HER FINAL DETERMINATION, INCLUDING: THE NATURE OF THE
31 DETERMINATION; AN ANALYSIS OF THE IMPACT OF THE COMMISSIONER'S DETERMI-
32 NATION ON STATE PUBLIC HEALTH PLAN POPULATIONS AND PROVIDERS; AND THE
33 PROJECTED FISCAL IMPACT TO THE STATE PUBLIC HEALTH PLAN PROGRAMS OF THE
34 COMMISSIONER'S DETERMINATION. THE COMMISSIONER'S FINAL DETERMINATION
35 SHALL NOT OCCUR PRIOR TO THE THIRTIETH DAY FROM THE POSTING OF THE
36 COMMITTEE'S RECOMMENDATIONS AND FINDINGS ON THE DEPARTMENT'S WEBSITE.

37 8. THE RECOMMENDATIONS OF THE HEALTH TECHNOLOGY ASSESSMENT COMMITTEE,
38 MADE PURSUANT TO THIS SECTION, SHALL BE BASED ON A REVIEW OF THE
39 EVIDENCE PRESENTED TO THE COMMITTEE, INCLUDING CLINICAL EFFECTIVENESS,
40 PATIENT OUTCOMES, IMPACT ON AT RISK AND UNDERSERVED POPULATIONS, AND
41 SAFETY. THE COMMITTEE SHALL TRIENNIALLY REVIEW PREVIOUS RECOMMENDATIONS
42 OF THE COMMITTEE AND PERMIT ORAL PRESENTATIONS AND THE SUBMISSION OF NEW
43 EVIDENCE AT SUCH TRIENNIAL REVIEW. SUCH REVIEW SHALL OCCUR PURSUANT TO
44 THE PROCEDURE ESTABLISHED IN SUBDIVISIONS FIVE AND SIX OF THIS SECTION.
45 THE COMMISSIONER MAY ALTER OR REVOKE HIS OR HER FINAL DETERMINATION
46 AFTER SUCH TRIENNIAL REVIEW PURSUANT TO THE PROCEDURE ESTABLISHED IN
47 SUBDIVISION SEVEN OF THIS SECTION.

48 9. THE DEPARTMENT SHALL PROVIDE ADMINISTRATIVE SUPPORT TO THE COMMIT-
49 TEE.

50 S 2. This act shall take effect immediately.