STATE OF NEW YORK

6721

2019-2020 Regular Sessions

IN ASSEMBLY

March 15, 2019

Introduced by M. of A. PEOPLES-STOKES, THIELE -- Multi-Sponsored by --M. of A. ENGLEBRIGHT -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to creating the lupus research enhancement program; and to amend the state finance law, in relation to creating the lupus research enhancement fund

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1	Section 1. Article 2 of the public health law is amended by adding a
2	new title 4-A to read as follows:
3	TITLE IV-A
4	LUPUS RESEARCH ENHANCEMENT ACT
5	Section 256. Short title.
6	<u>256-a. Legislative intent.</u>
7	256-b. Definition.
8	256-c. Lupus research enhancement program.
9	256-d. Lupus research advisory council.
10	256-e. Lupus research enhancement fund.
11	<u>§ 256. Short title. This title shall be known and may be cited as the</u>
12	<u>"lupus research enhancement act".</u>
13	<u>§ 256-a. Legislative intent. 1. The legislature hereby finds the</u>
14	<u>following:</u>
15	(a) Lupus is a serious, complex, debilitating autoimmune disease that
16	can cause inflammation and tissue damage to virtually any organ system
17	in the body, including the skin, joints, other connective tissue, blood
18	and blood vessels, heart, lungs, kidney, and brain.
19	(b) The Lupus Foundation of America, Inc. estimates that approximately
20	1.5 to two million Americans live with some form of lupus; lupus affects
21	women nine times more often than men and eighty percent of newly diag-
22	nosed cases of lupus develop among women of childbearing age.

EXPLANATION--Matter in <u>italics</u> (underscored) is new; matter in brackets [-] is old law to be omitted.

LBD04717-01-9

1	<u>(c) Lupus disproportionately affects women of color - it is two to</u>
2	three times more common among African-Americans, Hispanics, Asians and
3	Native Americans and is generally more prevalent in minority populations
4	- a health disparity that remains unexplained. According to the Centers
5	for Disease Control and Prevention the rate of lupus mortality has
	increased since the late nineteen seventies and is higher among older
6	
7	African-American women.
8	(d) No new drugs have been approved by the U.S. Food and Drug Adminis-
9	tration specifically for lupus in nearly forty years, and while current
10	treatments for the disease can be effective, they can lead to damaging
11	side effects.
12	(e) The pain and fatigue associated with lupus can threaten people's
13	ability to live independently, make it difficult to maintain employment
14	and lead normal lives, and one in five people with lupus is disabled by
15	the disease, and consequently receives support from government programs,
16	including medicare, medicaid, social security disability, and social
17	security supplemental income.
18	(f) The estimated average annual cost of medical treatment for an
19	individual with lupus can range between ten thousand dollars and thirty
20	thousand dollars; for people who have the most serious form of lupus,
21	medical costs can greatly exceed this amount, causing a significant
22	economic, emotional and social burden to the entire family and society.
23	(g) More than half of the people with lupus suffer four or more years
24	and visit three or more physicians before obtaining a diagnosis of
25	lupus; early diagnosis of and commencement of treatment for lupus can
26	prevent or reduce serious organ damage, disability, and death.
27	(h) Despite the magnitude of lupus and its impact on individuals and
28	families, health professional and public understanding of lupus remains
29	low; only one of five Americans can provide even basic information about
30	lupus, and awareness of lupus is lowest among adults ages eighteen to
31	thirty-four - the age group most likely to develop symptoms of lupus.
32	(i) Lupus is a significant national health issue that deserves a
33	comprehensive and coordinated response by state and federal governments
34	with involvement of the health care provider, patient, and public health
35	communities.
36	2. The purposes of this title are:
37	(a) To promote basic and clinical research programs designed to reduce
38	or prevent suffering from lupus, by providing additional funding to
39	state academic medical institutions within the state currently conduct-
40	ing or having an interest in conducting basic and clinical, social,
41	translational, technological, epidemiological, and behavioral research
42	on lupus. Such activities may include:
43	(i) investigating the pathogenesis and physiology of lupus;
44	(ii) identifying and validating lupus biomarkers;
44 45	(iii) enhancing the statewide infrastructure to conduct clinical
45 46	trials of potential new lupus therapies;
	(iv) developing or improving diagnostic tests for early detection of
47	lupus; and
48	
49 50	(v) developing novel therapies to treat lupus.
50	(b) To establish a multidisciplinary lupus research advisory council
51	to monitor progress and make granting recommendations to the department.
52	§ 256-b. Definition. As used in this title, "program" shall mean the
53	lupus research enhancement program created pursuant to section two
54	hundred fifty-six-c of this title.
55	§ 256-c. Lupus research enhancement program. 1. The commissioner shall
56	establish within the department a lupus research enhancement program

1	through which the department shall make grants to state academic medical
2	institutions within the state currently conducting or having an interest
3	in conducting basic and clinical, social, translational, technological,
4	epidemiological, and behavioral research on lupus.
5	2. All research funds shall be awarded on the basis of the research
6	priorities established for the program and the scientific merit of the
7	proposed research, as determined by an open, competitive peer review
8	process that ensures objectivity, consistency, and high quality. All
9	investigators, regardless of affiliation, shall have equal access and
10	opportunity to compete for program funds.
11	3. The peer review process for the selection of research grants
12	awarded under this program shall be modeled generally on that used by
13	the national institutes of health in its grant making process.
14	4. An awardee shall be awarded grants for the full cost, both direct
15	and indirect, of conducting the sponsored research consistent with those
16	federal guidelines governing all federal research grants and contracts.
17	All intellectual property assets developed under this program shall be
18	treated in accordance with state and federal law.
19	5. In establishing its research priorities, the state shall consult
20	with the lupus research advisory council and consider a broad range of
21	cross-disciplinary lupus research, including, but not limited to,
22	research into the cause, cure, and diagnosis of lupus; translational and
23	technological research, including research to develop improved diagnos-
24	tic tests; research regarding the cultural, economic, and legal barriers
25	to accessing the health care system for early detection and treatment of
26	lupus; and research examining the health disparities seen in the inci-
27	dence and prevalence of lupus.
28	§ 256-d. Lupus research advisory council. 1. Operations. (a) The coun-
29	cil shall be comprised of fifteen members representing a broad range of
30	expertise and experience.
31	(b) Individuals and organizations may submit nominations to the
32	commissioner through the council.
33	(c) Each appointed council member should have familiarity with lupus
34	and issues that surround lupus and be one of the following: health and
35	medical professional with expertise in lupus; an individual with lupus;
36	a representative from a local or county health department; or a recog-
37	nized expert in the provision of health services to women, lupus
38	research or health disparities.
39	(d) The council shall be comprised as follows:
40	(i) at least three individuals with lupus;
41	(ii) no more than two representatives from the department;
42	(iii) at least five individuals from lupus nonprofit health organiza-
43	tions; and
44	(iv) at least five scientists or clinicians with experience in lupus
45	and who participate in various fields of scientific endeavor, including,
46	but not limited to, the fields of biomedical research, social, transla-
47	tional, behavioral and epidemiological research, and public health.
48	(e) All members of the council shall be appointed by the commissioner
49	and the commissioner shall choose from among the fifteen council members
50	one member to serve as chair.
51	(f) All members of the council shall serve terms of two years each.
52	Members can be named to serve a total of two terms and terms can be
53	consecutive.
54	(q) Members shall serve without compensation, but shall be entitled to
55	actual, necessary expenses incurred in the performance of their business

56 as members of the council.

1	(h) A majority of the members of the council shall constitute a
2	guorum. A majority vote of a quorum shall be required for any official
3	action of the council.
4	(i) The council shall meet at the call of the chair, but not less than
5	<u>four times per year.</u>
б	2. Functions. The lupus research advisory council shall:
7	(a) review submitted grant applications and make recommendations to
8	the commissioner, and the commissioner shall, at his or her discretion,
9	grant approval of applications for grants from those applications recom-
10	mended by the council (if a council member submits an application for a
11	grant from the lupus research and education fund, he or she will be
12	prohibited from reviewing and making a recommendation on the applica-
13	tion);
14	(b) consult with the national institutes of health, centers for
15	disease control and prevention, the agency for healthcare research and
16	guality, the national academy of sciences (institute of medicine), lupus
17	advocacy groups, and other organizations or entities which may be
18	involved in lupus research to solicit both information regarding lupus
19	research projects that are currently being conducted and recommendations
20	for future research projects; and
21	(c) shall transmit annually on or before December thirty-first, a
22	report to the legislature on grants made, grants in progress, program
23	accomplishments, and future program directions. Each report shall
24	include, but not be limited to, the following information:
25	(i) the number and dollar amounts of research grants, including the
26	amount allocated to indirect costs;
27	(ii) the subject of research grants;
28	(iii) the relationship between federal and state funding for lupus
29	research;
30	(iv) the relationship between each project and the overall strategy of
31	the research program;
32	(v) a summary of research findings including discussion of promising
33	new areas;
34	(vi) the institutions and campuses receiving grant awards; and
35	(vii) the first annual report shall include an evaluation and recom-
36	mendations concerning the desirability and feasibility of requiring
37	for-profit grantees to compensate the state in the event that a grant
38	results in the development of a profit-making product. This evaluation
39	shall include, but not be limited to, the costs and benefits of requir-
40	ing a for-profit grantee to repay the grant, to provide the product at
41	cost to state programs serving low-income lupus patients, and to pay the
42	state a percentage of the royalties derived from the product.
43	<u>3. Contributions. The secretary of the lupus research advisory council</u>
44	may accept grants, services, and property from the federal government,
45	foundations, organizations, medical schools, and other entities as may
46	be available for the purposes of fulfilling the obligations of this
47	program. Any such funds shall supplement and not supplant appropriations
48	provided for the implementation of this article.
49	4. Waivers. The secretary of the lupus research advisory council shall
50	seek any federal waiver or waivers that may be necessary to maximize
50 51	funds from the federal government to implement this program.
52	§ 256-e. Lupus research enhancement fund. All moneys received pursuant
53	to section two hundred fifty-six-c of this title shall be credited to
53	the fund, as established by section ninety-five-j of the state finance
55	law. The commissioner shall use the fund to administer the lupus
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1	research enhancement program and to make grants to awardees pursuant to
2	section two hundred fifty-six-c of this title.
3	§ 2. The state finance law is amended by adding a new section 95-j to
4	read as follows:
5	<u>§ 95-j. Lupus research enhancement fund. 1. There is hereby estab-</u>
б	lished in the joint custody of the commissioner of taxation and finance
7	and the comptroller, a special fund to be known as the "lupus research
8	enhancement fund".
9	2. Such fund shall consist of all monies appropriated for the purpose
10	of such fund and any grant, gift or bequest made to the lupus research
11	enhancement program as established by title four-A of article two of the
12	<u>public health law.</u>
13	3. Moneys of the fund shall be available for grants through the lupus
14	research enhancement program advisory council and for the expenses of
15	the lupus research enhancement program advisory council, and shall be
16	expended only for the purposes spelled out in sections two hundred
17	fifty-six-c and two hundred fifty-six-d of the public health law.
18	4. Moneys in the lupus research enhancement fund shall be kept sepa-
19	rate and shall not be commingled with any other moneys in the custody of
20	the commissioner of taxation and finance and the comptroller.
21	5. The moneys of the fund shall be paid out on the audit and warrant
22	of the comptroller on vouchers certified or approved by the commissioner
23	of health, or by an officer or employee of the department of health
24	designated by such commissioner.
25	§ 3. This act shall take effect immediately.