

GOLDWATER

I N S T I T U T E

March 5, 2025

Representative Wayne MacDonald

Chairman, House Health, Human Services and Welfare Committee

RE: HB 701

My name is Brian Norman, and I am the Director of State Affairs at the Goldwater Institute. I am writing to submit public comments on HB 701 on behalf of the Institute. HB 701 would strengthen New Hampshire's right to try laws, creating one of the strongest frameworks in the country for terminally ill patients to access potentially life-saving investigational treatments. Further, HB 701 would make New Hampshire an attractive destination for biotechnology companies in other states to operate clinical trials and right to try programs within the New Hampshire.

The committee amendment to the bill expands New Hampshire's right to try program to include investigational individualized treatments, which are designed using the patient's own genetic information and offer particular promise to patients with rare and ultra-rare genetic diseases. Unfortunately, individualized treatments are not available under the current right to try program and federal regulations are not designed to efficiently allow these innovative new genetic treatments.

Imagine that there is a new treatment for a rare disease. It's custom-made for you, based on your own genetic profile. It offers you hope, but you can't access it, even though your doctor says it could save your life. The reason? Federal regulations are ancient by today's standards, and they're not designed to allow treatments that are produced for a single individual rather than a mass patient population.

New Hampshire has an important opportunity to help lead the nation in solving this problem—and save lives—by championing HB 701 and the accompanying amendment.

The federal barriers to lifesaving treatment are not hypothetical. New Hampshire lawmakers have already been a leader in putting patients' rights first and cutting through medical red tape. New Hampshire passed the original Right to Try Act in 2016, giving patients the right to seek treatments that are safe enough to be used in clinical trials but remain under clinical evaluation for final FDA approval. Since then, right to try has become federal law, and New Hampshire lawmakers went on to expand patient eligibility for its state level right to try program. This bill builds on New Hampshire's leadership in this important issue by strengthening liability protections, expanding program eligibility and allowing patients to access individualized treatments.

We know that Right to Try works, and we've seen great examples. An aggressive form of brain cancer, glioblastoma, has a five-year survival rate of only about 5 percent. Too often, patients are left with no promising treatment options.

Thanks to the liability reforms and reduced red tape that is part of the original Right to Try law, some patients who were ineligible for the clinical trial can now access an immunotherapy

treatment that is in a clinical trial. Instead of being sent home to put their affairs in order, these Right to Try patients have a median survival of 20 months of life, up from fewer than seven months with conventional treatments.

The trouble is, this law needs to be upgraded and modernized to account for rapid advancements in medicine, such as gene therapy, which aren't covered under the original law. That's where the amendment to HB 701 comes in.

The amendment to HB 701 creates a new, safe, and physician-directed pathway for those patients with rare and ultra-rare diseases who don't have treatment options in clinical trials or who need an individualized treatment approach made specifically for them.

Many of the medical innovations being pioneered today have made it possible to take an individual's genetic information and create a treatment for that individual person. But the current clinical trial evaluation system—created more than a half-century ago—is based on treatments for large populations, not an individual patient.

The result is that an individualized treatment is still subject to the same clinical trial process as a single treatment that is intended for hundreds or thousands of patients. But that doesn't recognize how these new individualized treatments work. The amendment to HB 701 accounts for new innovations—and it helps get those innovations to the patients who need them TODAY.

The Right to Try for Individualized Treatments Act is now law in Arizona, Arkansas, Maryland, Louisiana, Mississippi, Nevada, and North Carolina and is now under legislative consideration in a dozen more states across the country.

New Hampshire can continue to lead on the important goal of getting the right treatment, to the right patient, at the right time by adopting HB 701 and the amendment before you today.

Sincerely,

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