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ENGROSSED SUBSTITUTE HOUSE BILL 1957

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State of Washington

53rd Legislature

1993 Regular Session

By House Committee on Health Care (originally sponsored by Representatives Dellwo, Wolfe, R. Meyers, Pruitt, L. Johnson, J. Kohl, Conway and Karahalios; by request of Insurance Commissioner)

Read first time 03/03/93.

1 AN ACT Relating to the creation of the medical health coverage  
2 benefit determination committee; adding a new chapter to Title 48 RCW;  
3 and providing an expiration date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that health care  
6 coverage providers employ a variety of methods to determine whether a  
7 particular health care service or treatment will be denied because such  
8 service or treatment is considered by the provider to be experimental,  
9 investigative, or similarly questionable as to its efficacy. The denial  
10 of coverage may prevent access to necessary health care services or  
11 treatment when the person seeking coverage has no other method of  
12 affording such health care service or treatment.

13 The legislature further finds that similarly situated persons with  
14 the same health care need but with different health care coverage  
15 providers face the possibility that one provider will deny coverage  
16 while the other will permit coverage. This inconsistency in coverage  
17 determinations requires an impartial body to provide technical guidance  
18 to health care coverage providers in determining whether certain health  
19 care services or treatments should be covered under a disability

1 insurance policy, health care service contract or agreement, or under  
2 any other similar health care benefit program.

3 NEW SECTION. **Sec. 2.** (1) Unless the context requires otherwise,  
4 the following definitions apply throughout this chapter:

5 (a) "Committee" means the medical health coverage benefit  
6 determination committee created in this chapter.

7 (b) "Health care coverage provider" or "provider" means:

8 (i) Every insurer, as defined in RCW 48.01.050, having a  
9 certificate or authority to transact disability insurance as defined in  
10 RCW 48.11.030, in this state;

11 (ii) Every health care service contractor, as defined in RCW  
12 48.44.010(3), registered to transact business in this state;

13 (iii) Every health maintenance organization, as defined in RCW  
14 48.46.020(1), registered to transact business in this state;

15 (iv) The Washington basic health plan, as defined in RCW  
16 70.47.020(1);

17 (v) The Washington state health care authority, as defined in  
18 chapter 41.05 RCW;

19 (vi) Every local government self-insured health and welfare benefit  
20 plan or program regulated under chapter 48.62 RCW; or

21 (vii) The Washington State Health Insurance Pool as defined in  
22 chapter 48.41 RCW.

23 NEW SECTION. **Sec. 3.** (1) There is hereby created in the office of  
24 the insurance commissioner, the medical health coverage benefit  
25 determination committee consisting of seven members appointed by the  
26 commissioner on the basis of their knowledge and experience in health  
27 care services. In appointing such members the commissioner shall seek  
28 to appoint members from diverse health care professions that may  
29 include medical research, pharmacology, oncology, internal medicine,  
30 gynecology, pediatrics, or any other health profession capable of  
31 providing expertise for purposes of this act. The commissioner may not  
32 appoint members who work for or with a provider in a capacity similar  
33 to the purposes of the committee and may not appoint members who are  
34 advocates for groups, associations, or other organizations promoting  
35 the use or coverage of a particular procedure, treatment, drug, or  
36 other health care service.

1 (2) Members of the committee shall be appointed for a term of four  
2 years and until their successors are appointed. In the event of a  
3 vacancy, the commissioner shall appoint a person to fill the unexpired  
4 portion of the term. The terms of the first four members of the  
5 committee shall be staggered so that one member shall be appointed to  
6 serve until June 1, 1994, one member until June 1, 1995, one member  
7 until June 1, 1996, and one member until June 1, 1997.

8 (3) The commissioner may remove a member of the committee only for  
9 inefficiency, malfeasance, or misfeasance.

10 (4) The committee shall operate on a part-time basis. The committee  
11 shall meet at the request of the commissioner and may meet at the  
12 request of a majority of members of the committee to consider, develop,  
13 and recommend criteria to guide future actions of health care coverage  
14 providers in determining whether a procedure, treatment, drug or other  
15 health care service is experimental, investigative, or efficacious for  
16 purposes of extending coverage. The committee shall also consider and  
17 make recommendations as to whether a procedure, treatment, drug, or  
18 other health care service is experimental, investigative, or  
19 efficacious.

20 (5) The committee shall as soon as practicable after the initial  
21 appointment of the members, meet and elect a chairperson and shall at  
22 least biennially thereafter meet and elect such chairperson.

23 (6) Members of the committee shall receive reimbursement for travel  
24 expenses incurred in the discharge of their duties in accordance with  
25 RCW 43.03.050 and 43.03.060.

26 (7) The insurance commissioner shall provide the committee with  
27 administrative, material, and staff support necessary for the proper  
28 functioning of the committee and may adopt all rules necessary to  
29 implement the provisions of this chapter.

30 NEW SECTION. Sec. 4. (1) In making a recommendation as to whether  
31 a procedure, treatment, drug, or other health care service is  
32 experimental, investigative, or efficacious the committee shall:

33 (a) Take into account findings, studies, or research conducted at  
34 qualified research centers in this country and abroad;

35 (b) Consider whether treating physicians find the procedure, drug,  
36 or treatment efficacious or necessary for the health or survival of the  
37 patient, or whether there is a potential benefit to the public as a

1 whole, as for example, where a disease is rare and treatment for it may  
2 remain experimental for the foreseeable future; and

3 (c) Consider other similar relevant information.

4 (2) After considering the facts and without reference to any  
5 particular dispute between a provider and the person seeking coverage  
6 of a procedure, drug, treatment, or other health care service, the  
7 committee shall issue a written recommendation to the commissioner  
8 detailing its findings and conclusions.

9 (3) The commissioner shall publish at least once a year, and  
10 disseminate to the public and providers, a summary of the committee's  
11 determinations and deliberations.

12 NEW SECTION. **Sec. 5.** This chapter shall expire on July 1, 1998.

13 NEW SECTION. **Sec. 6.** If any provision of this act or its  
14 application to any person or circumstance is held invalid, the  
15 remainder of the act or the application of the provision to other  
16 persons or circumstances is not affected.

17 NEW SECTION. **Sec. 7.** Sections 1 through 6 of this act shall  
18 constitute a new chapter in Title 48 RCW.

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