

FINAL BILL REPORT

E2SHB 2575

PARTIAL VETO

C 307 L 06

Synopsis as Enacted

Brief Description: Establishing a health technology clinical committee.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Cody, Morrell and Moeller; by request of Governor Gregoire).

House Committee on Health Care

House Committee on Appropriations

Senate Committee on Health & Long-Term Care

Senate Committee on Ways & Means

Background:

The Agency for Healthcare Research and Quality (AHRQ) is the health services research arm of the U.S. Department of Health and Human Services (DHHS). Its mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. The AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes, quality, cost, and access for use by health care decision makers, including patients, clinicians, health system leaders, federal and state policymakers, and others. In 1997, it launched its initiative to promote evidence-based practice in everyday health care through establishment of 12 Evidence-based Practice Centers (EPCs). The EPCs develop evidence reports and technology assessments on topics relevant to clinical, social science/behavioral, economic, and other health care organization and delivery issues, specifically those that are common, expensive, and/or significant for the Medicare and Medicaid populations. With this program, the AHRQ became a "science partner" with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of health care by synthesizing the evidence and facilitating the translation of evidence-based research findings.

The EPC program is a user-driven research partnership with private and public sector organizations to facilitate the translation and dissemination of research findings to the memberships and other target audiences of the partner organizations. These include federal and state agencies, private sector professional societies, health delivery systems, providers, payers, and others committed to evidence-based health care. Topics of interest identified by these partners may address clinical, social science/behavioral, economic, and other health care organization and delivery issues. They generally are common, expensive, and otherwise significant topics for Medicare, Medicaid, or other special populations.

Since the start of the program in 1997, the EPCs have conducted more than 100 systematic reviews and analyses of the literature on a wide spectrum of topics. The major products of the program are evidence reports, including comprehensive and more focused systematic reviews

and technology assessments. These are based on rigorous syntheses and analyses of scientific literature.

In June 2002, the AHRQ announced the award of a second round of five-year contracts to the following 13 EPCs:

Blue Cross and Blue Shield Association Technical Evaluation Center, Chicago, IL;
Duke University, Durham, NC;
ECRI (formerly Emergency Care Research Institute), Plymouth Meeting, PA;
Johns Hopkins University, Baltimore, MD;
McMaster University, Hamilton, Ontario, Canada ;
Oregon Health & Science University, Portland, OR;
Research Triangle Institute International-University of North Carolina, Chapel Hill, NC ;
Southern California Evidence-based Practice Center Research and Development, Santa Monica, CA;
Stanford University, Stanford, and University of California, San Francisco, CA;
Tufts-New England Medical Center, Boston, MA;
University of Alberta, Edmonton, Alberta, Canada;
University of Minnesota, Minneapolis, MN; and
University of Ottawa, Ottawa, Canada.

The 13 EPCs under contract to the AHRQ produce science syntheses, evidence reports and technology assessments that provide public and private organizations the foundation for developing and implementing their own practice guidelines, performance measures, educational programs, and other strategies to improve the quality of health care and decision making. The evidence reports and technology assessments also may be used to inform coverage and reimbursement policies.

In 2003, the Legislature directed the Health Care Authority (HCA) to establish an evidence-based prescription drug program. The program includes an independent pharmacy and therapeutics committee and a contract with one of the 13 EPCs established by the federal government to conduct the scientific review of prescription drug classes for the State Preferred Drug List.

Also in 2003, the Legislature directed the HCA to coordinate state agency efforts to develop and implement uniform policies to ensure prudent, cost-effective health services purchasing, maximize administrative efficiencies, improve the quality of care provided, and reduce administrative burdens on health care providers. The policies include: (1) health technology assessment; (2) monitoring health outcomes; (3) developing a common definition of medical necessity; and (4) developing common strategies for disease management and demand management.

Summary:

The Evidence-Based Health Technology Assessment Program (Program) is established. It will conduct systematic reviews of scientific and medical literature, establish a statewide health technology clinical committee, and fund evidence-based health technology

assessments. The Program will also develop methods and processes to track health outcomes and other data across state agencies and provide transparent access to the scientific basis of coverage decisions and treatment guidelines. The health technology assessments may be performed at federally designated assessment centers or other appropriate entity. The membership of the clinical committee is specified, and members must disclose any conflicts of interest. Meetings of the clinical committee are subject to the Open Public Meetings Act. The Program does not apply to state-purchased health care purchased through health carriers. Participating state agencies will comply with clinical committee recommendations, unless they violate federal law or regulations, or state law.

The number of technologies that may be reviewed in the first year of operations is limited to six, and in the second year to eight. The Health Technology Committee must make determinations consistent with decisions made by Medicare and by expert treatment guidelines, unless the Committee concludes that substantial evidence supports a contrary determination. Enrollees and clients of state purchased health care programs may serve on ad hoc advisory committees. An appeals process is established for patients, providers, and stakeholders to appeal determinations of the Health Technology Committee.

Votes on Final Passage:

House	72	26	
Senate	48	0	(Senate amended)
House	97	1	(House concurred)

Effective: June 7, 2006

Partial Veto Summary: The Governor vetoed the requirement that the Administrator of the Health Care Authority establish a process for patients, providers, and other stakeholders to appeal coverage determinations of the health technology clinical committee.