

---

HOUSE BILL 1798

---

State of Washington

62nd Legislature

2011 Regular Session

By Representatives Green and Hinkle

1 AN ACT Relating to the health technology assessment program;  
2 amending RCW 70.14.090 and 70.14.110; and adding a new section to  
3 chapter 70.14 RCW.

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

5 **Sec. 1.** RCW 70.14.090 and 2006 c 307 s 2 are each amended to read  
6 as follows:

7 (1)(a) A health technology clinical committee is established, to  
8 include the following eleven members appointed by the administrator in  
9 consultation with participating state agencies:

10 ~~((a) Six))~~ (i) Five practicing physicians licensed under chapter  
11 18.57 or 18.71 RCW; ~~((and~~

12 ~~(b))~~ (ii) Five other practicing licensed health professionals who  
13 use health technology in their scope of practice; and

14 (iii) One member who shall rotate according to the technology under  
15 review by the committee pursuant to RCW 70.14.110.

16 (b) At least two members of the committee must have professional  
17 experience treating women, children, elderly persons, and people with  
18 diverse ethnic and racial backgrounds.

1 (c) At least two members shall have experience with evidence-based  
2 medicine, clinical research, or technology assessment.

3 (d) The rotating member shall: Be a practicing physician who  
4 regularly uses the technology under review in the care and treatment of  
5 patients; be board-certified, if applicable, in the therapy under  
6 review; and shall serve as a voting member of the committee during its  
7 review and coverage determination for that technology. Except where no  
8 available nominations are received, the rotating member shall be  
9 appointed from nominations solicited by the administrator as follows:

10 (i) Upon finalizing the list of health technologies to be reviewed  
11 by the committee under RCW 70.14.110, the administrator shall publish  
12 a notice soliciting at least two nominations from the relevant  
13 specialty medical societies for the technologies subject to review.

14 (ii) The most relevant medical societies may be Washington state-  
15 based or a state chapter of a relevant national society. National  
16 societies may also submit names for a rotating member for a particular  
17 technology.

18 (iii) The administrator shall receive nominations for at least  
19 thirty days following publication of the notice required by this  
20 subsection.

21 (2) Members of the committee:

22 (a) Shall not contract with or be employed by a health technology  
23 manufacturer or a participating agency during their term or for  
24 eighteen months before their appointment. As a condition of  
25 appointment, each person shall agree to the terms and conditions  
26 imposed by the administrator regarding conflicts of interest except  
27 that the rotating member shall disclose such relationship but shall not  
28 be disqualified so long as the rotating member suspends any financial  
29 relationship during the term of the review of the technology;

30 (b) Are immune from civil liability for any official acts performed  
31 in good faith as members of the committee; and

32 (c) Shall be compensated for participation in the work of the  
33 committee in accordance with a personal services contract to be  
34 executed after appointment and before commencement of activities  
35 related to the work of the committee.

36 (3) Meetings of the committee and any advisory group are subject to  
37 chapter 42.30 RCW, the open public meetings act, including RCW

1 42.30.110(1)(1), which authorizes an executive session during a regular  
2 or special meeting to consider proprietary or confidential nonpublished  
3 information.

4 (4) Neither the committee nor any advisory group is an agency for  
5 purposes of chapter 34.05 RCW.

6 (5) The health care authority shall provide administrative support  
7 to the committee and any advisory group, and may adopt rules governing  
8 their operation.

9 NEW SECTION. **Sec. 2.** A new section is added to chapter 70.14 RCW  
10 to read as follows:

11 The administrator shall provide the following minimum opportunities  
12 for public comment:

13 (1) Before any health technology can be selected for review or  
14 rereview, there shall be a thirty-day public comment period once a year  
15 during which, interested parties shall be encouraged to comment on the  
16 need for the review of a specific technology. The thirty-day period  
17 shall commence with publication of a detailed explanation of the  
18 technology under consideration and the rationale for its selection.  
19 The administrator shall make every reasonable effort to solicit  
20 comments from appropriate medical, patient, and disease organizations  
21 for each technology subject to review.

22 (2) Upon the publication of the draft key questions to be used by  
23 the evidence reviewer for each health technology, there shall be a  
24 thirty-day comment period including a publicly accessible conference  
25 call with interested stakeholders to discuss the merits of each key  
26 question for the specific technology.

27 (3) Upon the publication of the final key questions, there shall be  
28 a thirty-day comment period to allow stakeholders the opportunity to  
29 submit any evidence that may be of use in the assessment and any  
30 studies that are currently underway.

31 (4) Upon publication of the draft assessment report for any health  
32 technology, there shall be a thirty-day comment period. All comments  
33 submitted during this period shall be submitted to the evidence  
34 reviewer for timely consideration before publication of the final  
35 report.

36 (5) Upon publication of the final report, there shall be a fifteen-

1 day comment period. Any evidence-based comments received during the  
2 period shall be provided to the committee members at least fifteen days  
3 in advance of the meeting where the technology will be considered.

4 (6) Upon publication of the draft findings and decision by the  
5 committee on any technology, there shall be a thirty-day comment  
6 period. All comments shall be provided to the committee members at  
7 least fifteen days in advance of the next meeting.

8 (7) After the presentation by the agency medical directors and the  
9 evidence reviewer, there shall be an opportunity for public testimony  
10 at committee meetings for each technology scheduled for review.  
11 Organizations and experts who request time for testimony in advance of  
12 the meeting, subject only to overall standard public testimony time  
13 limitations, shall be allowed a minimum of ten minutes for their  
14 presentation and should be notified thirty days in advance of their  
15 time allocation and approximate time on the agenda. Where applicable,  
16 medical or patient societies that agree to conduct a coordinated  
17 presentation, the presentation shall be allocated a minimum of twenty  
18 minutes.

19 **Sec. 3.** RCW 70.14.110 and 2006 c 307 s 4 are each amended to read  
20 as follows:

21 (1) The committee shall determine, for each health technology  
22 selected for review under RCW 70.14.100: (a) The conditions, if any,  
23 under which the health technology will be included as a covered benefit  
24 in health care programs of participating agencies; and (b) if covered,  
25 the criteria which the participating agency administering the program  
26 must use to decide whether the technology is medically necessary, or  
27 proper and necessary treatment.

28 (2) In making a determination under subsection (1) of this section,  
29 the committee:

30 (a) Shall consider, in an open and transparent process, evidence  
31 regarding the safety, efficacy, ~~((and))~~ cost-effectiveness, and  
32 clinical practice patterns of the technology as set forth in the  
33 systematic assessment conducted under RCW 70.14.100(4);

34 (b) Shall provide an opportunity for public comment; and

35 (c) May establish ad hoc temporary advisory groups if specialized  
36 expertise is needed to review a particular health technology or group  
37 of health technologies, or to seek input from enrollees or clients of

1 state purchased health care programs. Advisory group members are  
2 immune from civil liability for any official act performed in good  
3 faith as a member of the group. As a condition of appointment, each  
4 person shall agree to the terms and conditions imposed by the  
5 administrator regarding conflicts of interest.

6 (3) Determinations of the committee under subsection (1) of this  
7 section shall be consistent with decisions made under the federal  
8 medicare program and ~~((in))~~ with evidence-based expert treatment  
9 guidelines(~~(, including those)~~) from national specialty physician  
10 organizations and patient advocacy organizations, unless the committee  
11 concludes, based on its review of the systematic assessment, that  
12 substantial evidence regarding the safety, efficacy, and cost-  
13 effectiveness of the technology supports a contrary determination. The  
14 committee shall issue a written report when medicare decisions or  
15 expert treatment guidelines are not followed and shall cite the  
16 specific evidence and reasons for not following those decisions or  
17 guidelines.

--- END ---