

HOUSE BILL REPORT

SSB 5145

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to the membership of the health technology clinical committee.

Brief Description: Concerning the membership of the health technology clinical committee.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Dammeier, Frockt, Becker, Bailey, Rivers and Brown).

Brief History:

Committee Activity:

Health Care & Wellness: 3/17/15, 3/26/15 [DPA].

**Brief Summary of Substitute Bill
(As Amended by Committee)**

- Requires at least one member of the Health Technology Clinical Committee (Committee) to be appointed from nominations submitted by a statewide organization representing non-specialty physicians.
- Requires that any rotating clinical expert selected to advise the Committee be a non-voting member.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 12 members: Representatives Cody, Chair; Riccelli, Vice Chair; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, Jinkins, Johnson, Moeller, Robinson, Rodne, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 2 members: Representatives Schmick, Ranking Minority Member; Short.

Staff: Alexa Silver (786-7190).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Health Care Authority (Authority) coordinates the Health Technology Assessment Program, which reviews evidence-based reports about the safety and efficacy of medical devices and procedures, medical equipment, and diagnostic tests.

The Authority selects health technologies to be reviewed in consultation with the Department of Social and Health Services and the Department of Labor and Industries (participating agencies) and the Health Technology Clinical Committee (Committee). Upon selecting a health technology for review, the Authority must contract for a systematic, evidence-based assessment of the technology's safety, efficacy, and cost-effectiveness.

For each health technology selected, the Committee determines the conditions under which it will be included as a covered benefit in participating agency programs, as well as the criteria for the agencies to use in determining whether the technology is medically necessary. The Committee is required to consider evidence regarding the safety, efficacy, and cost-effectiveness of the technology and to provide an opportunity for public comment. In addition, it may establish ad hoc temporary advisory groups for specialized expertise or input from enrollees or clients.

The Committee includes 11 members, six physicians, and five other health professionals who use health technology. The members are appointed by the Authority, in consultation with participating agencies. Committee members may not contract with or be employed by a health technology manufacturer or a participating agency in the 18 months before their appointment, are immune from civil liability for official acts performed in good faith as Committee members, and must be compensated in accordance with a personal services contract. The Committee is not a state agency, but its meetings are subject to the Open Public Meetings Act.

Summary of Amended Bill:

At least one member of the Health Technology Clinical Committee (Committee) must be appointed from nominations submitted by a statewide organization representing non-specialty allopathic and osteopathic physicians. In addition, any rotating clinical expert selected to advise the Committee on a health technology must be a non-voting member of the Committee.

Amended Bill Compared to Substitute Bill:

The amended bill removes the requirement that at least one member of the Health Technology Clinical Committee be a medical expert in the technology being considered and that the member be appointed by the Washington State Medical Association. It adds the requirement that at least one member be appointed from nominations submitted by a statewide organization representing non-specialty allopathic and osteopathic physicians, as well as the requirement that any rotating clinical expert be a non-voting member.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The Health Technology Clinical Committee (Committee) makes decisions regarding coverage of medical devices and other technologies. The decisions of the Health Technology Assessment Program are binding on state-purchased health care, so many people are impacted by these decisions. There have been growing pains with this program. All participants are selected by the Health Care Authority (Authority), which creates an appearance of fairness issue, and the Authority's implementation of the process violates due process. Up to this point, most technical expertise has been at the ad hoc committee level. Clinical experts are not permitted to sit at the table or speak unless spoken to, so it is unclear what role they play. There have been technologies in the past where the Committee relies on experts from the audience. Experts have had to fly in at their own cost to ensure there was open discussion. Someone on the voting Committee level should have expertise in that particular technology. There is a recognition that rotation may be needed to get expertise in various technologies. One of the Committee positions should be designated for an advanced registered nurse practitioner. Since the Committee was established, an advanced registered nurse practitioner has been included, but this is not ensured. Advanced registered nurse practitioners are well-suited to evidence-based assessments and would bring clinical expertise with diverse populations.

(Opposed) This may sound like a good idea, but the version that passed the Senate will be difficult to implement. The rotating member position would be difficult to fill. It would involve selecting and appointing a person for a few months, and that person would only be involved in the Committee's activities for that specific technology. The membership would be required to rotate during every meeting because the Committee looks at multiple technologies in a meeting. It would also be difficult to identify willing people who meet the statutory criteria. Currently, experts are involved in an advisory capacity, which is more practical. A rotating membership would create unhealthy dynamics in the Committee. It would result in delays and be disruptive. Proposed language would allow the Washington State Medical Association to make nominations. If there are concerns, that member could work with the experts to ensure they are asked questions at specific times.

Persons Testifying: (In support) Senator Dammeier, prime sponsor; William Struyk, Advanced Medical Technology Association; Cliff Finch, Abbott; and Louise Kaplan, ARNPs United of Washington State.

(Opposed) Dennis Martin, Health Care Authority.

Persons Signed In To Testify But Not Testifying: None.