

HOUSE BILL REPORT

ESSB 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 health technology clinical committee membership and rotating experts.

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 [DP], 2/19/16, 2/24/16 [DP].

Brief Summary of Engrossed Substitute Bill

- Requires at least one member of the Health Technology Clinical Committee (Committee) to be appointed from nominations submitted by the Washington State Medical Association or the Washington State Osteopathic Medical Association.
- Requires that any rotating clinical expert selected to advise the Committee be a nonvoting member.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Jinkins, Johnson, Moeller, Robinson, Rodne, Short, Tharinger and Van De Wege.

Staff: Ariele Landstrom (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 agencies' 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. Two members of the Committee must have professional experience treating women, children, elderly persons, and people with diverse ethnic and racial backgrounds. 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 Bill:

At least one member of the Committee must be appointed from nominations submitted by the Washington State Medical Association (WSMA) or the Washington State Osteopathic Medical Association (WOMA). In addition, any rotating clinical expert selected to advise the Committee on a health technology must be a nonvoting member of the Committee.

Appropriation: None.

Fiscal Note: Available.

Effective Date: 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 intent of the bill is to ensure at least one member of the Committee that makes the coverage decisions for state employees, injured workers, and Medicaid recipients has an expert knowledge of the technology being reviewed. Having such an expert can speak to the strengths and weaknesses and is essential to making a good, cost-effective coverage decision. This expert would be in a position to give differing interpretations of the evidence that is presented to the Committee; this will lead to better coverage decisions. The rotating clinical expert is a nonvoting member to maintain an odd number on the Committee. An important provision of this bill is to have the WSMA and the WOMA appoint expert candidates that are selected by the Authority. This ensures an independent voice and will improve the transparency of the program. This is common sense reform.

(Opposed) None.

(Other) The WSMA/WOMA candidate will be among the 11 members of the committee. The Authority and the Committee are looking at multiple technologies at any one time. There may be as many as five experts appointed at any one time; the clinical experts would be participating on the technology for which they were appointed. If rule-making is needed for a bill, the Authority would be working with advocates before rule proposal. The rotating clinical expert would be a fully participating Committee member. The Authority would seek nominations for the rotating clinical expert from medical associations and medical specialty societies.

Persons Testifying: (In support) Bill Struyk, AdvaMed.

(Other) Dennis Martin and Josh Morse, Washington Health Care Authority.

Persons Signed In To Testify But Not Testifying: None.