

SENATE BILL REPORT

SHB 1667

As Reported by Senate Committee On:
Health Care, March 24, 2015

Title: An act relating to identifying evidence-based best practices for the treatment and management of bleeding disorders to improve patient quality of life and identify cost reductions.

Brief Description: Establishing the bleeding disorder collaborative for care.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Cody, Jinkins, Robinson and Tharinger).

Brief History: Passed House: 3/04/15, 93-5.

Committee Activity: Health Care: 3/16/15, 3/24/15 [DP-WM].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Cleveland, Conway, Jayapal, Keiser, Parlette and Rivers.

Staff: Mich'l Needham (786-7442)

Background: When there is an injury to blood vessels, platelets are activated and they adhere to the injured site and form a clot. Bleeding disorders are conditions in which there is a problem with the body's blood clotting process. There are several types of bleeding disorders that can affect the blood clotting process, including hemophilia and Von Willebrand disease.

The Health Care Authority (HCA) is responsible for several programs that coordinate the purchasing of health care services. The Health Technology Assessment Program reviews scientific, evidence-based reports about the safety and effectiveness of medical devices, procedures, and tests, and a clinical committee determines whether or not the state should pay for them. The Prescription Drug Program contracts for independent reviews of prescription drugs to compare the safety, efficacy, and effectiveness of drug classes from which recommendations are made by a clinical committee for the development of a preferred drug list. The Bree Collaborative identifies health care services that have substantial

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variations in practice patterns or high utilization trends and investigates evidence-based practices that will improve quality and reduce variation in the use of the services.

Summary of Bill: The Bleeding Disorder Collaborative for Care (Collaborative) is established by HCA. The Collaborative is comprised of the following:

- three representatives of HCA;
- three representatives of the largest organization in Washington that represents patients with bleeding disorders;
- two representatives of state-designated bleeding disorder centers of excellence; and
- two representatives of federally funded hemophilia treatment centers based in Washington.

The Collaborative is responsible for identifying and developing evidence-based practices to improve care to patients with bleeding disorders. Where evidence-based practices do not exist, the Collaborative will research and create the practices. The Collaborative may also consider research-based practices or emerging best practices. The Collaborative must recommend how to disseminate the evidence-based practices to health care professionals and provide them with options for using them in their practices. Lastly, the Collaborative must assist HCA with the development of a cost-benefit analysis related to the use of the evidence-based practices in state-purchased health care programs.

HCA must report to the Governor and the Legislature by September 1, 2016. The report must address the evidence-based practices that have been developed, the clinical and fiscal implications should they be implemented, and a strategy for publicizing the practices and having health care professionals use them in state-financed health care programs.

The bill is null and void if it is not funded in the budget by June 30, 2015.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony: PRO: This idea was first brought to me by the hemophilia community and I discovered there are not best practices developed for bleeding disorders. The state spends a lot of money on this patient care and the project will cost a little money up front but it will help us save money in the long run. It is a one-time collaborative and the recommendations can be reviewed by the Bree Collaborative in the future. We hope to create standards with providers and patients that help patients and save money. The clotting factor product that patients use now can run \$7,500 per week and up to \$420,000 per year. The clotting factor dosing standard now is based on weight so that if a patient gains weight we must increase the dose, but we believe it may be possible to develop a guideline based on blood volume that does not automatically increase dosage and cost with weight gain. Another area that we could examine for best practices is the area of joint pain

that requires us to treat every joint pain as if it is a bleeding disorder when it may be inflammatory such as arthritis and we could develop alternative treatment approaches.

OTHER: The agency is neutral on this proposal since it was not included in the Governor's budget, but the practice of bringing together experts to develop guidelines and best practices has been successful in improving care and developing evidence-based practices, while also helping manage program costs.

Persons Testifying: PRO: Representative Cody, prime sponsor; Stephanie Simpson, Dr. Jill Johnson, Bleeding Disorder Foundation of WA.

OTHER: Dr. Daniel Lessler, HCA.

Persons Signed in to Testify But Not Testifying: No one.