H-0077.1

HOUSE BILL 1076

State of Washington 69th Legislature 2025 Regular Session

By Representatives Walen and Barnard

Prefiled 12/16/24.

AN ACT Relating to the health technology assessment program; and amending RCW 70.14.100 and 70.14.110.

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

Sec. 1. RCW 70.14.100 and 2006 c 307 s 3 are each amended to read as follows:

(1) The administrator, in consultation with participating agencies and the committee, shall select the health technologies to be reviewed by the committee under RCW 70.14.110. Up to six may be selected for review in the first year after June 7, 2006, and up to eight may be selected in the second year after June 7, 2006. In making the selection, priority shall be given to any technology ((~~for~~)):

(a) For which patient access is established or recommended for a patient population under the federal medicare program, including local coverage determinations or national coverage determinations, or in nationally recognized expert treatment guidelines, including guidelines developed by the national comprehensive cancer network, specialty physician organizations, or patient advocacy organizations; or

(b) For which:

((~~(a)~~)) (i) There are concerns about its safety, efficacy, or cost-effectiveness, especially relative to existing alternatives, or significant variations in its use;

((~~(b)~~)) (ii) Actual or expected state expenditures are high, due to demand for the technology, its cost, or both; and

((~~(c)~~)) (iii) There is adequate evidence available to conduct the complete review.

(2) A health technology for which the committee has made a determination under RCW 70.14.110 shall be considered for rereview at least once every eighteen months, beginning the date the determination is made. The administrator, in consultation with participating agencies and the committee, shall select the technology for rereview if he or she decides that evidence has since become available that could change a previous determination. Upon rereview, consideration shall be given ((~~only~~)) to evidence made available since the committee's previous determination evaluated in combination and within the context of the clinical evidence the committee considered previously.

(3) Pursuant to a petition submitted by an interested party, the health technology clinical committee may select health technologies for review that have not otherwise been selected by the administrator under subsection (1) or (2) of this section.

(4) Upon the selection of a health technology for review, the administrator shall contract for a systematic evidence-based assessment of the technology's safety, efficacy, and cost-effectiveness. The contract shall:

(a) Be with an evidence-based practice center designated as such by the federal agency for health care research and quality, or other appropriate entity;

(b) Require the assessment be initiated no sooner than thirty days after notice of the selection of the health technology for review is posted on the internet under RCW 70.14.130;

(c) Require, in addition to other information considered as part of the assessment, consideration of: (i) Safety, health outcome, and cost data submitted by a participating agency; and (ii) evidence submitted by any interested party; and

(d) Require the assessment to: (i) Give the greatest weight to the evidence determined, based on objective indicators, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristic of the studies or trials upon

which the evidence is based, and the consistency of the outcome with comparable studies; and (ii) take into account any unique impacts of the technology on specific populations based upon factors such as sex, age, ethnicity, race, or disability.

(5) In the case of life-threatening or rare diseases, the committee shall:

(a) Evaluate all applicable clinical trials regarding the technology published in the peer-reviewed clinical literature including, but not limited to, randomized controlled trials; and

(b) If applicable, take into account information submitted by clinical experts indicating that performing a randomized controlled trial or other specific trial design would be unethical, impractical, or impossible with respect to the given technology within a specific patient population.

Sec. 2. RCW 70.14.110 and 2006 c 307 s 4 are each amended to read as follows:

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

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

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

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

(c) May establish ad hoc temporary advisory groups if specialized expertise is needed to review a particular health technology or group of health technologies, or to seek input from enrollees or clients of state purchased health care programs. Advisory group members are immune from civil liability for any official act performed in good faith as a member of the group. As a condition of appointment, each person shall agree to the terms and conditions imposed by the administrator regarding conflicts of interest.

(3) Determinations of the committee under subsection (1) of this section shall be consistent with decisions made under the federal medicare program and in expert treatment guidelines, including those from specialty physician organizations and patient advocacy organizations, unless the committee concludes, based on its review of the systematic assessment, that substantial evidence regarding the safety, efficacy, and cost-effectiveness of the technology supports a contrary determination.

(4) The health care authority shall publish receipt of submissions for new technology assessment and rereview assessments on the authority's website within seven days of receipt. The committee shall review, complete its determination, and communicate its decision for a new technology assessment or rereview assessment to the submitting party within 180 days of the initial date of submission. In the case of an adverse determination, the committee shall provide the submitting party with a written substantive explanation of the rationale for the adverse determination within 180 days of the initial date of submission.

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