
HOUSE BILL 1667

State of Washington

64th Legislature

2015 Regular Session

By Representatives Cody, Jinkins, Robinson, and Tharinger

Read first time 01/26/15. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to identifying evidence-based best practices for
2 the treatment and management of bleeding disorders to improve patient
3 quality of life and identify cost reductions; adding a new section to
4 chapter 41.05 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that:

7 (1) Bleeding disorders include various inherited and acquired
8 conditions characterized by the inability of people to undergo a
9 normal clotting process;

10 (2) While advancements in the medications used to treat patients
11 with bleeding disorders have contributed to a normal life expectancy
12 of these persons, their quality of life is often impaired;

13 (3) New treatment regimens have been developed to improve the
14 quality of life for patients and restore their independence, but come
15 at a substantial and sometimes prohibitive financial cost;

16 (4) Due to the lack of evidence-based standards of care on a
17 national level, patient care is impacted;

18 (5) Individuals with bleeding disorders are much more likely to
19 have extraordinarily high health care costs;

20 (6) Understanding and optimizing the care and management of
21 patients with bleeding disorders can improve the health and quality

1 of life for patients, and at the same time may significantly reduce
2 costs for state-financed health care programs.

3 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05
4 RCW to read as follows:

5 (1) The authority shall establish the bleeding disorder
6 collaborative for care.

7 (2)(a) The collaborative shall be composed of three
8 representatives from the authority, three representatives from the
9 largest organization in Washington representing patients with
10 bleeding disorders, two representatives from state designated
11 bleeding disorder centers of excellence, and two representatives of
12 federally funded hemophilia treatment centers based in Washington.

13 (b) The collaborative may invite the participation of other
14 persons with specific expertise that may assist the collaborative in
15 its responsibilities. No invited expert may serve if his or her
16 participation could benefit his or her own financial interests or the
17 financial interests of an entity that he or she represents.

18 (c) The collaborative shall adopt an open and transparent process
19 that allows for public comment prior to the final adoption of any
20 evidence-based practice.

21 (3) The collaborative shall:

22 (a) Identify and develop evidence-based practices to improve care
23 to patients with bleeding disorders with specific attention to health
24 care cost reduction. To the extent that evidence-based practices are
25 unavailable, the collaborative shall research and create the
26 practices or compile the necessary information. In the event that
27 research on evidence is incomplete, the collaborative may consider
28 research-based practices or emerging best practices as necessary to
29 complete the work of the collaborative;

30 (b) Make recommendations regarding the effective dissemination of
31 the evidence-based practices to relevant health care professionals
32 and support service providers and propose options for incorporating
33 evidence-based practices into their treatment regimens; and

34 (c) Assist the authority in the development of a cost-benefit
35 analysis of using the evidence-based practices for specific
36 population in state-purchased health care programs.

37 (4) The authority shall report to the governor and the
38 legislature by September 1, 2016, regarding the evidence-based
39 practices that have been developed, the clinical and fiscal

1 implications of their implementation, and a strategy for
2 disseminating the practices and incorporating their use among health
3 care professionals in various state-financed health care programs.

4 (5) For the purposes of this section:

5 (a) "Bleeding disorder" means a condition involving the
6 impairment of the body's blood clotting processes;

7 (b) "Emerging best practice" has the same meaning as in RCW
8 70.320.010;

9 (c) "Evidence-based" has the same meaning as in RCW 70.320.010;
10 and

11 (d) "Research-based" has the same meaning as in RCW 70.320.010.

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