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**HOUSE BILL 1667**

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**State of Washington 64th Legislature 2015 Regular Session**

**By** Representatives Cody, Jinkins, Robinson, and Tharinger

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; adding a new section to chapter 41.05 RCW; and creating a new section.

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

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

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

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

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

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

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

(6) Understanding and optimizing the care and management of patients with bleeding disorders can improve the health and quality of life for patients, and at the same time may significantly reduce costs for state-financed health care programs.

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

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

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

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

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

(3) The collaborative shall:

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

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

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

(4) The authority shall report to the governor and the legislature by September 1, 2016, regarding the evidence-based practices that have been developed, the clinical and fiscal implications of their implementation, and a strategy for disseminating the practices and incorporating their use among health care professionals in various state-financed health care programs.

(5) For the purposes of this section:

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

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

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

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

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