

HOUSE BILL REPORT

SHB 1667

As Passed House:
March 4, 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:

Committee Activity:

Health Care & Wellness: 2/17/15, 2/18/15 [DP];

Appropriations: 2/25/15, 2/26/15 [DPS].

Floor Activity:

Passed House: 3/4/15, 93-5.

Brief Summary of Substitute Bill

- Establishes the Bleeding Disorder Collaborative for Care to identify and develop evidence-based practices to improve care to patients with bleeding disorders.

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: Chris Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

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.

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 31 members: Representatives Hunter, Chair; Ormsby, Vice Chair; Chandler, Ranking Minority Member; Parker, Assistant Ranking Minority Member; Wilcox, Assistant Ranking Minority Member; Buys, Carlyle, Cody, Condotta, Dent, Dunshee, Fagan, Haler, Hansen, Hudgins, S. Hunt, Jinkins, Kagi, Lytton, MacEwen, Magendanz, Pettigrew, Sawyer, Schmick, Senn, Springer, Stokesbary, Sullivan, Tharinger, Van Werven and Walkinshaw.

Minority Report: Do not pass. Signed by 2 members: Representatives G. Hunt and Taylor.

Staff: Erik Cornellier (786-7116).

Background:

Bleeding Disorders.

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.

Coordinated State Purchasing of Health Care.

The Health Care Authority 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 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 Substitute Bill:

The Bleeding Disorder Collaborative for Care (Collaborative) is established by the Health Care Authority (Authority). The Collaborative is comprised of:

- three representatives of the Authority;
- 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 the Authority with the development of a cost-benefit analysis related to the use of the evidence-based practices in state-purchased health care programs.

The Authority 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.

"Bleeding disorder" is defined as a condition involving the impairment of the body's blood clotting processes.

Legislative findings are made related to the nature of bleeding disorders, their effect on the lives of people with bleeding disorders, and the need for improved care and management of patients with bleeding disorders.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) Patients, physicians, and the state should be able to come up with evidence-based standards of care to improve quality of life for patients while saving the state money. Hemophilia is a very rare disease, but very expensive to treat. Patients with hemophilia must be treated regularly and medications for those with bleeding disorders are very expensive—possibly over \$400,000 annually for each patient. Without the medications, the patients' lives could be threatened.

Patients are looking for new ways to improve their quality of care, but there are no national standards of care for any bleeding disorders. This bill will allow a group to work to find new emerging science that will improve quality of care while saving resources. It behooves the state to find new ways to individualize care and adopt standards for reducing the cost of treating patients. Studies to find out how the body responds to clotting factor could help reduce the amount of clotting factor used by patients. If this helps two people, it could fund the bill.

(Neutral) While there is support for the goals of the bill, there will be slight resources needed for it that are not currently included in the Governor's budget.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) The bleeding disorder and hemophilia community has no best practices, and the state spends a lot of money on factor for these clients. The state does not know the best practices for ordering the drugs. The cost for the average patient is \$400,000 per year just for factor, assuming everything else is going well. A client's care can easily cost over \$10 million per year in Medicaid.

The community came forward and requested that this work be done.

One possible best practice would be to develop guidelines to differentiate between instances of joint-related pain and bleeds. Factor is usually more expensive than treatment of injuries and pain, and factor does not resolve underlying joint issues.

The estimate of about \$400,000 in costs could be recouped quickly with best practices and standards of care.

The Bleeding Disorder Collaborative for Care does not go on forever. It ends when the report is done.

(Opposed) None.

Persons Testifying (Health Care & Wellness): (In support) Stephanie Simpson, Bleeding Disorder Foundation of Washington; and Rebecca Kruse-Jarres, Puget Sound Blood Center.

(Neutral) Nathan Johnson, Health Care Authority.

Persons Testifying (Appropriations): Representative Cody, prime sponsor; and Erin Dziedzic, Bleeding Disorder Foundation of Washington.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.