HOUSE BILL REPORT
HB 1076

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to the health technology assessment program.

Brief Description: Concerning the health technology assessment program.

Sponsors: Representatives Walen, Barnard, Reed, Rule, Ryu, Parshley, Leavitt and Obras.

Brief History:
Committee Activity:
Health Care & Wellness: 1/22/25, 1/31/25 [DPS].

Brief Summary of Substitute Bill

- Changes the processes and the prioritization and review criteria for the Health Technology Assessment Program.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Caldier, Assistant Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Davis, Macri, Manjarrez, Obras, Parshley, Shavers, Simmons, Stonier, Stuebe, Thai and Tharinger.

Minority Report: Do not pass. Signed by 1 member: Representative Schmick, Ranking Minority Member.

Minority Report: Without recommendation. Signed by 2 members: Representatives Engell and Low.

Staff: Jim Morishima (786-7191).

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Background:

Under the Health Technology Assessment Program, the Health Technology Clinical Committee (HTCC) reviews scientific, evidence-based reports about the safety and effectiveness of health technologies to determine whether they should be covered by state programs. When selecting which technologies will be reviewed, priority is given to any technology for which:

- there are concerns about safety, efficacy, or cost-effectiveness;
- there are significant variations in its use;
- actual or expected state expenditures are high; and
- there is adequate evidence available to conduct the review.

Additionally, a technology may be reviewed by petition from an interested party.

Once a technology is selected for review, the Health Care Authority contracts for a systematic, evidence-based assessment of the technology's safety, efficacy, and cost-effectiveness. Once the review is complete, the HTCC determines the conditions under which the technology may be included as a covered benefit and the criteria that must be used to determine medical necessity.

A health technology that has been reviewed must be considered for re-review at least once every 18 months. If a technology is re-reviewed, consideration may only be given to evidence available since the previous determination.

Summary of Substitute Bill:

When selecting a technology for review under the Health Technology Assessment Program, prioritization must also be given to a technology for which patient access is established or recommended under the Medicare program or in nationally recognized expert treatment guidelines.

When evaluating a technology for life-threatening or rare diseases, the Heath Technology Clinical Committee (HTCC) must:

- evaluate all applicable clinical trials regarding the technology published in peer-reviewed clinical literature; and
- 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.

The Health Care Authority must publish receipt of submissions for new assessments and re-review assessments on its website within 30 days of receipt. The HTCC must communicate its decision on the assessment within 180 days. For adverse determinations, the HTCC must also provide a written, substantive explanation of the rationale for the adverse

determination.

Re-reviews of health technologies are not limited to evidence made available since the previous determination. Instead, the new evidence must be evaluated in combination, and within the context of, the clinical evidence the HTCC considered previously.

Substitute Bill Compared to Original Bill:

The substitute bill:

- requires both the additional priority criteria and the existing priority criteria to be considered, instead of one or the other;
- removes the reference to the National Comprehensive Cancer Network from the priority criteria; and
- extends the period of time by which a request for a new assessment or re-review must be posted on the internet from 7 days to 30 days.

Appropriation: None.

Fiscal Note: Requested on January 17, 2025.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The review process for new technologies is rigid and flawed. It does not work for rare diseases. This bill will protect vulnerable patients who are public employees or who are enrolled in public programs. Many federally approved treatments that are considered the standard of care are unavailable to these people because of the lack of randomized, controlled trials. For some rare diseases this type of testing is impossible either because of small populations or because of medical ethics. These patients are therefore forced to pay out-of-pocket for these life-saving treatments, which are often covered by Medicare, commercial insurance, and employer-sponsored coverage. This creates disparities in coverage. This bill will increase the availability of life-saving, innovative treatments. This will put it in line with most other states.

(Opposed) None.

(Other) The Health Technology Assessment Program (HTAP) is an unbiased way to review new technologies and evidence. It ensures that technologies are selected for coverage only when it is clinically supported by the evidence. This way, patients get effective care and do not pay for unproven technologies. The HTAP does consider other factors including alternatives, severity of the medical conditions, and what types of trials are available. This

bill undermines the core purpose of the HTAP, will increase reviews for unproven technologies, and will undermine the purpose of the Health Technology Clinical Committee.

Persons Testifying: (In support) Lisa Woodard; Marcia Patten; Dellann Elliott Mydland, End Brain Cancer Initiative (EBCI), formerly the Chris Elliott Fund; Alipi Bonm, Swedish Medical Center; and Representative Julia Reed.

(Other) Dr. Judy Zerzan, Health Care Authority (HCA).

Persons Signed In To Testify But Not Testifying: None.