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**SUBSTITUTE HOUSE BILL 1076**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Walen, Barnard, Reed, Rule, Ryu, Parshley, Leavitt, and Obras)

READ FIRST TIME 02/04/25.

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

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

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

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

13 (a) For which patient access is established or recommended for a  
14 patient population under the federal medicare program, including  
15 local coverage determinations or national coverage determinations, or  
16 in nationally recognized expert treatment guidelines, including  
17 guidelines developed by specialty physician organizations or patient  
18 advocacy organizations; and

19 (b) For which:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (4) The health care authority shall publish receipt of  
10 submissions for new technology assessment and rereview assessments on  
11 the authority's website within 30 days of receipt. The committee  
12 shall review, complete its determination, and communicate its  
13 decision for a new technology assessment or rereview assessment to  
14 the submitting party within 180 days of the initial date of  
15 submission. In the case of an adverse determination, the committee  
16 shall provide the submitting party with a written substantive  
17 explanation of the rationale for the adverse determination within 180  
18 days of the initial date of submission.

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