
SENATE BILL 5915

State of Washington

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By Senators Harris, Chapman, Muzzall, and Riccelli

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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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