WSR 26-17-059
PROPOSED RULES
HEALTH CARE AUTHORITY
[Filed August 13, 2026, 8:27 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 26-09-111.

Title of Rule and Other Identifying Information: The following sections in chapter 182-55 WAC, Health technology assessment program: WAC 182-55-005 Authority and purpose, 182-55-010 Definitions, 182-55-025 Committee member requirements and committee member terms, 182-55-026 Committee governance, 182-55-030 Committee coverage determination process, 182-55-035 Committee coverage determination, 182-55-040 Health care authority's implementation of final coverage, 182-55-045 Advisory group, 182-55-050 Health technology selection, and 182-55-055 Health technology assessment.

Hearing Location(s): On September 22, 2026, at 10:00 a.m. The health care authority (HCA) holds public hearings virtually without a physical meeting place. Virtual public hearings are held via Microsoft Teams webinar. To attend, you must register in advance at https://events.gcc.teams.microsoft.com/event/69803d74-295c-4581-a5b9-323091969802@11d0e217-264e-400a-8ba0-57dcc127d72d. After registering, you will receive a confirmation email containing information about joining the public hearing. You will be able to join the public hearing through most standard internet browsers; you do not need to install Microsoft Teams.

Date of Intended Adoption: Not sooner than September 23, 2026.

Submit Written Comments to: HCA Rules Coordinator, P.O. Box 42716, Olympia, WA 98504-2716, email arc@hca.wa.gov, fax 360-586-9727, beginning August 20, 2026, 8:00 a.m., by September 22, 2026, 11:59 p.m.

Assistance for Persons with Disabilities: Contact Jessica Nguyen, phone 360-725-1174, fax 360-586-9727, telecommunication relay service 711, email arc@hca.wa.gov, by September 4, 2026.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: HCA revised several sections within chapter 182-55 WAC to carry out the requirements in RCW 70.14.100 and 70.14.110 (amended by SB 5915, chapter 70, Laws of 2026).

Reasons Supporting Proposal: See purpose.

Statutory Authority for Adoption: RCW 41.05.021 and 41.05.160.

Statute Being Implemented: RCW 41.05.021 and 41.05.160.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: HCA, governmental.

Name of Agency Personnel Responsible for Drafting: Blake O'Connor, 628 8th Avenue S.E., Olympia, WA 98501, 360-725-1344; Implementation and Enforcement: Val Hamann, 628 8th Avenue S.E., Olympia, WA 98501, 360-725-5126.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is not required under RCW 34.05.328. RCW 34.05.328 does not apply to HCA rules unless requested by the joint administrative rules review committee or applied voluntarily.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rule content is explicitly and specifically dictated by statute.

Explanation of exemptions: Other than housekeeping revisions, the changes are explicitly and specifically dictated by statute in RCW 70.14.100 and 70.14.110 (amended by SB 5915, chapter 70, Laws of 2026, 69th legislature).

Scope of exemption for rule proposal:

Is fully exempt.

August 13, 2026
Wendy Barcus
Rules Coordinator

RDS-7314.2

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-005 Authority and purpose. Under RCW 70.14.080 through 70.14.140, the director of the Washington state health care authority provides administrative support ((~~for,~~)) and adopts rules to govern the health technology clinical committee and a health technology assessment program within the health care authority. The health technology assessment program will:

(1) Contract with ((~~an~~)) evidence-based technology assessment centers to produce health technology assessments;

(2) Administratively support the independent health technology clinical committee; and

(3) Maintain a ((~~centralized, internet-based communication tool~~)) health technology assessment web page on the authority's website.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-010 Definitions. When used in this chapter:

(1) "Advisory group" as defined in RCW 70.14.080 means a group established under RCW 70.14.110 (2)(c).

(2) ((~~"Centralized, internet-based communication tool" means the health care authority's health technology assessment program internet web pages established under RCW 70.14.130(1).~~

~~(3)~~)) "Committee" as defined in RCW 70.14.080 means the health technology clinical committee established under RCW 70.14.090.

((~~(4)~~)) (3) "Coverage determination" as defined in RCW 70.14.080 means a determination of the circumstances, if any, under which a health technology will be included as a covered benefit in a state purchased health care program.

((~~(5)~~)) (4) "Decisions made under the federal medicare program" means national coverage determinations issued by the Centers for Medicare and Medicaid Services stating whether and to what extent medicare covers specific services, procedures, or technologies.

((~~(6)~~)) (5) "Director" means the director of the Washington state health care authority under chapter 41.05 RCW.

((~~(7)~~)) (6) "Health technology" as defined in RCW 70.14.080 means medical and surgical devices and procedures, medical equipment, and diagnostic tests. Health technologies do not include prescription drugs governed by RCW 70.14.050.

((~~(8)~~)) (7) "Health technology assessment" means a report produced by a contracted, evidence-based, technology assessment center or other appropriate entity, as provided for in RCW 70.14.100(4), based on a systematic review of evidence of a technology's safety, efficacy, and cost-effectiveness.

((~~(9)~~)) (8) "Participating agency" as defined in RCW 70.14.080 means the department of social and health services, the state health care authority, and the department of labor and industries.

(9) "Petition for review" for the purposes of this chapter means a formal request for review or rereview of a health technology.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-025 Committee member requirements and committee member terms. (1) As a continuing condition of appointment, committee members must:

(a) Not have a substantial financial conflict of interest((~~, such as an interest in a health technology company, including the holding of stock options, or the receipt of honoraria, or consultant moneys~~));

(b) Complete a conflict of interest disclosure form, update the form annually, and keep disclosure statements current;

(c) Abide by confidentiality requirements and keep all personal medical information and proprietary information confidential; and

(d) Not use information gained from committee membership outside of committee responsibilities, unless the information is publicly available.

(2) The director has the sole discretion to terminate a committee member's appointment if the director determines that the committee member has violated a condition of appointment.

(3) Committee members serve staggered three-year terms. To provide for staggered terms, committee members may be appointed initially for less than three years.

(4) A committee member may be appointed for a total of nine years of committee service, but an initial appointment of less than ((~~twenty-four~~)) 24 months is not included in the nine-year limitation.

(5) A committee member may serve until that member's successor is appointed, notwithstanding the limits on service in subsection (3) of this section.

((~~(6) Mid-term vacancies on the committee are filled for the remainder of the unexpired three-year term.~~))

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-026 Committee governance. (1) The committee may establish bylaws, within applicable statutory and regulatory requirements, to govern the orderly resolution of the committee's purposes. Proposed bylaw amendments are published on the ((~~centralized, inter-~~

~~net-based communication tool~~)) authority's website at least ((~~four-teen~~)) 14 calendar days before adoption by the committee. Before adoption, the committee gives an opportunity at an open public meeting for public comment on proposed bylaw amendments. Committee bylaws ((~~shall be~~)) are published on the ((~~centralized, internet-based communication tool~~)) authority's website.

(2) The director appoints a committee chair.

(3) The committee chair:

(a) Selects a vice chair from among the committee membership;

(b) Presents bylaws, or amendments to the bylaws, to the committee for review and ratification; and

(c) Operates the committee according to the bylaws and committee member agreements.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-030 Committee coverage determination process. (1) In making a coverage determination, committee members ((~~shall~~)) will review and consider evidence regarding the safety, efficacy, and cost-effectiveness of the technology as set forth in the health technology assessment. The committee also considers other information it deems relevant, including other information provided by the director, reports or testimony from an advisory group, and submissions or comments from the public.

(2) The committee ((~~shall~~)) will give the greatest weight to the evidence determined, based on objective factors, to be the most valid and reliable, considering the nature and source of the evidence, the empirical characteristic of the studies or trials upon which the evidence is based, and the consistency of the outcome with comparable studies. The committee also considers additional evidentiary valuation factors such as recency, relevance, and bias.

(3) The committee also considers any unique impacts the health technology has on specific populations based on factors like sex, age, ethnicity, race, or disability, as identified in the health technology assessment.

(4) The committee provides an opportunity for public comment after the health technology assessment is published on the ((~~centralized, internet-based communication tool~~)) authority's website and before the committee's final coverage determination decision.

(5) After the committee makes a final coverage determination, the health technology assessment program publishes it on the ((~~centralized, internet-based communication tool~~)) authority's website and submits a notice in the *Washington State Register*.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-035 Committee coverage determination. The committee ((~~shall~~)) will:

(1) Determine the conditions, if any, under which the health technology will be included as a covered benefit in health care programs of participating agencies by deciding that:

(a) Coverage is allowed without special conditions because the evidence is sufficient to conclude that the health technology is safe, efficacious, and cost-effective for all indicated conditions; or

(b) Coverage is allowed with special conditions because the evidence is sufficient to conclude that the health technology is safe, efficacious, and cost-effective in only certain situations; or

(c) Coverage is not allowed because either the evidence is insufficient to conclude that the health technology is safe, efficacious, and cost-effective or the evidence is sufficient to conclude that the health technology is unsafe, inefficacious, or not cost-effective.

(2) When making determinations for life-threatening or rare diseases, the committee evaluates applicable clinical trials and takes into account information submitted by clinical experts per RCW 70.14.100(5).

(3) Identify whether the coverage determination is consistent with decisions made under the federal medicare program and expert treatment guidelines.

((~~(3)~~)) (4) For decisions that are inconsistent with either decisions made under the federal medicare program or expert treatment guidelines, including those from specialty physician and patient advocacy organizations, specify the substantial evidence regarding the safety, efficacy, and cost-effectiveness of the technology that supports the contrary determination.

((~~(4)~~)) (5) For covered health technologies, specify criteria for participating agencies to use when deciding whether the health technology is medically necessary or proper and necessary treatment.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-040 Health care authority's implementation of final coverage determinations. This section applies to all final coverage determinations made after August 1, 2016.

(1) The health care authority reviews the final coverage determination for conflicts identified in RCW 70.14.120 (1)(a) and (b).

(2) The ((~~health care~~)) authority reviews whether the health technology review process meets the requirements in this subsection before compliance by the ((~~health care~~)) authority's state-purchased health care programs. The review includes whether the:

(a) Notification of the health technology selected for review was made on the ((~~centralized, internet-based communication tool~~)) authority's website as required by RCW 70.14.130 (1)(a);

(b) Health technology assessment provided to the committee met the requirements in RCW 70.14.100(4) and WAC 182-55-055;

(c) Health technology assessment was published on the ((~~centralized, internet-based communication tool~~)) authority's website at least ((~~fourteen~~)) 14 calendar days before the committee's consideration of the health technology assessment;

(d) Health technology assessment was considered by the committee in an open and transparent process, as required by RCW 70.14.110 (2)(a);

(e) Committee provided an opportunity for public comment prior to the committee's final coverage determination decision;

(f) Committee acknowledged public comment timely received after publication of the committee's draft coverage determination and before the committee's final coverage determination decision;

(g) Committee's final coverage determination specifies the reason or reasons for a decision that is inconsistent with the identified decisions made under the federal medicare program and expert treatment guidelines, including those from specialty physician and patient advocacy organizations, for the reviewed health technology; and

(h) Committee meetings complied with the requirements of the Open Public Meetings Act as required by RCW 70.14.090(3).

(3) After the ((~~health care~~)) authority completes its reviews under subsections (1) and (2) of this section, it establishes an implementation date for each of the ((~~health care~~)) authority's state-purchased health care programs and publishes the implementation dates on the health care authority's website.

(4) The ((~~health care~~)) authority's implementation of a final coverage determination can be reviewed as other agency action under RCW 34.05.570(4). A petition for review must be filed in superior court and comply with all statutory requirements for judicial review of other agency action required in chapter 34.05 RCW.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-045 Advisory group. (1) The committee chair, upon an affirmative vote of the committee members, may establish ad hoc temporary advisory groups under RCW 70.14.110 (2)(c). At the time an ad hoc temporary advisory group is formed, the committee must state the ad hoc temporary advisory group's objective and questions to address. Notice of the formation of an ad hoc temporary advisory group, and information about how to participate, ((~~shall~~)) will be posted on the ((~~centralized, internet-based communication tool~~)) authority's website.

(2) The committee chair, or designee, may appoint or remove an advisory group member. An ad hoc temporary advisory group must include at least three members. The advisory group will generally include at least one enrollee, client, or patient. The advisory group must have((~~: (a)~~)) two or more experts or specialists within the field relevant to the health technology, preferably with demonstrated experience in the use, evaluation, or research of the health technology((~~;~~

~~(b) At least one expert who is a proponent or advocate of the health technology; and~~

~~(c) At least one expert who is an opponent or critic of the health technology~~)).

(3) Each advisory group member must:

(a) Not have a substantial financial conflict of interest((~~, such as an interest in a health technology company, including the holding of stock options, or the receipt of honoraria, or consultant moneys~~));

(b) Complete an advisory group member agreement, including a conflict of interest disclosure form, and keep disclosure statements current;

(c) Abide by confidentiality requirements and keep all personal medical information and proprietary information confidential; and

(d) Not utilize information gained as a result of advisory group membership outside of advisory group responsibilities, unless such information is publicly available.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-050 Health technology selection. (1) The director, in consultation with participating agencies and the committee, selects health technologies to be reviewed or rereviewed by the committee. The authority follows the criteria for technology selection in RCW 70.14.100(1).

(2) Petition for review. The director or committee may ((~~also~~)) consider petitions ((~~requesting initial~~)) for review of a health technology from interested parties. To suggest a topic for ((~~initial~~)) review, interested parties must use the petition ((~~form~~)) for review made available on the ((~~centralized, internet-based communication tool. The health technology assessment program will provide copies of the petition to the director, committee members, and participating agencies~~)) authority's website. Petitions for review of an existing topic include evidence that has since become available that could change the previous coverage determination.

(a) Petitions for review are considered by the director, in consultation with participating agencies and the committee.

(b) Only after the director has declined to grant the petition for review can a petition for review be considered for selection by the committee, as described in RCW 70.14.100(3).

(c) The authority publishes receipt of petitions for review on the authority's website within 30 days of receipt.

(d) The committee reviews, completes its determination, and communicates its decision for petitions for review to the submitting party within 180 days of the initial date of submission.

(e) If a health technology is selected by the committee, the health technology is referred to the director for assignment to the next available contract for a health technology assessment review as described in RCW 70.14.100(4).

((~~(3) Interested parties may submit a petition for the rereview of a health technology. Interested parties must use the petition form available on the centralized, internet-based communication tool and may submit to the health technology assessment program evidence that has since become available that could change the previous coverage determination. The health technology assessment program will provide copies of the petition to the director, committee members, and participating agencies.~~

~~(a) Petitions are considered by the director, in consultation with participating agencies and the committee.~~

~~(b) Only after the director has declined to grant the petition can a petition be reviewed by the committee, as described in RCW 70.14.100(3).~~)) (f) If a health technology is not selected by the committee, the committee provides the submitting party with a written substantive explanation of the rationale for the determination within 180 days of the initial date of submission.

AMENDATORY SECTION (Amending WSR 16-18-023, filed 8/26/16, effective 9/26/16)

WAC 182-55-055 Health technology assessment. (1) Upon providing notice on the ((~~centralized, internet-based communication tool~~)) authority's website required by RCW 70.14.100 (1)(b) that the health technology has been selected for review, the director ((~~shall~~)) will post an invitation for interested parties to submit information relevant to the health technology for consideration by the evidence-based technology assessment center. The information must be submitted to the director or designee within ((~~thirty~~)) 30 calendar days from the date of the notice.

(2) Upon notice of the health technology selected for review, the director or designee ((~~shall~~)) will request participating agencies to provide information relevant to the health technology, including data on safety, health outcome, and cost. The relevant information must be submitted to the director or designee within ((~~thirty~~)) 30 calendar days from the date of the notice.

(3) Upon notice of the health technology selected for review, the director or designee ((~~shall~~)) will identify relevant decisions made under the federal medicare program and expert treatment guidelines, including those from specialty physician and patient advocacy organizations, and any referenced information used as the basis for such determinations or guidelines.

(4) The director ((~~shall~~)) will provide all information gathered under subsections (1), (2), and (3) of this section to the evidence-based technology assessment center and ((~~shall~~)) will post such information, along with the key questions for review, on the ((~~centralized, internet-based communication tool~~)) authority's website.

(5) Upon completion of the health technology assessment by the evidence-based technology assessment center, the director ((~~shall~~)) will publish a copy of the health technology assessment on the ((~~centralized, internet-based communication tool~~)) authority's website and ((~~provide~~)) notify the committee ((~~with~~)) of the:

(a) ((~~A copy of the~~)) Health technology assessment;

(b) ((~~A copy of~~)) Decisions made under the federal medicare program related to the health technology being reviewed and accompanying information describing the basis for the decision; and

(c) Information as to whether expert treatment guidelines exist, including those from specialty physician organizations and patient advocacy organizations, and describing the basis for the guidelines.