

---

**SUBSTITUTE SENATE BILL 5290**

---

**State of Washington**

**60th Legislature**

**2007 Regular Session**

**By** Senate Committee on Labor, Commerce, Research & Development  
(originally sponsored by Senators Keiser, Kohl-Welles and Clements;  
by request of Department of Labor & Industries)

READ FIRST TIME 02/08/07.

1 AN ACT Relating to industrial insurance medical and chiropractic  
2 advisory committees for the department of labor and industries; adding  
3 new sections to chapter 51.36 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 51.36 RCW  
6 to read as follows:

7 (1) The department shall establish an industrial insurance medical  
8 advisory committee. The industrial insurance medical advisory  
9 committee shall advise the department on matters related to the  
10 provision of safe, effective, and cost-effective treatments for injured  
11 workers, including but not limited to the development of practice  
12 guidelines and coverage criteria, review of coverage decisions and  
13 technology assessments, review of medical programs, and review of rules  
14 pertaining to health care issues. The industrial insurance medical  
15 advisory committee may provide peer review and advise and assist the  
16 department in the resolution of controversies, disputes, and problems  
17 between the department and the providers of medical care. The  
18 committee must consider the best available scientific evidence and

1 expert opinion of committee members. The department may hire any  
2 expert or service or create an ad hoc committee, group, or subcommittee  
3 it deems necessary to fulfill the purposes of the committee.

4 (2) The industrial insurance medical advisory committee is composed  
5 of up to twelve members appointed by the director. The director must  
6 consider nominations from statewide clinical groups, specialties, and  
7 associations, including but not limited to the following: Family or  
8 general practice, orthopedics, neurology, neurosurgery, general  
9 surgery, physical medicine and rehabilitation, psychiatry, internal  
10 medicine, osteopathic, pain management and naturopathic medicine, and  
11 occupational medicine. At least two members must be physicians who are  
12 recognized for expertise in evidence-based medicine.

13 (3) The advisory committee shall choose its chair from among its  
14 membership.

15 (4) The members of the advisory committee, including hired experts  
16 and any ad hoc group or subcommittee: (a) Are immune from civil  
17 liability for any official acts performed in good faith to further the  
18 purposes of the committee; and (b) may be compensated for participation  
19 in the work of the committee in accordance with a personal services  
20 contract to be executed after appointment and before commencement of  
21 activities related to the work of the committee.

22 (5) The members of the advisory committee shall disclose all  
23 potential financial conflicts of interest including contracts with or  
24 employment by a manufacturer, provider, or vendor of health  
25 technologies, drugs, medical devices, diagnostic tools, or other  
26 medical services during their term or for eighteen months before their  
27 appointment. As a condition of appointment, each person must agree to  
28 the terms and conditions regarding conflicts of interest as determined  
29 by the director.

30 (6) The advisory committee shall meet at the times and places  
31 designated by the director and hold meetings during the year as  
32 necessary to provide advice to the director. Meetings of the committee  
33 are subject to chapter 42.30 RCW, the open public meetings act.

34 (7) The advisory committee shall coordinate with the state health  
35 technology assessment program and state prescription drug program as  
36 necessary. As provided by RCW 70.14.100 and 70.14.050, the decisions  
37 of the state health technology assessment program and those of the

1 state prescription drug program hold greater weight than decisions made  
2 by the department's industrial insurance medical advisory committee  
3 under Title 51 RCW.

4 (8) Neither the advisory committee nor any group is an agency for  
5 purposes of chapter 34.05 RCW.

6 (9) The department shall provide administrative support to the  
7 committee and adopt rules to carry out the purposes of this section.

8 NEW SECTION. **Sec. 2.** A new section is added to chapter 51.36 RCW  
9 to read as follows:

10 (1) The department shall establish an industrial insurance  
11 chiropractic advisory committee. The industrial insurance chiropractic  
12 advisory committee shall advise the department on matters related to  
13 the provision of safe, effective, and cost-effective chiropractic  
14 treatments for injured workers. The industrial insurance chiropractic  
15 advisory committee may provide peer review and advise and assist the  
16 department in the resolution of controversies, disputes, and problems  
17 between the department and the providers of chiropractic care.

18 (2) The industrial insurance chiropractic advisory committee is  
19 composed of up to nine members appointed by the director. The director  
20 must consider nominations from recognized statewide chiropractic groups  
21 such as the Washington state chiropractic association. At least two  
22 members must be chiropractors who are recognized for expertise in  
23 evidence-based practice or occupational health.

24 (3) The advisory committee shall choose its chair from among its  
25 membership.

26 (4) The members of the advisory committee and any ad hoc group or  
27 subcommittee: (a) Are immune from civil liability for any official  
28 acts performed in good faith to further the purposes of the committee;  
29 and (b) may be compensated for participation in the work of the  
30 committee in accordance with a personal services contract to be  
31 executed after appointment and before commencement of activities  
32 related to the work of the committee.

33 (5) The members of the advisory committee shall disclose all  
34 potential financial conflicts of interest including contracts with or  
35 employment by a manufacturer, provider, or vendor of health  
36 technologies, drugs, medical devices, diagnostic tools, or other  
37 medical services during their term or for eighteen months before their

1 appointment. As a condition of appointment, each person must agree to  
2 the terms and conditions regarding conflicts of interest as determined  
3 by the director.

4 (6) The advisory committee shall meet at the times and places  
5 designated by the director and hold meetings during the year as  
6 necessary to provide advice to the director. Meetings of the committee  
7 are subject to chapter 42.30 RCW, the open public meetings act.

8 (7) The advisory committee shall coordinate with the state health  
9 technology assessment program and state prescription drug program as  
10 necessary. As provided by RCW 70.14.100 and 70.14.050, the decisions  
11 of the state health technology assessment program and those of the  
12 state prescription drug program hold greater weight than decisions made  
13 by the department's industrial insurance chiropractic advisory  
14 committee under Title 51 RCW.

15 (8) Neither the advisory committee nor any group is an agency for  
16 purposes of chapter 34.05 RCW.

17 (9) The department shall provide administrative support to the  
18 committee and adopt rules to carry out the purposes of this section.

19 NEW SECTION. **Sec. 3.** The director and the advisory committees  
20 shall report to the appropriate committees of the legislature on the  
21 following:

22 (1) A summary of the types of issues reviewed by the committee and  
23 its decision in each matter;

24 (2) Whether the committee became involved in the resolution of any  
25 disputes or controversies and the results of those disputes or  
26 controversies as a result of the committee's involvement;

27 (3) The extent to which the committee conducted any peer reviews  
28 and the results of those reviews;

29 (4) The extent of any practice guidelines or coverage criteria  
30 developed by the committee and the success of those developments; and

31 (5) The extent to which the committee provided advice on coverage  
32 decisions and technology assessments.

33 The report is due no later than June 30, 2011, and must contain a  
34 recommendation about whether the committee should continue as it was  
35 originally configured or whether any changes are needed.

--- END ---