

SHB 1311 - H AMD 313

By Representative Cody

WITHDRAWN 03/04/2011

1 On page 4, line 20, after "(3)" strike all material through
2 "outcomes" on line 26 and insert "For health care services identified
3 by the collaborative for which evidence about benefit and harm is
4 inadequate or unavailable, the collaborative may endorse coverage with
5 evidence development. Such coverage shall include items or services
6 that have potential benefit but lack adequate evidence about either
7 the extent of potential benefit or harm or the conditions or patients
8 most likely to benefit or suffer adverse consequences. In such cases,
9 coverage may be conditioned on the collection of additional clinical
10 data that will inform patient oriented outcomes. Data collection must
11 meet quality criteria such as clinical registry or trial standards.
12 Data collection must be designed to inform clinical outcomes relevant
13 to establishing coverage and be time limited, with results available
14 to the collaborative. Funding for data collection must be obtained
15 from sources other than the state general fund"

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17 On page 5, beginning on line 9, after "(d)" strike all material
18 through "state" on line 15 and insert "Four physicians, selected from
19 lists of nominees submitted by the Washington state medical
20 association, as follows:

21 (i) Two physicians, one of whom must be a primary care physician,
22 representing large multispecialty clinics with fifty or more
23 physicians, selected from a list of five nominees; and

24 (ii) Two physicians, one of whom must be a primary care physician,
25 representing clinics with less than fifty physicians, selected from a
26 list of five nominees;

27

1 (e) One osteopathic physician, selected from a list of five
2 nominees submitted by the Washington state osteopathic medical
3 association;

4 (f) Two physicians representing the largest hospital-based
5 physician systems in the state, selected from a list of five nominees
6 submitted jointly by the Washington state medical association and the
7 Washington state hospital association;

8 (g) Three members representing hospital systems, at least one of
9 whom is responsible for quality, submitted from a list of six nominees
10 from the Washington state hospital association"

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12 Renumber the remaining subsections consecutively and correct any
13 internal references accordingly.

14

15 On page 6, line 1, after "(8)" insert "A person serving on the
16 collaborative or any of its clinical committees shall be immune from
17 civil liability, whether direct or derivative, for any decisions made
18 in good faith while pursuing activities associated with the work of
19 collaborative or any of its clinical committees.

20 (9)"

21

22 Renumber the remaining subsections consecutively and correct any
23 internal references accordingly.

24

25 On page 7, line 3, after "programs." insert "If the collaborative
26 fails to reach consensus within the time frames identified in this
27 section and section 3 of this act, state purchased health care
28 programs may pursue implementation of evidence-based strategies on
29 their own initiative."

30

EFFECT: Removes the Collaborative's authority to consider strategies to improve outcomes for services for high utilization trend services that lack evidence-based best practices approaches. Authorizes the Collaborative to use coverage with evidence development approaches for health care services that have do not

have adequate evidence about their benefits. Coverage with evidence development allows for the collection of additional clinical data to inform patient-oriented outcomes.

Replaces the current physician and hospital representative membership of two physicians representing large multispecialty clinics and five representatives, including at least three physicians, of the largest hospital systems with

- Two physicians, one of whom is a primary care provider, from a multispecialty clinic with 50 or more physicians;
- Two physicians, one of whom is a primary care provider, from a clinic with fewer than 50 physicians;
- One osteopathic physician;
- Two physicians representing the largest hospital-physician systems in Washington; and
- Three representatives of hospitals, at least one of whom is responsible for quality.

Provides civil liability protection to collaborative and clinical committee members acting in good faith regarding work of the collaborative.

Allows state-purchased health care programs to pursue implementation of evidence-based strategies even if the collaborative does not reach consensus.

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