Washington State Health Care Authority

Health Technology Clinical Committee Bylaws

The Washington State Health Technology Clinical Committee (HTCC or Committee) was established by law in 2006 to include eleven members appointed by the Director, in consultation with participating state agencies. RCW 70.14.090(1) and WAC 188-55-015 et seq. In addition to the law and administrative rules, these bylaws contain the organization of the HTCC and govern the orderly resolution of its purpose.

The Committee may establish bylaws, within applicable statutory and regulatory requirements, to govern the orderly resolution of the Committee's purposes. The Committee publishes proposed bylaw amendments on the centralized, internet-based communication tool at least fourteen calendar days before adoption. Before adoption, the Committee gives an opportunity at an open public meeting for public comment on proposed bylaw amendments. Committee bylaws shall be published on the centralized, internet-based communication tool. (WAC 18-55-026)

Purpose

The purpose of the Committee is to make coverage determinations for the participating agencies described under RCW 70.14.110.

Committee Authority

Committee authority is limited to the purpose and scope of the laws and rules establishing the Committee and its operations.

Neither the Committee nor any advisory group established by the Committee is an agency for purposes of the Administrative Procedures Act, Chapter 34.05 RCW. The Committee does not have authority to enter into contracts.

Committee Membership and Terms

Appointment

Committee members are appointed by the Director, in consultation with participating agencies, to a three-year term. Terms of less than three years may occur to create staggered terms or fill a vacancy as specified in WAC 182-55-025. A committee member may be appointed for a total of nine years of committee service. Committee members may serve until a successor is appointed.

Termination of Appointment

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.

Voting Members

The Committee has eleven voting members. At least one member of the Committee must be appointed from nominations submitted by the Washington State Medical Association or the Washington State Osteopathic Medical Association.

Non-Voting Member

The Director may appoint a clinical expert as a non-voting member of the Committee. Any clinical expert selected to advise the Committee on health technology must be appointed to the Committee. RCW 70.14.090 (2).

In addition to responsibilities held by all Committee members, the non-voting, clinical expert supports the Committee by responding to technical questions posed by the Chair and other Committee members. The clinical expert does not act as an advocate or opponent for the subject under review.

Committee Support

Support for the Committee meetings, preparation for the Committee meetings, and follow-up from the Committee is provided by the Health Care Authority. Support includes staff and resources as the Director deems necessary to carry out the purpose of the Committee, including: logistics for meetings, material preparation, minutes and recordings of the meetings, publication of notices and materials, custodian of records of the meeting and Committee members, assistance with Committee member communication, contracts, reimbursement, and maintenance of a web site for publications and communication.

Committee Roles and Responsibilities

All Committee Members

Committee members undertake a position of public trust and are responsible for being effective participants. Committee members must:

- Effectively prepare for and attend all Committee meetings;
- Recognize that serving the public interest is a top priority;
- Operate in accordance with the Open Public Meeting Act RCW 42.30 ;
- Examine all available evidence before making a judgement;
- Actively participate in discussions;
- Possess a willingness to work with the group in making decisions, recognizing that authority is granted to the Committee as a whole and not to individual members;
- Recognize that compromise may be necessary to reach group agreement;
- Act on one's judgement and do not let feelings towards other Committee members or staff interfere with decision-making;
- Understand the Washington State legislative process and issues affecting the Committee;

Committee Officers

The Director appoints a Committee Chair. The Committee Chair selects a Vice-Chair from among the Committee membership. Officers serve in their capacity until a successor is appointed.

Chair

Duties of the Chair include ratifying the bylaws and any amendments; presiding over meetings of the Committee; assisting with development of the Committee agenda, programs, and other materials; reporting to the Director on Committee activities and decisions; appointing ad hoc temporary advisory groups and serving as an ex-officio member of all advisory groups.

Vice Chair

The Vice-Chair will carry out the duties of the Chair when the Chair is absent.

Operations

Open Public Meetings

Committee meetings are public meetings and conducted in an open and transparent manner in accordance with the Open Public Meetings Act (OPMA), RCW 42.30. Executive sessions are permissible during regular or special meetings to consider proprietary or confidential nonpublished information when conducted according to the OPMA.

Accessibility

To ensure Committee members or members of the public who have disabilities an equal opportunity to participate, meetings should be held in wheelchair accessible locations, with qualified sign language interpreters, materials in accessible formats such as braille, large print and tape, and other forms of auxiliary aids provided upon request.

Meeting Frequency

Meetings are likely to be quarterly, but occur at least twice a year and at other times at the discretion of the Chair or the Director. Meetings shall be held at a time and place determined by the Chair and Director to be sufficient to conduct the business of the agenda.

Quorum

A quorum is defined as fifty percent plus one of the Committee membership (presence either in person or by conference call). No decisions can be put forward to the Committee or voted upon unless there is a quorum, except to fix a time for adjournment, adjourn, recess, or take measures to obtain a quorum (such as contacting absent members).

Voting

Business of the Committee shall be transacted by a motion or resolution made by any voting member, that is present, and shall require a second. Each member, that is present, has one vote and a simple majority of those voting shall be required for all matters.

Recusal

Members of the Committee must recuse themselves if a material conflict exists related to a matter before the Committee. A member who has recused themselves from a health technology topic is considered present for the purposes of establishing a quorum and may, at the chair's discretion and based on the nature of the conflict, participate in discussion but not vote on the topic. A member who

has recused themselves from voting may not make a motion, draft criteria, or vote. If the Chair has recused, it is at the discretion of the vice-chair to determine if they may participate in the discussion.

Members are required to adhere to the ongoing conflict of interest disclosure requirements.

Reporting

The Committee will report through the Chair to the Director or the Director's designee.

Appendix A – Definitions

The following definitions are contained in the authorizing legislation and regulations and have the same meaning, as now adopted, or hereafter amended. RCW §70.14.110 and WAC §182-55-010.

1. "Director" means the Director of the Washington State Health Care Authority (HCA) under chapter 41.05 RCW.
2. "Advisory Group" means a group established under RCW 70.14.110(2)(c).
3. "Committee" means the Health Technology Clinical Committee established under RCW 70.14.090.
4. "Coverage determination" 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. "Health technology" 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.
6. "Participating agency" means the department of Social and Health Services, the state Health Care Authority, and the department of Labor and Industries.
7. "Reimbursement determination" means a determination to provide or deny reimbursement for a health technology included as a covered benefit in a specific circumstance for an individual patient who is eligible to receive health care services from the state purchased health care program making the determination.
8. "Health technology assessment" means a report produced by a contracted evidence-based practice center as provided for in RCW70.14.100(4) that is based on a systematic review of evidence of a technology's safety, efficacy, and cost-effectiveness.

The following additional definitions are applicable to these bylaws:

9. "Safety" means avoidance of harm or errors.
10. "Efficacy" means that the health technology produces the intended results and the expected benefits outweigh potential harmful effects under either ideal circumstances or real world clinical settings.
11. "Cost-effectiveness" means the health benefits and harms relative to costs gained by using a health technology, as compared to its alternatives (including no intervention); an efficient use of resources, cost-effectiveness does not necessarily mean lowest price.
12. "Evidence-based" means the objective, ordered, and explicit use of the best available evidence when making a coverage or reimbursement determination. Greatest weight is given 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. Additional evidentiary valuation factors such as recency (date of information); relevance (the applicability of the information to the key questions presented or participating agency programs and clients); and bias (conflict of interest or political considerations) may also be considered.