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ENGROSSED SUBSTITUTE SENATE BILL 5290

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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 shall  
6 select the members from the nominations provided by statewide clinical  
7 groups, specialties, and associations, including but not limited to the  
8 following: Family or general practice, orthopedics, neurology,  
9 neurosurgery, general surgery, physical medicine and rehabilitation,  
10 psychiatry, internal medicine, osteopathic, pain management, and  
11 occupational medicine. At least two members must be physicians who are  
12 recognized for expertise in evidence-based medicine. The director may  
13 choose up to two additional members, not necessarily from the  
14 nominations submitted, who have expertise in occupational medicine.

15 (3) The advisory committee shall choose its chair from among its  
16 membership.

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

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

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

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

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

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

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

9 (10) The workers' compensation advisory committee may request that  
10 the industrial insurance medical advisory committee consider specific  
11 medical issues that have arisen multiple times during the work of the  
12 workers' compensation advisory committee. The industrial insurance  
13 medical advisory committee is not required to act on the request.

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

16 (1) The department shall establish an industrial insurance  
17 chiropractic advisory committee. The industrial insurance chiropractic  
18 advisory committee shall advise the department on matters related to  
19 the provision of safe, effective, and cost-effective chiropractic  
20 treatments for injured workers. The industrial insurance chiropractic  
21 advisory committee may provide peer review and advise and assist the  
22 department in the resolution of controversies, disputes, and problems  
23 between the department and the providers of chiropractic care.

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

30 (3) The advisory committee shall choose its chair from among its  
31 membership.

32 (4) The members of the advisory committee and any ad hoc group or  
33 subcommittee: (a) Are immune from civil liability for any official  
34 acts performed in good faith to further the purposes of the committee;  
35 and (b) may be compensated for participation in the work of the  
36 committee in accordance with a personal services contract to be

1 executed after appointment and before commencement of activities  
2 related to the work of the committee.

3 (5) The members of the advisory committee shall disclose all  
4 potential financial conflicts of interest including contracts with or  
5 employment by a manufacturer, provider, or vendor of health  
6 technologies, drugs, medical devices, diagnostic tools, or other  
7 medical services during their term or for eighteen months before their  
8 appointment. As a condition of appointment, each person must agree to  
9 the terms and conditions regarding conflicts of interest as determined  
10 by the director.

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

15 (7) The advisory committee shall coordinate with the state health  
16 technology assessment program and state prescription drug program as  
17 necessary. As provided by RCW 70.14.100 and 70.14.050, the decisions  
18 of the state health technology assessment program and those of the  
19 state prescription drug program hold greater weight than decisions made  
20 by the department's industrial insurance chiropractic advisory  
21 committee under Title 51 RCW.

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

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

26 NEW SECTION. **Sec. 3.** The director and the advisory committees  
27 shall report to the appropriate committees of the legislature on the  
28 following:

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

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

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

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

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

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

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