

Health Technology Clinical Committee

Date: January 17, 2020
Time: 8:00 am – 12:35 pm
Location: SeaTac Conference Center, SeaTac, WA
Adopted: May 15, 2020

Meeting materials and transcript are available on the [HTA website](#).

HTCC Minutes

Members present: John Bramhall, MD, PhD, Janna Friedly, MD; Chris Hearne, BSN, DNP, MPH; Austin McMillin, DC; Laurie Mischley, ND, MPH, PhD; Sheila Rege, MD MPH; Seth Schwartz, MD, MPH; Mika Sinanan, MD, PhD; Kevin Walsh, MD; Tony Yen, MD

Clinical expert: Edith Cheng, MD

HTCC Formal Action

- 1. Call to order:** Dr. Rege, chair, called the meeting to order; members present constituted a quorum.
- 2. HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, a high-level overview of the HTA program, how to participate in the HTCC process, and up-coming topics.
- 3. November 22, 2019 meeting minutes:** Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Ten committee members approved the November 22, 2019 meeting minutes.

Hip surgery for femoroacetabular impingement syndrome (FAI) draft findings and decision: The committee reviewed one comment received on the draft coverage decision.

Action: Ten committee members voted hip surgery for femoroacetabular impingement syndrome is not a covered benefit.

Whole exome sequencing (WES) draft findings and decision: Following direction from the November 22, 2019 meeting the committee reviewed recommended language for a draft determination. The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare NCD for WES. The committee checked for availability of clinical guidelines identified for WES. No clinical practice guidelines were identified specific to diagnostic testing with WES.

Action: Ten committee members voted to cover with conditions whole exome sequencing.

- 4. Cell-free DNA prenatal screening for chromosomal aneuploidies:**

Clinical expert: The chair introduced Edith Cheng, MD, Vice Chair, Department of Obstetrics and Gynecology, University of Washington, Seattle, WA

Agency utilization and outcomes: Shana Johnson, MD, Clinical Quality Care Transformation, Health Care Authority, presented the state agency perspective on cell-free DNA prenatal screening for chromosomal

Final

aneuploidies. Find the full presentation published with the [January 17, meeting materials](#).

Scheduled and open public comments: Chair called for public comments. Comments provided by:

- Daniel Grosu, MD, Illumina, Sequenom, Coalition for Access to Prenatal Screening
- Ashley Svinson, MD, Myriad Genetics
- Claire Clark, MD, Integrated Genetics
- Ken Schneider, Tri-cities Community Health
- Kimberly Martin, MD, Natera

Find all public presentations published with the [January 17, meeting materials](#).

Vendor report/HTCC question and answers: Valerie King, MD, MPH, Oregon Health Sciences University, Center for Evidence-based Policy presented the evidence review for Cell-free DNA prenatal screening for chromosomal aneuploidies. Find the full report published with the [January 17, meeting materials](#).

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on cell-free DNA prenatal screening for chromosomal aneuploidies is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of the test, considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover cell-free DNA prenatal screening for chromosomal aneuploidies for children and adults.

	Not covered	Covered under certain conditions	Covered unconditionally
Cell-free DNA prenatal screening for chromosomal aneuploidies	0	2	8

Discussion

The committee reviewed and discussed the available information and limitations of the evidence base. A majority of committee members found the evidence sufficient to determine that cell-free DNA prenatal screening for chromosomal aneuploidies is more effective in some scenarios and equally safe to other similar tests. In drafting the conditions for coverage, the committee recognized a need for more information and refinement of the proposed coverage criteria. Agency staff were directed to compile the information and provide the committee a draft for consideration at the next meeting scheduled for January 17, 2020.

Limitations

N/A

Action

As noted the committee chair directed agency staff to prepare additional information for the proposed conditional criteria for cell-free DNA prenatal screening for chromosomal aneuploidies to be considered by the committee at the next meeting.

5. Meeting adjourned