DEPARTMENT OF LABOR AND INDUSTRIES
INDUSTRIAL INSURANCE MEDICAL ADVISORY COMMITTEE
BYLAWS

The Industrial Insurance Medical Advisory Committee (IIMAC or the Committee), its officers, members and any subcommittees acting on behalf of the Committee shall recognize, observe and be bound by the provisions of Title 51 (as amended by Chapter 282, Laws of 2007), WAC 296-20-01001, 296-20-02704, 296-20-02705 and these Bylaws, as adopted or as may be hereafter amended. The bylaws shall become effective upon approval in writing by the Department of Labor and Industries.

A. NAME:

This entity shall be known as the Industrial Insurance Medical Advisory Committee (IIMAC or Committee).

B. AUTHORITY TO ACT:

The Committee is formed pursuant to Title 51 (as amended by Chapter 282, Laws of 2007) to advise the department on matters related to the provision of safe, effective and cost-effective healthcare for injured workers.

The Committee is an advisory committee established by the Department to aid in the development of practice guidelines and coverage criteria, review of coverage decisions and technology assessments, review of medical programs, and review of rules pertaining to health care issues and other issues related to the provision of goods and services to injured workers as approved by the Department and Committee.

C. PURPOSE OF BYLAWS:

It is the purpose of the bylaws to establish a framework for the work of the Committee; to provide for selection of a chair, vice chair and such other officers as the Committee may determine; to create subcommittees as may
be necessary; to establish regular times and places for meetings of the Committee; and, to review, consider and act upon any matters deemed by it to be necessary to the administration of the Committee.

1) Procedures for appropriate consideration of medical, technological, and coverage issues presented by the Department, the State Health Technology Assessment Program, the State Prescription Drug Program or other comparable entities, for consideration and recommendation, if appropriate;

2) Procedures for appropriate consideration of requests from legislative bodies and the Workers Compensation Advisory Committee as cited in RCW 51.36 (as amended by Chapter 282, Laws of 2007).

3) Procedures to evaluate the safety, efficacy, effectiveness and cost effectiveness of a given healthcare related service, technology and/or a statute, rule or practice guideline.

4) Procedures that guide the development of recommendations which may be considered by the Department for approval/adoPTION which may become the basis for making industrial insurance claim decisions; and,

5) A protocol for deciding when additional information or evidence is necessary for the work of the Committee and procedures for collection of additional information.

D. THE OBJECTIVES AND PURPOSE OF THE INDUSTRIAL INSURANCE ADVISORY COMMITTEE:

The Committee is an independent advisory committee appointed by the Department's Director as directed in WAC 296-20-01001 (1) (a) – (e).

The objectives and purpose of this Committee include but are not limited to:

1) Provide peer review and advice;

2) Assist the Department in the resolution of controversies, disputes, and issues between the department and medical providers. Upon Department request, the Committee shall:

a) Review and advise the Department on:
i) Coverage decisions based on the best available scientific evidence;

ii) Practice guidelines for covered services based on the best available scientific evidence and the expert opinion of a consensus of the Committee. Practice guidelines may be used for provider education, utilization review criteria, and for making industrial insurance claim decisions;

iii) Criteria related to definitions of quality of care and patterns of harmful care; and

iv) Issues related to emerging clinical conditions and related scientific evidence.

b) Form subcommittees for the purpose of advising the Committee on approved topics as the Committee deems necessary and as approved by the Department. The Committee may request the department make available content experts to assist the subcommittee in developing recommendations for the Committee’s consideration.

c) Coordinate as necessary with the State Health Technology Assessment Program, the State Prescription Drug Program, or other comparable entities.

E. COMMITTEE APPLICATION FOR MEMBERSHIP

1) Application Process

a) To be considered for appointment to the Committee, applicants must complete and submit the Nomination for Committee Membership form, to include the Conflict of Interest Disclosure form. Members must keep the Conflict of Interest Disclosure form current and provide updated information whenever circumstances change.

2) Qualifications for Appointment

a) Appointment to the Committee shall be made by the Department’s Director from a list of nominations provided by statewide clinical groups, specialties, and associations as provided by Title 51 (as amended by Chapter 282, Laws of 2007).
b) Nominees must demonstrate knowledge and expertise in one or more of the following:
   i) Family or general practice;
   ii) Orthopedics;
   iii) Neurology;
   iv) Neurosurgery;
   v) General Surgery;
   vi) Physical Medicine and Rehabilitation
   vii) Psychiatry;
   viii) Internal Medicine
   ix) Osteopathic Medicine
   x) Pain Management; and
   xi) Occupational Medicine.

c) Nominees shall possess a license to practice medicine in the State of Washington.

d) Nominees shall have an active medical practice, with a majority of the practice occurring within the State of Washington.

e) Nominees must be members in good standing with any applicable agencies, boards, professional licensing boards or commissions.

F. REQUIREMENTS FOR MEMBERSHIP IN THE INDUSTRIAL INSURANCE MEDICAL ADVISORY COMMITTEE:

1) All Committee members shall:
   a) Enter into and maintain a personal services contract with the Department at the time of their appointment to the Committee and shall act in accordance with all of its terms and conditions;
   b) Be actively practicing in their clinical area of expertise throughout the entire term of their appointments;
   c) Maintain an active license to practice medicine or osteopathy in the State of Washington throughout the entire term of their appointment;
d) Maintain good standing with any applicable agency, board, professional licensing board or commission throughout the entire term of their appointment;
e) Maintain a current Conflict of Interest Disclosure form and abide by all terms of the Conflict of Interest Addendum. Failure to adhere to the Conflict of Interest Addendum may result in a recommendation by the Chair to the Director for termination of the appointment;
f) Not be an employee of the Department;
g) Not use the name of the Committee in any publication, meeting, negotiation, or promotion without written prior approval of the Department;

2) All members of the Committee serve at the pleasure of the Department.

G. APPOINTMENT PERIOD:
1) Nominees shall be appointed to a term of one, two or three years, in order for board membership to be staggered. Terms will not exceed three years.
2) A member may be automatically re-appointed to additional terms, not to exceed six years total. Thereafter, a member may be re-nominated for re-appointment by his or her statewide clinical group, specialty group, and/or association for up to an additional three years.
3) Vacancies occurring on the Committee shall be filled by the Director from a nomination roster of at least two persons provided by the statewide clinical group, specialty group and/or association for which the vacancy was representing.
4) If a vacancy occurs due to termination of a member during the term of his or her appointment, the replacement’s initial appointment may be only for the remainder of the term of the vacant position.

H. REMOVAL OF MEMBERS:
1) Members of the Committee serve at the pleasure of the Director. Termination of appointment may result from any of the following:
I. Compensations

Members of the Committee and any duly established subcommittees will be compensated for participation in the work of the Committee in accordance with a personal services contract to be executed after appointment and prior to commencement of activities related to the work of the Committee.

J. Duties of Industrial Insurance Medical Advisory Committee Members:

The duties of the Committee members include:

1) To advise the Department in all matters related to the provision of safe, effective and cost effective treatments for injured workers, including but not limited to the development of practice guidelines and coverage criteria, review of coverage decisions and technology assessments, review of medical programs, and review of rules pertaining to healthcare issues.

2) To establish procedures the Committee deems necessary to conduct evidence based reviews.

a) Referral by the Chair to the Director for just cause shown;

b) Failure to disclose a conflict of interest and complete an annual Conflict of Interest Disclosure form;

c) Failure to abide by all terms of the Conflict of Interest Addendum to these Bylaws;

d) Loss of license to practice medicine or osteopathy in the State of Washington;

e) Failure to abide by statute, rules, bylaws of the Committee;

f) Failure to maintain good standing with any applicable agency, board, professional licensing board or commission throughout the entire term of their appointment; or

g) Failure to regularly attend meetings of the Committee.
3) To participate fully in issue discussions and to always remember that the
safety and well being of the workers of the State are at the core of the
discussion.

4) To inform the Committee immediately of any possible conflict of interest
that may arise in regard to a specific technology, medical service, or
coverage topic discussion. Committee members functioning as a provider
or being reimbursed as a provider in the L&I system does not, by itself,
constitute a conflict of interest.

5) To graciously accept the Chair, the Committee, or Director's finding that a
conflict of interest does exist and to recuse oneself from the discussion and
vote if necessary.

6) To regularly attend meetings of the Committee.

K. SCIENTIFIC BASIS for ADVICE

1) The Committee shall consider the best available scientific evidence, the
expert opinion of Committee members, and experts or consultants
identified by the Committee, when providing advice and recommendations
to the department related to coverage decisions, policies, or rules.

2) The Committee shall recommend coverage criteria based on existing rules
(WAC 296-20-02704) and on careful evaluation of the best available
evidence at the time of the review.

3) "Best available scientific evidence" means reports and studies published in
peer-reviewed scientific and clinical literature. The best evidence will be
from studies designed to minimize potential bias and which are most
applicable to the Washington State injured worker population. The
Committee shall consider the methodology and rigor of the literature
identified as well as the quality of publication source.

4) The Committee shall, when considering the best scientific evidence, give
greatest weight to the most rigorously designed studies.

5) The Committee shall consider the strength of study design based upon
scientifically accepted methodology principles including randomization,
blinding, and appropriateness of outcomes, spectrum of cases and 
controls and statistical power to detect meaningful differences. Additional 
weight will be given to studies that focus on sustained health and 
functional outcomes of workers with occupational conditions.

6) The Committee shall consider the experience of the Department and may 
consider data from the Department, other state or federal agencies or 
other insurers.

7) The Committee shall provide transparent documentation of the scientific 
basis for advice it provides to the Department including:
   a) Explanations of the overall strengths and weaknesses of the best 
available scientific evidence, expert opinion and other evidence 
considered by the Committee.
   b) Identification and explanation of any apparent conflict between the 
Committee’s practice guidelines or advice and existing practice 
guidelines, medical community opinion, or policies of the Department 
or other state agencies.

L. OFFICERS:

1) A Chair and a Vice Chair, selected by the members, shall manage the 
Committee and such other Officers as are deemed necessary to 
administer the affairs of the Committee.

2) The term of office shall be for two years beginning on January 1st of the 
year following selection.

3) Each officer shall hold office until a successor is duly elected.

4) The officers of the Committee shall fulfill the following functions:
   a) Chair: The Chair shall be the principal executive officer of the 
Committee and shall generally supervise and control the Committee’s 
business. The Chair may recommend appointment of other officers 
and subcommittees to the Department, as he or she deems 
appropriate. The Chair shall:
   i) Preside at all meetings of the Committee;
ii) Serve as an ex-officio member of all subcommittees;

iii) Prepare recommendations to the Director for removal of a Committee member(s), subcommittee member(s) or a hired expert(s) for good cause shown, should it become necessary.

b) Vice Chair: The Vice Chair shall perform all duties of the Chair in the absence of the Chair or when the Chair is unable to act. When so acting, the Vice Chair shall have all of the powers and be subject to all of the restrictions of the Chair. The Vice Chair shall perform such other duties as may be assigned by the Chair or the Department and may act as the designee of the Chair as a member of any subcommittee.

5) Any officer selected or appointed by the Committee may be removed by a majority vote of the full Committee whenever in its judgment the best interests of the Committee would be served.

6) The Chair and the Vice Chair should not be employed by the same entity.

7) The Committee should select officers from different regions of the state whenever possible.

8) In the absence of both the Chair and the Vice Chair and when a quorum of Committee members are present, an acting Vice Chair shall be appointed by a majority of the Committee present at that meeting and shall preside at that meeting of the Committee.

9) If a vacancy occurs in the office of Chair due to death, resignation, removal, disqualification or other act of the Committee or the Department, the Vice Chair shall automatically fill such vacancy until a successor is elected at the next regularly scheduled meeting. If a vacancy occurs in the office of Vice Chair, a new Vice Chair shall be elected by a majority vote of the members for the remainder of the term.

10) All elections of officers shall be held before the last meeting of the calendar year, if an election is required.

11) All elections of officers shall be conducted by written ballot.
M. CONSENSUS, VOTING AND QUORUM:

The Committee members shall act in good faith to reach consensus when working to develop final recommendations to the Department.

1) Consensus

a) The Committee and all subcommittees shall utilize a consensus seeking process when deciding what advice or recommendation to give to the Department. Resources for consensus seeking are provided in the Committee Members Manual.

b) The Chair of the Committee or designee shall facilitate using the consensus seeking process.

c) When the Chair determines that consensus cannot be achieved among the quorum present, the Chair can either refer the discussion to a subcommittee for further review, ask that the discussion be moved to the next agenda, or can call for a vote.

2) Voting

a) If after all deliberate effort a consensus cannot be achieved, the Committee may offer a motion for a vote.

b) The presence of one-half plus one of the membership shall constitute a quorum.

c) A simple majority of the quorum shall be required for all voting matters. A majority of the quorum must vote in favor of a motion in order for the motion to be adopted.

d) When a member must recuse himself or herself from acting on any matter, that person will not count for purposes of determining a quorum. Thus, if eight of fourteen members are present at a meeting where a vote is scheduled to occur and one member cannot participate, a quorum is not present.
When a quorum is present, the acts of the majority of the Committee members present shall be the acts of the Committee in all voting matters.

Members must be present to vote. Members are considered present when they appear in person or via real time tele/video communications at the moment of the vote.

N. MEETINGS OF THE INDUSTRIAL INSURANCE MEDICAL ADVISORY COMMITTEE:

1) The Committee shall meet at least quarterly and may meet at other times by recommendation of the Chair and at the discretion of the Department.

2) Committee and all subcommittee meetings shall in all respects comply with the provisions of the Open Public Meetings Act, chapter 42.30 RCW, and shall be subject to the provisions of the Administrative Procedure Act, chapter 34.05 RCW, as applicable.

3) Meetings shall be held at such time and place as the Committee Chair and the Department determines in order to conduct all business deemed necessary for the administration of the Committee.

4) At each meeting, the Committee shall review the status of all business before the Committee, and shall review and act upon outstanding issues.

5) Advance notice of all meetings, both regular and special, of the Committee will be published in the Washington State Register and will be provided to interested parties. Persons interested in receiving information about meetings shall be encouraged to provide electronic addresses or information regarding such other means of receiving notice as may be determined to be appropriate by the Department.

6) Notice of the time and manner of any meeting may be given orally, or by telephone to the office, residence or normal place of business of each Committee member at least two days prior to the time of such meeting. Such notice shall be sufficient for all purposes.
7) The Department staff person assigned to provide assistance to the Committee shall cause minutes of the Committee’s deliberations to be kept.

8) Meetings of the Committee may be held by means of a conference telephone or similar communication equipment, by which all persons participating in the meeting can hear each other at the same time, and participation by such means shall constitute the presence of a person at a meeting and shall be noted on the Committee minutes.

O. STAFF ASSISTANCE:

1) Staff assistance to the Committee will be provided by Department employees, independent contractors employed by the Department for this purpose, or such other supporting staff as the Director may deem appropriate or necessary to assure that the mission of the Committee is carried out.

2) Staff assistants shall cause all votes of all proceedings to be recorded and to be available to the public, upon request.

3) Staff shall:
   a) Give or cause to be given, notice of all meetings, including publication in the *Washington State Register*, to all members of the Committee and such parties who have advised staff of their interest in the activities and meetings of the Committee;
   b) Act as custodian of the records of the Committee;
   c) Keep a register of the address of each member, maintain a record of the names of members entitled to vote, and provide public access to all such records;
   d) Assist Committee members to complete reports of expenses, as may be required for reimbursement by the state and keep accurate accounts of such reports;
e) Make every effort to ensure any materials required for committee action are provided at least five days in advance of a Committee meeting; and
f) Perform such other duties as may be prescribed by the Committee, the Department, or the Director.

P. CONTRACTS:
1) The Committee does not have the authority to enter into contracts, but may recommend that the Department enter into such contracts as are necessary to carry out the provisions and purposes of the Act or the work of the Committee. Such contracts may include engagements of independent legal, actuarial, clinical, scientific or other consultants.
2) The Committee may suggest necessary or desirable corrections, improvements or additions to any such contract.

Q. SUBCOMMITTEES:
1) The Chair may recommend to the Department the establishment of one or more duly established subcommittees.
2) The Chair shall designate two or more Committee members to serve on each duly appointed subcommittee and shall designate one Committee member to serve as the Chair of the subcommittee.
3) Such other persons as may be recommended by the Chair and designated by the Department may serve on any subcommittee. The focus of the Chair shall be on recommending person(s) who will contribute expertise to the subcommittee’s work.
4) No subcommittee shall have authority to amend, alter, or repeal these bylaws, adopt any action contrary to the Committee, or remove any member or take any action on behalf of the Committee or the state of Washington.
5) The designation and appointment of any subcommittee and the delegation thereto of any authority of the Committee shall not operate to relieve the
R. COUNSEL TO THE COMMITTEE:
The Assistant Attorney General providing general legal advice to the
Department will provide general legal assistance to the Committee.

S. IMMUNITY:
The members of the Committee and any subcommittee are immune from civil
liability for any official acts performed in good faith to further the Industrial
Insurance Medical Advisory Committee pursuant to WAC 296-20-01001.

T. CHANGES TO BYLAWS:
1) The Committee may vote to alter, amend or repeal these by-laws.
2) Votes to alter, amend or repeal these by-laws shall not be taken at the
meeting during which the changes to the by-laws are proposed.
3) The Chair shall notify all Committee members at least ten days in advance
of any meeting at which a vote on a motion to change the by-laws will be
taken. The notice shall be in writing, and shall include the text of the
proposed changes that will be voted upon. A fair opportunity for discussion
of the proposed changes shall be provided before a vote on the proposed
changes is taken.
4) A quorum must be present and the affirmative vote of 75% of all
Committee members present is required for passage of a proposed
alteration, amendment, or repeal of these by-laws.
No alteration, amendment, repeal of these by-laws shall be effective until it is
approved by the Department in writing. Any amendment or alteration to these
by-laws must be in conformity with all applicable state and federal laws and
administrative regulations.
U. TERMINATION:
The Committee shall continue in existence subject to termination in accordance with requirements of laws of the state of Washington or action of the Department. In case of termination, to the extent consistent with such laws or consistent with the action of the Department, the Committee shall continue operating only to the extent necessary to orderly complete the work of the Committee.

V. Report to Legislature
The Chair shall participate in the development and presentation of a report to the appropriate committees of the legislature in regard to the activities of the Committee. The report is due no later than June 30, 2011. The report shall include the following:

1) A summary of the types of issues reviewed by the Committee and the recommendations in regard to each issue;

2) A summary of any disputes or controversies and the outcome of their resolution as a result of the Committee’s involvement;

3) A summary of the peer reviews conducted and the outcome of the review;

4) A summary of any practice guidelines or coverage criteria recommendations developed by the Committee, to include the success of the recommendations;

5) A summary of any advice provided by the Committee in regard to coverage decisions and technology assessments; and,

6) A recommendation as to the continuance or dissolving of the Committee.
W. EFFECTIVE DATE:
These Bylaws shall be effective the date of adoption by the Committee and approval by the Department, and shall terminate at termination of the Committee.

These Bylaws of the Industrial Insurance Medical Advisory Committee were duly adopted at the meeting of the Industrial Insurance Medical Advisory Committee on the 24 day of October, 2013.

Signed: ________________________________

, Chair Date:

These Bylaws of the Industrial Insurance Medical Advisory Committee was approved by the Department of Labor and Industries on the _______ day of ____________, ________.

By:

______________________________

Joel Sacks, Director Department of Labor and Industries
DEPARTMENT OF LABOR AND INDUSTRIES
INDUSTRIAL INSURANCE MEDICAL ADVISORY COMMITTEE

Conflict of Interest Disclosure Addendum

This conflict of interest disclosure addendum is designed to ensure that the Committee Chair, members and Department have full knowledge of external influences that may exist when considering an issue or review or other action that may come before the Committee.

A member who self identifies a potential conflict of interest can offer to recuse himself or herself or may request a determination from the Committee Chair and/or the Department. When the Department is considering a potential conflict of interest, the Ethics in Public Service Act, Chapter 42.52 RCW shall be the resource utilized for determination.

A. NOMINEES TO THE COMMITTEE

1) Nominees must disclose all financial relationships with a manufacturer, provider, or vendor of health technologies, medical devices, diagnostic tools, and medications at the time of application or within the most recent eighteen months.

2) All nominees shall complete a Conflict of Interest Disclosure form (COI) disclosure form as part of the appointment process.

B. COMMITTEE AND/OR SUBCOMMITTEE MEMBERS

1) Committee members shall update their Conflict of Interest Disclosure statements annually, by July 1st of each year, and within 15 working days of any change or prior to the next meeting, whichever occurs first. All members acknowledge the importance of notifying their fellow Committee members of any potential conflict of interest prior to participation in consideration of an issue or review or other action of the Committee.

2) The Chair or the Department may ask a member with a conflict of interest to participate in the discussion as an expert on the subject under
consideration. The member may not participate in the consensus process
or cast a vote when acting as an expert.

Notwithstanding any determination by the Executive Ethics Board or other
tribunal, the department may, in its sole discretion, terminate membership
if it is found after due notice and examination that there is a violation of the
Ethics in Public Service Act; or any similar statute involving the member.

C. EXPERT ASSISTANCE – COMPENSATED OR UNCOMPENSATED

Prior to offering expert testimony to the Committee, non-members must
complete a Conflict of Interest Disclosure form and accurately disclose any
conflict of interest prior to consideration as an expert to a topic under review
by the Committee and/or subcommittee. The Chair or the Department may
ask a non-member with a conflict of interest to participate in the discussion as
an expert on the subject under consideration. Failure to accurately disclose
any conflict of interest may result in termination of a personal services
contract.