

# DRAFT RULE FOR CLINICAL EVIDENCE ADVISORY COMMITTEE

## **8.019 CLINICAL EVIDENCE ADVISORY COMMITTEE**

### **8.019.1 Definitions**

8.019.1.A. Department means the Department of Health Care Policy & Financing

### **8.019.2 Scope**

8.019.2.A. The Clinical Evidence Advisory Committee (CEAC) will serve in an advisory capacity to the Department.

1. The Department will provide the CEAC with clinical evidence and/or evidence-based reviews and questions regarding investigational, experimental, or impactful clinical services and/or supplies.
2. The CEAC will consider the materials provided and provide guidance to the Department on the quality of the evidence available and the clinical safety, efficacy, medical necessity, and utility of the clinical services and/or supplies under consideration and who would most appropriately benefit from the clinical services and/or supplies under consideration.
  - a. If the available clinical evidence is not sufficient, the CEAC will make a recommendation to the Department that the clinical service and/or supply remain investigational or non-covered. The CEAC may make this recommendation for some or all of the populations that would be eligible to use a particular service or supply.
3. The Department will consider all CEAC recommendations in its evaluation of coverage determinations for these services and supplies, but will not be bound by those recommendations.
4. The CEAC will engage in any other activities as designated by the Department.

### **8.019.3 Membership**

8.019.3.A. CEAC members must be clinicians with a medical license in good standing with the Colorado Department of Regulatory Agencies, as defined at 3 CCR § 713-39:285.

8.019.3.B. CEAC members must currently serve Medicaid members.

8.019.3.C. The CEAC will be composed of at least the following seventeen members:

1. Four primary care physicians;
  - a. At least one of the four will be a Doctor of Osteopathic Medicine (DO).
  - b. At least one of the four will practice in a rural (non-urban) area.
2. Two pediatricians;
  - a. At least one of the two will practice in a specialty within pediatrics.

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3. One physical medicine and rehabilitation specialist;
4. One obstetrician-gynecologist;
5. One behavioral health specialist;
6. One pharmacy specialist;
7. One emergency medicine clinician;
8. One chronic pain specialist;
9. Two clinicians practicing in specialties not already represented in section 8.019.3.C.1-8;
10. The Chief Medical Officer of one Regional Accountable Entity;
11. The Department's Chief Medical Officer, serving as Co-Chair; and
12. The Department's Medicaid Director, serving as Co-Chair.

8.019.3.C. The Department's Chief Medical Officer, Chief Nursing Officer, or their designee will evaluate applications for membership on the CEAC.

8.019.3.D. The Department may approve the participation of outside subject matter experts or contractors if additional expertise is needed for the CEAC to evaluate specific supports or services.

1. Subject matter experts must:
  - a. Disclose all conflicts of interest to the Department's Chief Medical Officer; and
  - b. Be approved by the Department's Chief Medical Officer, or their designee, before participating as a CEAC subject matter expert.
2. Contractor participation will be established through contract.

## **8.019.4 Meetings**

8.019.4.A. Meetings must be conducted in person or via webinar, as determined by the Department, and will be open to the public.

8.019.4.B. Meetings will be held every other month.

8.019.4.C. CEAC members or the Department may recommend removal of a CEAC member who is unable to attend a majority of CEAC meetings, with the final determination to be made by the Department.

8.019.4.D. Stakeholders may submit comments for consideration by the CEAC.