

ESSB 5557 - H COMM AMD

By Committee on Health Care & Wellness

NOT ADOPTED 4/14/2015

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
4 RCW to read as follows:

5 For health plans issued or renewed on or after January 1, 2017,
6 benefits shall not be denied for any health care service performed by
7 a pharmacist licensed under chapter 18.64 RCW if (1) the service
8 performed was within the lawful scope of such person's license; (2)
9 the plan would have provided benefits if the service had been
10 performed by a physician licensed under chapter 18.71 or 18.57 RCW,
11 an advanced registered nurse practitioner licensed under chapter
12 18.79 RCW, or a physician's assistant licensed under chapter 18.71A
13 or 18.57A RCW; and (3) the pharmacist is included in the plan's
14 network of participating providers. The participation of pharmacies
15 in the plan network's drug benefit does not satisfy the requirement
16 that plans include pharmacists in their networks of participating
17 medical providers. This section does not supersede the requirements
18 of RCW 48.43.045.

19 **Sec. 2.** RCW 48.43.045 and 2007 c 253 s 12 are each amended to
20 read as follows:

21 (1) Every health plan delivered, issued for delivery, or renewed
22 by a health carrier on and after January 1, 1996, shall:

23 (a) Permit every category of health care provider to provide
24 health services or care (~~((for conditions))~~) included in the (~~((basic~~
25 ~~health plan services))~~) essential health benefits benchmark plan
26 established by the commissioner consistent with RCW 48.43.715, to the
27 extent that:

28 (i) The provision of such health services or care is within the
29 health care providers' permitted scope of practice; (~~and~~)

30 (ii) The providers agree to abide by standards related to:

31 (A) Provision, utilization review, and cost containment of health
32 services;

1 (B) Management and administrative procedures; and

2 (C) Provision of cost-effective and clinically efficacious health
3 services; and

4 (iii) The plan covers such services or care in the essential
5 health benefits benchmark plan. The reference to the essential health
6 benefits does not create a mandate to cover a service that is
7 otherwise not a covered benefit.

8 (b) Annually report the names and addresses of all officers,
9 directors, or trustees of the health carrier during the preceding
10 year, and the amount of wages, expense reimbursements, or other
11 payments to such individuals, unless substantially similar
12 information is filed with the commissioner or the national
13 association of insurance commissioners. This requirement does not
14 apply to a foreign or alien insurer regulated under chapter 48.20 or
15 48.21 RCW that files a supplemental compensation exhibit in its
16 annual statement as required by law.

17 (2) The requirements of subsection (1)(a) of this section do not
18 apply to a licensed health care profession regulated under Title 18
19 RCW when the licensing statute for the profession states that such
20 requirements do not apply."

21 Correct the title.

EFFECT: Delays the prohibition against a health plan denying
benefits provided by a pharmacist until January 1, 2017. Removes the
requirement that large group market health plans use a definition of
essential health benefits authorized under federal law for purposes
of the Every Category of Provider Law. Requires that only services or
care in the essential health benefits benchmark plan that are covered
by the health plan are subject to the Every Category of Provider Law.

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