

SSB 5557 - S AMD 71

By Senators Parlette, Becker, Frockt

ADOPTED 3/2/2015

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, 2016,
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) For the purposes of this subsection, a health plan
5 delivered, issued for delivery, or renewed for a group other than a
6 small group must use a definition of essential benefits authorized by
7 the federal secretary of the department of health and human services
8 to meet the requirements of P.L. 111-148 of 2010, as amended,
9 including any available benchmark option, supplemented as needed to
10 ensure coverage of all ten statutory categories. The reference to the
11 essential health benefits does not create a mandate to cover a
12 service that is otherwise not a covered benefit.

13 (b) Annually report the names and addresses of all officers,
14 directors, or trustees of the health carrier during the preceding
15 year, and the amount of wages, expense reimbursements, or other
16 payments to such individuals, unless substantially similar
17 information is filed with the commissioner or the national
18 association of insurance commissioners. This requirement does not
19 apply to a foreign or alien insurer regulated under chapter 48.20 or
20 48.21 RCW that files a supplemental compensation exhibit in its
21 annual statement as required by law.

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

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26 On page 1, line 1 of the title, after "pharmacist;" strike the
27 remainder of the title and insert "amending RCW 48.43.045; and adding
28 a new section to chapter 48.43 RCW."

EFFECT: Reinserts a sentence inadvertently lost in the committee
substitute (section 1, page 1, line 14: The participation of
pharmacies in the plan network's drug benefit does not satisfy the

requirement that plans include pharmacists in their networks of participating medical providers.)

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