
ENGROSSED SUBSTITUTE SENATE BILL 5557

State of Washington

64th Legislature

2015 Regular Session

By Senate Health Care (originally sponsored by Senators Parlette, Conway, Rivers, Dammeier, Becker, Frockt, Schoesler, Keiser, Jayapal, Warnick, and Honeyford)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to services provided by pharmacists; amending RCW
2 48.43.045; and adding a new section to chapter 48.43 RCW.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

6 For health plans issued or renewed on or after January 1, 2016,
7 benefits shall not be denied for any health care service performed by
8 a pharmacist licensed under chapter 18.64 RCW if (1) the service
9 performed was within the lawful scope of such person's license; (2)
10 the plan would have provided benefits if the service had been
11 performed by a physician licensed under chapter 18.71 or 18.57 RCW,
12 an advanced registered nurse practitioner licensed under chapter
13 18.79 RCW, or a physician's assistant licensed under chapter 18.71A
14 or 18.57A RCW; and (3) the pharmacist is included in the plan's
15 network of participating providers. The participation of pharmacies
16 in the plan network's drug benefit does not satisfy the requirement
17 that plans include pharmacists in their networks of participating
18 medical providers. This section does not supersede the requirements
19 of RCW 48.43.045.

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

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

5 (a) Permit every category of health care provider to provide
6 health services or care (~~((for conditions))~~) included in the (~~((basic~~
7 ~~health plan services))~~) essential health benefits benchmark plan
8 established by the commissioner consistent with RCW 48.43.715, to the
9 extent that:

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

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

13 (A) Provision, utilization review, and cost containment of health
14 services;

15 (B) Management and administrative procedures; and

16 (C) Provision of cost-effective and clinically efficacious health
17 services; and

18 (iii) For the purposes of this subsection, a health plan
19 delivered, issued for delivery, or renewed for a group other than a
20 small group must use a definition of essential benefits authorized by
21 the federal secretary of the department of health and human services
22 to meet the requirements of P.L. 111-148 of 2010, as amended,
23 including any available benchmark option, supplemented as needed to
24 ensure coverage of all ten statutory categories. The reference to the
25 essential health benefits does not create a mandate to cover a
26 service that is otherwise not a covered benefit.

27 (b) Annually report the names and addresses of all officers,
28 directors, or trustees of the health carrier during the preceding
29 year, and the amount of wages, expense reimbursements, or other
30 payments to such individuals, unless substantially similar
31 information is filed with the commissioner or the national
32 association of insurance commissioners. This requirement does not
33 apply to a foreign or alien insurer regulated under chapter 48.20 or
34 48.21 RCW that files a supplemental compensation exhibit in its
35 annual statement as required by law.

36 (2) The requirements of subsection (1)(a) of this section do not
37 apply to a licensed health care profession regulated under Title 18

1 RCW when the licensing statute for the profession states that such
2 requirements do not apply.

--- END ---