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**ENGROSSED SUBSTITUTE SENATE BILL 5557**

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**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)

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

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

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

For health plans issued or renewed on or after January 1, 2016, benefits shall not be denied for any health care service performed by a pharmacist licensed under chapter 18.64 RCW if (1) the service performed was within the lawful scope of such person's license; (2) the plan would have provided benefits if the service had been performed by a physician licensed under chapter 18.71 or 18.57 RCW, an advanced registered nurse practitioner licensed under chapter 18.79 RCW, or a physician's assistant licensed under chapter 18.71A or 18.57A RCW; and (3) the pharmacist is included in the plan's network of participating providers. 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. This section does not supersede the requirements of RCW 48.43.045.

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

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

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

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

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

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

(B) Management and administrative procedures; and

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

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

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

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

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