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**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)

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. This section does not supersede  
16 the requirements of RCW 48.43.045.

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

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

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

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

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

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

11 (B) Management and administrative procedures; and

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

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

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

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

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