

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 5557

64th Legislature
2015 Regular Session

Passed by the Senate April 16, 2015
Yeas 47 Nays 0

President of the Senate

Passed by the House April 14, 2015
Yeas 93 Nays 4

Speaker of the House of Representatives

Approved

Governor of the State of Washington

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 5557** as passed by Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 5557

AS AMENDED BY THE HOUSE

Passed Legislature - 2015 Regular Session

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; adding a new section to chapter 48.43 RCW; and creating a
3 new section.

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

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

7 (1) For health plans issued or renewed on or after January 1,
8 2017:

9 (a) Benefits shall not be denied for any health care service
10 performed by a pharmacist licensed under chapter 18.64 RCW if:

11 (i) The service performed was within the lawful scope of such
12 person's license;

13 (ii) The plan would have provided benefits if the service had
14 been performed by a physician licensed under chapter 18.71 or 18.57
15 RCW, an advanced registered nurse practitioner licensed under chapter
16 18.79 RCW, or a physician's assistant licensed under chapter 18.71A
17 or 18.57A RCW; and

18 (iii) The pharmacist is included in the plan's network of
19 participating providers; and

20 (b) The health plan must include an adequate number of
21 pharmacists in its network of participating medical providers.

1 (2) The participation of pharmacies in the plan network's drug
2 benefit does not satisfy the requirement that plans include
3 pharmacists in their networks of participating medical providers.

4 (3) For health benefit plans issued or renewed on or after
5 January 1, 2016, but before January 1, 2017, health plans that
6 delegate credentialing agreements to contracted health care
7 facilities must accept credentialing for pharmacists employed or
8 contracted by those facilities. Health plans must reimburse
9 facilities for covered services provided by network pharmacists
10 within the pharmacists' scope of practice per negotiations with the
11 facility.

12 (4) This section does not supersede the requirements of RCW
13 48.43.045.

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

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

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

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

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

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

28 (B) Management and administrative procedures; and

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

31 (iii) The plan covers such services or care in the essential
32 health benefits benchmark plan. The reference to the essential health
33 benefits does not create a mandate to cover a service that is
34 otherwise not a covered benefit.

35 (b) Annually report the names and addresses of all officers,
36 directors, or trustees of the health carrier during the preceding
37 year, and the amount of wages, expense reimbursements, or other
38 payments to such individuals, unless substantially similar
39 information is filed with the commissioner or the national

1 association of insurance commissioners. This requirement does not
2 apply to a foreign or alien insurer regulated under chapter 48.20 or
3 48.21 RCW that files a supplemental compensation exhibit in its
4 annual statement as required by law.

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

9 NEW SECTION. **Sec. 3.** (1) The insurance commissioner shall
10 designate a lead organization to establish and facilitate an advisory
11 committee to implement the provisions of section 1 of this act. The
12 lead organization and advisory committee shall develop best practice
13 recommendations on standards for credentialing, privileging, billing,
14 and payment processes to ensure pharmacists are adequately included
15 and appropriately utilized in participating provider networks of
16 health plans. In developing these standards, the committee shall also
17 discuss topics as they relate to implementation including current
18 credentialing requirements for health care providers consistent with
19 chapter 18.64 RCW, existing processes of similarly situated health
20 care providers, pharmacist training, care coordination, and the role
21 of pharmacist prescriptive authority agreements pursuant to WAC
22 246-863-100.

23 (2) The lead organization shall create an advisory committee
24 including, but not limited to, representatives of the following
25 stakeholders:

- 26 (a) The insurance commissioner or designee;
- 27 (b) The secretary of health or designee;
- 28 (c) An organization representing pharmacists;
- 29 (d) An organization representing physicians;
- 30 (e) An organization representing hospitals;
- 31 (f) A hospital conducting internal credentialing of pharmacists;
- 32 (g) A clinic with pharmacists providing medical services;
- 33 (h) A community pharmacy with pharmacists providing medical
34 services;
- 35 (i) The two largest health carriers in Washington based upon
36 enrollment;
- 37 (j) A health care system that coordinates care and coverage;
- 38 (k) A school or college of pharmacy in Washington;

1 (1) A representative from a pharmacy benefit manager or
2 organization that represents pharmacy benefit managers; and

3 (m) Other representatives appointed by the insurance
4 commissioner.

5 (3) No later than December 1, 2015, the advisory committee shall
6 present initial best practice recommendations to the insurance
7 commissioner and the department of health. If necessary, the
8 insurance commissioner or department of health may adopt rules to
9 implement the standards developed by the lead organization and
10 advisory committee. The advisory committee will remain intact to
11 assist the insurance commissioner or department of health in rule
12 making. The rules adopted by the insurance commissioner or the
13 department of health must be consistent with the recommendations
14 developed by the advisory committee.

15 (4) For purposes of this section, "lead organization" means a
16 private sector organization or organizations designated by the
17 insurance commissioner to lead development of processes, guidelines,
18 and standards to streamline health care administration to be adopted
19 by payors and providers of health care services operating in the
20 state.

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