
HOUSE BILL 1830

State of Washington

54th Legislature

1995 Regular Session

By Representatives Dyer, Dellwo and Morris; by request of Health Services Commission

Read first time 02/10/95. Referred to Committee on Health Care.

1 AN ACT Relating to clarifying the health service commission's
2 definition of health care provider; and amending RCW 43.72.010.

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

4 **Sec. 1.** RCW 43.72.010 and 1994 c 4 s 1 are each amended to read as
5 follows:

6 In this chapter, unless the context otherwise requires:

7 (1) "Certified health plan" or "plan" means a disability insurer
8 regulated under chapter 48.20 or 48.21 RCW, a health care service
9 contractor as defined in RCW 48.44.010, a health maintenance
10 organization as defined in RCW 48.46.020, or an entity certified in
11 accordance with RCW 48.43.020 through 48.43.120.

12 (2) "Chair" means the presiding officer of the Washington health
13 services commission.

14 (3) "Commission" or "health services commission" means the
15 Washington health services commission.

16 (4) "Community rate" means the rating method used to establish the
17 premium for the uniform benefits package adjusted to reflect
18 actuarially demonstrated differences in utilization or cost

1 attributable to geographic region and family size as determined by the
2 commission.

3 (5) "Continuous quality improvement and total quality management"
4 means a continuous process to improve health services while reducing
5 costs.

6 (6) "Employee" means a resident who is in the employment of an
7 employer, as defined by chapter 50.04 RCW.

8 (7) "Enrollee" means any person who is a Washington resident
9 enrolled in a certified health plan.

10 (8) "Enrollee point of service cost-sharing" means amounts paid to
11 certified health plans directly providing services, health care
12 providers, or health care facilities by enrollees for receipt of
13 specific uniform benefits package services, and may include copayments,
14 coinsurance, or deductibles, that together must be actuarially
15 equivalent across plans and within overall limits established by the
16 commission.

17 (9) "Enrollee premium sharing" means that portion of the premium
18 that is paid by enrollees or their family members.

19 (10) "Federal poverty level" means the federal poverty guidelines
20 determined annually by the United States department of health and human
21 services or successor agency.

22 (11) "Health care facility" or "facility" means hospices licensed
23 under chapter 70.127 RCW, hospitals licensed under chapter 70.41 RCW,
24 rural health care facilities as defined in RCW 70.175.020, psychiatric
25 hospitals licensed under chapter 71.12 RCW, nursing homes licensed
26 under chapter 18.51 RCW, community mental health centers licensed under
27 chapter 71.05 or 71.24 RCW, kidney disease treatment centers licensed
28 under chapter 70.41 RCW, ambulatory diagnostic, treatment or surgical
29 facilities licensed under chapter 70.41 RCW, drug and alcohol treatment
30 facilities licensed under chapter 70.96A RCW, and home health agencies
31 licensed under chapter 70.127 RCW, and includes such facilities if
32 owned and operated by a political subdivision or instrumentality of the
33 state and such other facilities as required by federal law and
34 implementing regulations, but does not include Christian Science
35 sanatoriums operated, listed, or certified by the First Church of
36 Christ Scientist, Boston, Massachusetts.

37 (12) "Health care provider" or "provider" means:

38 (a) A person regulated under Title 18 RCW ((and)) or chapter 70.127
39 RCW, to practice health or health-related services or otherwise

1 practicing health care services in this state consistent with state
2 law; or

3 (b) An employee or agent of a person described in (a) of this
4 subsection, acting in the course and scope of his or her employment.

5 (13) "Health insurance purchasing cooperative" or "cooperative"
6 means a member-owned and governed nonprofit organization certified in
7 accordance with RCW 43.72.080 and 48.43.160.

8 (14) "Long-term care" means institutional, residential, outpatient,
9 or community-based services that meet the individual needs of persons
10 of all ages who are limited in their functional capacities or have
11 disabilities and require assistance with performing two or more
12 activities of daily living for an extended or indefinite period of
13 time. These services include case management, protective supervision,
14 in-home care, nursing services, convalescent, custodial, chronic, and
15 terminally ill care.

16 (15) "Major capital expenditure" means any project or expenditure
17 for capital construction, renovations, or acquisition, including
18 medical technological equipment, as defined by the commission, costing
19 more than one million dollars.

20 (16) "Managed care" means an integrated system of insurance,
21 financing, and health services delivery functions that: (a) Assumes
22 financial risk for delivery of health services and uses a defined
23 network of providers; or (b) assumes financial risk for delivery of
24 health services and promotes the efficient delivery of health services
25 through provider assumption of some financial risk including
26 capitation, prospective payment, resource-based relative value scales,
27 fee schedules, or similar method of limiting payments to health care
28 providers.

29 (17) "Maximum enrollee financial participation" means the income-
30 related total annual payments that may be required of an enrollee per
31 family who chooses one of the three lowest priced uniform benefits
32 packages offered by plans in a geographic region including both premium
33 sharing and enrollee point of service cost-sharing.

34 (18) "Persons of color" means Asians/Pacific Islanders, African,
35 Hispanic, and Native Americans.

36 (19) "Premium" means all sums charged, received, or deposited by a
37 certified health plan as consideration for a uniform benefits package
38 or the continuance of a uniform benefits package. Any assessment, or
39 any "membership," "policy," "contract," "service," or similar fee or

1 charge made by the certified health plan in consideration for the
2 uniform benefits package is deemed part of the premium. "Premium"
3 shall not include amounts paid as enrollee point of service cost-
4 sharing.

5 (20) "Qualified employee" means an employee who is employed at
6 least thirty hours during a week or one hundred twenty hours during a
7 calendar month.

8 (21) "Registered employer health plan" means a health plan
9 established by a private employer of more than seven thousand active
10 employees in this state solely for the benefit of such employees and
11 their dependents and that meets the requirements of RCW 43.72.120.
12 Nothing contained in this subsection shall be deemed to preclude the
13 plan from providing benefits to retirees of the employer.

14 (22) "Supplemental benefits" means those appropriate and effective
15 health services that are not included in the uniform benefits package
16 or that expand the type or level of health services available under the
17 uniform benefits package and that are offered to all residents in
18 accordance with the provisions of RCW 43.72.160 and 43.72.170.

19 (23) "Technology" means the drugs, devices, equipment, and medical
20 or surgical procedures used in the delivery of health services, and the
21 organizational or supportive systems within which such services are
22 provided. It also means sophisticated and complicated machinery
23 developed as a result of ongoing research in the basic biological and
24 physical sciences, clinical medicine, electronics, and computer
25 sciences, as well as specialized professionals, medical equipment,
26 procedures, and chemical formulations used for both diagnostic and
27 therapeutic purposes.

28 (24) "Uniform benefits package" or "package" means those
29 appropriate and effective health services, defined by the commission
30 under RCW 43.72.130, that must be offered to all Washington residents
31 through certified health plans.

32 (25) "Washington resident" or "resident" means a person who intends
33 to reside in the state permanently or indefinitely and who did not move
34 to Washington for the primary purpose of securing health services under
35 RCW 43.72.090 through 43.72.240, 43.72.300, 43.72.310, 43.72.800, and
36 chapters 48.43 and 48.85 RCW. "Washington resident" also includes
37 people and their accompanying family members who are residing in the
38 state for the purpose of engaging in employment for at least one month,
39 who did not enter the state for the primary purpose of obtaining health

1 services. The confinement of a person in a nursing home, hospital, or
2 other medical institution in the state shall not by itself be
3 sufficient to qualify such person as a resident.

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