

**RCW 70.390.010 Definitions.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

- (1) "Authority" means the health care authority.
- (2) "Board" means the health care cost transparency board.
- (3) "Health care" means items, services, and supplies intended to improve or maintain human function or treat or ameliorate pain, disease, condition, or injury including, but not limited to, the following types of services:
  - (a) Medical;
  - (b) Behavioral;
  - (c) Substance use disorder;
  - (d) Mental health;
  - (e) Surgical;
  - (f) Optometric;
  - (g) Dental;
  - (h) Podiatric;
  - (i) Chiropractic;
  - (j) Psychiatric;
  - (k) Pharmaceutical;
  - (l) Therapeutic;
  - (m) Preventive;
  - (n) Rehabilitative;
  - (o) Supportive;
  - (p) Geriatric; or
  - (q) Long-term care.
- (4) "Health care cost growth" means the annual percentage change in total health care expenditures in the state.
- (5) "Health care cost growth benchmark" means the target percentage for health care cost growth.
- (6) "Health care coverage" means policies, contracts, certificates, and agreements issued or offered by a payer.
- (7) "Health care provider" means a person or entity that is licensed, certified, registered, or otherwise authorized by the law of this state to provide health care in the ordinary course of business or practice of a profession.
- (8) "Net cost of private health care coverage" means the difference in premiums received by a payer and the claims for the cost of health care paid by the payer under a policy or certificate of health care coverage.
- (9) "Payer" means:
  - (a) A health carrier as defined in RCW 48.43.005;
  - (b) A publicly funded health care program, including medicaid, medicare, the state children's health insurance program, and public and school employee benefit programs administered under chapter 41.05 RCW;
  - (c) A third-party administrator; and
  - (d) Any other public or private entity, other than an individual, that pays or reimburses the cost for the provision of health care.
- (10) "Total health care expenditures" means all health care expenditures in this state by public and private sources, including:
  - (a) All payments on health care providers' claims for reimbursement for the cost of health care provided;
  - (b) All payments to health care providers other than payments described in (a) of this subsection;
  - (c) All cost-sharing paid by residents of this state, including copayments, deductibles, and coinsurance; and

1.] (d) The net cost of private health care coverage. [2020 c 340 §