

582.1 Definitions.

As used in this chapter, unless the context otherwise requires:

1. “*Health plan*” means an individual or group plan that provides, or pays the costs of, medical care as that term is defined in the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 and regulations promulgated thereunder.
2. “*Hospital*” means a public or private institution licensed pursuant to chapter 135B.
3. “*Provider agreement*” means a contract, understanding, or arrangement made by an association, corporation, county, municipal corporation, or other institution maintaining a hospital in the state, with any health plan or other entity for the provision or payment of health care services.

2007 Acts, ch 154, §1; 2011 Acts, ch 34, §132