

**519A.2 Definitions.**

As used in [this chapter](#), unless the context otherwise requires:

1. “*Association*” means the joint underwriting association established pursuant to [this section](#) and [sections 519A.3 through 519A.13](#).

2. “*Commissioner*” means the commissioner of insurance or a designee.

3. “*Licensed health care provider*” means and includes a physician and surgeon, osteopathic physician and surgeon, dentist, podiatric physician, optometrist, pharmacist, chiropractor, or nurse licensed pursuant to [chapter 147](#), a hospital licensed pursuant to [chapter 135B](#), and a nursing facility licensed pursuant to [chapter 135C](#).

4. “*Medical malpractice insurance*” means insurance coverage against the legal liability of the insured and against loss, damage, or expense incident to a claim arising out of the death or injury of any person as the result of negligence or malpractice in rendering professional service by any licensed health care provider.

5. “*Net direct premiums*” means gross direct premiums written on liability insurance as reported in the annual statements filed by the insurers with the commissioner, including the liability component of multiple peril package policies as computed by the commissioner, less return premiums for the unused or unabsorbed portions of premium deposits.

[C77, 79, 81, §519A.2]

[95 Acts, ch 108, §20](#); [2002 Acts, ch 1111, §32](#); [2008 Acts, ch 1088, §141](#); [2016 Acts, ch 1073, §151](#)

Referred to in [§519A.1](#), [519A.3](#), [519A.4](#), [519A.5](#), [519A.10](#), [519A.13](#)