

§ 9402. Definitions.

**Vermont Statutes**

**Title 18. Health**

**Chapter 221. HEALTH CARE ADMINISTRATION**

*Current through 2013 Legislative Session*

**§ 9402. Definitions**

As used in this chapter, unless otherwise indicated:

- (1) "Commissioner" means the commissioner of the department of financial regulation, or the commissioner's designee.
- (2) "Community report" means the hospital report prepared under section 9405a of this title.
- (3) "Department" means the department of financial regulation.
- (4) "Division" means the division of health care administration.
- (5) "Expenditure analysis" means the expenditure analysis developed pursuant to section 9375a of this title.
- (6) "Health care facility" means all institutions, whether public or private, proprietary or nonprofit, which offer diagnosis, treatment, inpatient, or ambulatory care to two or more unrelated persons, and the buildings in which those services are offered. The term shall not apply to any facility operated by religious groups relying solely on spiritual means through prayer or healing, but includes all institutions included in subdivision 9432(8) of this title, except health maintenance organizations.
- (7) "Health care provider" means a person, partnership or corporation, other than a facility or institution, licensed or certified or authorized by law to provide professional health care service in this state to an individual during that individual's medical care, treatment or confinement.
- (8) "Health insurer" means any health insurance company, nonprofit hospital and medical service corporation, managed care organizations, and, to the extent permitted under federal law, any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by public and private entities.
- (9) "Health maintenance organization" means any person certified to operate a health maintenance organization by the commissioner pursuant to chapter 139 of Title 8.
- (10) "Health resource allocation plan" means the plan adopted by the commissioner of financial regulation under section 9405 of this title.
- (11) "Home health agency" means a for-profit or nonprofit health care facility providing part-time or intermittent skilled nursing services and at least one of the following other therapeutic services made available on a visiting basis, in a place of residence used as a patient's home: physical, speech, or occupational therapy; medical social services; home

health aide services; or other non-nursing therapeutic services, including the services of nutritionists, dieticians, psychologists, and licensed mental health counselors.

- (12) "Home health services" means activities and functions of a home health agency, including but not limited to nurses, home health aides, physical therapists, occupational therapists, speech therapists, medical social workers, or other non-nursing therapeutic services directly related to care, treatment, or diagnosis of patients in the home.
- (13) "Hospital" means an acute care hospital licensed under chapter 43 of this title.
- (14) "Managed care organization" means any financing mechanism or system that manages health care delivery for its members or subscribers, including health maintenance organizations and any other similar health care delivery system or organization.
- (15) "Unified health care budget" means the budget established in accordance with section 9375a of this title.
- (16) "State health plan" means the plan developed under section 9405 of this title.
- (17) "Green Mountain Care board" or "board" means the Green Mountain Care board established in chapter 220 of this title.

**Cite as 18 V.S.A. § 9402**

**History.** Amended by 2012, No. 171, §13, eff. 5/16/2012.

Amended by 2012, No. 78, §2, eff. 4/2/2012.

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