SECOND REGULAR SESSION SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 616

95TH GENERAL ASSEMBLY

Reported from the Committee on Health, Mental Health, Seniors and Families, February 11, 2010, with recommendation that the Senate Committee Substitute do pass.

3748S.02C

TERRY L. SPIELER, Secretary.

AN ACT

To amend chapters 376 and 538, RSMo, by adding thereto two new sections relating to faith-based community health centers.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapters 376 and 538, RSMo, are amended by adding thereto

- 2 two new sections, to be known as sections 376.1745 and 538.315, to read as
- 3 follows:
 - 376.1745. 1. The provisions of chapter 376 relating to health
- 2 insurance, health maintenance organizations, health benefit plans,
- 3 group health services, and health carriers shall not apply to a plan that
- 4 provides health care services to low income individuals on a prepaid
- 5 basis and that meets the following conditions:
- 6 (1) Eligibility in the plan is limited to persons who earn less than
- 7 two hundred percent of the federal poverty level and are not covered
- 8 under any other group insurance arrangement;
- 9 (2) The plan is operated on a nonprofit basis under the
- 10 sponsorship of a nonprofit organization that is qualified as exempt
- 11 from federal taxation under Section 501(c)(3) of the Internal Revenue
- 12 Code of 1986, as amended;
- 13 (3) Covered primary care services are provided to enrollees
- 14 either by providers on staff of the sponsoring organization or by
- 15 volunteers recruited from a local medical society who have, in both
- 16 instances, agreed to provide their services for free or for nominal
- 17 reimbursement for out-of-pocket expenses or expendable supplies
- 18 directly related to, and incurred as a result of, the service provided to

- 19 the enrollee;
- 20 (4) Payments to outside contractors for marketing, claims
- 21 administration and similar services total no more than ten percent of
- 22 the total charges;
- 23 (5) The plan has received the approval and endorsement of the
- 24 local medical society in consultation with the Missouri State Medical
- 25 Association; and
- 26 (6) The sponsoring nonprofit organization files an annual report
- 27 with the secretary of state within ninety days of the close of the
- 28 organization's fiscal year that includes, at a minimum, the following
- 29 information:

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- 30 (a) The number of plan enrollees;
- 31 (b) Total services rendered under the plan;
- 32 (c) Plan financial statements;
 - (d) Administrative costs and salaries paid by the plan; and
- 34 (e) Other information that may be reasonably requested by the 35 secretary of state.
- 36 2. A plan that meets the requirements of this section shall not be
- 37 considered to be engaging in the business of insurance for purposes of
- 38 chapter 376, or any provision of Title XXIV, and shall not be subject to
- 39 the jurisdiction of the director of the department of insurance,
- 40 financial institutions and professional registration.
 - 538.315. 1. Any volunteer physician, dentist, optometrist,
 - 2 pharmacist, registered professional nurse, licensed practical nurse,
 - 3 advanced practice registered nurse, psychiatrist, psychologist,
 - 4 professional counselors, or clinical social workers licensed to practice
 - 5 in this state under the provisions of chapter 332, 334, 335, 336, 337, or
 - 338, or any volunteer retired physician, dentist, optometrist,
 - 7 pharmacist, registered professional nurse, licensed practical nurse,
 - 8 advanced practice registered nurse, psychiatrist, psychologist,
 - 9 professional counselor, or clinical social worker who provides medical
- 10 or mental health treatment to a patient at a nonprofit faith-based
- 11 community health center described under section 376.1745 that
- 12 provides health care services for a nominal fee and is qualified as
- 13 exempt from federal taxation under Section 501(c)(3) of the Internal
- 14 Revenue Code of 1986, as amended, shall not be liable for any civil
- 15 damages in excess of the health care professional's available insurance

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for acts or omissions unless the damages were occasioned by gross negligence or by willful or wanton acts or omissions occurring during the provision of the health care services at the nonprofit faith-based community health center by such health care professional under this section in rendering such treatment.

2. For purposes of this section, a "volunteer" is an individual rendering medical or mental health treatment who is not compensated for his or her services on a salary or prorated equivalent basis.

3. In order for a retired physician, dentist, optometrist, pharmacist, registered professional nurse, licensed practical nurse, advanced practice registered nurse, psychiatrist, psychologist, professional counselor, or clinical social worker to qualify for the liability provisions under this section, such health care professional shall have been in good standing with their respective governing professional board at the time of his or her retirement.

Bill

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