

SECOND REGULAR SESSION
[P E R F E C T E D]
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.

Senate Committee Substitute for Senate Bill No. 616, adopted February 16, 2010.

Taken up for Perfection February 16, 2010. Bill declared Perfected and Ordered Printed, as amended.

TERRY L. SPIELER, Secretary.

3748S.02P

AN ACT

To amend chapters 376 and 538, RSMo, by adding thereto two new sections relating to 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 or osteopathic society who
16 have, in both instances, agreed to provide their services for free or for
17 nominal reimbursement for out-of-pocket expenses or expendable**

18 supplies directly related to, and incurred as a result of, the service
19 provided to 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 or osteopathic society in consultation with the Missouri
25 State Medical Association or the Missouri Association of Osteopathic
26 Physicians and Surgeons; and

27 (6) The sponsoring nonprofit organization files an annual report
28 with the secretary of state within ninety days of the close of the
29 organization's fiscal year that includes, at a minimum, the following
30 information:

31 (a) The number of plan enrollees;

32 (b) Total services rendered under the plan;

33 (c) Plan financial statements;

34 (d) Administrative costs and salaries paid by the plan; and

35 (e) Other information that may be reasonably requested by the
36 secretary of state.

37 2. A plan that meets the requirements of this section shall not be
38 considered to be engaging in the business of insurance for purposes of
39 chapter 376, or any provision of Title XXIV, and shall not be subject to
40 the jurisdiction of the director of the department of insurance,
41 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
6 338, 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 community
11 health center described under section 376.1745 that provides health
12 care services for a nominal fee and is qualified as exempt from federal
13 taxation under Section 501(c)(3) of the Internal Revenue Code of 1986,

14 as amended, shall not be liable for any civil damages in excess of the
15 health care professional's available insurance for acts or omissions
16 unless the damages were occasioned by gross negligence or by willful
17 or wanton acts or omissions occurring during the provision of the
18 health care services at the nonprofit community health center by such
19 health care professional under this section in rendering such
20 treatment.

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

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

Bill ✓

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