

CHAPTER 63

(SB 163)

AN ACT relating to charitable health care providers.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. KRS 216.940 is amended to read as follows:

As used in KRS 216.940 to 216.945:

- (1) "Charitable health care provider" means any person, agency, clinic, or facility, licensed or certified by the Commonwealth or under a comparable provision of law of another state, territory, district, or possession of the United States, engaged in the rendering of medical care or dentistry:
 - (a) ***Within the scope of practice for which the person, agency, clinic, or facility is licensed or certified; and***
 - (b) Without compensation or charge, and without expectation of compensation or charge, to the individual, without payment or reimbursement by any governmental agency or insurer; ~~[- "Charitable health care provider" means those persons, agencies, clinics, or facilities providing primary medical care and performing no invasive or surgical procedures, and those persons, agencies, clinics, or facilities providing services within the dentist's scope of practice under KRS Chapter 313.]~~
- (2) "Regularly practice" means to practice for more than sixty (60) days within any ninety (90) day period; ~~and[-]~~
- (3) "Sponsoring organization" means any organization, with an established relationship with a practicing entity, that organizes or arranges for the voluntary provision of health care services in the state.

➔Section 2. KRS 304.40-075 is amended to read as follows:

- (1) As used in this section, unless the context requires otherwise:
 - (a) "Charitable health care provider" ***has the same meaning as in Section 1 of this Act*** ~~[means any person, agency, clinic, or facility licensed or certified by the Commonwealth, or under a comparable provision of law of another state, territory, district, or possession of the United States, engaged in the rendering of medical care or dentistry without compensation or charge, and without expectation of compensation or charge, to the individual, without payment or reimbursement by any governmental agency or insurer. "Charitable health care provider" means those persons, agencies, clinics, or facilities providing primary care medicine and performing no invasive or surgical procedures, and those persons, agencies, clinics, or facilities providing services within the dentist's scope of practice under KRS Chapter 313];~~
 - (b) "Medical malpractice insurer" means every person or entity engaged as principal and as indemnitor, surety, or contractor in the business of entering into contracts to provide medical professional liability insurance, except an entity in the business of providing such medical professional liability insurance only to itself or its affiliated subsidiary, or parent corporation, or subsidiaries of its parent corporations; and
 - (c) "Medical professional liability insurance" means insurance to cover liability incurred as a result of the hands-on providing of medical professional services directly to patients by an insured in the treatment, diagnosis, or prevention of patient illness, disease, or injury.
- (2) Insurers offering medical professional liability insurance in the Commonwealth shall make available, as a condition of doing business in the Commonwealth pursuant to this chapter, medical professional liability insurance for charitable health care providers and persons volunteering to perform medical services for charitable health care providers, with the same coverage limits made available to its other insureds.
- (3) (a) Premiums for policies issued under subsection (2) of this section shall be paid by the Commonwealth from the general fund upon written application for payment of the premium by the health care provider wishing to offer charitable services. A health care provider shall submit an application for payment of premium to the Department of Insurance no later than one (1) year from the expiration of the policy for which payment is being requested.

- (b) The Department of Insurance shall, through promulgation of administrative regulations pursuant to KRS Chapter 13A, establish reasonable guidelines for the registration of charitable health care providers. The guidelines shall require the provider to supply, at a minimum, the following information:
1. Name and address of the charitable health care provider;
 2. Number of employees of the charitable health care provider who will be:
 - a. Rendering medical care without compensation or charge and without expectation of compensation or charge;~~;~~ and ~~who will be~~
 - b. Covered under the policy issued under subsection (2) of this section;
 3. The expected number of patients to be provided charitable health care services in the year for which the insurer will offer malpractice coverage;
 4. The charitable health care provider's acknowledgment that the insurer's risk management and loss prevention policies shall be followed;
 5. A copy of the registration filed with the Cabinet for Health and Family Services under KRS 216.941; and
 6. A copy of the medical malpractice policy, declaration page, and any other documentation the commissioner may deem necessary to determine the proper amount of premiums and taxes to be reimbursed.
- (c) Persons insured under this section shall be required to comply with the same risk management and loss prevention policies which the insurer imposes upon its other insureds.
- (d) Any premium refund for medical professional liability insurance issued under subsection (2) of this section received for any reason by the charitable health care provider shall be promptly remitted to the department for transmittal to the general fund.
- (4) This section shall only apply to charitable health care providers, and persons volunteering to perform medical services for charitable health care providers:
- (a) Who are not otherwise covered by any policy of medical professional liability insurance for the charitable health care services provided;~~;~~ and
 - (b) That meet the terms for eligibility established pursuant to this section.
- (5) Coverage offered to charitable health care providers, and persons volunteering at charitable health care providers, shall be at least as broad as the coverage offered by the insurer to other noncharitable health care providers or facilities and to medical professionals working at noncharitable health care facilities.
- (6) The Department of Insurance shall retrospectively review on an annual basis the premiums paid pursuant to this section as opposed to the expenses incurred by the insurers covering risks under this section to determine if the profits made for those risks were consistent with reasonable loss ratio guidelines. If the determination is made that the profits were not consistent with reasonable loss ratio guidelines, the Department of Insurance shall determine the amount of the premiums to be refunded to the Commonwealth.
- (7) The Cabinet for Health and Family Services shall make available to the Department of Insurance information on its registration of charitable health care providers for the purpose of obtaining medical malpractice insurance.
- (8) The Department of Insurance shall not provide medical malpractice insurance as specified in subsection (3)(a) of this section to a charitable health care provider who has not registered with the Cabinet for Health and Family Services under KRS 216.941.

Signed by Governor March 22, 2021.