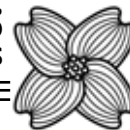




RULES OF  
**Department of Health and Senior  
Services**

**Division 50—Division of Injury Prevention, Head  
Injury Rehabilitation and Local Health Services  
Chapter 3—Legal Expense Fund Coverage**

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**TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR  
SERVICES**

**Division 50 – Division of Injury Prevention, Head  
Injury Rehabilitation and Local Health Services  
Chapter 3 – Legal Expense Fund Coverage**

**19 CSR 50-3.010 Volunteer Health Care Workers in a School**  
(Rescinded August 30, 2018)

*AUTHORITY: section 105.711, RSMo Supp. 1993. Original rule filed  
May 2, 1994, effective Oct. 30, 1994. Rescinded: Filed Jan. 5, 2018,  
effective Aug. 30, 2018.*

**19 CSR 50-3.020 Volunteer Health Care Workers in a Health  
Department**  
(Rescinded August 30, 2023)

*AUTHORITY: section 105.711, RSMo Supp. 1993. Original rule filed  
May 2, 1994, effective Oct. 30, 1994. Rescinded: Filed Jan. 23, 2023,  
effective Aug. 30, 2023.*

**19 CSR 50-3.030 Legal Expense Fund Coverage**

*PURPOSE: This rule defines terms, prescribes contract procedures,  
and procedures for documentation of care provided under  
paragraphs (b), (c), (d), (e), and (f) of subdivision (3) of subsection 2  
of section 105.711, RSMo.*

(1) Definitions. The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Child care means all physician child health services provided to a child for a condition or conditions that occurred or arose out of pregnancy or childbirth;

(B) Community health clinic means a nonprofit community health center qualified as exempt from federal taxation under Section 501(c)(3) of the *Internal Revenue Code* of 1987, as amended, that provides primary care and preventive health services to people without health insurance coverage;

(C) Department refers to the Department of Health and Senior Services;

(D) Federally funded community health center means a federally funded community health center organized under Section 315, 329, 330, or 340 of the Public Health Services Act (42 U.S.C. Section 216, 254c);

(E) Health care provider refers to any nurse, physician assistant, dental hygienist, dentist, or other health care professional licensed or registered under Chapter 330, 331, 332, 334, 335, 336, 337, or 338, RSMo, who provides health care services within the scope of his or her license or registration;

(F) Health care refers to any health or dental care provided by any physician or health care provider within the scope of his or her license or registration;

(G) Health department refers to a city or county health department organized under Chapter 192, RSMo, or Chapter 205, RSMo, or a city health department operating under a city charter, or a combined city-county health department;

(H) Nonprofit community health center means a nonprofit community health center qualified as exempt from federal taxation under Section 501(c)(3) of the *Internal Revenue Code* of 1986, as amended;

(I) Physician refers to any physician licensed to practice medicine in the state of Missouri under the provisions of Chapter 334, RSMo, who provides care within the scope of his

or her license;

(J) Pregnancy means all medical care given by a physician during the course of pregnancy for any condition related to pregnancy including the postpartum period sixty (60) days, including all medical care for any pregnancy-related condition for which treatment was begun during that pregnancy and postpartum period until resolution of that condition is reached;

(K) Primary care and preventive health care services means any essential health or dental care of a noninvasive nature except that injections, the suturing of minor lacerations and incisions of boils or superficial abscesses are permitted. Obstetrical care and other specialized care or treatment are not included;

(L) School includes public, private, or parochial elementary or secondary school;

(M) State Legal Expense Fund refers to the fund created by section 105.711, RSMo; and

(N) Summer camp means a summer camp as defined by section 210.201, RSMo.

(2) Scope of Coverage. This regulation applies to payment of any claim or any amount required by any final judgment rendered by a court of competent jurisdiction against individuals qualifying for State Legal Expense Fund Coverage under section 105.711.2(3)(b)-(f), RSMo.

(3) Contract Procedures. A physician or health care provider who provides services as described in this rule shall enter into a written agreement with the health department, federally funded community health center, nonprofit entity, nonprofit community health center, community health clinic, school, or summer camp through which the physician or health care provider is employed, contracted, affiliated or associated with, receives referrals, or otherwise provides services described in this rule. This agreement shall include, at a minimum:

(A) The physician's or health care provider's name, address, place of employment, if any, daytime telephone number, and professional license or registration number or similar identifier;

(B) The physician or health care professional is assigned or referred patients under procedures adopted by the health department, federally funded community health center, nonprofit entity, nonprofit community health center, community health clinic, school, or summer camp;

(C) The physician or health care provider has no preexisting caregiver patient relationship with any patient under which a fee has been collected or contracted for;

(D) The patient is informed in writing, at the outset of any care that no fee will be charged, sought, or accepted for care regardless of the outcome of care, except as otherwise allowed by section 105.711, RSMo;

(E) The physician or health care provider does not discriminate in providing health care on the basis of race, sex, religion, national origin, or ethnic background;

(F) Neither the physician or health care provider or the health department, federally funded community health center, nonprofit entity, nonprofit community health center, community health clinic, school, or summer camp receives, or contracts for the receipt of a fee, donation or contribution of money, goods, services or any other thing of value in any way related to the health care provided, except as otherwise allowed by section 105.711, RSMo;

(G) No other individual or entity, other than the patient and his or her heirs or assigns and beneficiaries, receives anything of value in any way related to the health care services provided at or through the health department, federally



funded community health center, nonprofit entity, nonprofit community health center, community health clinic, school, or summer camp;

(H) No health care services shall be provided to a child under the age of eighteen (18) years old without the express written permission of the child's parent or legal guardian.

(4) Documentation of Care Provided.

(A) Each physician or health care provider who provides care as described in this rule shall annually during the month of June provide to the department –

1. The physician or health care provider's name, address, and day-time telephone number;

2. A copy of the physician or health care provider's license, registration, or authority to act or other evidence that the physician or health care provider may lawfully practice in Missouri;

3. A copy of any contract(s) or agreement(s) as described in section (2) of this rule to which the physician or health care provider is a party;

4. If services described in this rule are provided without compensation through a nonprofit community health center, a copy of the nonprofit community health center's federal tax exemption letter or other verification of tax-exempt status under Section 501(c)(3) of the *Internal Revenue Code*; and

5. An approximate breakdown of the hours per year of health care services provided, as described in this rule, including:

A. The entities through which the health care services were provided during the previous twelve (12) months;

B. The inclusive dates of service provided through each entity; and

C. The approximate number of hours and approximate number of patients for whom services were provided through each entity during the previous twelve (12) months.

(B) Physicians and health care providers providing health care services as described in this rule shall maintain records of the care provided in a manner consistent with relevant state and federal laws and regulations.

(C) Documentation of coverage shall be maintained by the department for a period of twenty-one (21) years.

*AUTHORITY: section 105.711, RSMo 2016.\* Original rule filed Jan. 23, 2023, effective Aug. 30, 2023.*

*\*Original authority: 105.711, RSMo 1983, amended 1987, 1989, 1990, 1993, 1995, 1999, 2004, 2005, 2007, 2008, 2009, 2013, 2014.*

**19 CSR 50-3.040 Voluntary Health Services**

*PURPOSE: This rule explains how health care providers and sponsoring organizations may register with the department for liability coverage under the Voluntary Health Services Act. This rule also explains the procedure for the department to revoke a registration.*

*PUBLISHER'S NOTE: The secretary of state has determined that publication of the entire text of the material that is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference materials. The entire text of the rule is printed here.*

(1) Definitions. The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Department refers to the Department of Health and Senior Services;

(B) Health care provider or provider refers to any physician, surgeon, dentist, nurse, optometrist, mental health professional licensed under Chapter 337, RSMo, veterinarian, or other practitioner of a health care discipline, the professional practice of which requires licensure or certification under Missouri law or under comparable law of another state, territory, district, or possession of the United States;

(C) Sponsoring organization refers to any organization that organizes or arranges for the voluntary provision of health care services and registers with the department as a sponsoring organization in accordance with this rule and section 191.1106, RSMo; and

(D) Voluntary provision of health care services refers to the providing of professional health care services by a health care provider without charge to a recipient of the services or a third party. The provision of such health care services shall be the provider's professional practice area in which the provider is licensed or certified.

(2) Duties of Sponsoring Organizations.

(A) Annual Registration. Before providing volunteer health services in Missouri, a sponsoring organization shall register with the department and pay the annual registration fee.

1. The sponsoring organization shall submit annually the *Registration Form for Sponsoring Organizations*, Revised 2023, which is incorporated by reference in this rule as published by the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and available by the department at <https://health.mo.gov/atoz/volunteerhealthservices/pdf/AnnualRegistrationForm.pdf>. This rule does not incorporate any subsequent amendment or additions.

2. Upon any change in the information required by the *Registration Form for Sponsoring Organizations*, the sponsoring organization shall notify the department in writing of such change within thirty (30) days of occurrence.

3. The sponsoring organizations shall submit the registration fee annually with the *Registration Form for Sponsoring Organizations*. The registration fee shall be fifty dollars (\$50). This amount does not include any additional fees which may be charged for use of electronic payment services.

4. The sponsoring organization's registration begins upon the date the department acknowledges receipt of the completed *Registration Form for Sponsoring Organizations* and registration fee. The registration is valid for one (1) year.

5. A sponsoring organization that wishes to voluntarily terminate its registration may do so by notifying the department in writing. Unless otherwise stated in the request, the sponsoring organization's registration will be terminated effective the date the written request is received by the department. The sponsoring organization's annual fee will not be prorated or refunded in any manner as a result of voluntary termination.

(B) Quarterly Reports.

1. The sponsoring organization shall submit quarterly a *Quarterly Report Form for Sponsoring Organizations*, Revised 2022, which is incorporated by reference in this rule as published by the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and available by the department at <https://health.mo.gov/atoz/volunteerhealthservices/pdf/SponsoringOrganizationQuarterlyReport.pdf>. This rule does not incorporate any subsequent amendment or additions.



2. Information submitted on the *Quarterly Report Form* shall correspond to one of the following quarters: January–March, April – June, July–September, or October–December.

(C) Record Retention.

1. For a period of at least five (5) years following the provision of health care services, the sponsoring organization shall maintain on file –

A. Information, including the date, place, and type of services provided; and

B. A list of health care providers associated with its provision of voluntary health care services. For each such health care provider, the sponsoring organization shall maintain a copy of a current license, certificate, or statement of exemption from licensure or certification, or in the event that the health care provider is currently licensed in the state of Missouri, a copy of the health care provider’s license verification obtained from a state-sponsored website, if available. For the purposes of this paragraph, “current” shall be interpreted to mean current at the time services were provided.

2. Records shall be furnished upon request to any regulatory board of healing arts profession established under state law.

(4) Revocation of Registration. The department may revoke the registration of any sponsoring organization that fails to comply with the requirements of this rule.

(A) If the department proposes to revoke the registration of a sponsoring organization, the department shall provide the organization with written notice of the proposed revocation, including the specific reason why the revocation is being revoked.

(B) The sponsoring organization may appeal the proposed revocation. Such appeal shall be submitted in writing to the department no later than fifteen (15) days from the date of the notice of proposed revocation. The appeal shall include any information and/or documentation that the sponsoring organization would like the department to consider in making its final determination.

(C) The department shall notify the sponsoring organization of its final decision regarding the proposed revocation in writing no later than thirty (30) days from the date of the notice of proposed revocation. This determination shall be a final agency decision.

(D) The sponsoring organization’s annual fee will not be prorated or refunded in any manner as a result of revocation.

*AUTHORITY: section 191.1106, RSMo 2016.\* Original rule filed Jan. 23, 2023, effective Aug. 30, 2023.*

*\*Original authority: 191.1106, RSMo 2013.*