

**Appendix 1: State Licensure and Liability Policies for Volunteer Physicians;**

**American Medical Association Publication, 2007**

<b>State</b>	<b>Volunteer/Limited License Offered</b>	<b>Liability Laws for Volunteer Physicians</b>
Alabama	No provisions for volunteer or retired.	Medical professional who offers charitable services in established free medical clinic not liable for acts or omissions except for wanton misconduct. Requires notification of patients.
Alaska	No provisions for volunteer or retired.	No statute.
Arizona	Pro Bono license available for no fee. Must hold an active license from any state or territory or an active or inactive Arizona license. License is restricted to 60 days of practice per year.	Arizona law establishes immunity for volunteers acting in good faith and within the scope of volunteer duties for government entities or nonprofit corporations, organizations or hospitals. Vicarious liability of the organization can be established if the volunteer was working in the scope of official duties and functions.
Arkansas	No provisions for volunteer or retired.	Immunity for volunteers from civil liability unless gross negligence or willful misconduct. For immunity to apply, the patient must acknowledge the physician's immunity from civil suit. If the volunteer has liability insurance, liability is limited to the limit of the insurance policy. Statute references retired volunteer physicians

California	Volunteer Service License, no fee. Retired license, no fee.	No statute.
Colorado	No provisions for volunteer or retired.	No civil liability except for wanton misconduct willful negligence. Patient must have notice of limited liability.
Connecticut	No provisions for volunteer or retired.	Charitable immunity for non-profit volunteer. Specifically references volunteer health care professional, retired physicians, certain health care settings, and limited to certain services.
Delaware	No provisions for volunteer or retired.	Charitable immunity for non-profit volunteer. Specifically references volunteer health care professional, retired physicians, certain health care settings, and limited to certain services.
District of Columbia	No provisions for volunteer or retired.	Licensed physicians who, in good faith, provide health care or treatment at or on behalf of a free health clinic without the expectation of receiving or intending to receive compensation shall not be liable in civil damages for any act or omission in the course of rendering the health care or treatment, unless the act or omission is an intentional wrong or manifests a willful or wanton disregard for the health or safety of others. In order to qualify for this immunity, physicians must require prospective patients to sign a written statement witnessed by two persons in which the parties agree to the rendering of the health care or treatment.

		Free clinics that cannot afford liability insurance and their volunteers can be part of a federal indemnity program and are considered District employees for indemnification purposes.
Florida	Limited license is available for retired physicians wishing to volunteer services, no fee. Must practice in a government or 501c(3) organization in an area to be determined to be an area of critical need by the board.	Volunteer for a non-profit is not liable except for gross or negligent misconduct. Patients must receive prior notice of limited liability.
Georgia	Volunteer in Medicine license, no fee.	Volunteer for a non-profit or government organization such as a physician who renders care without the expectation of compensation, is granted civil immunity except for gross or negligent misconduct. Patients must receive prior notice of limited liability.
Hawaii	No provisions for volunteer or retired.	Not liable unless wanton misconduct or willful negligence IF the organization carries liability insurance of no less than 200K for single occurrence OR if the organization has less than 50K in assets.
Idaho	No provisions for volunteer or retired.	Health care provider at charitable clinic is immune from liability – if liability insurance exists, person is liable to the extent of the policy. Patients must

		receive prior notice of limited liability.
Illinois	No provisions for volunteer or retired.	A physician who volunteers services at a free medical clinic to the indigent is exempt from civil liability except for wanton misconduct or gross negligence. Patients must receive prior notice of limited liability.
Indiana	Retired inactive status – can practice with no restrictions as long as there is no compensation. Fee of \$100 every 2 years. Must be fully licensed in Indiana prior to application. Physicians from other states wishing to volunteer in Indiana are limited to 30 days of practice per year with a Limited Scope license.	A health care provider, including a retired physician, who voluntarily provides health care at a medical clinic or health care facility is immune from civil liability arising from the care provided, unless in delivering care the provider's acts or omissions constitute a criminal act, gross negligence, or willful or wanton misconduct.
Iowa	No provisions for volunteer or retired.	Iowa legislators established a volunteer physician program within the Iowa Department of Public Health which provides for immunity from liability in certain circumstances. These circumstances include instances when a physician, registered with the Department as being part of the program, provides free medical care at specified hospitals and clinics. While delivering free care under the program, a physician is considered an employee of

		the state and receive certain immunity from liability.
Kansas	Exempt status for retired physicians to provide direct patient care gratuitously. Reduced fee.	Volunteer of a non-profit is not liable if the organization has liability insurance, health care not specifically named.
Kentucky	No provisions for volunteer or retired.	Volunteer for a non-profit is not liable except for wanton misconduct or gross negligence.
Louisiana	No provisions for volunteer or retired.	Health care worker providing free care in a community health clinic is not liable for acts or omission in rendering care or for an act or failure to act in providing or arranging for further services. This immunity from liability is valid only if the patient was notified of the limited liability.
Maine	Retired physician license for those doing volunteer work.. Fee is \$75.	Maine grants civil liability immunity for physicians (including retired) who voluntarily render uncompensated medical care for a nonprofit organization or agency of the state, except in the case of wanton misconduct or willful negligence.

Maryland	Special volunteer license with no fee. Must submit the form to the volunteer agency and attest to the fact that the license will be used only in volunteer capacity.	<p>Maryland provides civil immunity from personal liability to volunteers who render certain services under specified circumstances.</p> <p>Circumstances include health care providers or physicians who render health care services voluntarily and without compensation to any person seeking health care through a charitable organization chartered to provide health care services to homeless and indigent patients.</p> <p>Such volunteers are not liable for any amount in excess of any applicable limit of insurance coverage in any suit for civil damages for any act or omission resulting from the rendering of such services, unless the act or omission constitutes: a) willful or wanton misconduct, b) gross negligence, or c) intentionally tortuous conduct.</p>
Massachusetts	No provisions for volunteer or retired.	Limit on liability to 20K for a charitable organization. Healthcare worker not liable for volunteer care.
Michigan	No provisions for volunteer or retired.	Law protects physicians from liability for care provided at a free clinic, or care provided as a result of a referral from a free clinic. Patients must receive prior notice of limited liability.

Minnesota	No provisions for volunteer or retired.	Physicians in certain charitable health care settings performing limited services are immune.
Mississippi	License for retired physicians who wish to volunteer services. Valid for one year, No fee.	Mississippi grants immunity from liability for any civil action to a licensed physician who, in good faith on a charitable basis, voluntarily provides medical or health services to any person without the expectation of payment. Immunity will only be extended if the physician and patient execute a written waiver in advance of the rendering of medical services, specifying that such services are provided without the expectation of payment and that the physician shall be immune from liability, unless the act or omission is the result of the physician's gross negligence or willful misconduct.
Missouri	Limited license for retired physicians who have practiced for at least 10 years. Some restrictions on services physician can offer – e.g. no controlled substances. Fee not to exceed \$25.	Volunteer at a non-profit is immune to liability with the exception of willful or wanton misconduct or gross negligence. Physicians specifically mentioned.
Montana	No provisions for volunteer or retired.	A healthcare practitioner who provides free service is not liable for civil damages with the exception of wanton misconduct, so long as patients receive

		prior notice of limited liability
Nebraska	No provisions for volunteer or retired.	Directors, officers and trustees of non-profit organization are immune from liability, no specific mention on physicians or volunteers in the organizations. No charitable immunity for volunteer health care providers.
Nevada	Special volunteer license, requires acknowledgement of no compensation and care only for indigent. No fee. Renewable annually. New legislation.	Civil immunity for physicians, including retired physicians, who offer free care and/or provide emergency obstetrical services except for willful or wanton misconduct.
New Hampshire	No provisions for volunteer or retired.	A volunteer in a non-profit organization is immune from civil liability as long as the volunteer is documented by the organization. Exception for wanton misconduct. Additionally, New Hampshire grants certain retired physicians immunity from civil liability for volunteer health education services.
New Jersey	Special volunteer license, but must practice under the supervision of a fully-licensed physician. No fee.	Volunteer health care providers are not personally liable for damages caused except if there is gross negligence or wanton misconduct.
New Mexico	No provisions for volunteer or retired.	No statutes for charitable immunity. Grants immunity only to public employees including physicians, psychologists or dentists providing services to the corrections dept and children, youth and families dep't. Only



		mention of immunity for directors of a charitable organization.
New York	No registration renewal fee for non-compensated physicians. Must file affidavit of non-compensation. Some restrictions on practice.	No statutes for volunteers of a non-profit or volunteer organization.
North Carolina	Limited Volunteer License to serve indigent. Reduced fee.	Volunteers for charitable organizations are not liable for loss or damages or death except in cases of willful misconduct and wanton negligence.
North Dakota	No provision for volunteer. Offer retired Emeritus status for \$150 per year, but cannot practice or prescribe (more honorary).	A health care provider who renders services at a free clinic is not liable in a personal injury civil action, except for willful or wanton misconduct.
Ohio	Volunteer certificate for those who are retired and have practiced for at least 10 years. No fee. Some restrictions on services e.g. cannot deliver babies, perform surgery. Valid for 3 years.	Ohio provides physicians, retired physicians, other health care professionals, and shelters or health care facilities with qualified immunities from civil liability for providing free diagnoses, care, and treatment to indigent or uninsured patients at certain facilities. Patients must receive prior notice of limited liability.
Oklahoma	Volunteer license – new statute to go into effect November 1, 2003.	A volunteer of a charitable or non-profit organization is not liable but in cases of willful misconduct, however, the organization is liable. Oklahoma enacted a provision which relieves volunteers of

		liability for punitive damages when providing services to nonprofit organizations unless those volunteers are currently offering the same service for profit.
Oregon	Emeritus status license for retired volunteers. Must first have active full license. \$50 per year.	A physician who volunteers services to a charitable organization is not liable for damages with the exception of gross negligence.
Pennsylvania	Volunteer license for retired physicians. No liability insurance requirement. Can be renewed every 2 years. Requires verification from the director of the approved clinic that the physician has been authorized to provide volunteer services.	A physician who holds a volunteer license under the volunteer health services act (retired physician) is not liable for damages with the exception of sub-standard care. This immunity is valid only if such a statement of immunity is posted in a conspicuous place in the clinic. This immunity does not apply to institutional healthcare organizations who hold vicarious liability for the volunteer license holder.
Rhode Island	Active Emeritus status for physicians who are 70+ and who have practiced for 15+ years in RI. Reduced fee of \$25 for license.	A person who volunteers without compensation in a non-profit or charitable organization is not liable with the exception of gross negligence.
South Carolina	Volunteer limited license for practice in underserved areas. Renewable annually. No fee. Must practice under a supervisory physician.	South Carolina law provides that no licensed health care provider, who provides voluntary medical services without compensation, is liable for any civil damages arising out of acts or omissions resulting from the services

		rendered, unless due to gross negligence or willful misconduct. Immunity extends only if the agreement to provide voluntary, uncompensated services is made before the rendering of services by the provider.
South Dakota	No provisions for volunteer or retired.	South Dakota provides immunity from civil liability for health care professionals volunteering health care services at free clinics. The immunity extends to damages or injuries arising from care provided in good faith and within the scope of the provider's official function. Immunity does not apply to gross negligence and willful misconduct.
Tennessee	Volunteer license is available for those who practice in a not-for-profit clinic. No fee.	Liability insurance companies for healthcare providers may not exclude those who volunteer their services. No specific language for non-profit or charitable volunteer immunity, only directors.
Texas	Voluntary Charity Care license – must sign affidavit that care will be given for free. Renewable annually, no fee. No restrictions of practice.	The Act provides physician volunteers immunity for performing non-emergency care for certain charitable organizations. volunteer is a person rendering services for a charitable organization who does not receive compensation in excess of reimbursement for expenses incurred. This includes a person serving as a director, officer, trustee, or direct service

		<p>volunteer, including a volunteer health care provider. “A volunteer health care provider is an individual who voluntarily provides health care services without compensation or expectation of compensation and who meets one of the ten types of health care providers included in the law. The first option is that the volunteer health care provider is an individual licensed to practice medicine under the Medical Practice Act. A second alternative is that the volunteer health care provider is a retired physician who is eligible to provide health care services, including a retired physician who is licensed but exempt from paying the required annual registration fee. Patients must receive prior notice of limited liability.”</p>
Utah	No provisions for volunteer or retired.	A health care provider who volunteers services at a health care facility and a facility that sponsors uncompensated health treatment is not liable in a malpractice suit.
Vermont	No provisions for volunteer or retired.	No specific mention of charitable immunity or volunteer health care providers in particular.
Virginia	No provisions for volunteer or retired.	Virginia law grants immunity from liability to health care providers who provide health care services to patients of a clinic which is organized for the

		delivery of health care services without charge and allows such providers, hospitals, and clinics to charge a reasonable minimum fee and still be afforded immunity, except for gross negligence.
Washington	Retired Active status license. Can be used for uncompensated practice of up to 90 days per year. Reduced fee, 2 year license.	Limited liability for physicians in certain settings; Charitable immunity exists for retired physicians.
West Virginia	A volunteer license to work in a volunteer clinic can be applied for if the physician holds an active license. No fee. Renewable annually.	A physician with a volunteer license (retired physician) who renders service to needy people is immune from civil liability. Exception for gross negligence.
Wisconsin	No provisions for retired or volunteer. If practice is less than 240 hours/year, does not have to pay into Patient's Compensation Fund.	Volunteers of non-profit corporations are not liable, no specific mention of physicians other than in emergency and athletic circumstances.
Wyoming	New retired volunteer license statute effective 7/1/03. Must show proof of license in good standing immediately prior to retirement in any jurisdiction for minimum of 10 years. No fee, but must sign affidavit that they are not being compensated each year. Renewable annually.	Non-profit is liable for negligence of its volunteers. The volunteer is not individually liable unless gross misconduct or negligence. No specific mention of volunteer healthcare providers.

## **Appendix 2: History of Prior California Legislation Related to Liability Protections for Volunteer Physicians**

The following information was obtained from interviews with California Assembly staff regarding the successes, challenges, and lessons learned from previous bills.

Assembly Bill 621, first introduced on February 19, 2003, concerned a special license to qualifying retired health care professionals to practice in public agencies or institutions, at not-for-profit organizations, agencies, institutions, corporations or associations that provide health care to indigent patients in medically under-served or critical-need populations. This bill also would have exempted “those health care providers from liability for professional negligence or malpractice or any other civil damages for any act or omission resulting from the rendering of those services, with certain exceptions.” This bill was amended (March 24, 2003) to cover only physicians and surgeons, and would exempt them from liability for “professional negligence or malpractice or any other civil damages for any act or omission resulting from those services, with certain exceptions.”

An April 8 analysis (Pacheco, 2003) raises questions about who would bear the liability should negligence occur—the non-profit facility, the public health facility or other practitioners? How would the higher standard of liability be justified? Would this bill create two levels of medical care? Current laws authorize local government to insure and self-insure for tort claims against volunteer health professionals. The bill received support from the Civil Justice Association of California and the California Primary Care Association. Groups opposing this bill were the American Nurses Association of California, the Congress of California Seniors, and the Consumer Attorneys of California.

On April 21, 2003, the amended bill was introduced again by Assembly Member Nakanishi. This bill would create the Physicians and Surgeons Liability Insurance Pilot Program (PSLIPP), to be administered by the State Department of Health Services. Up to 100 physicians and surgeons would be covered through the program, which would

purchase liability insurance for these health care professionals volunteering in specific public or not-for-profit agencies. The bill would need to receive funding in the annual Budget Act. This bill was amended on April 24, 2003, to be funded privately. The program would also remain in effect until January 1, 2009. In a bill analysis (Gilman, 2003), it was noted that Washington State had a similar program. The bill was supported by the California Congress of Seniors and the California Primary Care Association. No opposition groups were on file.

The bill was amended in Assembly on May 6, 2003. The volunteer physicians and surgeons would be eligible for waivers of license renewal fees, and the bill would be contingent on receiving sufficient private funding to pay the costs of both administering the program and purchasing liability insurance. An analysis of the bill (Bain, 2003) indicated that, depending on the number, location, specialty, and whether the physician is considered to be low or high risk by liability insurers, the cost would range from \$1.1 to \$1.9 million. Through this program, 40 family and general practice physicians, 50 internal medicine, and 10 OB/GYNs would receive coverage. This analysis called for an amendment to require an evaluation of the PSLIPP.

The bill was amended on June 4, 2003, requiring the Department of Health Services to contract for an evaluation of the program, with the evaluation submitted to the Legislature by January 1, 2009. An analysis of the bill (Gilman, 2003) did not list any groups supporting or opposed to the bill. The bill was amended again on June 9, 2004. This text is listed below:

#### Division 3.4 CALIFORNIA ACCESS TO HEALTH CARE ACT

600. This division shall be known and may be cited as the California Access to Health Care Act.

601. The Legislature finds and declares that a significant portion of the residents of this state who are uninsured or Medicaid recipients are unable to access needed health care. It is the intent of the Legislature that access to medical care for indigent residents be

improved by providing governmental protection to health care providers who offer free quality medical services to underserved populations of this state.

602. As used in this division, the following terms have the following meanings:

(a) “Contract” means an agreement executed under this division between a health care provider and a governmental contractor that authorizes the health care provider to deliver health care services to low-income recipients as an agent of the governmental contractor on a volunteer, uncompensated basis.

(b) “Governmental contractor” means a county health department, a hospital district, or a hospital owned and operated by a governmental entity.

(c) “Health care provider” or “provider” means any of the following:

(1) A clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

(2) An entity exempt from licensure pursuant to Section 1206 of the Health and Safety Code.

(3) An employee or contractor of an entity under paragraphs (1) and (2) who is acting within the scope of employment or contract.

(d) “Low-income” means any of the following:

(1) A person who is eligible for Medi-Cal benefits under California law.

(2) A person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level, as defined by the federal Office of Management and Budget.

(3) A patient or client of the governmental contractor who voluntarily chooses to participate in a program.

603. (a) A provider that executes a contract with a governmental contractor to deliver health care services on or after January 1, 2005, as an agent of the governmental contractor, is an agent for purposes of Division 3.6 (commencing with Section 810) while acting within the scope of duties pursuant to the contract, if the contract complies with the requirements of this division, regardless of whether the



individual treated is later found to be ineligible to receive health care services under the contract.

(b) A provider may not be named as a defendant in an action arising out of medical care or treatment provided on or after January 1, 2005, pursuant to the terms of a contract entered into under this division. The exclusive remedy for injury or damage suffered as a result of an action or omission of the provider or any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to Division 3.6 (commencing with Section 810).

(c) (1) Initial referral or assignment shall be made solely by the governmental contractor, and the provider shall accept all referred patients. However, the number of patients that a provider is required to accept may be limited by the contract, or when, in the provider's reasonable judgment accepting additional patients could endanger patient access or continuity of care.

(2) Patients may not be transferred to a provider based on a violation of subsection (c) of the federal Emergency Medical Treatment and Active Labor Act (42 U.S.C. Sec. 1395dd).

(3) Any follow up patient care or hospital care, shall be subject to approval by the governmental contractor.

(4) The provider shall be subject to regular inspection by the governmental contractor.

(d) A governmental contractor that is also a health care provider is not required to enter into a contract under this division with respect to the health care services delivered by its employees.

604. A governmental contractor shall provide written notice to each patient, or the patient's legal representative, receipt of which shall be acknowledged in writing, that the provider is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to Division 3.6 (commencing with Section 810).

605. A governmental contractor engaging in a contract under this article shall establish a quality assurance program to monitor services delivered under contracts between the governmental contractor and a health care provider under this article.

606. This article applies only to act or omissions occurring on or after January 1, 2005.

At an Appropriations Committee Fiscal Summary (Cate, 2008), it was noted that the bill met the criteria to be placed on the Suspense file. The cost of purchasing liability insurance and conducting an evaluation during the duration of the pilot would be between \$1.1 and 1.9 million in private funds. Assembly Member Nakanishi's office indicated that this private funding would be sought from the insurance industry and private foundations. A follow up summary from August 28 indicates that the bill does not give authority to expend funds once they are obtained. A history of the bill indicates that on November 30, "From Senate committee without further action."

## **Appendix 3: Text of Model State Statutes**

### **State Actor Models: Florida, Georgia, Iowa**

#### *Florida*

##### **Florida Department of Health: Volunteer Health Services Program**

The Florida Department of Health (DOH) administers the Volunteer Health Services Program in the Division of Health Access and Tobacco. The program supports the department's volunteer efforts in eleven regions throughout the state. A DOH volunteer coordinator is assigned to each region. Regional coordinators work with DOH entities, community, and faith based health care providers to promote access to quality health care for the medically underserved and uninsured residents of Florida through the commitment of volunteers.

The Volunteer Health Services Program accomplishes its mission through two volunteer programs authorized by Chapters 110 and 776, Florida Statutes.

The Chapter 110 volunteer program, an internal state agency program, provides opportunities for anyone who wants to donate goods and/or their services to those in need under the supervision of the Department of Health. A variety of volunteer opportunities are available in many DOH facilities to individuals with clerical, administrative, technical and professional skills.

The Volunteer Health Care Provider Program, s. 766.1115, F.S., allows private licensed health care providers to volunteer their services to the medically indigent residents of Florida with incomes at or below 200% of the Federal Poverty Level and be under the state's sovereign immunity. Through a contract, a provider can be designated an "agent of the state" and have sovereign immunity for uncompensated services rendered to clients determined eligible and referred by DOH. Under this program, providers have the option to volunteer in freestanding clinics or to see eligible clients in their private offices or corporate facilities.

##### **Florida Statute Chapter 110.501-110.504**

110.501 Definitions.--As used in this act:

(1) "Volunteer" means any person who, of his or her own free will, provides goods or services, or conveys an interest in or otherwise consents to the use of real property pursuant to chapter 260, to any state department or agency, or nonprofit organization, with no monetary or material compensation. A person registered and serving in Older American Volunteer Programs authorized by the Domestic Volunteer Service Act of 1973, as amended (Pub. L. No. 93-113), shall also be defined as a volunteer and shall incur no civil liability as provided by s. 768.1355. A volunteer shall be eligible for payment of volunteer benefits as specified in Pub. L. No. 93-113, this section, and s. 430.204.

(2) "Regular-service volunteer" means any person engaged in specific voluntary service activities on an ongoing or continuous basis.

(3) "Occasional-service volunteer" means any person who offers to provide a one-time or occasional voluntary service.

(4) "Material donor" means any person who provides funds, materials, employment, or opportunities for clients of state departments or agencies, without monetary or material compensation.

**110.502 Scope of act; status of volunteers.--**

(1) Every state department or state agency, through the head of the department or agency, secretary of the department, or executive director of the department, is authorized to recruit, train, and accept, without regard to requirements of the State Career Service System as set forth in part II of this chapter, the services of volunteers, including regular service volunteers, occasional-service volunteers, or material donors, to assist in programs administered by the department or agency.

(2) Volunteers recruited, trained, or accepted by any state department or agency shall not be subject to any provisions of law relating to state employment, to any collective bargaining agreement between the state and any employees' association or union, or to any laws relating to hours of work, rates of compensation, leave time, and employee benefits, except those consistent with s. 110.504. However, all volunteers shall comply with applicable department or agency rules.

(3) Every department or agency utilizing the services of volunteers is hereby authorized to provide such incidental reimbursement or benefit consistent with the provisions of s. 110.504, including transportation costs, lodging, and subsistence, recognition, and other accommodations as the department or agency deems necessary to assist, recognize, reward, or encourage volunteers in performing their functions. No department or agency shall expend or authorize an expenditure therefor in excess of the amount provided for to the department or agency by appropriation in any fiscal year.

(4) Persons working with state agencies pursuant to this part shall be considered as unpaid independent volunteers and shall not be entitled to unemployment compensation.

**110.503 Responsibilities of departments and agencies.--**Each department or agency utilizing the services of volunteers shall:

(1) Take such actions as are necessary and appropriate to develop meaningful opportunities for volunteers involved in state-administered programs.

(2) Comply with the uniform rules adopted by the Department of Management Services governing the recruitment, screening, training, responsibility, use, and supervision of volunteers.

(3) Take such actions as are necessary to ensure that volunteers understand their duties

and responsibilities.

(4) Take such actions as are necessary and appropriate to ensure a receptive climate for citizen volunteers.

(5) Provide for the recognition of volunteers who have offered continuous and outstanding service to state-administered programs. Each department or agency using the services of volunteers is authorized to incur expenditures not to exceed \$100 each plus applicable taxes for suitable framed certificates, plaques, or other tokens of recognition to honor, reward, or encourage volunteers for their service.

(6) Recognize prior volunteer service as partial fulfillment of state employment requirements for training and experience pursuant to rules adopted by the Department of Management Services.

110.504 Volunteer benefits.--

(1) Meals may be furnished without charge to regular-service volunteers serving state departments, provided the scheduled assignment extends over an established meal period, and to occasional-service volunteers at the discretion of the department head. No department shall expend or authorize any expenditure in excess of the amount provided for by appropriation in any fiscal year.

(2) Lodging, if available, may be furnished temporarily, in case of a department emergency, at no charge to regular-service volunteers.

(3) Transportation reimbursement may be furnished those volunteers whose presence is determined to be necessary to the department. Volunteers may utilize state vehicles in the performance of department-related duties. No department shall expend or authorize an expenditure in excess of the amount appropriated in any fiscal year.

(4) Volunteers shall be covered by state liability protection in accordance with the definition of a volunteer and the provisions of s. 768.28.

(5) Volunteers shall be covered by workers' compensation in accordance with chapter 440.

(6) Incidental recognition benefits or incidental nonmonetary awards may be furnished to volunteers serving in state departments to award, recognize, or encourage volunteers for their service. The awards may not cost in excess of \$100 each plus applicable taxes.

(7) Volunteers, including volunteers receiving a stipend as provided by the Domestic Service Volunteer Act of 1973, as amended (Pub. L. No. 93-113), shall be covered by s. 768.1355, the Florida Volunteer Protection Act.

#### **Florida Statute 766.1115**

**766.1115 Health care providers; creation of agency relationship with governmental contractors.--**

(1) SHORT TITLE.--This section may be cited as the "Access to Health Care Act."

(2) FINDINGS AND INTENT.--The Legislature finds that a significant proportion of the residents of this state who are uninsured or Medicaid recipients are unable to access needed health care because health care providers fear the increased risk of medical negligence liability. It is the intent of the Legislature that access to medical care for indigent residents be improved by providing governmental protection to health care providers who offer free quality medical services to underserved populations of the state. Therefore, it is the intent of the Legislature to ensure that health care professionals who contract to provide such services as agents of the state are provided sovereign immunity.

(3) DEFINITIONS.--As used in this section, the term:

(a) "Contract" means an agreement executed in compliance with this section between a health care provider and a governmental contractor. This contract shall allow the health care provider to deliver health care services to low-income recipients as an agent of the governmental contractor. The contract must be for volunteer, uncompensated services. For services to qualify as volunteer, uncompensated services under this section, the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or any public or private third-party payor, for the specific services provided to the low-income recipients covered by the contract.

(b) "Department" means the Department of Health.

(c) "Governmental contractor" means the department, county health departments, a special taxing district with health care responsibilities, or a hospital owned and operated by a governmental entity.

(d) "Health care provider" or "provider" means:

1. A birth center licensed under chapter 383.
2. An ambulatory surgical center licensed under chapter 395.
3. A hospital licensed under chapter 395.
4. A physician or physician assistant licensed under chapter 458.
5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
6. A chiropractic physician licensed under chapter 460.
7. A podiatric physician licensed under chapter 461.
8. A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this

section.

9. A midwife licensed under chapter 467.

10. A health maintenance organization certificated under part I of chapter 641.

11. A health care professional association and its employees or a corporate medical group and its employees.

12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.

13. A dentist or dental hygienist licensed under chapter 466.

14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.

15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

(e) "Low-income" means:

1. A person who is Medicaid-eligible under Florida law;

2. A person who is without health insurance and whose family income does not exceed 200 percent of the federal poverty level as defined annually by the federal Office of Management and Budget; or

3. Any client of the department who voluntarily chooses to participate in a program offered or approved by the department and meets the program eligibility guidelines of the department.

(4) CONTRACT REQUIREMENTS.--A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the contract, if the contract complies with the

requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider under contract with the state may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

(a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.

(b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.

(c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. 395.0197. If an incident involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(d) Patient selection and initial referral must be made solely by the governmental contractor, and the provider must accept all referred patients. However, the number of patients that must be accepted may be limited by the contract, and patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.

(e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within 48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.

(f) Patient care, including any followup or hospital care, is subject to approval by the governmental contractor.

(g) The provider is subject to supervision and regular inspection by the governmental contractor.

A governmental contractor that is also a health care provider is not required to enter into a contract under this section with respect to the health care services delivered by its employees.

(5) NOTICE OF AGENCY RELATIONSHIP.--The governmental contractor must



provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing, that the provider is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28. With respect to any federally funded community health center, the notice requirements may be met by posting in a place conspicuous to all persons a notice that the federally funded community health center is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28.

(6) **QUALITY ASSURANCE PROGRAM REQUIRED.**--The governmental contractor shall establish a quality assurance program to monitor services delivered under any contract between an agency and a health care provider pursuant to this section.

(7) **RISK MANAGEMENT REPORT.**--The Division of Risk Management of the Department of Financial Services shall annually compile a report of all claims statistics for all entities participating in the risk management program administered by the division, which shall include the number and total of all claims pending and paid, and defense and handling costs associated with all claims brought against contract providers under this section. This report shall be forwarded to the department and included in the annual report submitted to the Legislature pursuant to this section.

(8) **REPORT TO THE LEGISLATURE.**--Annually, the department shall report to the President of the Senate, the Speaker of the House of Representatives, and the minority leaders and relevant substantive committee chairpersons of both houses, summarizing the efficacy of access and treatment outcomes with respect to providing health care services for low-income persons pursuant to this section.

(9) **MALPRACTICE LITIGATION COSTS.**--Governmental contractors other than the department are responsible for their own costs and attorney's fees for malpractice litigation arising out of health care services delivered pursuant to this section.

(10) **RULES.**--The department shall adopt rules to administer this section in a manner consistent with its purpose to provide and facilitate access to appropriate, safe, and costeffective health care services and to maintain health care quality. The rules may include services to be provided and authorized procedures. Notwithstanding the requirements of paragraph (4)(d), the department shall adopt rules that specify required methods for determination and approval of patient eligibility and referral and the contractual conditions under which a health care provider may perform the patient eligibility and referral process on behalf of the department. These rules shall include, but not be limited to, the following requirements:

(a) The provider must accept all patients referred by the department. However, the

number of patients that must be accepted may be limited by the contract.

(b) The provider shall comply with departmental rules regarding the determination and approval of patient eligibility and referral.

(c) The provider shall complete training conducted by the department regarding compliance with the approved methods for determination and approval of patient eligibility and referral.

(d) The department shall retain review and oversight authority of the patient eligibility and referral determination.

(11) APPLICABILITY.--This section applies to incidents occurring on or after April 17, 1992. This section does not apply to any health care contract entered into by the Department of Corrections which is subject to s. 768.28(10)(a). Nothing in this section in any way reduces or limits the rights of the state or any of its agencies or subdivisions to any benefit currently provided under s. 768.28.

### *Georgia*

#### **Georgia Code - Torts - Title 51, Section 51-1-20**

(a) A person serving with or without compensation as a member, director, or trustee, or as an officer of the board without compensation, of any nonprofit hospital or association or of any nonprofit, charitable, or eleemosynary institution or organization or of any local governmental agency, board, authority, or entity shall be immune from civil liability for any act or any omission to act arising out of such service if such person was acting in good faith within the scope of his or her official actions and duties and unless the damage or injury was caused by the willful or wanton misconduct of such person.

(b) As used in this Code section, the term 'compensation' shall not include reimbursement for reasonable expenses related to said services.

(c) This Code section shall not affect any immunity of any person arising from any source, whether or not such person may additionally be subject to and possess an immunity provided by this Code section. The immunity provided by this Code section shall be supplemental to any such existing immunity.

### *Iowa*

#### **I.C.A. § 135.24**

#### **135.24. Volunteer health care provider program established--immunity from civil liability**

1. The director shall establish within the department a program to provide to eligible hospitals, clinics, free clinics, field dental clinics, or other health care facilities, health care referral programs, or charitable organizations, free medical, dental,

chiropractic, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, and emergency medical care services given on a voluntary basis by health care providers. A participating health care provider shall register with the department and obtain from the department a list of eligible, participating hospitals, clinics, free clinics, field dental clinics, or other health care facilities, health care referral programs, or charitable organizations.

2. The department, in consultation with the department of human services, shall adopt rules to implement the volunteer health care provider program which shall include the following:

a. Procedures for registration of health care providers deemed qualified by the board of medicine, the board of physician assistants, the dental board, the board of nursing, the board of chiropractic, the board of psychology, the board of social work, the board of behavioral science, the board of pharmacy, the board of optometry, the board of podiatry, the board of physical and occupational therapy, the board of respiratory care, and the Iowa department of public health, as applicable.

b. Procedures for registration of free clinics and field dental clinics.

c. Criteria for and identification of hospitals, clinics, free clinics, field dental clinics, or other health care facilities, health care referral programs, or charitable organizations, eligible to participate in the provision of free medical, dental, chiropractic, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, or emergency medical care services through the volunteer health care provider program. A free clinic, a field dental clinic, a health care facility, a health care referral program, a charitable organization, or a health care provider participating in the program shall not bill or charge a patient for any health care provider service provided under the volunteer health care provider program.

d. Identification of the services to be provided under the program. The services provided may include, but shall not be limited to, obstetrical and gynecological medical services, psychiatric services provided by a physician licensed under chapter 148, dental services provided under chapter 153, or other services provided under chapter 147A, 148A, 148B, 148C, 149, 151, 152, 152B, 152E, 154, 154B, 154C, 154D, 154F, or 155A.

3. A health care provider providing free care under this section shall be considered an employee of the state under chapter 669, shall be afforded protection as an employee of the state under section 669.21, and shall not be subject to payment of claims arising out of the free care provided under this section through the health care provider's own professional liability insurance coverage, provided that the health care provider has done all of the following:

- a. Registered with the department pursuant to subsection 1.
  - b. Provided medical, dental, chiropractic, pharmaceutical, nursing, optometric, psychological, social work, behavioral science, podiatric, physical therapy, occupational therapy, respiratory therapy, or emergency medical care services through a hospital, clinic, free clinic, field dental clinic, or other health care facility, health care referral program, or charitable organization listed as eligible and participating by the department pursuant to subsection 1.
4. A free clinic providing free care under this section shall be considered a state agency solely for the purposes of this section and chapter 669 and shall be afforded protection under chapter 669 as a state agency for all claims arising from the provision of free care by a health care provider registered under subsection 3 who is providing services at the free clinic in accordance with this section or from the provision of free care by a health care provider who is covered by adequate medical malpractice insurance as determined by the department, if the free clinic has registered with the department pursuant to subsection 1.
5. A field dental clinic providing free care under this section shall be considered a state agency solely for the purposes of this section and chapter 669 and shall be afforded protection under chapter 669 as a state agency for all claims arising from the provision of free care by a health care provider registered under subsection 3 who is providing services at the field dental clinic in accordance with this section or from the provision of free care by a health care provider who is covered by adequate medical malpractice insurance as determined by the department, if the field dental clinic has registered with the department pursuant to subsection 1.
6. For the purposes of this section:
- a. “Charitable organization” means a charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code. [FN1]
  - b. “Field dental clinic” means a dental clinic temporarily or periodically erected at a location utilizing mobile dental equipment, instruments, or supplies, as necessary, to provide dental services.
  - c. “Free clinic” means a facility, other than a hospital or health care provider's office which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code and which has as its sole purpose the provision of health care services without charge to individuals who are otherwise unable to pay for the services.
  - d. “Health care provider” means a physician licensed under chapter 148, a chiropractor licensed under chapter 151, a physical therapist licensed pursuant to chapter 148A, an occupational therapist licensed pursuant to chapter 148B, a podiatrist licensed pursuant to chapter 149, a physician assistant licensed and practicing under a supervising physician pursuant to chapter 148C, a licensed practical nurse, a registered nurse, or an advanced registered nurse practitioner

licensed pursuant to chapter 152 or 152E, a respiratory therapist licensed pursuant to chapter 152B, a dentist, dental hygienist, or dental assistant registered or licensed to practice under chapter 153, an optometrist licensed pursuant to chapter 154, a psychologist licensed pursuant to chapter 154B, a social worker licensed pursuant to chapter 154C, a mental health counselor or a marital and family therapist licensed pursuant to chapter 154D, a pharmacist licensed pursuant to chapter 155A, or an emergency medical care provider certified pursuant to chapter 147A.

## **Statutory Immunity: Change in the Standard of Care: Arizona, Louisiana, Mississippi, Oregon**

### *Arizona*

#### **A.R.S. § 12-982**

##### **12-982. Qualified immunity; insurance coverage**

A. A volunteer is immune from civil liability in any action based on an act or omission of a volunteer resulting in damage or injury if:

1. The volunteer acted in good faith and within the scope of the volunteer's official functions and duties for a nonprofit corporation or nonprofit organization, hospital or governmental entity.
2. The damage or injury was not caused by willful, wanton or grossly negligent misconduct by the volunteer.

B. Notwithstanding subsection A of this section, in any suit against a nonprofit corporation or nonprofit organization, hospital or governmental entity for civil damages based on the negligent act or omission of a volunteer, proof that the act or omission was within the scope of the volunteer's official functions and duties is sufficient to establish the vicarious liability, if any, of the organization.

C. A motor vehicle liability policy, as defined in § 28-4001, which provides coverage to the operator of a motor vehicle is subject to the following provisions which need not be contained in the policy. The liability of the insurance carrier with respect to the insured and any other person using the vehicle with the express or implied permission of the insured shall extend to provide excess coverage for a nonprofit corporation or nonprofit organization for the acts of the operator in operating a motor vehicle at all times when the operator is acting as a volunteer for that nonprofit corporation or nonprofit organization.

#### **A.R.S. § 12-571**

##### **12-571. Qualified immunity; health professionals; nonprofit clinics; previously owned prescription eyeglasses**

A. A health professional, as defined in § 32-3201, who provides medical or dental treatment within the scope of the health professional's certificate or license at a nonprofit clinic where neither the professional nor the clinic receives compensation for any treatment provided at the clinic is not liable in a medical malpractice action, unless such health professional was grossly negligent.

B. A health professional who, within the professional's scope of practice, provides previously owned prescription eyeglasses free of charge through a charitable, nonprofit or fraternal organization is not liable for an injury to the recipient if the recipient or the recipient's parent or legal guardian has signed a medical malpractice release form and the injury is not a direct result of the health professional's intentional misconduct or gross

negligence. For purposes of this subsection, “medical malpractice release form” means a document that the recipient or the recipient's parent or legal guardian signs before the recipient receives eyeglasses pursuant to this subsection to acknowledge that the eyeglasses were not made specifically for the recipient and to accept full responsibility for the recipient's eye safety.

### *Louisiana*

#### **LSA-R.S. 9:2799.5**

##### **2799.5. Limitation of liability for gratuitous service by a health care provider in a community health care clinic or community pharmacy**

A. The Legislature of Louisiana finds that the lack of affordable health care and medication is a health threat to the citizens of Louisiana. The legislature further finds that the rendering of gratuitous services by health care providers in and for community health care clinics and the availability of free medication provide needed medical services and pharmaceuticals which can save the lives of many citizens of this state, particularly children.

- B. (1) No health care provider who in good faith gratuitously renders health care services in a community health care clinic or pursuant to an arrangement with a community health care clinic providing that such services will be rendered at the offices of a health care provider shall be liable for any civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care to any person receiving such services, unless the damages were caused by the gross negligence or willful or wanton misconduct of the health care provider.
- (2) (a) The provisions of this Subsection shall be applicable only if the person receiving the health care services receives prior notice from the community health care clinic of the limitation of liability provided for in this Paragraph.
- (b) Either at the initial screening of a person or at the time health care services are provided, the community health care clinic or the community health care provider furnishing services shall inform such person of the limitation of liability provided by this Section by: distributing to such person a notice, in a form such person can keep; and have printed and keep posted, at a convenient and conspicuous place where patients entering the clinic will see it, which notice shall read substantially as follows: "NOTICE - If you are injured here because of things we do or fail to do, you do not have the same legal recourse as you would have against other health care providers."
- (c) If the notice is posted, the notice shall be printed in type size sufficient to be easily read by patients upon entering the facility.

(d) Failure to follow notice procedures as provided in this Section negates the limitation of liability provided by this Section.

(3) (a) A community health care clinic or community pharmacy shall conduct a screening to determine whether a prospective patient is enrolled or eligible to be enrolled in a gratuitous medical or dental treatment plan, including enrollment or eligibility to be enrolled for health care benefits in a public entitlement program, including Medicaid, Louisiana Children's Health Insurance Program (LaCHIP), or Medicare.

(b) A community health care clinic or community pharmacy may provide or arrange health care services for a patient who is enrolled or eligible to be enrolled for those services under any gratuitous plan or entitlement program for the immediate or current health condition, illness, injury, or disease and any subsequent medically necessary health care services to diagnose, prevent, treat, cure, or relieve the health condition, illness, injury, or disease. The provision or arrangement for health care services by a community health care clinic or community pharmacy to a patient shall be based on the health care resources of that clinic or pharmacy.

(c) A community health care clinic or community pharmacy shall provide assistance to an eligible patient on enrollment in a gratuitous medical or dental treatment plan or a public entitlement program for which he may qualify within sixty days of screening by the clinic or pharmacy in accordance with Subparagraph (3)(a) of this Subsection.

(d) Nothing in this Section shall be construed to prohibit any individual from receiving health care services provided or arranged by a community health care clinic or community pharmacy.

(4) A community health care clinic that provides or arranges for services at the office of a licensed health care provider after due notice is provided pursuant to Paragraph (2) of this Subsection and appropriate financial screening shall refer a person who is qualified to receive gratuitous health care services to a primary care physician or a general dentist for a medical assessment or examination and treatment, if appropriate, or to determine the necessity to refer such person to a medical or dental specialist for treatment.

C. (1) No pharmacist who gratuitously renders services in a community pharmacy shall be liable for any civil damages as a result of any act or omission in preparing, bottling, or supplying such pharmaceutical products, unless the damages were caused by the gross negligence or willful or wanton misconduct of the pharmacist.

(2) The provisions of this Subsection shall be applicable only if the community pharmacy posts, in a convenient and conspicuous place where persons entering



the pharmacy will see it, a notice reading substantially as follows: "NOTICE - If you are harmed by medication which you receive here, you do not have the same legal recourse as you would have against other pharmacies." The notice shall be printed in type size sufficient to be easily read by persons upon entering the facility. Failure to keep such notice posted as provided negates the limitation of liability provided by this Subsection.

D. For purposes of this Section:

(1) "Community health care clinic" means a nonprofit organization qualified or eligible for qualification as a tax-exempt organization under 26 U.S.C. 501, which operates a medical clinic or which provides or arranges for services at the offices of a licensed health care provider solely for educational or charitable purposes, whose principal function is to supply or to make arrangements for the supply of the facilities, volunteer staff, and other support for the rendering of gratuitous medical or dental treatment.

(2) "Community pharmacy" means a nonprofit organization qualified or eligible for qualification as a tax-exempt organization under 26 U.S.C. 501, which operates a pharmacy solely for charitable purposes, whose principal function is to supply gratuitous pharmaceuticals.

(3) "Health care provider" means a clinic, person, corporation, facility, or institution which provides health care or professional services by a physician, clinic, dentist, registered or licensed practical nurse, pharmacist, optometrist, podiatrist, chiropractor, physical therapist, psychologist, or psychiatrist, and any officer, employee, or agent thereof acting in the course and scope of his employment.

(4) "Pharmacist" means a pharmacy, person, corporation, facility, or institution which supplies pharmaceuticals prepared or bottled, or both, by the pharmacists, and otherwise handled by any officer, employee, or agent thereof acting in the course and scope of his service or employment.

E. The provisions of this Section shall not apply to any health care provider rendering services covered by the provisions of R.S. 40:1299.39 et seq.

F. Any health care provider who in good faith gratuitously renders health care services during any evacuation assistance or in advance of a hurricane or tropical storm declared by the United States National Oceanic and Atmospheric Administration's National Weather Service, or who gratuitously renders any health care services, disaster relief or recovery services following a declared state of emergency, in a community health care clinic or community pharmacy, or pursuant to an arrangement with a community health care clinic, shall not be liable for any civil damages as a result of any act or omission in rendering such relief or recovery services or health care services or as a result of any act or failure to act to provide or arrange for further medical treatment, health care

services, relief or recovery services to any person receiving such services, unless the damage or injury was caused by the gross negligence or willful or wanton misconduct of the health care provider.

**State of Louisiana, Department of Health and Hospitals**

**Medical Malpractice HB 193 by Rep. Katz** provides that health care professionals covered under the existing medical malpractice provisions for performing voluntary professional services in health care facilities or institutions for or on behalf of the state shall also include physicians providing voluntary telemedicine services for DHH.

*Mississippi*

**Miss. Code Ann. § 95-9-1**

**95-9-1. Qualified volunteers, immunity and exemptions**

(1) For the purposes of this section, unless the context otherwise requires:

(a) "Qualified volunteer" means any person who freely provides services, goods or the use of real or personal property or equipment, without any compensation or charge to any volunteer agency in connection with a volunteer activity. For purposes of this chapter, reimbursement of actual expenses, including travel expenses, necessarily incurred in the discharge of a member's duties, insurance coverage and workers' compensation coverage of volunteers, shall not be considered monetary compensation.

(b) "Volunteer agency" means any department, institution, community volunteer organization or any nonprofit corporation designated 501(c)(3) by the United States Internal Revenue Service, except an agency established primarily for the recreational benefit of its stockholders or members. Volunteer agency shall also include any volunteer firefighter association which is eligible to be designated as a nonprofit corporation under 501(c)(3) by the United States Internal Revenue Service.

(c) "Volunteer activity" means any activity within the scope of any project, program or other activity regularly sponsored by a volunteer agency with the intent to effect a charitable purpose, or other public benefit including, but not limited to, fire protection, rescue services, the enhancement of the cultural, civic, religious, educational, scientific or economic resources of the community or equine activity as provided in Sections 95-11-1 et seq.

(2) A qualified volunteer shall not be held vicariously liable for the negligence of another in connection with or as a consequence of his volunteer activities.

(3) A qualified volunteer who renders assistance to a participant in, or a recipient, consumer or user of the services or benefits of a volunteer activity shall not be liable for

any civil damages for any personal injury or property damage caused to a person as a result of any acts or omissions committed in good faith except:

(a) Where the qualified volunteer engages in acts or omissions which are intentional, willful, wanton, reckless or grossly negligent; or

(b) Where the qualified volunteer negligently operates a motor vehicle, aircraft, boat or other powered mode of conveyance.

### *Oregon*

#### **O.R.S. § 30.792**

#### **30.792. Health care provider; liability for volunteer services to charitable corporations**

(1) As used in this section:

(a) “Charitable corporation” has the meaning given that term in ORS 128.620.

(b) “Health care provider” means any person licensed in this state as a practitioner of one or more healing arts as described in ORS 31.740.

(c) “Health clinic” means a public health clinic or a health clinic operated by a charitable corporation that provides primarily primary physical health, dental or mental health services to low-income patients without charge or using a sliding fee scale based on the income of the patient.

(2) Except as provided in subsection (3) of this section, no person may maintain an action for damages against:

(a) A health care provider who voluntarily provides to a charitable corporation any assistance, services or advice directly related to the charitable purposes of the corporation if the assistance, services or advice are within the scope of the license of the health care provider; or

(b) A health clinic for the assistance, services or advice provided by a health care provider described in paragraph (a) of this subsection.

(3) The immunity provided in this section shall not apply to:

(a) Any person who receives compensation other than reimbursement for expenses incurred by the person providing such assistance, services or advice.

(b) The liability of any person for damages resulting from the person's gross negligence or from the person's reckless, wanton or intentional misconduct.

(c) Any activity for which a person is otherwise strictly liable without regard to fault.

## **Purchased Models: Kentucky, Minnesota**

### ***Kentucky***

#### **KRS § 304.40-075 Medical malpractice insurance for charitable health care providers; scope of coverage; premiums; registration of providers; review; availability of information**

(1) As used in this section, unless the context requires otherwise:

(a) “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 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.

(b) The Office 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 rendering medical care without compensation or charge and without expectation of compensation or charge, and who will be 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 executive director 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 office 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 who are not otherwise covered by any policy of medical professional liability insurance for the charitable health care services provided, and 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 Office 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 Office 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 Office of Insurance information on its registration of charitable health care providers for the purpose of obtaining medical malpractice insurance.

(8) The Office 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.

### ***Minnesota***

#### **214.40 Volunteer Health Care Provider Program**

##### **Subdivision 1. Definitions.**

(a) The definitions in this subdivision apply to this section.

(b) "Administrative services unit" means the administrative services unit for the health-related licensing boards.

(c) "Charitable organization" means a charitable organization within the meaning of section 501(c)(3) of the Internal Revenue Code that has as a purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of health care services and that serves as a funding mechanism for providing those services.

(d) "Health care facility or organization" means a health care facility licensed under chapter 144 or 144A, or a charitable organization.

(e) "Health care provider" means a physician licensed under chapter 147, physician assistant registered and practicing under chapter 147A, nurse licensed and registered to practice under chapter 148, or dentist or dental hygienist licensed under chapter 150A.

(f) "Health care services" means health promotion, health monitoring, health education, diagnosis, treatment, minor surgical procedures, the administration of local anesthesia for the stitching of wounds, and primary dental services, including preventive, diagnostic, restorative, and emergency treatment. Health care services do not include the administration of general anesthesia or surgical procedures other than minor surgical procedures.

(g) "Medical professional liability insurance" means medical malpractice insurance as defined in section 62F.03.

##### **Subd. 2. Establishment.**

The administrative services unit shall establish a volunteer health care provider program to facilitate the provision of health care services provided by volunteer health care providers through eligible health care facilities and organizations.

**Subd. 3. Participation of health care facilities.**

To participate in the program established in subdivision 2, a health care facility or organization must register with the administrative services unit on forms provided by the administrative services unit and must meet the following requirements:

- (1) be licensed to the extent required by law or regulation;
- (2) provide evidence that the provision of health care services to the uninsured and underinsured is the primary purpose of the facility or organization;
- (3) certify that it maintains adequate general liability and professional liability insurance for program staff other than the volunteer health care provider or is properly and adequately self-insured;
- (4) agree to report annually to the administrative services unit the number of volunteers, number of volunteer hours provided, number of patients seen by volunteer providers, and types of services provided; and
- (5) agree to pay to the administrative services unit an annual participation fee of \$50. All fees collected are deposited into the state government special revenue fund and are appropriated to the administrative services unit for purposes of administering the program.

**Subd. 4. Health care provider registration.**

(a) To participate in the program established in subdivision 2, a health care provider shall register with the administrative services unit. Registration may be approved if the provider has submitted a certified statement on forms provided by the administrative services unit attesting that the health care provider agrees to:

- (1) receive no direct monetary compensation of any kind for services provided in the program;
- (2) submit a sworn statement attesting that the license to practice is free of restrictions. The statement must describe:
  - (i) any disciplinary action taken against the health care provider by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care provider's license to practice or any restrictions on practice, suspension of privileges, or other sanctions; and

(ii) any malpractice suits filed against the health care provider and the outcome of any suits filed;

(3) submit any additional materials requested by the administrative services unit;

(4) identify the eligible program through which the health care services will be provided and the health care facilities at which the services will be provided; and

(5) if coverage is purchased for the provider under subdivision 7, comply with any risk management and loss prevention policies imposed by the insurer.

(b) Registration expires two years from the date the registration was approved. A health care provider may apply for renewal by filing with the administrative services unit a renewal application at least 60 days prior to the expiration of the registration.

**Subd. 5. Revocation of eligibility and registration.**

The administrative services unit may suspend, revoke, or condition the eligibility of a health care provider for cause, including, but not limited to, the failure to comply with the agreement with the administrative services unit and the imposition of disciplinary action by the licensing board that regulates the health care provider.

**Subd. 6. Board notice of disciplinary action.**

The applicable health-related licensing board shall immediately notify the administrative services unit of the initiation of a contested case against a registered health care provider or the imposition of disciplinary action, including copies of any contested case decision or settlement agreement with the health care provider.

**Subd. 7. Medical professional liability insurance.**

(a) The administrative services unit must purchase medical professional liability insurance, if available, for a health care provider who is registered in accordance with subdivision 4 and who is not otherwise covered by a medical professional liability insurance policy or self-insured plan either personally or through another facility or employer.

(b) Coverage purchased under this subdivision must be limited to the provision of health care services performed by the provider for which the provider does not receive direct monetary compensation.

**Subd. 8. Fee adjustment.**

The administrative services unit shall apportion between the Board of Medical Practice, the Board of Dentistry, and the Board of Nursing an amount to be raised through fees by the respective board. The amount apportioned to each board shall



be the total amount expended on medical professional liability insurance coverage purchased for the providers regulated by the respective board. The respective board may adjust the fees which the board is required to collect to compensate for the amount apportioned to the board by the administrative services unit.

### *Washington*

#### **Washington 43.70.460. Retired primary and specialty care provider liability malpractice insurance—Program Authorized**

(1) The department may establish a program to purchase and maintain liability malpractice insurance for retired primary and specialty care providers who provide health care services to low-income patients. The following conditions apply to the program:

(a) Health care services shall be provided at clinics serving low-income patients that are public or private taxexempt corporations or other established practice settings as defined by the department;

(b) Health care services provided at the clinics shall be offered to low-income patients based on their ability to pay;

(c) Retired health care providers providing health care services shall not receive compensation for their services; and

(d) The department shall contract only with a liability insurer authorized to offer liability malpractice insurance in the state.

(e) Specialists in this program will be limited to those whose malpractice insurance premiums are comparable to primary care providers.

(2) This section and RCW 43.70.470 shall not be interpreted to require a liability insurer to provide coverage to a health care provider should the insurer determine that coverage should not be offered to a health care provider because of past claims experience or for other appropriate reasons.

(3) The state and its employees who operate the program shall be immune from any civil or criminal action involving claims against clinics or health care providers that provided health care services under this section and RCW 43.70.470. This protection of immunity shall not extend to any clinic or health care provider participating in the program.

(4) The department may monitor the claims experience of retired health care providers covered by liability insurers contracting with the department.

(5) The department may provide liability insurance under chapter 113, Laws of 1992 only to the extent funds are provided for this purpose by the legislature. If there are insufficient funds to support all applications for liability insurance coverage, priority shall be given to those retired health care providers working at clinics operated by

public or private tax-exempt corporations rather than clinics operated by for-profit corporations.

**Washington RCW 4.24.300**

**Immunity from liability for certain types of medical care.**

(1) Any person, including but not limited to a volunteer provider of emergency or medical services, who without compensation or the expectation of compensation renders emergency care at the scene of an emergency or who participates in transporting, not for compensation, therefrom an injured person or persons for emergency medical treatment shall not be liable for civil damages resulting from any act or omission in the rendering of such emergency care or in transporting such persons, other than acts or omissions constituting gross negligence or willful or wanton misconduct. Any person rendering emergency care during the course of regular employment and receiving compensation or expecting to receive compensation for rendering such care is excluded from the protection of this subsection.

(2) Any licensed health care provider regulated by a disciplining authority under RCW [18.130.040](#) in the state of Washington who, without compensation or the expectation of compensation, provides health care services at a community health care setting is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(3) For purposes of subsection (2) of this section, "community health care setting" means an entity that provides health care services and:

(a) Is a clinic operated by a public entity or private tax exempt corporation, except clinic that is owned, operated, or controlled by a hospital licensed under chapter [70.41](#) RCW unless the hospital-based clinic either:

(i) Maintains and holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public to the extent that care is provided without compensation or expectation of compensation during those established hours; or

(ii) Is participating, through a written agreement, in a community-based program to provide access to health care services for uninsured persons, to the extent that:

(A) Care is provided without compensation or expectation of compensation to individuals who have been referred for care through that community-based program; and

(B) The health care provider's participation in the community-based program is conditioned upon his or her agreement to provide health services without expectation of compensation;

(b) Is a for-profit corporation that maintains and holds itself out to the public as having established hours on a regular basis for providing free health care services to members of

the public to the extent that care is provided without compensation or expectation of compensation during those established hours; or

(c) Is a for-profit corporation that is participating, through a written agreement, in a community-based program to provide access to health care services for uninsured persons, to the extent that:

(i) Care is provided without compensation or expectation of compensation to individuals who have been referred for care through that community-based program; and

(ii) The health care provider's participation in the community-based program is conditioned upon his or her agreement to provide health services without expectation of compensation.

## **State Administered Risk Pool: Virginia**

### *Virginia*

#### **Virginia 54.1-106. Health care professionals rendering services to patients of certain clinics exempt from liability**

A. No person who is licensed or certified by the Boards of/for Audiology and Speech-Language Pathology; Counseling; Dentistry; Medicine; Nursing; Optometry; Opticians; Pharmacy; Hearing Aid Specialists; Psychology; or Social Work or who holds a multi-state licensure privilege to practice nursing issued by the Board of Nursing who renders at any site any health care services within the limits of his license, certification or licensure privilege, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge, shall be liable for any civil damages for any act or omission resulting from the rendering of such services unless the act or omission was the result of his gross negligence or willful misconduct. For purposes of this section, any commissioned or contract medical officers or dentists serving on active duty in the United States armed services and assigned to duty as practicing commissioned or contract medical officers or dentists at any military hospital or medical facility owned and operated by the United States government shall be deemed to be licensed pursuant to this title.

B. For the purposes of Article 5 (§ 2.2-1832 et seq.) of Chapter 18 of Title 2.2, any person rendering such health care services who (i) is registered with the Division of Risk Management and (ii) has no legal or financial interest in the clinic from which the patient is referred shall be deemed an agent of the Commonwealth and to be acting in an authorized governmental capacity with respect to delivery of such health care services. The premium for coverage of such person under the Risk Management Plan shall be paid by the Department of Health.

C. For the purposes of this section and Article 5 (§ 2.2-1832 et seq.) of Chapter 18 of Title 2.2, "delivery of health care services without charge" shall be deemed to include the delivery of dental, medical or other health services when a reasonable minimum fee is charged to cover administrative costs.

#### **Virginia 32.1-127.3. Immunity from liability for certain free health care services**

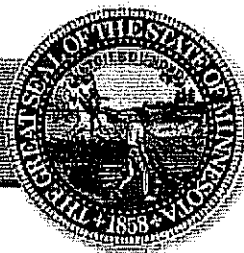
A. No hospital employee who renders health care services at his place of employment and within the limits of his licensure, certification, or multistate licensure privilege to practice nursing, or, if such employee is not required to be licensed or certified pursuant to Title 54.1, within the scope of his employment, shall be liable for any civil damages for any act or omission resulting from the rendering of such services to a patient of a clinic which is organized in whole or in part for the delivery of health care services without charge unless such act or omission was the result of gross negligence or willful misconduct. Such clinic shall have on record written agreements with each hospital providing such services, and immunity shall apply only to those services provided by the hospital without charge.

B. For the purposes of Article 5 (§ 2.2-1832 et seq.) of Chapter 18 of Title 2.2, any personnel employed by a hospital licensed pursuant to this article and rendering health care services pursuant to subsection A shall be deemed an agent of the Commonwealth and to be acting in an authorized governmental capacity with respect to delivery of such health care services if (i) the hospital has agreed in writing to provide health care services at no charge for patients referred by a clinic organized in whole or in part for the delivery of health care services without charge, (ii) the employing hospital is registered with the Division of Risk Management, and (iii) the employee delivering such services has no legal or financial interest in the clinic from which the patient is referred. The premium for coverage of such hospital employees under the Risk Management Plan shall be paid by the Department of Health.

C. The provisions of this section shall only apply to health care personnel providing care pursuant to subsections A and B during the period in which such care is rendered.

D. Moreover, no officer, director or employee of any such clinic, or the clinic itself, as described in subsection A shall, in the absence of gross negligence or willful misconduct, be liable for civil damages resulting from any act or omission relating to the providing of health care services without charge to patients of the clinic.

E. For the purposes of this section and Article 5 (§ 2.2-1832 et seq.) of Chapter 18 of Title 2.2, "delivery of health care services without charge" shall be deemed to include the delivery of dental or medical services in a dental or medical clinic when a reasonable minimum fee is charged to cover administrative costs.



## Voluntary Health Care Provider Program

### Health care facility or Organization Registration Forms

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Overview of and Instructions for Voluntary Health Care Provider Program

Registration Form (Form A)

Annual Volunteer Demographics (Form D)

Volunteer Participant Roster (Form B)

Affidavit of Organizations Registration (Form C)

### Individual Health Care Provider Registration Forms

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Registration as an Individual Health Care Provider (Form E) ...

Individual Physician or Surgeons Professional Liability Insurance Application (Form G) ...

Individual Health Care Provider Professional Liability Insurance Application (Form H) ...

Request to Continue / Renew Insurance Coverage (Form F) ...

**complete form G if your profession is Doctor or Dentist**  
**complete form H if your profession is Nurse**

### 2006 Biennial Report

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Biennial Report 2006 (Cover)

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Organization of the Boards

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Board of Behavioral Health and Therapy

Board of Chiropractic Examiners

Board of Dentistry

Board of Dietetics and Nutrition Practice

Health Professionals Services Program

### HLB Home Pages

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ASU



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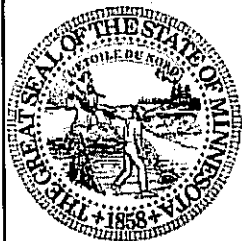
### FAQs

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**Q. How much does it cost?**

**A. According to statute - the clinics register with the Administrative Services Unit and pay \$50 each year.**

Then when the clinic has doctors, nurses, or dentists that volunteer to work at the clinic but that do not have insurance or there insurance will not cover them to provide volunteer work for your clinic - the doctor, nurse or dentist submits an application to the Administrative Services unit and the ASU will then pay for their insurance. It will not cost the doctor, nurse, or dentist anything.



**ADMINISTRATIVE SERVICES UNIT  
HEALTH RELATED LICENSING BOARDS  
UNIVERSITY PARK PLAZA  
2829 UNIVERSITY AVENUE SE, SUITE 445  
MINNEAPOLIS, MINNESOTA 55414  
WWW.ASU.STATE.MN.US  
651/201-2732**

## **INSTRUCTIONS FOR REGISTRATION for VOLUNTARY HEALTH CARE PROVIDER PROGRAM**

The Administrative Services Unit of the Health Related Licensing Boards shall establish a volunteer health care provider program to facilitate provision of health care services provided by volunteer health care providers through eligible health care facilities and organizations as defined in Minn Stat § 214.40.

A "Health care facility or organization" means a health care facility licensed under Chapter 144 or 144A, or a charitable organization within the meaning of section 501 (c) (3) of the Internal Revenue Code.

A "Health care provider" means a physician licensed under chapter 147, physician assistant registered and practicing under chapter 147A, nurse licensed and registered to practice under chapter 148, or dentist or dental hygienist licensed under chapter 150A.

To participate, a **health care facility or organization** must register with ASU by completing: 1) the Registration Form (Form A); 2) Volunteer Participant Roster (Form B); 3) Volunteer Demographics (Form D); and 4) Affidavit of Organizations Registration (Form C) and meet the following requirements:

- Be licensed in accordance with Minnesota Statutes § 144 or 144A.
- Provide evidence that the provision of health care services to the uninsured and underinsured is the primary purpose of the facility or organization.
- Certify that it maintains adequate general liability and professional liability insurance for program staff other than the volunteer health care provider or is properly and adequately self-insured.
- Agree to provide proof of insurance upon registration / renewal / and upon insurance renewal.
- Provide the Volunteer Participant Roster (Form B) to ASU with the application and the annual renewal form each year. The roster includes data from the individuals participating in the health care provider program currently or individuals that you anticipate will register in the program. The Volunteer Participant Roster form is due by August 31<sup>st</sup> each year.
- Provide the Volunteer Demographics (Form D) to ASU with the application and the annual renewal form each year. The information includes data from the individuals participating in the health care provider program currently or individuals that you anticipate will register in the program. The Volunteer Demographics form is due by August 31<sup>st</sup> each year.

# APPLICATION TO REGISTER AS A HEALTH CARE FACILITY OR ORGANIZATION UNDER THE VOLUNTEER HEALTH CARE PROVIDER PROGRAM

ADMINISTRATIVE SERVICES UNIT  
UNIVERSITY PARK PLAZA  
2829 UNIVERSITY AVENUE SE, SUITE 445  
MINNEAPOLIS, MINNESOTA 55414  
651/201-2732 or [www.asu.state.mn.us](http://www.asu.state.mn.us)

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

For Office Use Only	
REGISTRATION #:	_____
CHECK/RECEIPT #:	_____
AMT PAID:	_____
APPROVAL DATE:	_____
SOURCE CODE	AMOUNT
5622	\$50.00

INSTRUCTIONS FOR FACILITY / ORGANIZATION - REGISTRATION
<ol style="list-style-type: none"> <li>1. Answer all questions completely and accurately, or the application will be returned.</li> <li>2. The application fee is not refundable.</li> <li>3. Failure to answer all questions completely and accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action by the individual licensing board if you are subsequently registered by ASU.</li> <li>4. Incomplete applications may be destroyed after six months of inactivity.</li> <li>5. Registration expires annually on September 30.</li> </ol>

HEALTH CARE FACILITY OR ORGANIZATION		
FULL LEGAL-CORPORATE NAME:		
CORPORATE STREET ADDRESS:		
CITY:	STATE OR PROVINCE:	ZIP CODE:
ADDRESS WHERE SERVICES ARE PROVIDED:		
CITY:	STATE OR PROVINCE:	ZIP CODE:
BUSINESS PHONE:	FAX PHONE NUMBER:	WEB ADDRESS:
CONTACT PERSON AND TITLE:		EMAIL ADDRESS:

### PARTICIPATION OF HEALTH CARE FACILITIES

1. Is the Facility or Organization licensed to the extent required by law?       Yes       No
2. Check the volunteer health-related licensees serving at the organization.
 

<input type="checkbox"/> Physician	<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Dentist
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Dental Hygienist

### UNINSURED AND UNDERSINSURED REQUIREMENT

Is the facility or organization seeking registration providing health care services primarily to the uninsured and underinsured?       Yes       No

Please attach evidence showing the intent of serving the uninsured or underinsured; (i.e 501(C)(3), mission statement, brochures, financial statements, etc.) The definition of "charitable organization" does not require an organization to be registered as a 501(C) organization, it needs to be one that is similar and meets the requirements of the Minn. Stat. sec. 214.40, that is "has as a purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of health care services and that serves as a funding mechanism for providing those services.

### LIABILITY INSURANCE

Does this facility or organization possess general liability and professional liability insurance?       Yes       No  
(A copy of the insurance certificate must be attached and provided upon each renewal)



# ANNUAL VOLUNTEER DEMOGRAPHICS

## VOLUNTARY HEALTH CARE PROGRAM PROVIDER

ADMINISTRATIVE SERVICES UNIT  
 UNIVERSITY PARK PLAZA  
 2829 UNIVERSITY AVENUE SE, SUITE 445  
 MINNEAPOLIS, MINNESOTA 55414  
 651-201-2732 or www.asu.state.mn.us

Name of Facility or Organization <b>ANNUAL VOLUNTEER DEMOGRAPHICS</b> To be completed for renewal of facility / organization registration
---

<b>REQUIRED INFORMATION</b>	<b>HEALTH CARE REGISTRATION RESPONSE</b> This is due August 31 <sup>st</sup> or with application / renewal form Begin & End dates data is provided _____ to _____
-----------------------------	---

<b>Number of Volunteers:</b> (Total for organization) _____	<b>Number of Volunteer Hours:</b> (Total for organization) _____	<b>Number of Patients Seen:</b> (Total for organization) _____
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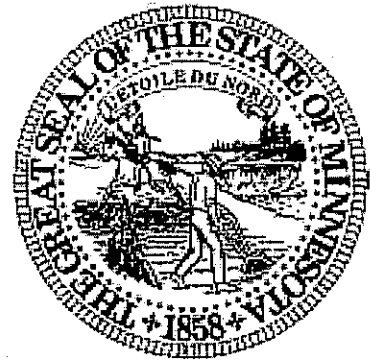
What is the minimum number of hours you require each volunteer to provide each month? \_\_\_\_\_  
 If you do not have a minimum, what do you consider the optimum to be? \_\_\_\_\_

Information below is per individual volunteer provider registered in the Health Care Provider Program (2 per sheet)

<b>Volunteer Provider Name:</b> (Individuals in program only)	Name: _____ Dates of Service: _____ to _____	Name: _____ Dates of Service: _____ to _____
<b>Number of Volunteer Hours:</b>	Week: _____ Month: _____ Year: _____	Week: _____ Month: _____ Year: _____
<b>Number of Patients seen by volunteer providers:</b>		
<b>Types of services provided:</b>		
<b>Additional Comments</b>		



AFFIDAVIT OF ORGANIZATIONS REGISTRATION  
AS A VOLUNTARY HEALTH CARE PROGRAM PROVIDER  
STATE OF MINNESOTA



COUNTY OF: \_\_\_\_\_

REGISTRATION FOR: \_\_\_\_\_

The undersigned, acting as an agent for the above named organization, requests registration under Minn Stat § 214.40, Volunteer Health Care Provider Program.

I authorize the Administrative Services Unit (herein referred to as ASU) to solicit any information, files or records ASU may require to evaluate the registration application of this organization. I further agree:

- To provide annual report to ASU
- To provide annual roster of health related licensees
- To notify ASU of any disciplinary action taken against the health care provider by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care provider's license to practice or any restrictions on practice, suspension of privileges, or other sanctions and any malpractice suits filed against the health care provider and the outcome of any suits filed.
- To comply with risk management and loss prevention policies imposed by the insurer.

I hereby authorize all governmental agencies and instrumentalities (local, state, federal or foreign) to release to ASU any information, files, or records including any information, favorable or otherwise, ASU may require for its evaluation of the professional, ethical, and physical qualifications of currently licensed health care professionals provided in the roster of potential volunteers.

I hereby release, discharge, and exonerate, ASU, the Boards, its agents, and representatives, and any person furnishing information to the Boards from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

I have carefully read the questions in the in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of such registration as a Health Care Provider. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved.

I understand that I must immediately notify the Board of any restrictions placed on any license in any state or jurisdiction. I agree to be subject to state laws, the state judicial system and all health licensing boards with respect to providing medical services to Minnesota residents. (Minn. Stat. §147.032 Subd 1 (c,d)). I understand that I am subject to the reporting obligations of MN Stat. §147.111 and that I must comply with Minn. Stat. §144.335, Access to Health Records.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Title \_\_\_\_\_

**RIGHTS OF SUBJECTS OF DATA**

This information is requested by the Administrative Services Unit. The purpose and intended use of this information is to enable ASU to determine whether you meet statutory requirements for registration. The information is classified as private while your application is pending or if your application is denied, and is public unless indicated otherwise if your registration is granted. You are required to submit this information. Your application will not be processed without it and the form will be returned to you for completion. This information may be used as the basis for further investigation. Under some circumstances, the information could become available to other agencies or persons. The Administrative Services Unit may suspend, revoke, or condition the eligibility of a health care provider for cause, including but not limited to, the failure to comply with the agreement with the administrative services unit and the imposition of disciplinary action by the licensing board that regulates the health care provider.

# APPLICATION TO REGISTER AS AN INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER Voluntary Health Care Provider Program

ADMINISTRATIVE SERVICES UNIT  
UNIVERSITY PARK PLAZA  
2829 UNIVERSITY AVENUE SE, SUITE 445  
MINNEAPOLIS, MINNESOTA 55414  
651-201-2732 or [www.asu.state.mn.us](http://www.asu.state.mn.us)

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

## INSTRUCTIONS FOR INDIVIDUAL VOLUNTEER - REGISTRATION

1. Answer all questions completely and accurately, or the application will be returned.
2. There is no application fee.
3. Failure to answer all questions completely and accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action by the individual licensing board if you are subsequently registered by ASU.
4. Incomplete applications may be destroyed after six months of inactivity.
5. Registration expires bi-annually on June 30.
6. This program operates under - Minnesota Statute 214.04.
7. Complete this form - Form E.
8. Complete the appropriate Individual Liability Insurance Application.

### For Office Use Only

Date Received : \_\_\_\_\_  
License #: \_\_\_\_\_  
License Status : \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Use this form only if you intend to register as an individual volunteer provider and be eligible for liability coverage. You must be listed on the Volunteer Roster provided to the state of Minnesota by the facility or organization granted authority as a Registered Voluntary Health Care Provider.

Title	FIRST NAME	MIDDLE NAME	LAST NAME
STREET ADDRESS:			Birth date:
CITY:		STATE OR PROVINCE:	ZIP CODE:
BUSINESS PHONE:		FAX PHONE NUMBER	WEB ADDRESS
Volunteer registered with: (List the name of the organization)			EMAIL ADDRESS
Licensed by Board of:	License #:	Birth date:	Licensed in other Jurisdictions:

Licensed as: physician, physician assistant, nurse, dentist, dental hygienist, other: \_\_\_\_\_

I herein make application to be registered as a Health Care Provider for the listed Voluntary Health Care Provider Program, registered with the Administrative Services Unit for the Health Licensing Boards of the State of Minnesota.

- I agree to receive no direct monetary compensation of any kind for services provided at this facility.  Yes  No
- My current license is free of restriction in all jurisdictions.  Yes  No
- Has any disciplinary action been taken against your license by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care providers license to practice or any restrictions on practice, suspension of privileges, or other sanctions?  Yes  No

• Has any malpractice suit ever been filed against you?  Yes  No  
If yes, what was the outcome of the suit filed against you?  
Please attach information outlining the origination of the suit and the final resolution.

• Are you currently covered by a medical professional liability insurance policy or self-insured plan either personally or through another facility or employer  Yes  No  
Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

• Are you seeking medical professional liability insurance as a volunteer in the above named registered facility or organization?  Yes  No  
What date does the insurance coverage need to be effective: \_\_\_\_\_

• Will you comply with risk management and loss prevention policies imposed by the insurer?  Yes  No

• What are the number of volunteer hours you anticipate performing:  
Starting date: \_\_\_\_\_ ending date: \_\_\_\_\_  
# Hours per month \_\_\_\_\_ # Hours per year \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Individual HCP Registration – Form E

MINNESOTA JOINT UNDERWRITING ASSOCIATION  
PIONEER P.O. BOX 1760  
ST. PAUL, MN 55101  
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

INDIVIDUAL PHYSICIANS OR SURGEONS  
PROFESSIONAL LIABILITY INSURANCE APPLICATION

This application should be completed by physicians or surgeons only. This application does not apply to corporations, hospitals, nursing homes, or to other health care providers.

1. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_ Social Security No: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
County: \_\_\_\_\_
3. Current form of insurance:  claims-made  occurrence
4. Retroactive date: \_\_\_\_\_ 5. Previous Carrier: \_\_\_\_\_
6. Effective date of coverage requested: \_\_\_\_\_
7. Limits of liability requested—Claims-Made Coverage  
Each claim: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_
8. Type of practice  
 Individual  Professional Corporation  Professional Association  Partnership  
 Resident/Intern  Other \_\_\_\_\_
9. If Employed, Name of Employer: \_\_\_\_\_
10. Name of Professional Corporation, Professional Association, or Partnership: \_\_\_\_\_
11. List names of partners or members of corporation or association: \_\_\_\_\_  
\_\_\_\_\_

Are they also insured by the association?  yes  no

If yes, a separate application must be submitted for each partner or member. If no, provide name of insurance company and policy number for each partner or member.

12. What professional organizations are you a member of?

AMA     AOA     State Medical     County Medical     Other \_\_\_\_\_

13. What is your medical specialty? \_\_\_\_\_

14. Are you certified by an Approved Specialty Board?  yes     no

If yes, name: \_\_\_\_\_

15. Indicate percentage of time devoted to the following medical and/or surgical activities:

%  
\_\_\_\_ Aerospace Medicine  
\_\_\_\_ Allergy  
\_\_\_\_ Neurology  
\_\_\_\_ Nuclear Medicine  
\_\_\_\_ Nutrition  
\_\_\_\_ Occupational Medicine  
\_\_\_\_ Ophthalmology  
\_\_\_\_ Otology  
\_\_\_\_ Otorhinolaryngology  
\_\_\_\_ Pathology  
\_\_\_\_ Forensic Medicine  
\_\_\_\_ Gastroenterology  
\_\_\_\_ General Preventative Medicine  
\_\_\_\_ Geriatrics  
\_\_\_\_ Psychiatry  
\_\_\_\_ Psychoanalysis  
\_\_\_\_ Psychosomatic Medicine  
\_\_\_\_ Public Health  
\_\_\_\_ Pulmonary Diseases  
\_\_\_\_ Radiology  
\_\_\_\_ Rheumatology  
\_\_\_\_ Rhinology

% Surgery

\_\_\_\_ Abdominal  
\_\_\_\_ Colon and Rectal  
\_\_\_\_ Geriatrics  
\_\_\_\_ Hand  
\_\_\_\_ Neurology  
\_\_\_\_ Ophthalmology  
\_\_\_\_ Otorhinolaryngology  
\_\_\_\_ Thoracic  
\_\_\_\_ Traumatic  
\_\_\_\_ Vascular  
\_\_\_\_ Obstetrics

%  
\_\_\_\_ Neoplastic Diseases  
\_\_\_\_ Anesthesiology  
\_\_\_\_ Brocho-Esophagology  
\_\_\_\_ Cardiovascular Disease  
\_\_\_\_ Dermatology  
\_\_\_\_ Diabetes  
\_\_\_\_ Emergency Medicine  
\_\_\_\_ Endocrinology  
\_\_\_\_ Family of Gen. Practice  
\_\_\_\_ Pediatrics  
\_\_\_\_ Pharmacology-Clinical  
\_\_\_\_ Physiatry  
\_\_\_\_ Phy. Medicine and Rehab.  
\_\_\_\_ Gynecology  
\_\_\_\_ Hematology  
\_\_\_\_ Hyponosis  
\_\_\_\_ Infectious Diseases  
\_\_\_\_ Intensive Care Medicine  
\_\_\_\_ Internal Medicine  
\_\_\_\_ Laryngology  
\_\_\_\_ Legal Medicine  
\_\_\_\_ Nephrology

% Surgery

\_\_\_\_ Cardiovascular  
\_\_\_\_ General  
\_\_\_\_ Gynecology  
\_\_\_\_ Head and Neck  
\_\_\_\_ Obstetrics/Gynecology  
\_\_\_\_ Orthopedic  
\_\_\_\_ Plastic  
\_\_\_\_ Plastic Otorhinolaryngology  
\_\_\_\_ Urological  
\_\_\_\_ Cardiac

16. Do you perform: (Please indicate "YES" or "NO".)

- Obstetrical Procedures** – Not constituting major surgery. **Caesarian sections shall be considered major surgery.**
- No Surgery** – Other than incisions of boils and superficial abscess, or suturing of skin or superficial fascia.
- Minor Surgery** – Including assisting in major surgery on your own patients. **Tonsillectomies and adenoidectomies shall be considered major surgery.**
- Major Surgery** – Includes operations in or upon any body cavity included but not limited to the cranium, thorax, abdomen or pelvis or any other operation which because of the condition of the patient or the length of the circumstances of the operation presents a distinct hazard of life. **It also includes: removal of tumors, open bone fractures, amputations, abortions, the removal of any gland or organ, plastic surgery, and any operation done using general anesthesia.**

17. Please check the following medical techniques or procedures you perform:

- Acupuncture – other than acupuncture anesthesia
- Angiography
- Arteriography
- Catheterization – Arterial, cardiac or diagnostic, **other than:**
- a. Occasional emergency insertion of pulmonary wedge, pressure recording catheters or temporary pacemakers.
  - b. Urethral Catheterization
  - c. Umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen.
- Colonoscopy
- Cryosurgery – other than use on benign or pre-malignant dermatological lesions.
- Discograms
- ERCP (Endoscopic retrograde cholangiopancreatography)
- Lasers – used in therapy
- Lymphangiography
- Myelography
- Needle biopsy – including lung and prostate but not including liver, kidney or bone marrow biopsy
- Phlebography
- Pneumatic or mechanical esophageal dialation (not with bougie or olive)
- Pneumoencephalography
- Radiation Therapy
- Radiopaque dye injections into blood vessels, lymphatic, sinus tracts and fistulae
- Shock Therapy
- None of the above

18. School of Graduation: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_

a. If a foreign medical school graduate, are you certified by the educational council for foreign medical graduates?  yes  no Year Certified: \_\_\_\_\_

b. Name and location internship served: \_\_\_\_\_



c. Name and location residency served: \_\_\_\_\_

19. Name all places where you have practiced your profession in the last five years:

Location	During Years
_____	_____
_____	_____
_____	_____

20. List all states where you are licensed to practice and your license numbers. ATTACH CURRENT COPIES OF ALL LICENSES.

\_\_\_\_\_  
\_\_\_\_\_

21. Has there been any change in your practice or specialty in the last five years?  yes  no

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

22. How many continuing medical education credits did you achieve last year? \_\_\_\_\_

23. Name and locations of all hospitals where you hold staff or courtesy privileges:

Name	Location	JHAC Approved
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

24. Explain any "yes" answers under #27.

- a. Do you normally staff an emergency room?  yes  no
- b. Do you practice in or staff an urgi-center or similar minor emergency clinic?  yes  no
- c. Are you employed full time by the Federal Government or are you in military service?  yes  no
- d. Are you engaged in any "moonlighting" activities?  yes  no
- e. Do you own or operate a hospital, sanitarium or clinic with regular bed/board facilities?  yes  no
- f. Do you own or operate a surgi-center, emergency service facility or similar out patient facility?  yes  no
- g. Has any hospital ever restricted, suspended or revoked your privileges or has probation been invoked?  yes  no
- h. Has your narcotics or medical license ever been suspended, revoked or involuntarily surrendered, or has probation been invoked?  yes  no
- i. Have you ever been denied a medical license or been denied certification by a specialty board?  yes  no
- j. Are you currently a member of a PPO or HMO?  yes  no  
If yes, indicate name of PPO or HMO: \_\_\_\_\_
- k. Have you signed a contract to supervise any department within a hospital?  yes  no

1. Have you signed a contractual agreement where you have agreed to indemnify (hold harmless) others? If yes, attached a copy of the agreement. [ ] yes [ ] no
25. Have any claims ever been made against you? [ ] yes [ ] no
26. Do you have knowledge of any pending claims or activities (including requests for medical records) that might give rise to a claim in the future? [ ] yes [ ] no
27. Explain any "yes" answers to questions 24, 25 and 26.

I, the undersigned, certify and attest that I am unable to obtain this insurance through ordinary methods.

I, the undersigned, certify and attest that at least 60% of my revenue is received from patients residing in Minnesota.

Signing this application does not bind the Association to complete the insurance. All information requested in this application is considered material and important. If the Association agrees to be bound under the terms of this application, your policy is void if you hide any important information from us, mislead us, or attempt to defraud or lie to us about any matter contained in this application.

Date this application was completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant ( ) \_\_\_\_\_  
Telephone Number

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Agency Federal ID No: \_\_\_\_\_ or Agent Soc. Sec. No: \_\_\_\_\_

Send completed insurance application to:

Health Related Licensing Boards  
Administrative Services Unit  
2829 University Avenue SE  
Suite 445  
Minneapolis, MN 55414  
Telephone: (651) 201-2732  
Fax: (612) 617-2125  
E-mail: [juli.vangsness@state.mn.us](mailto:juli.vangsness@state.mn.us)

Direct all questions to the Health Related Licensing Boards. Do not contact Minnesota Joint Underwriting Association.

MINNESOTA JOINT UNDERWRITING ASSOCIATION  
PIONEER P.O. BOX 1760  
ST. PAUL, MN 55101  
1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

INDIVIDUAL HEALTH CARE PROVIDER  
PROFESSIONAL LIABILITY INSURANCE APPLICATION

This application should be completed by applicants engaged in health care or related services. This application does not apply to corporations, hospitals or nursing homes.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_

Social Security No: \_\_\_\_\_  
\_\_\_\_\_

2. Give a name or title of your specific job occupation and a brief description of your duties.  
(Supplemental information or advertising material available explaining duties should be included.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How long have you been practicing in each health care or related service activity you perform?

Describe \_\_\_\_\_ Years/Months \_\_\_\_\_  
Describe \_\_\_\_\_ Years/Months \_\_\_\_\_

4. Are you self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_ No. of hours worked per week? \_\_\_\_\_

Are you employed by others, or a partner in a partnership? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate which type: Employed \_\_\_\_\_ Partner \_\_\_\_\_

Give name of employer or partners: \_\_\_\_\_

Show type of health care or related service provided: \_\_\_\_\_

Does your employer provide Professional Liability Coverage for you? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Are you an owner, operator, officer, partner, administrator, or have a similar capacity in any health care or related services organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify and explain: \_\_\_\_\_

6. If you have been named as a defendant in a law suit or if any claims have been made against you with a previous or current insurer, give dates, allegations, and disposition of each claim or suit arising out of any occurrence within the last five years. \_\_\_\_\_  
\_\_\_\_\_

7. If you have knowledge of any past activities or incidents that might give rise to a claim not yet presented, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. List the state or municipal licensing requirements you currently comply with to practice in your field.  
None required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU MUST ATTACH A COPY OF YOUR LICENSE/CERTIFICATE AND INDICATE THE EXPIRATION/RENEWAL DATE IF NOT SHOWN.

9. List the educational requirements you have met as a prerequisite to practice in your field.

None required \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List any professional associations or organizations of which you are a member. Please show complete name.

None \_\_\_\_\_

\_\_\_\_\_ Date of initial membership: \_\_\_\_\_

\_\_\_\_\_ Date of initial membership: \_\_\_\_\_

11. List any professional designations you have and the date for each. Please show complete name.

None \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you been subjected to any disciplinary actions by any licensing or certifying authority, hospital, or other institution or professional association? Yes \_\_\_ No \_\_\_

If yes, provide details below. Attach additional explanation if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. If you have any independent contractors working for you, please describe, including type and in what capacity independent contractor is working. None: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. If you have completed or participated in any continuing education within the last five years, please describe. None \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. If you administer or assist in administering any radiation or shock therapy, please describe. None \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Are you aware of any professional services that you will perform outside of the United States? If so, please describe. None \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....  
SECTION II - IF YOU ADMINISTER OR ASSIST IN ADMINISTERING ANY ANESTHETIC,  
COMPLETE THIS SECTION.  
.....

16. Do you perform or assist in general anesthesia procedures where patients are rendered unconscious?  
\_\_\_\_\_ % in hospital only \_\_\_\_\_ % in office only \_\_\_\_\_ % in hospital or office

17. If you use nitrous oxide or any other anesthetic or anesthetic procedure where patients are not rendered unconscious, please describe type of anesthetics used and methods of administration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Are all anesthetic machines that you use equipped with "fail-safe" devices which will prevent an unconscious patient state? Yes \_\_\_\_\_ No \_\_\_\_\_ None are used \_\_\_\_\_

.....  
SECTION III-- To be completed by the applicant and the agent.  
.....

Effective date of coverage requested: \_\_\_\_\_

Professional Liability limits requested: Each Claim \$ \_\_\_\_\_

Aggregate \$ \_\_\_\_\_

I, the undersigned, certify and attest that I have been unable to obtain this insurance through ordinary methods.

I, the undersigned, certify and attest that at least 60% of my revenues are received from patients residing in Minnesota.

The applicant agrees that signing this application does not bind the Association to complete the insurance, however, this application will be the basis of the contract should a policy be issued. The applicant certifies that reasonable inquiry has been made to obtain the answers given in this application and that this application has been completed in a true, correct and complete manner to the best of the applicants knowledge and belief.

Date this application was completed: \* \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant ( )  
Telephone Number

Agent Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_

Agency Fed ID No: \_\_\_\_\_ OR Agent Social Security No: \_\_\_\_\_

\* Coverage can be bound at 12:01 a.m. of the day following receipt by the Association of the application, other required documentation and the required deposit premium, or on any subsequent date specified by the applicant.

Send completed insurance application to:

Health Related Licensing Boards  
Administrative Services Unit  
2829 University Avenue SE  
Suite 445  
Minneapolis, MN 55414  
Telephone: (651) 201-2732  
Fax: (612) 617-2125  
E-mail: [juli.vangsness@state.mn.us](mailto:juli.vangsness@state.mn.us)

Direct all questions to the Health Related Licensing Boards. Do not contact Minnesota Joint Underwriting Association.



# REQUEST TO CONTINUE INSURANCE COVERAGE FOR AN INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER Voluntary Health Care Provider Program

ADMINISTRATIVE SERVICES UNIT  
UNIVERSITY PARK PLAZA  
2829 UNIVERSITY AVENUE SE, SUITE 445  
MINNEAPOLIS, MINNESOTA 55414  
651-201-2732 or [www.asu.state.mn.us](http://www.asu.state.mn.us)

DATE OF REQUEST: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

**For Office Use Only**

Date Received : \_\_\_\_\_

License # : \_\_\_\_\_

Insurance Coverage Start Date: \_\_\_\_\_

Insurance Coverage End Date: \_\_\_\_\_

Insurance Coverage Extended to Date: \_\_\_\_\_

### INSTRUCTIONS FOR INDIVIDUAL VOLUNTEER – INSURANCE COVERAGE

1. This request must be completed by June 1 each year.
2. This form will notify ASU to continue your insurance coverage.
3. Answer all questions completely and accurately, or the application will be returned.
4. There is no application fee.
5. This program operates under - Minnesota Statute 214.04.

~~Use this form only if you are currently registered as an individual volunteer with ASU and are requesting to renew or continue your insurance coverage and registration as a volunteer.~~

Title	FIRST NAME	MIDDLE NAME	LAST NAME
STREET ADDRESS:			Birth date:
CITY:	STATE OR PROVINCE:	ZIP CODE:	
BUSINESS PHONE:	FAX PHONE NUMBER	WEB ADDRESS	
Volunteer registered with: (List the name of the organization)		EMAIL ADDRESS	
Licensed by Board of:	License #:	Birth date:	Licensed in other Jurisdictions:

Licensed as: physician, physician assistant, nurse, dentist, dental hygienist, other: \_\_\_\_\_

I herein make a request to renew and/or continue the liability insurance coverage and my registration. Insurance coverage usually runs July 1 to June 30 each year.

- I am registered as a Health Care Provider for the Volunteer Health Care Provider Program, registered with the Administrative Services Unit for the Health Related Licensing Boards of the State of Minnesota.  Yes  No
- I am requesting that my insurance coverage continue for the next year beginning July 1.  Yes  No
- I will notify ASU in writing immediately upon ending volunteer services and/or requesting an end to the insurance coverage.  Yes  No
- What were the number of volunteer hours you performed during last year:  
Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ #Hours per year \_\_\_\_\_
- What are the number of volunteer hours you anticipate performing this year:  
Starting Date: \_\_\_\_\_ Ending date: \_\_\_\_\_  
# Hours per month \_\_\_\_\_ or/and # Hours per year \_\_\_\_\_

- I agree to receive no direct monetary compensation of any kind for services provided at this facility.  Yes  No
- My current license is free of restriction in all jurisdictions.  Yes  No
- Has any disciplinary action been taken against your license by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care providers license to practice or any restrictions on practice, suspension of privileges, or other sanctions?  Yes  No
- Has any malpractice suit ever been filed against you?  
If yes, what was the outcome of the suit filed against you?  
Please attach information outlining the origination of the suit and the final resolution.  Yes  No
- Are you currently covered by a medical professional liability insurance policy or self-insured plan either personally or through another facility or employer  
Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Yes  No
- I understand that my professional liability insurance coverage can only be used at above named registered facility or organization / if you change the facility or organization that you are volunteering at you must notify ASU of this change.  Yes  No  
Insurance coverage will be effective July 1
- Will you comply with risk management and loss prevention policies imposed by the insurer?  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Individual HCP Insurance Continuation – Form F

## 2008 Minnesota Statutes

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### 214.40 VOLUNTEER HEALTH CARE PROVIDER PROGRAM.

Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Administrative services unit" means the administrative services unit for the health-related licensing boards.

(c) "Charitable organization" means a charitable organization within the meaning of section 501 (c)(3) of the Internal Revenue Code that has as a purpose the sponsorship or support of programs designed to improve the quality, awareness, and availability of health care services and that serves as a funding mechanism for providing those services.

(d) "Health care facility or organization" means a health care facility licensed under chapter 144 or 144A, or a charitable organization.

(e) "Health care provider" means a physician licensed under chapter 147, physician assistant registered and practicing under chapter 147A, nurse licensed and registered to practice under chapter 148, or dentist or dental hygienist licensed under chapter 150A.

(f) "Health care services" means health promotion, health monitoring, health education, diagnosis, treatment, minor surgical procedures, the administration of local anesthesia for the stitching of wounds, and primary dental services, including preventive, diagnostic, restorative, and emergency treatment. Health care services do not include the administration of general anesthesia or surgical procedures other than minor surgical procedures.

(g) "Medical professional liability insurance" means medical malpractice insurance as defined in section 62F.03.

Subd. 2. **Establishment.** The administrative services unit shall establish a volunteer health care provider program to facilitate the provision of health care services provided by volunteer health care providers through eligible health care facilities and organizations.

Subd. 3. **Participation of health care facilities.** To participate in the program established in subdivision 2, a health care facility or organization must register with the administrative services unit on forms provided by the administrative services unit and must meet the following requirements:

(1) be licensed to the extent required by law or regulation;

(2) provide evidence that the provision of health care services to the uninsured and underinsured is the primary purpose of the facility or organization;

(3) certify that it maintains adequate general liability and professional liability insurance for program staff other than the volunteer health care provider or is properly and adequately self-insured;

(4) agree to report annually to the administrative services unit the number of volunteers, number of volunteer hours provided, number of patients seen by volunteer providers, and types of services provided; and

(5) agree to pay to the administrative services unit an annual participation fee of \$50. All fees collected are deposited into the state government special revenue fund and are appropriated to the administrative services unit for purposes of administering the program.

Subd. 4. **Health care provider registration.** (a) To participate in the program established in subdivision 2, a health care provider shall register with the administrative services unit. Registration

may be approved if the provider has submitted a certified statement on forms provided by the administrative services unit attesting that the health care provider agrees to:

(1) receive no direct monetary compensation of any kind for services provided in the program;

(2) submit a sworn statement attesting that the license to practice is free of restrictions. The statement must describe:

(i) any disciplinary action taken against the health care provider by a professional licensing authority or health care facility, including any voluntary surrender of license or other agreement involving the health care provider's license to practice or any restrictions on practice, suspension of privileges, or other sanctions; and

(ii) any malpractice suits filed against the health care provider and the outcome of any suits filed;

(3) submit any additional materials requested by the administrative services unit;

(4) identify the eligible program through which the health care services will be provided and the health care facilities at which the services will be provided; and

(5) if coverage is purchased for the provider under subdivision 7, comply with any risk management and loss prevention policies imposed by the insurer.

(b) Registration expires two years from the date the registration was approved. A health care provider may apply for renewal by filing with the administrative services unit a renewal application at least 60 days prior to the expiration of the registration.

**Subd. 5. Revocation of eligibility and registration.** The administrative services unit may suspend, revoke, or condition the eligibility of a health care provider for cause, including, but not limited to, the failure to comply with the agreement with the administrative services unit and the imposition of disciplinary action by the licensing board that regulates the health care provider.

**Subd. 6. Board notice of disciplinary action.** The applicable health-related licensing board shall immediately notify the administrative services unit of the initiation of a contested case against a registered health care provider or the imposition of disciplinary action, including copies of any contested case decision or settlement agreement with the health care provider.

**Subd. 7. Medical professional liability insurance.** (a) The administrative services unit must purchase medical professional liability insurance, if available, for a health care provider who is registered in accordance with subdivision 4 and who is not otherwise covered by a medical professional liability insurance policy or self-insured plan either personally or through another facility or employer.

(b) Coverage purchased under this subdivision must be limited to the provision of health care services performed by the provider for which the provider does not receive direct monetary compensation.

**Subd. 8. Fee adjustment.** The administrative services unit shall apportion between the Board of Medical Practice, the Board of Dentistry, and the Board of Nursing an amount to be raised through fees by the respective board. The amount apportioned to each board shall be the total amount expended on medical professional liability insurance coverage purchased for the providers regulated by the respective board. The respective board may adjust the fees which the board is required to collect to compensate for the amount apportioned to the board by the administrative services unit.

**History:** 2002 c 399 s 3; 2008 c 326 art 1 s 6

## *Volunteer/Retired Providers Program* **Site Application**

*Before malpractice insurance can be provided to your volunteers, the following documentation concerning the clinic is necessary to ensure that your clinic meets the requirements of the law. If you have any questions about this information, please feel free to contact WWAHEC at (206) 441-7137.*

**CLINIC NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

1. Please choose one of the following. Include supportive documentation with application.

**The community clinic is a public entity or a private tax exempt corporation.** Please provide documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status.

**OR**

**The community clinic is a for-profit corporation meeting one of the following criteria:**

The clinic holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public, meaning that care is provided without compensation or expectation of compensation during these established hours. (Documentation may include current policies or procedures, examples of advertisements or fliers announcing hours, and should be accompanied by a description of where established hours are posted.)

The clinic maintains and holds itself out to the public as providing health care services to Medicaid patients with a posted sliding fee schedule. Sites need to assure that patients below 100% of the Federal Poverty Level (FPL) pay a very nominal fee (or no fee) and that patients between 100-200% of the FPL are discounted. (Documentation may include current policies or procedures, an example of the sliding fee schedule, and should be accompanied by a brief description of where the sliding fee schedule is posted and/or how many patients apply for discounted health care.)

The clinic is participating (through a written agreement) in a community-based program to provide access to health care services for uninsured patients, to the extent that care is provided without compensation or expectation of compensation to individuals who have been referred for care through that community-based program, and the health care provider's participation in the community-based program is conditioned upon his/her agreement to provide health services without expectation of compensation. (Documentation may include current policies and procedures, a sample provider agreement, and must include a copy of the written agreement with the community-based program.)

2. Please describe how primary health care services are offered to low-income patients regardless of their ability to pay. A sliding fee scale is an example of consideration of a patient's ability to pay.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How does the clinic assure continuity of care for patients? Please describe mechanisms in place at the clinic which assure continuity of care. Record systems are an example of mechanisms to assure continuity.

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4. Please describe the clinic's arrangements for after hours coverage either to provide care or refer patients.

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5. Please describe the clinic's referral system to assure the patient access to necessary care beyond the primary care given by the volunteer retired provider.

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6. Please verify that the current provider(s) participating in this program does not receive compensation for services provided. Please provide the name of the provider(s).

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**NAME OF INDIVIDUAL COMPLETING THIS FORM**

*(please print)* \_\_\_\_\_

**TITLE** \_\_\_\_\_

**PHONE NUMBER (        )** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*Please return this form to:*

*Western Washington Area Health Education Center  
2033 Sixth Ave, Suite 310  
Seattle, WA 98121  
Phone: (206) 441-7137 Fax: (206) 441-7158*



**PHYSICIANS & PROVIDER APPLICATION**  
**Professional Liability Insurance Application**  
*Claims Made Coverage for the Volunteer/Retired Provider Program*

**Please return this application to:**  
**Western Washington AHEC, 2033 Sixth Ave, Suite 310, Seattle WA 98121**

Physician or Provider's Name		Professional Designation(s):
Social Security or Federal Tax I.D. Number		Date of Birth
DEA Number:		
Business Address		
Telephone Numbers Business:	Fax:	E-Mail Address

- a) Date of Hire/Contract: \_\_\_\_\_ b) Retroactive Date of Coverage (if different from Hire Date): \_\_\_\_\_
- In what area of the Program will you be working (Clinic, Hospital, etc.): \_\_\_\_\_
- Principal medical specialty or subspecialty in which you will practice: \_\_\_\_\_
- Check as Applicable:  
 Board Certified     Board Eligible    Name of Board \_\_\_\_\_
- Have you participated in a risk management training program (seminar or self-study) within the past three years?  
 No  
 Yes – When? \_\_\_\_\_  
*Please attach a copy of your certificate of completion.*

**6. Medical License Information:**

State	% of Practice	License Number	Expiration Date	Status

- Do you have any medical professional duties that are insured by another company or that you otherwise do not require WCC insurance coverage?  
 No  
 Yes – Explain: \_\_\_\_\_
- a) Have there been any claims or lawsuits in the past five years? .....  Yes     No  
 If Yes, give details:  
 Date of Loss    Amount Paid    Claimant Name / Incident Description and Status *(Attach separate sheet if necessary)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 b) Are there any circumstances known which may give rise to a claim or lawsuit? .....  Yes     No  
 If Yes, please explain: \_\_\_\_\_

**Please note that your POLICY will not cover, nor will the COMPANY be liable for, CLAIMS based upon, arising from, or in consequence of any EVENT, if written notice of, or constructive notice of, such EVENT has previously been given to another insurer that covers CLAIMS under any coverage section of which this AGREEMENT is a replacement, or if the INSURED has constructive notice of such an EVENT and fails to disclose the EVENT to the COMPANY.**



**PHYSICIANS & PROVIDER APPLICATION**  
**Professional Liability Insurance Application**  
*Claims Made Coverage for the Volunteer/Retired Provider Program*

**9. Have you ever:**

- a) Been the subject of investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital or professional association? .....  Yes  No
- b) Been convicted of an act committed in violation of any law or ordinance other than traffic offenses? .....  Yes  No
- c) Been treated for alcoholism or drug addiction? .....  Yes  No
- d) Had a state professional license, state or federal license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted on a special terms or ever voluntary surrendered same? .....  Yes  No
- e) Had an insurance company cancel, decline, refuse to renew or accept on special terms malpractice insurance? .....  Yes  No

If you answered yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS:**

Please use this section to fully answer any previous question or to provide further information and/or instructions.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT REPRESENTATION, AUTHORIZATION AND RELEASE**

***(PLEASE READ CAREFULLY)***

I hereby represent that the information contained in this application and any supplementary submission is complete and true and that no material facts which are reasonably likely to influence the judgment of the underwriter in considering this application have been omitted. I agree that this shall be the basis of the policy of insurance requested and that I will notify Washington Casualty Company (WCC) of any changes herein.

If you, any other person or entity insured on your policy, or any agent of yours who provides WCC with information on your behalf intentionally conceals or misrepresents any material fact or circumstances concerning this insurance, this policy will be void and WCC will rescind or cancel your policy.

I acknowledge that as a condition precedent to acceptance of this application and any future renewal thereof, an inquiry and investigation of my professional background, qualifications and competence, including such other underwriting or claim matters as are deemed relevant, may be conducted by WCC or its duly authorized representatives. I expressly consent to any such inquiry and investigation and hereby authorize the release and exchange of information pertaining to such inquiry and investigation between any professional organizations in which I am or have been a member, their insurance consultants or agents, any hospitals at which I hold or have ever held staff privileges or have had an application for staff privileges denied, any state licensing agency, any attending or treating physicians, any prior insurance carriers, prior employers or professional associates, and WCC or its duly authorized representatives. I hereby release and discharge the providers of information, WCC, its duly authorized representatives and the members or consultants of any established peer review committees from any and all legal liabilities which might otherwise be incurred as a result of any communications, reports, disclosures and recommendations made or any acts performed, in good faith, in connection with any inquiry or investigation initiated by WCC or its duly authorized representatives. All policies carry a restrictive endorsement that only provides coverage for noninvasive, volunteer health care, as outlined in the law (RCW 43.70.460). For medical care this includes injections, suturing of minor lacerations, and incisions of boils or superficial abscesses. Primary dental care includes diagnosis, oral hygiene, restoration and simple extractions. Obstetric care, orthodontia and invasive treatments are not covered.

\_\_\_\_\_  
 Signature Date

**I UNDERSTAND THAT SIGNATURE OF THIS APPLICATION DOES NOT BIND WCC TO COMPLETE THIS INSURANCE.**  
*(A photocopy of this Authorization shall be considered as effective and valid as the original)*

**Please return this application to:**  
**Western Washington AHEC, 2033 Sixth Ave, Suite 310, Seattle WA 98121**



# Volunteer/Retired Providers Site Survey

## 1. Default Section

**1. Please enter your clinic name so that we can track this response.**

**2. If the contact information for the clinic has changed, please help us update our records by indicating below.**

Name:

Clinic Name:

Address:

City/Town:

State:

ZIP Code:

**3. Please indicate which days the clinic is open:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Comments regarding clinic days

**4. How many hours is the clinic open?**

Per week

Per month

**5. For the period from July through December 2007, how many total service hours were provided?**

**6. How many volunteers you have at your clinic?**

Total volunteers

Volunteers who receive malpractice insurance through the Volunteer/Retired Providers Program

### Volunteer/Retired Providers Site Survey

#### 7. Please indicate approximate numbers of patients served in the last 6 months:

Children

Adults (18 - 64)

Seniors

#### 8. Who do you serve? Please check all that apply:

- Medicaid
- Medicare
- Uninsured
- Working poor
- Immigrants/refugees
- Others (please specify)

#### 9. What services do you provide? Please check all that apply:

- Emergent care
- Chronic car
- Mental health
- Preventive care
- Immunizations
- Well child checks
- Dental screening
- Dental preventive care
- Dental restoratives
- Other (please specify)

#### 10. Does the clinic provide any non-invasive specialty care?

- No
- Yes

If yes, please describe

**Volunteer/Retired Providers Site Survey**

**11. Do you have any comments or suggestions about the Volunteer/Retired Providers Program? If so, please feel free to include them below.**

# Volunteer/Retired Providers Year End Survey

## 1. Default Section

**1. Please enter your first and last name, so that your response can be tracked.**

**2. Please specify your profession:**

- Dental Hygienist
- Dentist
- Nurse Practitioner
- Mental Health Professional
- Pharmacist
- Physician Assistant
- Physician
- Registered Nurse

**3. If any of your contact information has changed within the last year, please provide us with your updated information.**

Name:

Address:

City/Town:

State:

ZIP Code:

**4. Please check all that apply:**

- I did not volunteer during this time period.
- I am still volunteering at the same clinic.
- I am no longer volunteering. Please cancel my insurance.
- I am volunteering at a new clinic.

New clinic name

**5. For July 1 2007 - December 31 2007, please provide the following information:**

Estimated total number of volunteer hours:

Estimated total number of patients served:

**Volunteer/Retired Providers Year End Survey**

**6. Do you know of any other any health care providers who might wish to volunteer?**

No, not at this time

Yes! Here is their contact information:

Contact Information

**7. Do you have any program comments or suggestions that you would like to share?**

**8. May we use your name as a program reference?**

Yes

No

Thank you so much for your generous volunteer work. If I can provide any further support to you, please don't hesitate to contact me.