

# MEDICAL SERVICE ACT

Wholly Amended by Act No. 8366, Apr. 11, 2007

Amended by Act No. 8559, Jul. 27, 2007

Act No. 8651, Oct. 17, 2007

Act No. 8852, Feb. 29, 2008

Act No. 9135, Oct. 14, 2008

Act No. 9386, Jan. 30, 2009

Act No. 9906, Dec. 31, 2009

Act No. 9932, Jan. 18, 2010

Act No. 10325, May 27, 2010

Act No. 10387, Jul. 23, 2010

Act No. 10564, Apr. 7, 2011

Act No. 10609, Apr. 28, 2011

Act No. 10785, jun. 7, 2011

Act No. 11005, Aug. 4, 2011

Act No. 11141, Dec. 31, 2011

Act No. 11252, Feb. 1, 2012

Act No. 11748, Apr. 5, 2013

Act No. 12069, Aug. 13, 2013

Act No. 13107, Jan. 28, 2015

Act No. 13108, Jan. 28, 2015

Act No. 13367, jun. 22, 2015

Act No. 13599, Dec. 22, 2015

Act No. 13605, Dec. 22, 2015

Act No. 13658, Dec. 29, 2015

Act No. 13726, Jan. 6, 2016

Act No. 14084, Mar. 22, 2016

Act No. 14183, May 29, 2016

Act No. 14220, May 29, 2016

Act No. 14224, May 29, 2016

Act No. 14438, Dec. 20, 2016

Act No. 15522, Mar. 20, 2018

Act No. 15540, Mar. 27, 2018  
Act No. 15716, Aug. 14, 2018  
Act No. 16254, Jan. 15, 2019  
Act No. 16375, Apr. 23, 2019  
Act No. 16555, Aug. 27, 2019  
Act No. 17069, Mar. 4, 2020

## CHAPTER I GENERAL PROVISIONS

### Article 1 (Purpose)

The purpose of this Act is to provide for the matters necessary for medical services to people in order to ensure that people can enjoy benefits of high-quality medical treatment, thereby protecting and improving public health.

### Article 2 (Medical Personnel)

(1) The term "medical personnel" in this Act refers to a physician, a dentist, an oriental medical doctor, a midwife or a nurse who holds a license granted by the Minister of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) Medical personnel has the mission to improve public health and help people enjoy healthy life by performing any of the following missions by type: <Amended by Act No. 13658, Dec. 29, 2015; Act No. 16375, Apr. 23, 2019>

1. A physician's mission is to administer medical treatment and provide guidance for health;
2. A dentist's mission is to administer dental treatment and provide guidance for oral hygiene;
3. An oriental medical doctor's mission is to administer oriental medical treatment and provide guidance for health based on oriental medicine;
4. A midwife's mission is to assist childbirth, take care of pregnant women and newborn babies and provide guidance for their health;
5. A nurse has the mission to perform the following duties:
  - (a) Observation of a patient at his/her request for nursing, collection of data, making judgment on nursing, and nursing for convalescence;
  - (b) Provision of assistance in medical treatment under the guidance of a physician, dentist, or oriental medical doctor;
  - (c) Provision of education and consultation to a person in need of nursing, planning of health promotion activities and implementation thereof, and other health services prescribed by Presidential Decree;

(d) Guidance on the assistance in the duties referred to in items (a) through (c) performed by an assistant nurse referred to in Article 80.

### **Article 3 (Medical Institutions)**

(1) The term "medical institution" in this Act means a place where medical personnel provide medical services or midwifery services (hereinafter referred to as "medical service") to the general public or multiple specific people.

(2) Medical institutions shall be classified as follows: *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 10785, Jun. 7, 2011; Act No. 14224, May 29, 2016; Act No. 16375, Apr. 23, 2019>*

1. A clinic-level medical institution: A medical institution in which a doctor, dentist or oriental medical doctor provides medical services primarily to outpatients and which are classified as follows:

- (a) A medical clinic;
- (b) A dental clinic;
- (c) An oriental medical clinic;

2. A midwifery clinic: A medical institution in which a midwife assists childbirth and provides health services, education and consultation to pregnant women and newborn babies;

3. A hospital-level medical institution: A medical institution in which doctors, dentists or oriental medical doctors provide medical services primarily to inpatients and which are classified as follows:

- (a) A hospital;
- (b) A dental hospital;
- (c) An oriental medical hospital;
- (d) A long-term care hospital (including a mental hospital among mental medical institutions referred to in subparagraph 5 of Article 3 of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients, and a medical institution meeting the requirements prescribed in Article 3-2 among medical rehabilitation facilities referred to in Article 58 (1) 4 of the Act on Welfare of Persons with Disabilities; hereinafter the same shall apply);
- (e) A general hospital.

(3) The Minister of Health and Welfare may determine and publicly notify standard services to be rendered by each type of medical institutions as set forth in paragraph (2) 1 through 3, when deemed necessary for health and medical policies. *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>*

(4) through (8) Deleted. *<by Act No. 9386, Jan. 30, 2009>*

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1. A clinic-level medical institution: A medical institution in which a doctor, dentist or oriental medical doctor provides medical services primarily to outpatients and which are classified as follows:

- (a) A medical clinic;
- (b) A dental clinic;
- (c) An oriental medical clinic;

2. A midwifery clinic: A medical institution in which a midwife assists childbirth and provides health services, education and consultation to pregnant women and newborn babies;

3. A hospital-level medical institution: A medical institution in which doctors, dentists or oriental medical doctors provide medical services primarily to inpatients and which are classified as follows:

- (a) A hospital;
- (b) A dental hospital;
- (c) An oriental medical hospital;
- (d) A long-term care hospital (including a medical institution meeting the requirements prescribed in Article 3-2 among medical rehabilitation facilities referred to in Article 58 (1) 4 of the Act on Welfare of Persons with Disabilities; hereinafter the same shall apply);
- (e) A mental health hospital;
- (f) A general hospital.

(3) The Minister of Health and Welfare may determine and publicly notify standard services to be rendered by each type of medical institutions as set forth in paragraph (2) 1 through 3, when deemed necessary for health and medical policies. <Amended by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>

(4) through (8) Deleted. <by Act No. 9386, Jan. 30, 2009>

### **Article 3-2 (Hospitals)**

A hospital, dental hospital, oriental medical hospital and long-term care hospital (hereinafter referred to as "hospital, etc") shall have at least 30 beds (only applicable to a hospital and oriental medical hospital) or beds for long-term care (only applicable to a long-term care hospital, and refer to the beds for providing medical services to inpatients in need of long-term care).

### **Article 3-3 (General Hospitals)**

(1) A general hospital shall satisfy the following requirements: <Amended by Act No. 11005, Aug. 4, 2011>

- 1. A general hospital shall have at least 100 beds;
- 2. A general hospital with at least 100, but not more than 300 beds shall have at least seven specialized departments including three specialized departments among internal medicine, general surgery, pediatrics, and obstetrics and gynecology, plus diagnostic radiology, anesthesia and pain medicine, and

diagnostic laboratory medicine or pathology, and shall have medical specialists exclusively dedicated to each and every specialized department;

3. A general hospital with more than 300 beds shall have at least nine specialized departments including internal medicine, general surgery, pediatrics, obstetrics and gynecology, diagnostic radiology, anesthesia and pain medicine, diagnostic laboratory medicine or pathology, neuropsychiatry, and dental surgery, and shall have medical specialists exclusively dedicated to each and every specialized department.

(2) A general hospital may establish and operate other specialized departments, if necessary, in addition to the specialized departments under paragraph (1) 2 or 3 (hereafter referred to as "essential specialized departments" in this paragraph). In such cases, medical specialists not exclusively dedicated to the relevant medical institution may be assigned to the specialized departments, other than the essential specialized departments.

#### **Article 3-4 (Designation of Tertiary Hospitals)**

(1) The Minister of Health and Welfare may designate a general hospital providing highly specialized medical services for treating serious diseases as a tertiary hospital among general hospitals satisfying the following requirements: *<Amended by Act No. 9932, Jan. 18, 2010>*

1. To have at least 20 specialized departments prescribed by Ordinance of the Ministry of Health and Welfare, and have medical specialists exclusively dedicated to each and every specialized department;
2. To be an institution which trains a person who intends to become a medical specialist under Article 77 (1);
3. To have human resources, facilities, equipment, etc. prescribed by Ordinance of the Ministry of Health and Welfare;
4. To meet the standards prescribed by Ordinance of the Ministry of Health and Welfare for the patient distribution in each diagnosis-related group.

(2) When designating a tertiary hospital under paragraph (1), the Minister of Health and Welfare shall evaluate whether the requirements under each subparagraph of paragraph (1) are satisfied, expertise and any other relevant factors. *<Amended by Act No. 9932, Jan. 18, 2010>*

(3) The Minister of Health and Welfare may make re-designation or revoke the designation of a tertiary hospital under paragraph (1) after conducting an evaluation under paragraph (2) every three years. *<Amended by Act No. 9932, Jan. 18, 2010>*

(4) The Minister of Health and Welfare may entrust a relevant specialized institution or association with evaluation work under paragraphs (2) and (3). *<Amended by Act No. 9932, Jan. 18, 2010>*

(5) Necessary matters concerning standards for and procedures of designating or re-designating tertiary hospitals, procedures of entrusting evaluation work, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*

### **Article 3-5 (Designation of Specialized Hospitals)**

(1) The Minister of Health and Welfare may designate a hospital providing highly specialized medical services in a specific medical department for treating specific diseases as a specialized hospital among hospital-level medical institutions. *<Amended by Act No. 9932, Jan. 18, 2010>*

(2) A specialized hospital prescribed in paragraph (1) shall satisfy the following requirements: *<Amended by Act No. 9932, Jan. 18, 2010>*

1. The proportion, etc. of patients with each specific disease and of each medical department shall meet the standards prescribed by Ordinance of the Ministry of Health and Welfare;

2. A specialized hospital shall have medical departments, the number of which is at least that prescribed by Ordinance of the Ministry of Health and Welfare, and have medical specialists exclusively dedicated to each specialized department.

(3) When designating a specialized hospital under paragraph (1), the Minister of Health and Welfare shall evaluate whether the requirements under each subparagraph of paragraph (2) are satisfied, difficulty of medical treatment and any other relevant factors. *<Amended by Act No. 9932, Jan. 18, 2010>*

(4) Where a medical institution has been designated as a specialized hospital prescribed in paragraph (1), the Minister of Health and Welfare may evaluate the medical institution pursuant to paragraph (3) every three years, and then re-designate the medical institution as a specialized hospital. *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13107, Jan. 28, 2015>*

(5) Where a specialized hospital designated or re-designated under paragraph (1) or (4) falls under any of the following cases, the Minister of Health and Welfare may revoke the designation or re-designation: Provided, That in cases falling under subparagraph 1, the designation or re-designation shall be revoked: *<Newly Inserted by Act No. 13107, Jan. 28, 2015>*

1. Where a specialized hospital has been designated or re-designated by fraud or other unlawful means;
2. Where a specialized hospital seeks the revocation of the designation or re-designation;
3. Where a specialized hospital has failed to meet the requirements set forth in the subparagraphs of paragraph (2) through evaluation under paragraph (4).

(6) The Minister of Health and Welfare may entrust a relevant specialized institution or organization with evaluation duties prescribed in paragraphs (3) and (4). *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13107, Jan. 28, 2015>*

(7) Matters necessary for the designation of specialized hospitals, standards and procedures for re-designation thereof, procedures for entrusting evaluation duties, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13107, Jan. 28, 2015>*

## **CHAPTER II MEDICAL PERSONNEL**

## SECTION 1 Qualification and Licenses

### **Article 4 (Responsibilities of Medical Personnel and Heads of Medical Institutions)**

(1) Medical personnel or the head of a medical institution shall endeavor to provide patients with the best medical services by improving the quality of medical treatment, preventing hazards of hospital infections and developing medical technology. *<Amended by Act No. 11252, Feb. 1, 2012>*

(2) No medical personnel shall establish nor operate a medical institution under the name of another medical personnel or another medical corporation, etc. *<Newly Inserted by Act No. 11252, Feb. 1, 2012; Act No. 16555, Aug. 27, 2019>*

(3) The head of a medical institution shall post a notice of matters prescribed by Ordinance of the Ministry of Health and Welfare, such as a patient's rights referred to in Articles 6, 12 and 13 of the Framework Act on Health and Medical Services in the medical institution in a patient-friendly manner. In such cases, methods and places for posting the notice and other matters necessary therefor shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Newly Inserted by Act No. 11252, Feb. 1, 2012>*

(4) No medical personnel shall lease his/her license certificate issued under Article 5 (referring to a physician, dentist, or oriental medical doctor), Article 6 (referring to a midwife) or Article 7 (referring to a nurse) to other persons. *<Newly Inserted by Act No. 13658, Dec. 29, 2015>*

(5) The head of a medical institution shall instruct and supervise medical personnel, students prescribed in Article 27 (1) 3 who perform medical practices under the proviso, with the exception of the subparagraphs to Article 27 (1), assistant nurses prescribed in Article 80, and medical service technologists prescribed in Article 2 of the Medical Service Technologists Act to wear their name tags when they are inside a medical institution as prescribed by Presidential Decree so that patients and their guardians can identify persons in charge of medical practices: Provided, That they may be allowed not to wear their name tags when they are in medical emergency situation or in an operating room or they are not providing medical practices, or in other cases prescribed by Presidential Decree. *<Newly Inserted by Act No. 14220, May 29, 2016>*

(6) No medical personnel shall reuse any disposable medical supplies for injection (referring to a fluid injection set including an injection needle, a syringe, a tube for connection with fluid container, which are used for the injection of medicine, blood, fat, etc. to or for collection of them from a human body as medical supplies that are manufactured for a single usage or that should be used for a single patient for a single medical practice, and other medical supplies corresponding thereto; hereinafter the same shall apply) after using them once. *<Newly Inserted by Act No. 14220, May 29, 2016>*

### **Article 4 (Duties of Medical Personnel and Heads of Medical Institutions)**

(1) Medical personnel or the head of a medical institution shall endeavor to provide patients with the best medical services by improving the quality of medical treatment, preventing hazards of medical care-related infections (referring to infections that develop in patients, guardians of patients, medical personnel, persons working for medical institutions, etc. within medical institutions; hereinafter the same shall apply)

and developing medical technology. <Amended by Act No. 11252, Feb. 1, 2012; Act No. 17069, Mar. 4, 2020>

(2) No medical personnel shall establish nor operate a medical institution under the name of another medical personnel or another medical corporation, etc. <Newly Inserted by Act No. 11252, Feb. 1, 2012; Act No. 16555, Aug. 27, 2019>

(3) The head of a medical institution shall post a notice of matters prescribed by Ordinance of the Ministry of Health and Welfare, such as a patient's rights referred to in Articles 6, 12, and 13 of the Framework Act on Health and Medical Services in the medical institution in a patient-friendly manner. In such cases, methods and places for posting the notice and other matters necessary therefor shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 11252, Feb. 1, 2012>

(4) Deleted. <by Act No. 17069, Mar. 4, 2020>

(5) The head of a medical institution shall instruct and supervise medical personnel, students prescribed in Article 27 (1) 3 who perform medical practices under the proviso, with the exception of the subparagraphs, to Article 27 (1), assistant nurses prescribed in Article 80, and medical service technologists prescribed in Article 2 of the Medical Service Technologists Act to wear their name tags when they are inside a medical institution, as prescribed by Presidential Decree so that patients and their guardians can identify persons in charge of medical practices: Provided, That they may be allowed not to wear their name tags when they are in medical emergency situation or in an operating room or they are not providing medical practices, or in other cases prescribed by Presidential Decree. <Newly Inserted by Act No. 14220, May 29, 2016>

(6) No medical personnel shall reuse any disposable medical instruments (referring to medical instruments manufactured for a single usage or that should be used for a single patient for a single medical practice, which are prescribed by Ordinance of the Ministry of Health and Welfare; hereinafter the same shall apply) after using them once. <Newly Inserted by Act No. 14220, May 29, 2016; Act No. 17069, Mar. 4, 2020>

#### **Article 4-2 (Provision of Integrated Nursing and Caring Service)**

(1) Integrated nursing and caring services are hospitalization services provided comprehensively by nurses, assistant nurses referred to in Article 80 and other care-supporting personnel (hereafter referred to as "personnel for integrated nursing and caring services" in this Article) to inpatients prescribed by Ordinance of the Ministry of Health and Welfare without requiring their guardians, etc. to stay in patients' rooms.

(2) Each hospital-level medical institution prescribed by Ordinance of the Ministry of Health and Welfare shall endeavor to provide integrated nursing and caring services.

(3) Each hospital-level medical institution that provides integrated nursing and caring services prescribed in paragraph (2) (hereafter referred to as "institution providing integrate nursing and caring services" in this Article) shall comply with the standards prescribed by Ordinance of the Ministry of Health and Welfare for human resources, facilities, operation, etc.

(4) Each hospital-level medical institution prescribed by Ordinance of the Ministry of Health and Welfare among public health and medical institutions defined in subparagraph 3 of Article 2 of the Public Health and Medical Services Act shall provide integrated nursing and caring services. In such cases, the State and local governments may subsidize all or part of the required expenses.

(5) Each institution providing integrated nursing and caring services shall strive for safety management, such as restrictions on stay of guardians, etc. in patients' rooms and preparation of standards for visit to patients.

(6) Each institution providing integrated nursing and caring services shall provide necessary support for better working environments and working conditions to personnel for integrated nursing and caring services.

(7) The State and local governments shall formulate policies necessary for the provision and expansion of integrated nursing and caring services, the smooth supply and demand of personnel for integrated nursing and caring services and the improvement of working environments; and provide support required therefor.

#### **Article 4-3 (Prohibition of Medical Personnel from Lending Licenses)**

(1) No medical personnel shall lend his/her license obtained pursuant to Articles 5 (referring to physicians, dentists and oriental medical doctors), 6 (referring to midwives) and 7 (referring to nurses) to other persons.

(2) No person shall borrow a license granted pursuant to Articles 5 through 7 nor arrange the borrowing of such license.

#### **Article 5 (Licenses for Physicians, Dentists or Oriental Medical Doctors)**

(1) A person who intends to become a physician, dentist or oriental medical doctor shall meet any of the following qualifications and be licensed by the Minister of Health and Welfare after passing the relevant national examination under Article 9: *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 11252, Feb. 1, 2012; Act No. 16555, Aug. 27, 2019>*

1. A bachelor's degree holder who has graduated from a university or college with a major in medical science, dentistry or oriental medical science which is certified by an accrediting institution (hereinafter referred to as "accrediting institution") under Article 11-2 of the Higher Education Act (hereinafter referred to as "certification by an accrediting institution");

2. A master's or a doctor's degree holder who has graduated from a professional graduate school with a major in medical science, dentistry or oriental medical science which is certified by an accrediting institution;

3. A person who has graduated from a foreign school equivalent to any one set forth in subparagraph 1 or 2 (referring to schools that meet the accreditation standards determined and publicly notified by the Minister of Health and Welfare); has been licensed as a physician, dentist or oriental medical doctor from the competent foreign authority; and has passed the relevant preliminary exam under Article 9.

(2) A person who is expected to receive the relevant degree within six months from a university, college or professional graduate school with a major in medical science, dentistry or oriental medical science which is certified by an accrediting institution shall be deemed qualified as prescribed by paragraph (1) 1 and 2: Provided, That a license shall be granted only after graduating and receiving such degree at the expected date of graduation.

(3) Notwithstanding paragraph (1), a person who entered a university, college, or professional graduate school with a major in medical science, dentistry, or oriental medical science which is certified by an accrediting institution as at the time of admission; has graduated from the relevant university, college, or professional graduate school; and has received the relevant degree therefrom, shall be deemed a person falling under subparagraph 1 or 2 of the same paragraph. <Newly Inserted by Act No. 11252, Feb. 1, 2012>

### **Article 6 (Licenses for Midwives)**

A person who intends to become a midwife shall meet the following qualifications and be licensed by the Minister of Health and Welfare after passing the national examination for midwife under Article 9: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 16555, Aug. 27, 2019>

1. A holder of a nurse license, who has finished one-year midwifery training course at a medical institution recognized by the Minister of Health and Welfare;
2. A holder of a midwife license issued by the competent foreign authority (referring to licenses that meet the accreditation standards determined and publicly notified by the Minister of Health and Welfare).

### **Article 7 (Licenses for Nurses)**

(1) A person who intends to become a nurse shall meet any of the following qualifications and be licensed by the Minister of Health and Welfare after passing the national examination for nurses prescribed in Article 9: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11252, Feb. 1, 2012; Act No. 16555, Aug. 27, 2019>

1. A person who has graduated from a university, college, or junior college (including a former vocational school or nursing school under the old system) with a major in nursing which is certified by an accrediting institution;
2. A person who has graduate from a foreign school which falls under subparagraph 1 (referring to schools that meet the accreditation standards determined and publicly notified by the Minister of Health and Welfare) and has been licensed by the competent foreign authority.

(2) Notwithstanding paragraph (1), a person who entered a university, college, or junior college with a major in nursing science which is certified by an accrediting institution as at the time of admission; has graduated from the relevant university, college, or junior college; and has received the relevant degree therefrom, shall be deemed a person falling under subparagraph 1 of the same paragraph. <Newly Inserted by Act No. 11252, Feb. 1, 2012>

## **Article 8 (Grounds for Disqualification)**

None of the following persons shall be qualified as medical personnel: *<Amended by Act No. 8651, Oct. 17, 2007; Act No. 15540, Mar. 27, 2018; Act No. 15716, Aug. 14, 2018>*

1. A mentally ill person under subparagraph 1 of Article 3 of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients: Provided, That this shall not apply to a person who is recognized by a medical specialist as qualified as medical personnel;
2. An addict to narcotics, marijuana or any psychotropic drugs;
3. A person under adult guardianship or person under limited guardianship;
4. A person in whose case his/her imprisonment without labor or greater punishment declared by a court for violation of this Act, or Articles 233, 234, 269, 270, 317 (1), or 347 (applicable only to cases of deceiving a patient or an institution or organization responsible for payment of medical expenses by claiming medical expenses by false) of the Criminal Act, the Act on Special Measures for the Control of Public Health Crimes, the Regional Public Health Act, the Prevention of Acquired Immunodeficiency Syndrome Act, the Emergency Medical Service Act, the Act on the Special Measures for Health and Medical Services in Agricultural and Fishing Villages, the Anatomy and Preservation of Corpses Act, the Blood Management Act, the Narcotics Control Act, the Pharmaceutical Affairs Act, the Mother and Child Health Act, or any other statutes or regulations governing medical affairs specified by Presidential Decree was not completely executed or the non-execution of such sentence has not become final.

## **Article 9 (National Examinations)**

(1) The Minister of Health and Welfare shall annually hold national examinations for physicians, dentists, oriental medical doctors, midwives or nurses and preliminary examinations for physicians, dentists or oriental medical doctors (hereinafter referred to as "national examinations, etc"). *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(2) The Minister of Health and Welfare may entrust the management of national examinations, etc. to the Korea Health Personnel Licensing Examination Institute established under the Korea Health Personnel Licensing Examination Institute Act, as prescribed by Presidential Decree. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 13367, Jun. 22, 2015>*

(3) The Minister of Health and Welfare may, when entrusting the management of the national examinations, etc. pursuant to paragraph (2), subsidize the budget necessary for such management. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(4) Matters necessary for the national examinations, etc. shall be prescribed by Presidential Decree.

## **Article 10 (Restrictions on Eligibility for Examinations)**

(1) No person who falls under any of the subparagraphs of Article 8 shall be eligible for taking any national examination, etc. *<Amended by Act No. 9386, Jan. 30, 2009>*

(2) A person who takes any national examination, etc. by wrongful means or who commits cheating shall be suspended from taking the examination, or his/her passing the examination shall be declared null and void.

(3) The Minister of Health and Welfare may restrict a person who has been suspended from taking an examination, or whose passing an examination has been declared null and void pursuant to paragraph (2) from taking the national examination, etc. administered under this Act three times consecutively thereafter as prescribed by Presidential Decree, taking into account the grounds for the restriction, severity of the violation, etc. <Amended by Act No. 14438, Dec. 20, 2016>

#### **Article 11 (Conditions and Registration of Licenses)**

(1) If deemed necessary for policies on public health and medical services, the Minister of Health and Welfare may grant a license under any of Articles 5 through 7 on condition that the successful applicant work in specially designated areas or engage in specially designated duties for a predetermined period for up to three years. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) The Minister of Health and Welfare shall, whenever granting a license under Articles 5 through 7, enter the details of the license in a register and then issue a license certificate. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) A register referred to in paragraph (2) shall be prepared and kept by each type of medical personnel.

(4) Necessary matters concerning the registration of licenses and license certificates shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

#### **Article 12 (Protection of Medical Technology)**

(1) Except as otherwise provided for in this Act or any other statutes or regulations, no one may interfere with medical practices, including medical treatment, midwifery and nursing (hereinafter referred to as "medical practices").

(2) No person may destroy or damage, or aid or abet a third party to destroy or damage any medical facility, instrument, medicine or any other equipment in a medical institution, or occupy a medical institution to interfere with its medical services.

(3) No person may attack or threaten any medical personnel, assistant nurse referred to in Article 80, medical technician defined in Article 2 of the Medical Technicians, etc. Act or any person who receives medical treatment at a place where medical practices are performed. <Newly Inserted by Act No. 14220, May 29, 2016>

#### **Article 13 (Prohibition of Seizure of Medical Instruments or Materials)**

No instruments, medicines and other facilities and materials necessary for medical services provided by medical personnel shall be subject to seizure.

#### **Article 14 (Preferential Supply of Instruments)**

- (1) Each medical personnel shall be preferentially supplied with instruments, medicines and other facilities and materials necessary for medical practices.
- (2) Each medical personnel shall be preferentially supplied with all materials, efforts or means of transportation incidental to the rights set forth in paragraph (1).

#### **Article 15 (Prohibition against Refusal to Provide Medical Services)**

- (1) Medical personnel or the founder of a medical institution shall not, upon receiving a request for medical treatment or assistance in childbirth, refuse such request without good causes. *<Amended by Act No. 14438, Dec. 20, 2016>*
- (2) Medical personnel shall give the best treatment to any emergency patient, in compliance with the Emergency Medical Service Act.

#### **Article 16 (Handling of Medical Laundry)**

- (1) No person, other than medical personnel, medical institutions or persons who have reported their services to a Special Self-Governing City Mayor, a Special Self-Governing Province Governor or the head of a Si/Gun/Gu, (referring to the head of an autonomous Gu; hereinafter the same shall apply), is allowed to handle laundry from any medical institution. *<Amended by Act No. 13107, Jan. 28, 2015>*
- (2) Each person who handles laundry prescribed in paragraph (1) shall keep, carry and dispose of it in good sanitary conditions, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*
- (3) The founder of a medical institution and a person who has reported medical laundry services prescribed in paragraph (1) (hereafter referred to as "medical laundry service provider" in this Article) shall educate persons engaged in medical laundry services prescribed in paragraph (1) to prevent infection as prescribed by Ordinance of the Ministry of Health and Welfare and shall record and maintain the results of such education. *<Newly Inserted by Act No. 13107, Jan. 28, 2015>*
- (4) A medical laundry service provider who intends to change any reported matters prescribed by Ordinance of the Ministry of Health and Welfare, or to suspend (for at least one month), discontinue or resume his/her services shall file a report thereon with a Special Self-Governing City Mayor, a Special Self-Governing Province Governor, or the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Newly Inserted by Act No. 13107, Jan. 28, 2015>*
- (5) Matters necessary for the standards for facilities and equipment for handling medical laundry prescribed in paragraph (1), procedures for reporting medical laundry services, guidance and supervision and other matters necessary for management and control shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

## **Article 17 (Medical Certificates)**

(1) No person shall prepare and issue a medical certificate, postmortem examination report or certificate to a patient (where a patient has died or fallen into unconsciousness, referring to one of his/her lineal ascendants or descendants, his/her spouse, or one of his/her spouse's lineal ascendants; and where a patient has died or fallen into unconsciousness and none of his/her ascendants or descendants, his/her spouse, or lineal ascendants of his/her spouse exist, referring to one of his/her brothers or sisters) or to a public prosecutor in a district public prosecutors' office (limited to a postmortem examination report) who administers an autopsy pursuant to Article 222 (1) of the Criminal Procedure Act, unless he/she is a physician, dentist or oriental medical doctor in medical services who has directly conducted diagnosis or postmortem examination of the patient (hereafter only in cases of a postmortem examination report, including physicians who work for any government agency responsible for autopsies in this paragraph): Provided, That such certificate or report may be issued for a patient without any other medical treatment, if the patient has died within 48 hours after his/her last medical treatment, while if the physician, dentist or oriental medical doctor who has directly diagnosed a patient or conducted a postmortem examination of the dead patient is unable to issue such certificate or report due to extenuating circumstances, another physician, dentist, or oriental medical doctor who works for the same medical institution may issue such certificate or report based on the medical records of the patient. *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 14220, May 29, 2016; Act No. 16555, Aug. 27, 2019>*

(2) No person shall issue a certificate of birth, death or stillbirth unless he/she is a physician, oriental medical doctor or midwife in medical services who has directly assisted the childbirth: Provided, That if a physician, oriental medical doctor or midwife who has assisted childbirth is unable to issue such certificate due to extenuating circumstances, another physician, oriental medical doctor or midwife who works for the same medical institution may issue the certificate based on medical records, etc.

(3) No physician, dentist or oriental medical doctor shall, upon receiving a request for issuing a medical certificate, a report of postmortem examination or a certificate concerning the person whom he/she examined, refuse such request without good causes.

(4) No physician, oriental medical doctor or midwife shall, upon receiving a request for issuing a certificate of birth, death or stillbirth in relation to his/her assistance in childbirth, refuse such request without good causes.

(5) The forms of a medical certificate or certificate prescribed in paragraphs (1) through (4), matters to be stated therein, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Newly Inserted by Act No. 8559, Jul. 27, 2007; Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

## **Article 17-2 (Prescriptions)**

(1) No person shall prepare a prescription (including prescriptions prepared by physicians or dentists in form of electronic documents with digital signatures prescribed by the Digital Signature Act (hereinafter referred to as "online prescription")); hereinafter the same shall apply) and shall issue or send such prescription (limited to online prescriptions; hereafter the same shall apply in this Article) to a patient unless he/she is a physician, dentist, or oriental medical doctor in medical services who has directly diagnosed the patient; and no person shall receive a prescription prepared by a physician, dentist or oriental medical doctor unless he/she is a patient directly diagnosed by the physician, dentist, or oriental medical doctor.

(2) Notwithstanding paragraph (1), if a physician, dentist or oriental medical doctor falls under any of the following cases and recognizes the safety of the relevant patient and medicines, he/she may issue or send a prescription to a patient's lineal ascendant or descendant, spouse, spouse's lineal ascendant, siblings, or person prescribed by Presidential Decree, such as a person working for a medical and welfare institution for senior citizens prescribed in Article 34 of the Welfare of Senior Citizens Act (hereafter referred to as "vicarious recipient" in this Article), and a vicarious recipient may receive the prescription on behalf of the patient:

1. Where a patient falls into unconsciousness;
2. Where a patient has a substantial difficulty in moving and the same prescription is made for the same disease for a long time.

(3) Matters necessary for methods, procedures, etc. for issuing a prescription shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 18 (Preparation and Issuance of Prescriptions)**

(1) Each physician or dentist shall, if considered necessary to administer medicine to a patient, issue a prescription or send an online prescription to a patient, as prescribed by Ordinance of the Ministry of Health and Welfare, except in cases where he/she is permitted to directly prepare medicine pursuant to the Pharmaceutical Affairs Act. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(2) A form of prescription prescribed in paragraph (1), mandatory descriptions therein, the preservation thereof and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) No person may trace, divulge, alter or mutilate personal information stored in an online prescription without good causes.

(4) A physician or dentist who has issued a prescription (including an oriental medical doctor who has issued a medical prescription) prescribed in paragraph (1) shall promptly respond to an inquiry from a pharmacist or oriental pharmacist prescribed in Article 26 (2) of the Pharmaceutical Affairs Act: Provided, That where he/she is unable to respond to the inquiry from the pharmacist or oriental pharmacist due to any of the following causes, he/she shall respond to the inquiry immediately after such cause ceases to exist: *<Newly Inserted by Act No. 8559, Jul. 27, 2007>*

1. Where he/she is treating an emergency patient under subparagraph 1 of Article 2 of the Emergency Medical Service Act;
  2. Where he/she is performing a surgery or treating a patient;
  3. Where he/she is unable to respond to the inquiry due to extenuating circumstances.
- (5) Where a physician, dentist or oriental medical doctor directly prepares medicine pursuant to the Pharmaceutical Affairs Act and delivers the medicine to a patient, he/she shall state the name of the patent, usage, dosage, and other matters prescribed by Ordinance of the Ministry of Health and Welfare on the container or package of the medicine: Provided, That this shall not apply to cases prescribed by Ordinance of the Ministry of Health and Welfare as cases where it is difficult to state such matters on the container or package of the medicine taking into account the status of medical treatment, such as medical emergency situation, or the nature of the medicine. *<Newly Inserted by Act No. 14220, May 29, 2016>*

#### **Article 18-2 (Verification of Drug Information)**

- (1) Where a physician or dentist issues a prescription prescribed in Article 18 or directly prepares medicine prescribed in Article 23 (4) of the Pharmaceutical Affairs Act, he/she shall verify the following information (hereinafter referred to as "drug information") in advance:
1. Whether the medicine contains the same ingredients with the medicine that has been prescribed or administered to a patient;
  2. Whether the medicine contains any ingredients publicly notified by the Minister of Food and Drug Safety to prohibit joint use or use by a specific age group, pregnant women, etc.;
  3. Other information prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) Notwithstanding paragraph (1), a physician or dentist need not verify drug information where there is any justifiable ground which makes it impracticable to verify it, such as in a medical emergency situation.
- (3) Methods and procedures for verifying drug information prescribed in paragraph (1), justifiable grounds which make it impracticable to verify drug information prescribed in paragraph (2), etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 19 (Prohibition against Divulgence of Confidential Information)**

- (1) Except as otherwise expressly provided for in this Act or other statutes or regulations, no medical personnel nor person working for a medical institution shall divulge or disclose personal information he/she becomes aware of in the course of performing medical treatment, assistance in childbirth, nursing; preparing and issuing medical certificates, reports on postmortem examination or certificates prescribed in Article 17; preparing and issuing prescriptions prescribed in Article 18; inspecting medical records and issuing transcripts thereof prescribed in Article 21; keeping medical records, etc. prescribed in Article 22 (2); and preparing, keeping and managing electronic medical records prescribed in Article 23. *<Amended by Act No. 14220, May 29, 2016>*

(2) No person who engages or has engaged in affairs pertaining to the accreditation of a medical institution prescribed in Article 58 (2) shall divulge any information learned in the course of performing such affairs to any other person or use it for a wrongful purpose. <Newly Inserted by Act No. 14220, May 29, 2016>

#### **Article 20 (Prohibition of Fetal Gender Prediction, etc.)**

(1) No medical personnel shall diagnose or examine a pregnant woman for the purpose of predicting the gender of a fetus nor help any other person to commit such act for the same purpose.

(2) No medical personnel shall inform any pregnant woman, her family member or any other person of the gender of a fetus he/she becomes aware of in the course of diagnosing or examining the fetus or pregnant woman before 32 weeks of pregnancy. <Amended by Act No. 9906, Dec. 31, 2009>

#### **Article 21 (Inspection of Records)**

(1) A patient may request medical personnel, the head of a medical institution or a person working for a medical institution to inspect or copy all or part of records on the patient (where there is any addition or revision to the records, including all of the records added or revised as well as the original records; hereinafter the same shall apply) for confirmation. In such cases, no medical personnel, head of the medical institution nor person working for the medical institution shall refuse such request, except in extenuating circumstances. <Newly Inserted by Act No. 14438, Dec. 20, 2016; No. 15540, Mar. 27, 2018>

(2) No medical personnel, the head of a medical institution nor a person working for a medical institution shall allow a third party to a patient to inspect or copy the details of the patient's record for confirmation. <Amended by Act No. 9386, Jan. 30, 2009; Act No. 14438, Dec. 20, 2016>

(3) Notwithstanding paragraph (2), a medical personnel, the head of a medical institution or a person working for a medical institution shall allow the inspection or copy of the details of a patient's record for confirmation in any of the following cases: Provided, That where a physician, dentist or oriental medical doctor deems it necessary to treat a patient, this shall not apply: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 10565, Apr. 7, 2011; Act No. 11141, Dec. 31, 2011; Act No. 11252, Feb. 1, 2012; Act No. 13605, Dec. 22, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14183, May 29, 2016; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 15522, Mar. 20, 2018; Act No. 15716, Aug. 14, 2018>

1. Where a spouse, lineal ascendant or descendant, or brother or sister (limited to cases where none of the spouse, ascendants or descendants of a patient, or lineal ascendants of his/her spouse exist) of a patient or a lineal ascendant of the spouse makes a request after satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare, such as presenting the consent of the patient in question, a certificate proving kinship and any other documents;
2. Where the agent designated by a patient makes a request after satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare, such as presenting the consent of the patient in question and a certificate proving that the agent has the representative power;

3. Where a spouse, lineal ascendant or descendant, or brother or sister (limited to cases where none of the spouse, ascendants or descendants of a patient, or lineal ascendants of his/her spouse exist) of a patient or a lineal ascendant of the spouse makes a request after satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare, such as presenting a certificate proving that each individual has kinship with the patient as it becomes impracticable to obtain the patient's consent due to his/her death, unconsciousness, etc.;
4. Where the details of a patient's record are provided to the National Health Insurance Corporation or the Health Insurance Review and Assessment Service for the purposes of the assessment of, payment of, verification of entitlement to, and post-management of insurance benefits; and the evaluation of the appropriateness of and increased/reduced payment, etc. of medical care benefits, pursuant to Articles 14, 47, 48 and 63 of the National Health Insurance Act;
5. Where the details of a patient's record are provided to a guarantee agency (each Si/Gun/Gu), the National Health Insurance Corporation or the Health Insurance Review and Assessment Service for the affairs concerning medical benefits, such as the verification of recipients of medical benefits and the assessment, payment, post-management, etc. of expenses for benefits, pursuant to Articles 5, 11, 11-3 and 33 of the Medical Care Assistance Act;
6. Where the details of a patient's record are provided pursuant to Article 106, 215 or 218 of the Criminal Procedure Act;
- 6-2. Where the details of a patient's record are provided pursuant to Article 146, 254 or 257 of the Military Court Act;
7. Where the details of a patient's record are provided in writing upon an order pursuant to Article 347 of the Civil Procedure Act;
8. Where the Korea Workers' Compensation and Welfare Service requests a medical institution (including a doctor) specialized in industrial accidents which has examined and treated an insured worker to submit a report or document concerning the treatment of the worker; or investigates such medical institution pursuant to Article 118 of the Industrial Accident Compensation Insurance Act;
9. Where an insurance company, etc., which has received a claim for car insurance from a medical institution pursuant to Articles 12 (2) and 14 of the Guarantee of Automobile Accident Compensation Act, requests the medical institution to inspect the relevant medical records;
10. Where the director of a regional military manpower office requests the head of a medical institution to submit the medical records and details of treatment of a person subject to draft physical examination as it is deemed necessary to verify any illness or mental or physical disability in connection with the draft physical examination, pursuant to Article 11-2 of the Military Service Act;
11. Where a mutual-aid association requests a medical care institution prescribed in Article 42 of the National Health Insurance Act to inspect relevant medical records or to submit necessary data as it is deemed necessary to determine whether to pay the mutual-aid benefits pursuant to Article 42 of the Act on the Prevention of and Compensation for Accidents at School;

12. Where the head of a medical institution provides medical records and clinical opinions to the head of a veterans hospital pursuant to Article 7 (3) of the Act on Assistance to Patients Suffering from Actual or Potential Aftereffects of Defoliants and Establishment of Related Organizations;

13. Where the details of a patient's record are provided pursuant to Article 28 (1) or (3) of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes;

14. Where the National Pension Service requests a medical institution which treated a person who is or was its member to inspect or copy matters concerning the relevant medical treatment in connection with the examination of payment of a dependent pension, disability pension, survivor pension, etc. prescribed in Article 123 of the National Pension Act;

14-2. Where a medical institution which has treated a person who is or was a public official is requested to allow the inspection or copy of matters concerning the relevant medical treatment in the following cases:

(a) Where the Minister of Personnel Management requests the inspection or copy in connection with survivors' benefits and disability benefits for reasons other than official duties pursuant to Article 92 of the Public Officials Pension Act;

(b) Where the Government Employees Pension Service requests the inspection or copy in connection with survivors' benefits and disability benefits for reasons other than official duties pursuant to Article 93 of the Public Officials Pension Act;

(c) Where the Minister of Personnel Management (including persons entrusted pursuant to Article 61 of the Public Officials' Accident Compensation Act) requests the inspection or copy in connection with health care benefits, rehabilitation benefits, disability benefits, nursing benefits and disaster survivors' benefits pursuant to Articles 57 and 58 of the same Act;

14-3. Where the Korea Teachers Pension requests a medical institution which has treated a person who is or was a school teacher or staff member to inspect or copy matters concerning the relevant medical treatment in connection with the examination of payment of health care benefits, disability benefits and survivors' benefits, pursuant to Article 19 (4) 4-2 of the Pension for Private School Teachers and Staff Act;

15. Where the head of a public institution prescribed by Presidential Decree requests a medical institution which treated a person who has applied for the registration of or is registered as a person with disabilities in connection with examinations on the degree of disabilities prescribed in Article 32 (7) of the Act on Welfare of Persons with Disabilities to inspect or copy matters concerning the relevant medical treatment;

16. Where the Minister of Health and Welfare, the Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of a Si/Gun/Gu requests, under Articles 18-4 and 29 of the Infectious Disease Control and Prevention Act, the head of a medical institution to submit records of medical treatment of patients, etc. of an infectious disease or records of medical treatment on adverse reactions to vaccinations of persons who have been vaccinated, as it is deemed necessary for the

epidemiological investigation of an infectious disease or epidemiological investigation on vaccination;

17. Where the Patriots and Veterans Entitlement Commission requests a medical institution that treated a person subject to a patriot and veteran entitlement examination to inspect or copy matters concerning the relevant medical treatment pursuant to Article 74-8 (1) 7 of the Act on the Honorable Treatment of and Support for Persons of Distinguished Service to the State.

(4) Each physician, dentist, or oriental medical doctor working at a medical institution which keeps medical records or at a public health clinic to which medical records are transferred shall confirm the fact based on the medical records, when he/she is requested to confirm the details of the past medical treatment of a patient not examined or treated by himself/herself. *<Newly Inserted by Act No. 9386, Jan. 30, 2009>*

(5) Deleted. *<by Act No. 14438, Dec. 20, 2016>*

### **Article 21 (Inspection of Records)**

(1) A patient may request medical personnel, the head of a medical institution or a person working for a medical institution to inspect or copy all or part of records on the patient (where there is any addition or revision to the records, including all of the records added or revised as well as the original records before the addition and revision; hereinafter the same shall apply) for confirmation. In such cases, no medical personnel, head of the medical institution nor person working for the medical institution shall refuse such request, except in extenuating circumstances. *<Newly Inserted by Act No. 14438, Dec. 20, 2016; No. 15540, Mar. 27, 2018>*

(2) No medical personnel, the head of a medical institution nor any person working for a medical institution may allow a third party to a patient to inspect or copy the details of the patient's record for confirmation. *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 14438, Dec. 20, 2016>*

(3) Notwithstanding paragraph (2), each medical personnel, the head of a medical institution, or any person working for a medical institution shall allow the inspection or copy of the details of a patient's record in any of the following cases: Provided, That where a physician, dentist, or oriental medical doctor deems it necessary to treat the patient, this shall not apply: *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 10565, Apr. 7, 2011; Act No. 11141, Dec. 31, 2011; Act No. 11252, Feb. 1, 2012; Act No. 13605, Dec. 22, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14183, May 29, 2016; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 15522, Mar. 20, 2018; Act No. 15716, Aug. 14, 2018; Act No. 17069, Mar. 4, 2020>*

1. Where a spouse, lineal ascendant or descendant, or brother or sister (limited to cases where none of the spouse, ascendants or descendants of a patient, or lineal ascendants of his/her spouse exist) of a patient or a lineal ascendant of the spouse makes a request after satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare, such as presenting the consent of the patient in question, a certificate proving kinship, and any other documents;

2. Where the agent designated by a patient makes a request after satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare, such as presenting the consent of the patient in

question and a certificate proving that the agent has the representative power;

3. Where a spouse, lineal ascendant or descendant, or brother or sister (limited to cases where none of the spouse, ascendants or descendants of a patient, or lineal ascendants of his/her spouse exist) of a patient or a lineal ascendant of the spouse makes a request after satisfying the requirements prescribed by Ordinance of the Ministry of Health and Welfare, such as presenting a certificate proving that each individual has kinship with the patient as it becomes impracticable to obtain the patient's consent due to his/her death, unconsciousness, etc.;

4. Where the details of a patient's record are provided to the National Health Insurance Corporation or the Health Insurance Review and Assessment Service for the purposes of the assessment of, payment of, verification of entitlement to, and post-management of insurance benefits; and the evaluation of the appropriateness of and increased/reduced payment, etc. of medical care benefits, pursuant to Articles 14, 47, 48 and 63 of the National Health Insurance Act;

5. Where the details of a patient's record are provided to a guarantee agency (each Si/Gun/Gu), the National Health Insurance Corporation, or the Health Insurance Review and Assessment Service for the affairs concerning medical benefits, such as the verification of the recipients of medical benefits and the assessment, payment, post-management, etc. of expenses for medical benefits, pursuant to Articles 5, 11, 11-3 and 33 of the Medical Care Assistance Act;

6. Where the details of a patient's record are provided pursuant to Article 106, 215, or 218 of the Criminal Procedure Act;

6-2. Where the details of a patient's record are provided pursuant to Article 146, 254 or 257 of the Military Court Act;

7. Where the details of a patient's record are provided in writing upon an order pursuant to Article 347 of the Civil Procedure Act;

8. Where the Korea Workers' Compensation and Welfare Service requests a medical institution (including a doctor) specialized in industrial accidents which has examined and treated an insured worker to submit a report or document concerning the treatment of the worker; or investigates such medical institution, pursuant to Article 118 of the Industrial Accident Compensation Insurance Act;

9. Where an insurance company, etc., which has received a claim for car insurance from a medical institution pursuant to Articles 12 (2) and 14 of the Guarantee of Automobile Accident Compensation Act, requests the medical institution to inspect the relevant medical records;

10. Where the director of a regional military manpower office requests the head of a medical institution to submit the medical records and details of treatment of a person subject to draft physical examination as it is deemed necessary to verify any illness or mental or physical disability in connection with the draft physical examination, pursuant to Article 11-2 of the Military Service Act;

11. Where a mutual-aid association requests a medical care institution prescribed in Article 42 of the National Health Insurance Act to inspect relevant medical records or to submit necessary data as it is deemed necessary to determine whether to pay the mutual-aid benefits pursuant to Article 42 of the Act

on the Prevention of and Compensation for Accidents at School;

12. Where the head of a medical institution provides medical records and clinical opinions to the head of a veterans hospital, pursuant to Article 7 (3) of the Act on Assistance to Patients Suffering from Actual or Potential Aftereffects of Defoliants and Establishment of Related Organizations;

13. Where the details of a patient's record are provided pursuant to Article 28 (1) or (3) of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes;

14. Where the National Pension Service requests a medical institution which treated a person who is or was its member to inspect or copy matters concerning the relevant medical treatment in connection with the examination of payment of a dependent pension, disability pension, survivor pension, etc. prescribed in Article 123 of the National Pension Act;

14-2. Where a medical institution which has treated a person who is or was a public official is requested to allow the inspection or copy of matters concerning the relevant medical treatment in the following cases:

(a) Where the Minister of Personnel Management requests the inspection or copy in connection with survivors' benefits and disability benefits for reasons other than official duties pursuant to Article 92 of the Public Officials Pension Act;

(b) Where the Government Employees Pension Service requests the inspection or copy in connection with survivors' benefits and disability benefits for reasons other than official duties pursuant to Article 93 of the Public Officials Pension Act;

(c) Where the Minister of Personnel Management (including persons to whom business affairs are entrusted pursuant to Article 61 of the Public Officials' Accident Compensation Act) requests the inspection or copy in connection with health care benefits, rehabilitation benefits, disability benefits, nursing benefits and disaster survivors' benefits pursuant to Articles 57 and 58 of the same Act;

14-3. Where the Korea Teachers Pension requests a medical institution which has treated a person who is or was a school teacher or staff member to inspect or copy matters concerning the relevant medical treatment in connection with the examination of payment of medical care benefits, disability benefits and survivors' benefits, pursuant to Article 19 (4) 4-2 of the Pension for Private School Teachers and Staff Act;

15. Where the head of a public institution prescribed by Presidential Decree requests a medical institution which treated a person who has applied for the registration of or is registered as a person with disabilities in connection with examinations on the degree of disabilities prescribed in Article 32 (7) of the Act on Welfare of Persons with Disabilities to inspect or copy matters concerning the relevant medical treatment;

16. Where the Minister of Health and Welfare, the Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of a Si/Gun/Gu requests, under Articles 18-4 and 29 of the Infectious Disease Control and Prevention Act, the head of a medical institution to submit records of medical treatment of patients, etc. of an infectious disease or records of medical treatment on adverse

reactions to vaccinations of persons who have been vaccinated, as it is deemed necessary for the epidemiological investigation of an infectious disease or epidemiological investigation on vaccination;

17. Where the Patriots and Veterans Entitlement Commission requests a medical institution that treated a person subject to a patriot and veteran entitlement examination to inspect or copy matters concerning the relevant medical treatment pursuant to Article 74-8 (1) 7 of the Act on the Honorable Treatment of and Support for Persons of Distinguished Service to the State.

(4) Each physician, dentist or oriental medical doctor working for a medical institution which keeps medical records or for a public health clinic to which medical records are transferred shall confirm the fact based on the medical records, when he/she is requested to confirm the details of the past medical treatment of a patient not examined or treated by himself/herself. *<Newly Inserted by Act No. 9386, Jan. 30, 2009>*

(5) In cases of paragraph (1), (3) or (4), the medical personnel, the heads of medical institutions and persons working for medical institutions may have patients or third parties to patients confirm recorded matters by means of providing them with electronic documents with digital signatures prescribed by the Digital Signature Act. *<Newly Inserted by Act No. 17069, Mar. 4, 2020>*

#### **Article 21-2 (Sending of Medical Records)**

(1) Where medical personnel or the head of a medical institution receive a request from another medical personnel or the head of another medical institution to confirm the details of medical records referred to in Article 22 or 23 or to send or transmit his/her clinical opinion on the progress of medical treatment of a patient, he/she shall comply with such request with consent of the relevant patient or his/her guardian: Provided, That where the relevant patient has fallen into unconsciousness or is in emergency, or where it is impracticable to obtain the consent due to the absence of the patient's guardian, they can be submitted or transmitted without consent of the patient or his/her guardian.

(2) Where medical personnel or the head of a medical institution transfers an emergency patient to another medical institution, he/she shall send without delay copies of medical records, etc. prepared as at the time the patient visited the relevant hospital.

(3) In order to support the affairs related to the transmission of copies of medical records, clinical opinions on the progress of medical treatment, etc. pursuant to paragraphs (1) and (2), the Minister of Health and Welfare may establish and operate an electronic information system (hereafter referred to as "medical record transmission support system" in this Article).

(4) The Minister of Health and Welfare may entrust the establishment and operation of a medical record transmission support system to a related specialized institution, as prescribed by Presidential Decree. In such cases, the Minister of Health and Welfare may subsidize all or part of the necessary expenses.

(5) A specialized institution entrusted with the affairs pursuant to paragraph (4) shall observe the following matters:

1. It shall take technical and managerial measures necessary to secure safety, such as designation of persons with right to access, installation of a firewall, use of encryption software and storage of access

records, to prevent divulgence, falsification, damage, etc. of information stored in the medical record transmission support system, as prescribed by Presidential Decree;

2. It shall not re-entrust the affairs related to the operation of the medical record transmission support system to another institution;

3. It shall not provide on its own discretion or divulge information stored in the medical record transmission support system to a third person.

(6) The Minister of Health and Welfare may request medical personnel or the head of a medical institution to submit data necessary to establish and operate a medical record transmission support system, such as the data related to the consent of patients or patient's guardians referred to in the main sentence of paragraph (1), as prescribed by Ordinance of the Ministry of Health and Welfare, and store and use them within the scope of the purpose of the receipt thereof. In such cases, a person, in receipt of a request to submit data, shall comply with the request, except in extenuating circumstances.

(7) Other necessary matters for the establishment, operation, etc. of a medical record transmission support system shall be prescribed by Ordinance of the Ministry of Health and Welfare.

(8) No one shall divulge, falsify or damage information stored in a medical record transmission support system without good cause.

(9) Except as expressly provided for in this Act, matters necessary for the establishment and operation of a medical record transmission support system shall be governed by the Personal Information Protection Act.

## SECTION 2 Rights and Duties

### Article 22 (Medical Records)

(1) Medical personnel shall keep books for recording medical treatment, assistance in childbirth, nursing or other documents concerning medical treatment (hereinafter referred to as "medical records, etc.") and record in detail matters concerning medical services prescribed by Ordinance of the Ministry of Health and Welfare, such as a patient's primary symptoms, diagnosis, treatment and opinions and sign his/her name thereon. *<Amended by Act No. 11748, Apr. 5, 2013>*

(2) Medical personnel and the founder of a medical institution shall keep medical records, etc. (including electronic medical records under Article 23 (1), and where there is any addition or revision, including all of the added or revised medical records, etc. and the original records; hereinafter the same shall apply), as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 15540, Mar. 27, 2018>*

(3) No medical personnel shall falsely prepare medical records, etc. nor intentionally make additional indications or modifications different from the fact. *<Newly Inserted by Act No. 10565, Apr. 7, 2011>*

(4) The Minister of Health and Welfare may prepare and publicly notify medical terminology that medical personnel uses for medical records, etc., such as the names of diseases, names of tests and names of medicines, and standards for forms and details of medical records, etc., and may recommend that medical

personnel or founders of medical institutions comply therewith. <Newly Inserted by Act No. 16555, Aug. 27, 2019>

### **Article 23 (Electronic Medical Records)**

(1) Medical personnel and the founder of each medical institution may, notwithstanding Article 22, prepare and keep medical records, etc. in the form of an electronic document with a digital signature under the Digital Signature Act (hereinafter referred to as "electronic medical records").

(2) Medical personnel and the founder of each medical institution shall have facilities and equipment necessary for managing and storing electronic medical records safely, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) No person shall divulge, alter or destroy personal information stored in an electronic medical record without good cause.

(4) Where any medical personnel or the founder of a medical institution makes an addition or revision to electronic medical records, he/she shall separately store the access records, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 15540, Mar. 27, 2018>

### **Article 23-2 (Standardization of Electronic Medical Record System)**

(1) For the purpose of the efficient and unified management and use of electronic medical records, the Minister of Health and Welfare may determine and publicly notify the standards concerning a computerized information processing system (hereafter referred to as "electronic medical record system" in this Article), facilities, equipment, forms of records, etc. necessary to prepare, manage and preserve records, and recommend manufacturers and suppliers of the electronic medical record system, medical personnel or founders of medical institutions to comply with such standards.

(2) The Minister of Health and Welfare may certify an electronic medical record system, if it meets the criteria for certification prescribed by Presidential Decree, such as the standards referred to in paragraph (1), compatibility among electronic medical record systems and security of data.

(3) A person who has been certified pursuant to paragraph (2) may mark the details of certification, as prescribed by Presidential Decree. In such cases, no person who has not been certified shall mark the certification or use any mark similar thereto.

(4) The Minister of Health and Welfare may revoke certification granted under paragraph (2) in any of the following cases: Provided, That in cases falling under subparagraph 1, the certification shall be revoked:

1. Where the certification was obtained by fraudulent or other illegal means;
2. Where the relevant system fails to meet the criteria for certification referred to in paragraph (2).

(5) The Minister of Health and Welfare may perform projects to facilitate the development of technology and the use of electronic medical record systems.

(6) Matters necessary for the objects of standardization prescribed in paragraph (1), methods, procedures, etc. of certification prescribed in paragraph (2) shall be prescribed by Presidential Decree.

### **Article 23-3 (Notification of Medical Treatment Information Breach Incidents)**

(1) Where an incident prescribed by Presidential Decree, such as divulgence of medical treatment information or disruption in business of a medical institution by electronic breach of electronic medical records (hereinafter referred to as "medical treatment information breach incident") occurs, the medical personnel or the founder of the medical institution shall notify the Minister of Health and Welfare of such incident immediately.

(2) Where the Minister of Health and Welfare is notified of a medical treatment information breach incident pursuant to paragraph (1) or comes to know the occurrence of a medical treatment information breach incident, he/she shall notify the relevant administrative agencies.

### **Article 23-4 (Prevention of and Response to Medical Treatment Information Breach Incidents)**

(1) For the prevention of and response to medical treatment information breach incidents, the Minister of Health and Welfare shall take the following measures:

1. Collecting and disseminating information on medical treatment information breach incidents;
2. Forecasting and warning medical treatment information breach incidents;
3. Emergency measures for medical treatment information breach incidents;
4. Detecting and analyzing electronic breach of electronic medical records;
5. Other measures prescribed by Presidential Decree to prevent and respond to medical treatment information breach incidents.

(2) The Minister of Health and Welfare may entrust all or part of the measures prescribed in paragraph (1) to specialized institutions.

(3) Procedures and methods for taking measures pursuant to paragraph (1), procedures for entrusting measures pursuant to paragraph (2) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

### **Article 23-5 (Prohibition from Gaining Improper Economic Benefits)**

(1) No medical personnel, founder of a medical institution (including a representative of a corporation, director or other person who engages therein; hereafter the same shall apply in this Article), and person working for a medical institution shall receive money, goods, advantages, labor, entertainment and other economic benefits (hereinafter referred to as "economic benefits, etc") which a drug supplier referred to in Article 47 (2) of the Pharmaceutical Affairs Act provides for the promotion of sale, such as selection of drugs, induction to prescribe drugs and maintenance of transactions; or cause the medical institution to receive them: Provided, That this shall not apply to economic benefits, etc. within the extent prescribed by Ordinance of Ministry of Health and Welfare, including the provision of a sample, support for a conference, support for a clinical trial, product showcase, price discount according to price settlement methods, and post market surveillance (hereinafter referred to as "provision of a sample, etc."). <Amended

*by Act No. 13658, Dec. 29, 2015>*

(2) No medical personnel, founder of a medical institution and person working for a medical institution shall receive economic benefits, etc. which a manufacturer of medical devices prescribed in Article 6 of the Medical Devices Act, an importer of medical devices prescribed in Article 15 of the same Act or any person who sells or leases medical devices prescribed in Article 17 of the same Act provides for the promotion of sale, such as induction to select and use medical devices and maintenance of transactions; or cause the medical institution to receive them: Provided, That this shall not apply to economic benefits, etc. within the extent prescribed by Ordinance of Ministry of Health and Welfare, including provision of a sample, etc. *<Amended by Act No. 10564, Apr. 7, 2011; Act No. 13658, Dec. 29, 2015>*

#### **Article 24 (Guidance for Methods of Convalescence)**

Medical personnel shall provide patients or their guardians with guidance for the method of convalescence or other matters necessary for health care.

#### **Article 24-2 (Explanation about Medical Practices)**

(1) Where a physician, dentist or oriental medical doctor performs a surgery, blood transfusion or general anesthesia (hereafter referred to as "surgery, etc." in this Article) that might cause serious harm to a life or body, he/she shall explain the matters set forth in paragraph (2) to the patient (referring to a legal representative, where the patient lacks decision-making capacity; hereafter the same shall apply in this Article) and obtain a written consent (including an electronic document; hereafter the same shall apply in this Article) from the patient: Provided, That this shall not apply where the patient's life might fall into danger or the patient might fall into serious mental incapacity due to the delay of surgery, etc. caused by taking the procedures for explanation and obtaining consent.

(2) Matters requiring the explanation to and consent from a patient pursuant to paragraph (1) shall be as follows:

1. Diagnosis of the symptom which has occurred to or which might occur to the patient;
2. Necessity, methods, and details of the surgery, etc.;
3. The name of the physician, dentist or oriental medical doctor who gives explanation to the patient, or the name of principal physician, dentist or oriental medical doctor who participates in the surgery, etc.;
4. Sequelae or side effects expected to occur typically following the surgery, etc.;
5. Matters to be observed by the patient before and after the surgery, etc.

(3) A patient may request a physician, dentist or oriental medical doctor to issue a copy of the consent referred to in paragraph (1). In such cases, the physician, dentist or oriental medical doctor in receipt of such request, shall comply with the request, except in extenuating circumstances.

(4) Where the methods and details of surgery, etc. or the principal physician, dentist or oriental medical doctor who will participate in the surgery, etc. are changed among the matters on which consent is obtained, the ground for and details of the change shall be informed to the patient in writing.

(5) Matters necessary for methods, procedures, etc. of explanation, consent, and notification prescribed in paragraphs (1) through (4), shall be prescribed by Presidential Decree.

#### **Article 25 (Reports)**

(1) Medical personnel shall report his/her actual status and current employment status, etc. to the Minister of Health and Welfare every three years from the date he/she obtains the license for the first time, as prescribed by Presidential Decree. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 10609, Apr. 28, 2011>*

(2) With respect to medical personnel who fails to complete refresher training referred to in Article 30 (3), the Minister of Health and Welfare may refuse to accept reports by the medical personnel referred to in paragraph (1). *<Newly Inserted by Act No. 10609, Apr. 28, 2011>*

(3) The Minister of Health and Welfare may entrust the duty to receive reports referred to in paragraph (1) to a relevant organization, etc., as prescribed by Presidential Decree. *<Newly Inserted by Act No. 10609, Apr. 28, 2011>*

#### **Article 26 (Report on Unnatural Death)**

A physician, dentist, oriental medical doctor or midwife who is suspicious of unnatural death upon a postmortem examination on a dead body, shall report to the chief of police station having jurisdiction over the place where the dead body was found or located.

### **SECTION 3 Restrictions on Medical Practices**

#### **Article 27 (Prohibition against Unlicensed Medical Practices)**

(1) Any non-medical personnel shall not perform medical practices; and even medical personnel shall not perform any medical practice other than those licensed: Provided, That any of the following persons can perform medical practices to the extent prescribed by Ordinance of the Ministry of Health and Welfare: *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>*

1. A person who holds a foreign medical license and stays in Korea for a certain period of time;
  2. A person who performs medical practices for medical volunteer or a research and pilot project at a medical college, dental college, college of oriental medicine, graduate medical school, graduate school for dentistry, graduate school for oriental medicine, general hospital, or foreign medical aid institution;
  3. A student majoring in medical science, dentistry, oriental medical science or nursing.
- (2) Any non-medical personnel shall not use a title of a physician, dentist, oriental medical doctor, midwife, nurse or any other title similar thereto.
- (3) No person may introduce, arrange or solicit a patient to a medical institution or medical personnel for profits, by exempting or discounting medical expenses to be paid by a patient under the National Health Insurance Act or the Medical Care Assistance Act, offering money, etc. or providing means of

transportation to the general public; or instigate any person to do so: Provided, That any of the following acts may be permitted: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 11141, Dec. 31, 2011>

1. Attracting a patient through prior individual approval from the head of the competent Si/Gun/Gu by reason of economic conditions, etc. of the patient;
  2. Attracting a foreign patient who is neither a policyholder nor dependent pursuant to Article 109 of the National Health Insurance Act (excluding a foreigner who resides in the Republic of Korea, as prescribed by Ordinance of the Ministry of Health and Welfare).
- (4) Notwithstanding paragraph (3) 2, an insurance company, mutual company, insurance solicitor, insurance agency or certified insurance broker defined in Article 2 of the Insurance Business Act shall be prohibited from attracting foreign patients. <Newly Inserted by Act No. 9386, Jan. 30, 2009>
- (5) No medical personnel, founders of medical institutions, and persons working for medical institutions shall have unlicensed persons provide medical services or have medical personnel provide unlicensed medical practices. <Newly Inserted by Act No. 16375, Apr. 23, 2019>

**Article 27-2 Deleted.** <by Act No. 13599, Dec. 22, 2015>

## SECTION 4 Organizations of Medical Personnel

### **Article 28 (Central Association and Branches)**

- (1) Physicians, dentists, oriental medical doctors, midwives or nurses shall establish the physicians' association, dentists' association, oriental medical doctors' association, midwives' association, and nurses' association, respectively (hereinafter referred to as "central association") that has nationwide organizations, as prescribed by Presidential Decree.
- (2) Each central association shall be a corporate entity.
- (3) When a central association is established and existing pursuant to paragraph (1), medical personnel shall become a member of the corresponding central association, and thus shall comply with the articles of association thereof.
- (4) Except as otherwise expressly provided for in this Act, the provisions of the Civil Act governing the incorporated associations shall apply mutatis mutandis to matters concerning central associations.
- (5) Each central association shall establish branches in a Special Metropolitan City, Metropolitan City, Do and Special Self-Governing Province (hereinafter referred to as a "City/Do"); and may establish sub-branches in each Si/Gun/Gu (referring only to an autonomous Gu; hereinafter the same shall apply), as prescribed by Presidential Decree: Provided, That the establishment of a branch in addition to those specified above, or a branch of the physicians' association in a foreign country shall require approval from the Minister of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(6) Each central association shall submit a report to a Special Metropolitan City Mayor, Metropolitan City Mayor, Do Governor or Special Self-Governing Province Governor (hereinafter referred to as "Mayor/Do Governor"), or the head of a Si/Gun/Gu immediately after the establishment of a branch or sub-branch.

(7) Each central association shall have an ethics committee to deliberate, and pass a resolution, on claims, etc. for suspension of qualification referred to in Article 66-2. <Newly Inserted by Act No. 10609, Apr. 28, 2011>

(8) Matters necessary for the organization, operation, etc. of ethics committees shall be prescribed by Presidential Decree. <Newly Inserted by Act No. 10609, Apr. 28, 2011>

#### **Article 29 (Permission for Establishment)**

(1) When planning to establish a central association, a representative of the central association shall submit its articles of association and other necessary documents to the Minister of Health and Welfare, as prescribed by Presidential Decree and obtain permission for the establishment from the Minister.

<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) Matters to be included in the articles of association of each central association shall be prescribed by Presidential Decree.

(3) Where a central association intends to amend its articles of association, it shall obtain permission for such amendment from the Minister of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

#### **Article 30 (Duty to Cooperate)**

(1) Where a central association receives a request from the Minister of Health and Welfare for cooperation to improve medical services and public health, it shall comply with such request. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) Each central association shall implement refresher training to improve the quality of its members, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) Medical personnel shall attend refresher training referred to in paragraph (2).

**Article 31 Deleted.** <by Act No. 10565, Apr. 7, 2011>

#### **Article 32 (Supervision)**

When a central association or its branch engages in any business, other than those stipulated in its articles of association, or commits any act that impedes public health, or if it fails to properly respond to a request for cooperation under Article 30 (1), the Minister of Health and Welfare may issue an order to amend its articles of association or re-elect its officers. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

# CHAPTER III MEDICAL INSTITUTIONS

## SECTION 1 Establishment of Medical Institutions

### Article 33 (Establishment)

(1) Medical personnel shall not provide medical services unless and until he/she establishes a medical institution in accordance with this Act; and shall provide medical services within the medical institution, except in any of the following cases: *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

1. When medical treatment is given to an emergency patient prescribed in subparagraph 1 of Article 2 of the Emergency Medical Service Act;
2. When medical treatment is given upon a request from a patient or his/her guardian;
3. When medical services outside of the medical institution are requested by the State or the head of a local government as deemed necessary for public interest;
4. When home nursing services are provided, as prescribed by Ordinance of the Ministry of Health and Welfare;
5. When a cause or event specifically prescribed by this Act or any other statutes or regulations occurs, or when it is inevitable to give medical treatment at a place where a patient is located.

(2) No person, other than any of the following persons, may establish a medical institution. In such cases, a physician may establish a general hospital, hospital, long-term care hospital or medical clinic, a dentist may establish a dental hospital or dental clinic, an oriental medical doctor may establish an oriental medical hospital, long-term care hospital or oriental medical clinic, and a midwife may establish only a midwifery clinic, respectively: *<Amended by Act No. 9386, Jan. 30, 2009>*

1. A physician, a dentist, an oriental medical doctor, or a midwife;
2. The State or a local government;
3. A corporation established for the purpose of rendering medical services (hereinafter referred to as "medical corporation");
4. A nonprofit corporation established pursuant to the Civil Act or any special Act;
5. A quasi-government agency prescribed in the Act on the Management of Public Institutions, a local medical center prescribed in the Act on the Establishment and Management of Local Medical Centers or the Korea Veterans Health Service prescribed in the Korea Veterans Health Service Act.

(3) Any person who intends to establish a medical clinic, dental clinic, oriental medical clinic or midwifery clinic prescribed in paragraph (2), shall submit a report to the head of the competent Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(4) Any person who intends to establish a general hospital, hospital, dental hospital, oriental medical hospital or long-term care hospital prescribed in paragraph (2) shall obtain permission from the competent

Mayor/Do Governor, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, where a medical institution to be established falls under any of the following cases, the Mayor/Do Governor shall not grant permission for establishment: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 16555, Aug. 27, 2019>

1. Where a medical institution to be established fails to meet facility standards prescribed in Article 36;
2. Where a medical institution to be established is non-compliant with the basic implementation policy prescribed in Article 60 (1) and the plan for supply and management prescribed in paragraph (2) of the same Article.

(5) The provisions of paragraphs (3) and (4) shall apply, when a medical institution established pursuant to paragraphs (3) or (4) intends to relocate its place of business or revise an important matter prescribed by Ordinance of the Ministry of Health and Welfare among those reported or permitted as to its establishment. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(6) A person who intends to establish a midwifery clinic shall appoint a physician as an advisor with no exception.

(7) No medical institution may be established in any of the following cases: <Amended by Act No. 16555, Aug. 27, 2019>

1. Within the premises of a pharmacy or its facility;
2. Where the part of a pharmacy's facility or premises is partitioned, altered, or repaired to establish a medical institution;
3. Where there is a passage between a medical institution and a pharmacy, such as an exclusive hallway, stairway, elevator or overpass, or where such facility is installed to establish a medical institution;
4. Where a medical institution is established in a building built, expanded or rebuilt without obtaining permission or filing a report in accordance with the relevant statutes or regulations, such as the Building Act.

(8) No medical personnel referred to in paragraph (2) 1 shall establish nor operate at least two medical institutions under any pretext: Provided, That where a person with at least two medical licenses intends to establish a clinic-level medical institution, he/she may open medical institutions together at one location only by type of his/her licenses. <Newly Inserted by Act No. 9386, Jan. 30, 2009; Act No. 11252, Feb. 1, 2012>

(9) A medical corporation or nonprofit corporation referred to in paragraph (2) 4 (hereafter referred to as "medical corporation, etc." in this Article) that intends to establish a medical institution shall obtain permission for the modification of its articles of incorporation (when establishing a medical corporation, etc., referring to the permission for the establishment thereof; hereafter the same shall apply in this paragraph), as prescribed by Presidential Decree, after specifying in its articles of incorporation the place in which the medical institution is located. In such cases, the administrative agency having jurisdiction over the relevant corporation shall consult with the Mayor/Do Governor or the head of the Si/Gun/Gu having jurisdiction over the place where the medical institution that the corporation intends to establish is located, before granting permission for modification of the articles of incorporation. <Newly Inserted by Act

*No. 13658, Dec. 29, 2015>*

(10) No medical corporation, etc. that has established and operates a medical institution shall lend the name of the corporation to a third party. *<Newly Inserted by Act No. 13658, Dec. 29, 2015>*

### **Article 33 (Establishment)**

(1) A medical personnel shall not provide medical services, unless and until he/she establishes a medical institution in accordance with this Act; and shall provide medical services within the medical institution, except in any of the following cases: *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

1. When medical treatment is provided to an emergency patient prescribed in subparagraph 1 of Article 2 of the Emergency Medical Service Act;
2. When medical treatment is provided upon a request from a patient or his/her guardian;
3. When medical services outside of the medical institution are requested by the State or the head of a local government as deemed necessary for public interests;
4. When home nursing services are provided as prescribed by Ordinance of the Ministry of Health and Welfare;
5. When a cause or event specifically prescribed by this Act or any other statutes or regulations occurs, or when it is inevitable to give medical treatment at a place where a patient is located.

(2) No person, other than any of the following persons, may establish a medical institution. In such cases, a physician may establish a general hospital, hospital, long-term care hospital, mental health hospital or medical clinic, a dentist may establish a dental hospital or dental clinic, an oriental medical doctor may establish an oriental medical hospital, long-term care hospital or oriental medical clinic, and a midwife may establish only a midwifery clinic, respectively: *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 17069, Mar. 4, 2020>*

1. A physician, a dentist, an oriental medical doctor or a midwife;
2. The State or a local government;
3. A corporation established for the purpose of rendering medical services (hereinafter referred to as "medical corporation");
4. A nonprofit corporation established pursuant to the Civil Act or any special Act;
5. A quasi-government agency prescribed in the Act on the Management of Public Institutions, a local medical center prescribed in the Act on the Establishment and Management of Local Medical Centers, or the Korea Veterans Health Service prescribed in the Korea Veterans Health Service Act.

(3) Any person who intends to establish a medical clinic, dental clinic, oriental medical clinic, or midwifery clinic prescribed in paragraph (2), shall submit a report to the head of the competent Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(4) Any person who intends to establish a general hospital, hospital, dental hospital, oriental medical hospital, long-term care hospital or mental health hospital prescribed in paragraph (2), shall obtain

permission from the competent Mayor/Do Governor, as prescribed by Ordinance of the Ministry of Health and Welfare following deliberation by the City/Do Medical Institution Establishment Committee prescribed in Article 33-2. In such cases, where the medical institution to be established falls under any of the following cases, the Mayor/Do Governor shall not grant permission for establishment: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 16555, Aug. 27, 2019; Act No. 17069, Mar. 4, 2020>

1. Where a medical institution to be established fails to meet facility standards prescribed in Article 36;
2. Where a medical institution to be established is non-compatible with the basic implementation policy prescribed in Article 60 (1) and the plan for supply and management prescribed in paragraph (2) of the same Article.

(5) The provisions of paragraphs (3) and (4) shall apply, when a medical institution established pursuant to paragraphs (3) or (4) intends to relocate its place of business or revise an important matter prescribed by Ordinance of the Ministry of Health and Welfare among those reported or permitted as to its establishment. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(6) A person who intends to establish a midwifery clinic shall appoint a physician as an adviser with no exception.

(7) No medical institution may be established in any of the following cases: <Amended by Act No. 16555, Aug. 27, 2019>

1. Within the premises of a pharmacy or its facility;
2. Where the part of a pharmacy's facility or premises is partitioned, altered, or repaired to establish a medical institution;
3. Where there is a passage between a medical institution and a pharmacy, such as an exclusive hallway, stairway, elevator or overpass, or where such facility is installed to establish a medical institution;
4. Where a medical institution is established in a building built, expanded or rebuilt without obtaining permission or filing a report in accordance with the relevant statutes or regulations, such as the Building Act.

(8) No medical personnel referred to in paragraph (2) 1 shall establish nor operate at least two medical institutions under any pretext: Provided, That where a person with at least two medical licenses intends to establish a clinic-level medical institution, he/she may open medical institutions together at one location only by type of his/her licenses. <Newly Inserted by Act No. 9386, Jan. 30, 2009; Act No. 11252, Feb. 1, 2012>

(9) A medical corporation or nonprofit corporation referred to in paragraph (2) 4 (hereafter referred to as "medical corporation, etc." in this Article) that intends to establish a medical institution shall obtain permission for the modification of its articles of incorporation (when establishing a medical corporation, etc., referring to the permission for the establishment thereof; hereafter the same shall apply in this paragraph), as prescribed by Presidential Decree, after specifying in its articles of incorporation the place in which the medical institution is established. In such cases, the competent administrative agency having jurisdiction over the relevant corporation shall consult with the Mayor/Do Governor or the head of the Si/Gun/Gu having jurisdiction over the place where the medical institution that the corporation intends to

establish is located, before granting permission for modification of the articles of incorporation. <Newly Inserted by Act No. 13658, Dec. 29, 2015>

(10) No medical corporation, etc. that has established and operates a medical institution shall lend the name of the corporation to a third party. <Newly Inserted by Act No. 13658, Dec. 29, 2015>

#### **Article 33-2 (Establishment of Medical Institution Establishment Committees)**

(1) To deliberate on matters concerning permission for establishing medical institutions prescribed in Article 33 (4), a medical institution establishment committee shall be established under the control of each City/Do.

(2) Persons with a wealth of experience as a medical personnel member of the physicians' association, dentists' association, oriental medical doctors' association, midwives' association and nurses' association prescribed in Article 28, and persons with a wealth of experience in the establishment, operation, etc. of medical institutions within the relevant region as a member of a medical institution association prescribed in Article 52 shall become members of medical institution establishment committees prescribed in paragraph (1).

(3) Matters necessary for the organization and operation of medical institution establishment committees and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 34 (Telemedicine)**

(1) Medical personnel (limited only to physicians, dentists or oriental medical doctors who engage in medical practices) may, notwithstanding Article 33 (1), provide telemedicine services (hereinafter referred to as "telemedicine") to furnish medical knowledge or technology to medical personnel in a remote area by using information communication technology, such as computers or video communications systems.

(2) A person who intends to provide or receive telemedicine services shall have the facilities and equipment prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) A person who provides telemedicine services (hereinafter referred to as "remote doctor") shall have the same responsibility as he/she directly gives medical treatment to a patient.

(4) If any of medical personnel who has performed medical practices following a remote doctor's telemedicine practices, is a physician, dentist or an oriental medical doctor (hereinafter referred to as "local doctor"), and if there is no obvious ground to believe that the remote doctor is negligent in performing his/her medical practice, the local doctor shall be responsible for a patient, notwithstanding paragraph (3).

#### **Article 35 (Special Exception to Establishment of Medical Institutions)**

(1) Where a person other than those set forth in Article 33 (1), (2), and (8) intends to establish a auxiliary medical institution for providing health care to his/her staff, employees, constituents (including inmates)

or their dependents, the person shall report to the head of a Si/Gun/Gu having jurisdiction over the place where the auxiliary medical institution is to be located: Provided, That the establishment of a hospital-level medical institution as an auxiliary medical institution requires permission from a Mayor/Do Governor having jurisdiction over the place where the institution is to be located. <Amended by Act No. 9386, Jan. 30, 2009>

(2) Procedures and requirements for a report on and permission for the establishment of an auxiliary medical institution under paragraph (1), and other matters necessary for the operation and management of the auxiliary medical institution shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

### **Article 36 (Matters to Be Observed)**

A person who establishes a medical institution in accordance with Article 33 (2) and (8) shall comply with the following matters, as prescribed by Ordinance of the Ministry of Health and Welfare: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 14220, May 29, 2016; Act No. 16375, Apr. 23, 2019; Act No. 16555, Aug. 27, 2019>

1. Matters concerning standards for facilities and specifications by type of medical institutions;
2. Matters concerning standards for safety control facilities in medical institutions;
3. Matters concerning standards for the operation of medical institutions and long-term care hospitals;
4. Matters concerning standards for the installation and operation of expensive medical equipment;
5. Matters concerning standards for the number of medical personnel, etc. by type of medical institutions;
6. Matters concerning standards for the management of meal services;
7. Matters concerning the sanitary administration of medical institutions;
8. Matters concerning the use of medicines and disposable medical supplies for injection by medical institutions;
9. Matters concerning standards for medical treatment provided by medical institutions to patients, etc. with an infectious disease prescribed in Article 41 (4) of the Infectious Disease Control and Prevention Act;
10. Matters concerning access standards for facilities requiring infection control in a medical institution, such as an operating room, delivery room and intensive care unit;
11. Matters concerning the installation of security equipment, placement of security personnel, etc. for the safety of medical personnel and patients;
12. Matters concerning the use of body protectors by medical institutions.

### **Article 36 (Matters to Be Observed)**

A person who establishes a medical institution in accordance with Article 33 (2) and (8) shall comply with the following matters, as prescribed by Ordinance of the Ministry of Health and Welfare: <Amended by Act

*No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 14220, May 29, 2016; Act No. 16375, Apr. 23, 2019; Act No. 16555, Aug. 27, 2019; Act No. 17069, Mar. 4, 2020>*

1. Matters concerning standards for facilities and specifications by type of medical institutions;
2. Matters concerning standards for safety control facilities in medical institutions;
3. Matters concerning standards for the operation of medical institutions and long-term care hospitals;
4. Matters concerning standards for the installation and operation of expensive medical equipment;
5. Matters concerning standards for the number of medical personnel, etc. by type of medical institutions;
6. Matters concerning standards for the management of meal service;
7. Matters concerning the sanitary administration of medical institutions;
8. Matters concerning the use of medicines and disposable medical instruments by medical institutions;
9. Matters concerning standards for medical treatment provided by medical institutions to patients, etc. with an infectious disease prescribed in Article 41 (4) of the Infectious Disease Control and Prevention Act;
10. Matters concerning access standards for facilities requiring infection control in a medical institution, such as an operating room, delivery room and intensive care unit;
11. Matters concerning the installation of security equipment, placement of security personnel, etc. for the safety of medical personnel and patients;
12. Matters concerning the use of body protectors by medical institutions;
13. Matters concerning the prevention of medical care-related infections by medical institutions.

#### **Article 36-2 (Prohibition against Employment of Public Health Doctors)**

(1) No founder of a medical institution shall have a public health doctor defined in subparagraph 1 of Article 2 of the Act on Special Measures for Health and Medical Services in Agricultural and Fishing Villages perform medical practices nor appoint him/her as medical personnel on duty under Article 41 (1), unless the relevant medical institution is an institution or facility to which a public health doctor is assigned under Article 5-2 of the same Act or to which a public health doctor is dispatched under Article 6-2 of the same Act. *<Amended by Act No. 14438, Dec. 20, 2016; Act No. 15540, Mar. 27, 2018>*

(2) No founder of a medical institution shall have doctors exclusively in charge of draft physical examination prescribed in subparagraph 14 of Article 2 of the Military Service Act perform medical practices nor appoint them as medical personnel on duty prescribed in Article 41 (1), unless they undergo training related to their duties at military hospitals or hospitals designated by the Commissioner of the Military Manpower Administration pursuant to Article 34-2 (2) of the same Act. *<Newly Inserted by Act No. 15540, Mar. 27, 2018>*

#### **Article 37 (Radiation Generator for Diagnosis)**

(1) Where a medical institution intends to install and operate a radiation generator for diagnosis, the medical institution shall report to the head of a Si/Gun/Gu in compliance with Ordinance of the Ministry of Health and Welfare and shall install and operate the generator in conformity with safety control standards prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) The founder or manager of each medical institution which has installed a radiation generator for diagnosis shall appoint a person responsible for safety control prescribed by Ordinance of Ministry of Health and Welfare, receive a periodic inspection and measurement, and control radiation exposure to staff members in radiation-related services. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) Necessary matters concerning a radiation generator for diagnosis under paragraphs (1) and (2) such as scope, report, inspection, installation, and standards for measurement shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

### **Article 38 (Installation and Operation of Special Medical Equipment)**

(1) Where a medical institution intends to install and operate any medical equipment specified and publicly notified by the Minister of Health and Welfare as necessary for adequate installation and use thereof in accordance with the policy on public health and medical services (hereinafter referred to as "special medical equipment"), the medical institution shall register such equipment with the head of the competent Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare and shall install and operate such equipment in conformity with the standards for approval for installation, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11252, Feb. 1, 2012>

(2) The founder or manager of a medical institution which has installed any special medical equipment in accordance with paragraph (1) shall receive a periodic inspection for quality control by the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) No founder or manager of a medical institution shall use any special medical equipment after it is determined as non-compliant through an inspection for quality control under paragraph (2).

(4) The Minister of Health and Welfare may entrust the relevant specialized institution with all or some of affairs concerning inspections for quality control under paragraph (2), as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

### **Article 39 (Mutual Use of Facilities)**

(1) Medical personnel may use facilities, equipment, human resources, etc. of another medical institution for medical treatment with the consent of the head of the medical institution.

(2) The head of a medical institution may, if deemed necessary for medical treatment of a patient in the medical institution, engage any of medical personnel who does not belong to the medical institution to give medical treatment to such patient.

(3) Where a medical accident occurs in the course of medical treatment by using any facility, equipment, human resources, or any other instrument of any other medical institution, medical personnel who has given such medical treatment shall be responsible for the consequences of such accident if it has resulted from his/her negligence, while the founder of the medical institution that offered such facility, equipment, human resources, or any other instrument shall be responsible for the consequences of such accident if it has resulted from a defect in such facility, equipment, human resources, etc.

#### **Article 40 (Reports on Closure and Suspension of Business and Transfer of Medical Records)**

(1) Where the founder of a medical institution intends to close business of the medical institution or suspend it for at least one month (including suspension for a period of less than one month where there is any inpatient; hereafter the same shall apply in this Article), the founder shall report to the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 14438, Dec. 20, 2016>*

(2) Where the founder of a medical institution reports the closure or suspension of business prescribed in paragraph (1), the founder shall transfer all medical records, etc. preserved in accordance with Article 22 or 23 to the director of the competent public health clinic: Provided, That the founder of a medical institution may keep such records in his/her custody only if he/she submits a plan for keeping such medical records, etc. as prescribed by Ordinance of the Ministry of Health and Welfare, and obtains approval from the director of the competent public clinic. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) Notwithstanding the provisions of paragraph (1), the head of a Si/Gun/Gu need not accept the report on the closure of a medical institution if deemed necessary for an epidemiological investigation, when the Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of the Si/Gun/Gu conducts an epidemiological investigation of an infectious disease or an epidemiological investigation on vaccination prescribed in Article 18 or 29 of the Infectious Disease Control and Prevention Act, or when any medical personnel or the head of a medical institution has requested the Minister of Health and Welfare or a Mayor/Do Governor to conduct an epidemiological investigation prescribed in Article 18-2 of the same Act. *<Newly Inserted by Act No. 14220, May 29, 2016>*

(4) The founder of a medical institution who closes or suspends the medical institution shall take measures to protect the rights and interests of patients, such as the transfer of inpatients of the relevant medical institution to another medical institution, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Newly Inserted by Act No. 14438, Dec. 20, 2016>*

(5) The head of a Si/Gun/Gu in receipt of a report on the closure or suspension of a medical institution under paragraph (1) shall confirm whether the founder of the relevant medical institution has taken

measures to protect the rights and interests of patients pursuant to paragraph (4) or shall take measures prescribed by Presidential Decree. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

#### **Article 40 (Reports on Closure and Suspension of Business)**

(1) Where the founder of a medical institution intends to close the medical institution or suspend it for at least one month (including suspension for a period of less than one month where there is any inpatient; hereafter the same shall apply in this Article), the founder shall report to the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 14438, Dec. 20, 2016>

(2) Deleted. <by Act No. 17069, Mar. 4, 2020>

(3) Notwithstanding the provisions of paragraph (1), the head of a Si/Gun/Gu need not accept the report on the closure of a medical institution if deemed necessary for an epidemiological investigation, when the Director of the Korea Centers for Disease Control and Prevention, a Mayor/Do Governor, or the head of a Si/Gun/Gu conducts an epidemiological investigation of an infectious disease or an epidemiological investigation on vaccination prescribed in Article 18 or 29 of the Infectious Disease Control and Prevention Act, or when any medical personnel or the head of a medical institution has requested the Minister of Health and Welfare or a Mayor/Do Governor to conduct an epidemiological investigation prescribed in Article 18-2 of the same Act. <Newly Inserted by Act No. 14220, May 29, 2016>

(4) The founder of a medical institution who closes or suspends the medical institution shall take measures to protect the rights and interests of patients, such as the transfer of inpatients of the relevant medical institution to another medical institution, as prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

(5) The head of a Si/Gun/Gu in receipt of a report on the closure or suspension of a medical institution under paragraph (1) shall confirm whether the founder of the relevant medical institution has taken measures to protect the rights and interests of patients pursuant to paragraph (4) or shall take measures prescribed by Presidential Decree. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

#### **Article 40-2 (Transfer of Medical Records)**

(1) Where the founder of a medical institution reports the closure or suspension of the medical institution pursuant to Article 40 (1), the founder shall confirm the quantities and lists of the medical records, etc. he/she recorded and preserves pursuant to Article 22 or 23 and transfer the medical records, etc. to the head of the competent public health clinic: Provided That where the founder of a medical institution obtains permission from the head of the competent public health clinic by submitting a plan for keeping medical records, etc. as prescribed by Ordinance of the Ministry of Health and Welfare, he/she may directly keep such medical records, etc.

(2) Where a matter included in a keeping plan is changed, which is a matter prescribed by Ordinance of the Ministry of Health and Welfare, the founder of a medical institution who directly keeps medical

records, etc. by obtaining permission from the head of the competent public health clinic shall report it to the head of the competent public health clinic, and where the founder of a medical institution directly keeping medical records, etc. is placed in a difficult situation to preserve and manage the medical records, etc. due to the causes prescribed by Ordinance of the Ministry of Health and Welfare, such as a disease or emigration, the founder shall designate a person to take charge of keeping the medical records, etc. vicariously, or transfer the medical records, etc. to the head of the competent public health clinic.

(3) The founder of a medical institution who directly keeps medical records, etc. by obtaining permission from the head of the competent public health clinic pursuant to paragraph (1) shall observe the period and methods of keeping and other matters prescribed by Ordinance of the Ministry of Health and Welfare.

(4) Articles 21 and 22 (2) shall apply mutatis mutandis to the reading and preservation of medical records which the founder of a medical institution (including persons in charge designated pursuant to paragraph (2)) directly keeps by obtaining permission from the head of the competent public health clinic pursuant to paragraph (1).

(5) Matters necessary for methods, procedures, etc. of transferring medical records, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare.

### **Article 40-3 (Establishment and Operation of Medical Record Keeping System)**

(1) The Minister of Health and Welfare may establish and operate a system to assist the heads of the competent public health clinics keeping the medical records, etc. of medical institutions closing or suspending business pursuant to Article 40-2, and the founders of medical institutions to safely and effectively preserve and manage the medical records, etc. (hereinafter referred to as "medical record keeping system").

(2) The heads of the competent public health clinics keeping the medical records, etc. of medical institutions closing or suspending business pursuant to Article 40-2 and the founders of medical institutions may keep medical records, etc. in the medical record keeping system.

(3) The heads of the competent public health clinics and the founders of medical institution who keep medical records, etc. in the medical record keeping system pursuant to paragraph (2) (including the medical personnel and persons working for the relevant public health clinics and medical institutions) shall not read or confirm the details of information kept in the medical record keeping system, other than the medical records, etc. they directly kept in the medical record keeping system.

(4) The Minister of Health and Welfare may entrust business to establish and operate the medical record keeping system prescribed in paragraph (1) to a relevant specialized institution or organization. In such cases, the Minister of Health and Welfare may provide subsidies for the entire or some of costs incurred for business to establish and operate the medical record keeping system.

(5) A specialized institution or organization to which business to establish and operate the medical record keeping system is entrusted pursuant to the former part of paragraph (4) shall be equipped with facilities and equipment necessary to manage and preserve medical records, etc. safely, as prescribed by Ordinance

of the Ministry of Health and Welfare.

(6) For the efficient operation of the medical record keeping system, the Minister of Health and Welfare may preserve and manage medical records, etc. by changing the forms of the medical records, etc. within the extent not to change the information included in the original, and may issue copies of medical records, etc. in forms changed.

(7) No person shall damage, destruct, change, forge, disclose, search nor reproduce the information kept in the medical record keeping system without justifiable access authority or in excess of permitted access authority.

(8) Matters necessary for the scope of establishment, operating procedures, etc. of the medical record keeping system shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 41 (Medical Personnel on Duty)**

(1) All kinds of hospitals shall have medical personnel on duty necessary to treat emergency patients and inpatients. *<Amended by Act No. 14438, Dec. 20, 2016>*

(2) The number of medical personnel on duty and the standards for their placement under paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare, taking into account the types of hospitals, number of inpatients and other relevant matters. *<Newly Inserted by Act No. 14438, Dec. 20, 2016>*

#### **Article 42 (Names of Medical Institutions)**

(1) No medical institution shall use any name, other than that designated for the type of medical institutions prescribed in Article 3 (2): Provided, That this shall not apply to any of the following cases:

*<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>*

1. When a general hospital names itself a hospital;
2. When a medical institution designated as a tertiary hospital pursuant to Article 3-4 (1), or as a specialized hospital pursuant to Article 3-5 (1) uses the name during the period of designation;
3. When a clinic-level medical institution established pursuant to the proviso to Article 33 (8) uses a name together with the type of licenses;
4. When a medical institution established by the State or a local government uses a name agreed upon with the Minister of Health and Welfare or a Mayor/Do Governor;
5. When any name separately specified by any other statutes or regulations is used.

(2) Matters necessary for the indication of the name of each medical institution shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) No institution, other than medical institutions, shall use any name indicating a medical institution or any other similar name.

#### **Article 42 (Names of Medical Institutions)**

(1) No medical institution shall use any name, other than that designated for the type of medical institutions prescribed in Article 3 (2): Provided, That this shall not apply to any of the following cases:

*<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 17069, Mar. 4, 2020>*

1. When a general hospital or a mental health hospital names itself a hospital;
2. When a medical institution designated as a tertiary hospital pursuant to Article 3-4 (1), or as a specialized hospital pursuant to Article 3-5 (1) uses the name during the period of designation;
3. When a clinic-level medical institution established pursuant to the proviso to Article 33 (8) uses the name together with the type of licenses;
4. When a medical institution established by the State or a local government uses a name agreed upon with the Minister of Health and Welfare or a Mayor/Do Governor;
5. When any name separately specified by any other statutes or regulations is used.

(2) Matters necessary for the indication of the name of each medical institution shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) No institution, other than medical institutions, shall use any name indicating a medical institution or any other similar name.

#### **Article 43 (Specialized Department)**

(1) A hospital, dental hospital or general hospital may additionally establish and operate a specialized department for oriental medicine by hiring an oriental medical doctor.

(2) A oriental medical hospital or dental hospital may additionally establish and operate a specialized department for medicine by hiring a physician.

(3) A hospital, oriental medical hospital or long-term care hospital may additionally establish and operate a specialized department for dentistry by hiring a dentist.

(4) Where a specialized department is additionally established and operated pursuant to paragraphs (1) through (3), facilities and equipment necessary for medical treatment shall be furnished, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*

(5) Specialized departments of a medical institution, including those additionally established pursuant to paragraphs (1) through (3) shall be indicated in compliance with Ordinance of the Ministry of Health and Welfare: Provided, That specialized departments of dentistry may be indicated only by general hospitals and dental hospitals prescribed by Presidential Decree pursuant to Article 77 (3). *<Amended by Act No. 9932, Jan. 18, 2010>*

#### **Article 43 (Specialized Department)**

(1) A hospital, dental hospital or general hospital may additionally establish and operate a specialized department for oriental medicine by hiring a oriental medical doctor.

(2) A oriental medical hospital or dental hospital may additionally establish and operate a specialized department for medicine by hiring a physician.

(3) A hospital, oriental medical hospital, long-term care hospital or mental health hospital may additionally establish and operate a specialized department for dentistry by hiring a dentist. *<Amended by Act No. 17069, Mar. 4, 2020>*

(4) Where a specialized department is additionally established and operated pursuant to paragraphs (1) through (3), facilities and equipment necessary for medical treatment shall be furnished, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*

(5) Specialized departments of a medical institution, including those additionally established pursuant to paragraphs (1) through (3) shall be indicated in compliance with Ordinance of the Ministry of Health and Welfare: Provided, That specialized departments for dentistry may be indicated only by general hospitals and dental hospitals prescribed by Presidential Decree pursuant to Article 77 (3). *<Amended by Act No. 9932, Jan. 18, 2010>*

**Article 44 Deleted.** *<by Act No. 9386, Jan. 30, 2009>*

#### **Article 45 (Notification of Non-Covered Medical Expenses)**

(1) The founder of a medical institution shall notify, as prescribed by Ordinance of the Ministry of Health and Welfare, the expenses (hereinafter referred to as "non-covered medical expenses") incurred in relation to items excluded from those eligible for health care benefits pursuant to Article 41 (4) of the National Health Insurance Act, or items excluded from those eligible for medical benefits pursuant to Article 7 (3) of the Medical Care Assistance Act in order for patients or his/her guardians to easily understand them. *<Amended by Act No. 9932, Jan. 18, 2010; Act No. 11141, Dec. 31, 2011; Act No. 14084, Mar. 22, 2016>*

(2) The founder of a medical institution shall post the charges collected by the medical institution for issuing all kinds of certificates, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 9932, Jan. 18, 2010>*

(3) No founder of a medical institution may collect fees and charges in excess of an amount notified or posted under paragraphs (1) and (2).

#### **Article 45-2 (Investigation of Current Status of Non-Covered Medical Expenses)**

(1) The Minister of Health and Welfare may investigate and analyze the current status of non-covered medical expenses and the items, standards, amount, etc. of charges for issuing all kinds of certificates referred to in Article 45 (2) (hereafter referred to as "non-covered medical expenses, etc." in this Article) of all medical institutions and disclose the results thereof: Provided, That in cases of hospital-level medical institutions, such results shall be disclosed. *<Amended by Act No. 14438, Dec. 20, 2016>*

(2) For the investigation and analysis of the current status of non-covered medical expenses prescribed in paragraph (1), the Minister of Health and Welfare may order the head of a medical institution to submit related data. In such cases, the head of the relevant medical institution shall comply with such order, except in extenuating circumstances. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

(3) Matters necessary for the scope, methods, procedures, etc. of investigation of current status, analysis thereof, and disclosure of the results prescribed in paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 45-3 (Public Notification of Standards for Charges for Issuing All Types of Certificates)**

The Minister of Health and Welfare shall determine and publicly notify the standards for items and amount of charges for issuing all types of certificates, taking into account the results of the investigation and analysis of the current status conducted under Article 45-2 (1).

#### **Article 46 (Patients' Choice of Physicians for Medical Treatment)**

(1) A patient and his/her guardian may request the provision of medical treatment by choosing a specific physician, dentist or oriental medical doctor of a general hospital, hospital, dental hospital, oriental medical hospital or long-term care hospital. In such cases, the head of each medical institution shall assign the physician, dentist, or oriental medical doctor chosen by the patient or his/her guardian to treat the patient, except in extenuating circumstances. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 15540, Mar. 27, 2018>

(2) Any patient who receives a medical treatment by choosing a physician pursuant to paragraph (1) or the guardian of such patient may request the replacement of the physician, dentist or oriental medical doctor. In such cases, the head of the medical institution shall comply with such request unless he/she has a justifiable ground therefor. <Amended by Act No. 15540, Mar. 27, 2018>

(3) The head of each medical institution shall provide patients and their guardians with information for selecting a physician. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 15540, Mar. 27, 2018>

(4) No head of a medical institution shall charge any additional fee on patients or their guardians even though they receive a medical treatment pursuant to paragraph (1). <Amended by Act No. 15540, Mar. 27, 2018>

(5) and (6) Deleted. <by Act No. 15540, Mar. 27, 2018>

#### **Article 46 (Patients' Choice of Physicians for Medical Treatment)**

(1) A patient and his/her guardian may request the provision of medical treatment by choosing a specific physician, dentist or oriental medical doctor of a general hospital, hospital, dental hospital, oriental medical hospital, long-term care hospital, or mental health hospital. In such cases, the head of each medical institution shall assign the physician, dentist, or oriental medical doctor chosen by the patient or

his/her guardian to treat the patient, except in extenuating circumstances. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 15540, Mar. 27, 2018; Act No. 17069, Mar. 4, 2020>*

(2) Any patient who receives a medical treatment by choosing a physician pursuant to paragraph (1) or the guardian of such patient may request the replacement of the physician, dentist or oriental medical doctor. In such cases, the head of the medical institution shall comply with such request unless he/she has a justifiable ground therefor. *<Amended by Act No. 15540, Mar. 27, 2018>*

(3) The head of each medical institution shall provide patients and their guardians with information for selecting a physician. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 15540, Mar. 27, 2018>*

(4) No head of a medical institution shall charge any additional fee on patients or their guardians even though they receive a medical treatment pursuant to paragraph (1). *<Amended by Act No. 15540, Mar. 27, 2018>*

(5) and (6) Deleted. *<by Act No. 15540, Mar. 27, 2018>*

#### **Article 47 (Preventive Measures against Hospital Infection)**

(1) The head of each hospital-level medical institution, the size of which is greater than the size prescribed by Ordinance of the Ministry of Health and Welfare, shall take necessary measures for preventing hospital infection including the establishment and operation of an infection control committee and infection control rooms and the placement of personnel dedicated to infection control as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011>*

(2) To prevent infectious diseases prescribed in subparagraph 1 of Article 2 of the Infectious Disease Control and Prevention Act, the head of a medical institution shall educate medical personnel and persons working for the medical institution on a regular basis. *<Newly Inserted by Act No. 16375, Apr. 23, 2019>*

(3) The head of a medical institution shall, where an infectious disease defined in subparagraph 1 of Article 2 of the Infectious Disease Control and Prevention Act prevails, provide patients, patients' guardians, and persons who conduct their duties inside the relevant medical institution, such as medical personnel, persons working for the medical institution, and security guards defined in subparagraph 3 of Article 2 of the Security Services Industry Act, with information necessary to prevent the spread of the infectious disease. *<Newly Inserted by Act No. 13658, Dec. 29, 2015; Act No. 16375, Apr. 23, 2019>*

(4) Matters necessary for the organization and operation of infection control committees and the operation of infection control rooms under paragraph (1), education under paragraph (2), provision of information under paragraph (3), etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011; Act No. 13658, Dec. 29, 2015; Act No. 16375, Apr. 23, 2019>*

#### **Article 47 (Preventive Measures against Medical Care-Related Infections)**

(1) The head of each hospital-level medical institution, the size of which is greater than the size prescribed by Ordinance of the Ministry of Health and Welfare, shall take necessary measures for preventing medical care-related infections including the establishment and operation of an infection control committee and infection control rooms and the placement of personnel dedicated to infection control as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011; Act No. 17069, Mar. 4, 2020>

(2) To prevent infectious diseases prescribed in subparagraph 1 of Article 2 of the Infectious Disease Control and Prevention Act, the head of a medical institution shall educate medical personnel and persons working for the medical institution on a regular basis. <Newly Inserted by Act No. 16375, Apr. 23, 2019>

(3) The head of a medical institution shall, where any infectious disease defined in subparagraph 1 of Article 2 of the Infectious Disease Control and Prevention Act prevails, provide patients, patients' guardians, and persons who conduct their duties inside the relevant medical institution, such as medical personnel, persons working for the medical institution, and security guards defined in subparagraph 3 of Article 2 of the Security Services Industry Act, with information necessary to prevent the spread of the infectious disease. <Newly Inserted by Act No. 13658, Dec. 29, 2015; Act No. 16375, Apr. 23, 2019>

(4) The Minister of Health and Welfare may establish and operate a medical care-related infection surveillance system for the medical and scientific surveillance of outbreaks, causes, etc. of medical-care related infections. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(5) A medical institution may register the outbreak of medical care-related infections with the system prescribed in paragraph (4) monthly. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(6) The Minister of Health and Welfare may entrust business to establish and operate the system prescribed in paragraph (4) to a relevant specialized institution, as prescribed by Presidential Decree. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(7) The Minister of Health and Welfare may order a specialized institution to which business is entrusted pursuant to paragraph (6) to submit a report or materials on such business. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(8) The head of a medical institution, medical personnel, a person working for a medical institution, a patient, etc. who comes to know the outbreak of a medical care-related infection may report such fact (hereafter referred to as "voluntary report" in this Article) to the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare. In such cases, the Minister of Health and Welfare shall not disclose the identification of a person who files a voluntary report against the will of such person. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(9) Where a person who files a voluntary report has violated the relevant statutes and regulations in connection with the relevant medical care-related infection, the administrative sanctions taken against such person may be mitigated or exempted. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(10) Information on medical care-related infections for which a voluntary report is filed shall undergo the omission of personally identifiable parts after a verification prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(11) No person who engages or engaged in business to receive, analyze, etc. voluntary reports shall divulge confidential information he/she comes to know in the course of conducting his/her duties to other persons nor use such confidential information for purposes other than for conducting his/her duties. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(12) The head of a medical institution shall not take actions in disfavor of persons who file a voluntary report and who belong to the relevant medical institution in relation to their status or treatment, such as dismissal or transferring to another position on the ground of filing such report. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(13) The Minister of Health and Welfare may utilize information on medical care-related infections, which is collected pursuant to paragraph (4) or (8) for measures necessary for the prevention and control of infections, formulation of plans, survey, research, education, etc. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

(14) Matters necessary for the organization and operation of infection control committees and operation of infection control rooms prescribed in paragraph (1), education prescribed in paragraph (2), provision of information prescribed in paragraph (3), types, procedures and methods of registration, etc. of medical care-related infections registered pursuant to paragraph (5) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 17069, Mar. 4, 2020>

#### **Article 47-2 (Transfer of Inpatients to Another Hospital)**

Where an inpatient's life or health is likely to be harmed unless the patient is urgently transferred to another medical institution due to natural disasters, suspected case of infectious disease, or outbreak of multiple casualties but the head of a medical institution is unable to obtain consent from the patient or his/her guardian or has an inevitable cause prescribed by Ordinance of the Ministry of Health and Welfare, the head of the medical institution may transfer the inpatient to another medical institution by obtaining approval from the head of a Si/Gun/Gu, as prescribed by Ordinance of the Ministry of Health and Welfare.

## SECTION 2 Medical Corporation

#### **Article 48 (Permission for Establishment)**

(1) A person, who intends to establish a medical corporation under Article 33 (2), shall prepare the articles of association and other documents, as prescribed by Presidential Decree, and shall obtain permission from a Mayor/Do Governor having jurisdiction over the principal place of business of the medical corporation.

(2) A medical corporation shall either be equipped with the facilities or secure the fund required for the medical corporation to be equipped with such facilities.

(3) A medical corporation shall, whenever it intends to dispose of its property or modify its articles of association, obtain permission from a relevant Mayor/Do Governor.

(4) No entity, other than medical corporations prescribed in this Act shall use the title of a medical corporation or any other similar name.

#### **Article 48-2 (Executive Officers)**

(1) A medical corporation shall have not less than five and not more than 15 directors and two auditors but such number may be increased or decreased with approval from the Minister of Health and Welfare.

(2) The term of office of directors and auditors shall be prescribed by the articles of incorporation but shall not exceed four years and two years, respectively: Provided, That directors and auditors may be re-appointed, respectively.

(3) The number of directors who have a relationship of relatives prescribed in Article 777 of the Civil Act with the other directors shall not exceed 1/4 of the fixed number of the board of directors.

(4) None of the following persons shall become an executive officer of a medical corporation:

1. A minor;
2. A person under adult guardianship or person under limited guardianship;
3. A person declared bankrupt and not yet reinstated;
4. A person for whom three years have not passed since his/her imprisonment without labor or heavier punishment declared by a court was completely executed or the non-execution of such sentence became final.

(5) No auditor shall have a special relationship prescribed in paragraph (3) with directors.

#### **Article 49 (Incidental Business)**

(1) A medical corporation may engage in the following incidental businesses at a medical institution established by the medical corporation, in addition to medical services. In such cases, accounts for the earnings from such incidental business shall be separated from other accounts of the medical corporation:

*<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 13108, Jan. 28, 2015>*

1. Education and refresher training for medical personnel and other persons involved in medical services;
2. Research and study on medical services or medical science;
3. Installation and operation of facilities for medical care and welfare for senior citizens prescribed in subparagraph 2 of Article 31 of the Welfare of Senior Citizens Act;
4. Installation and operation of a funeral parlor prescribed in Article 29 (1) of the Act on Funeral Services, etc.;

5. Installation and operation of an auxiliary parking lot prescribed in Article 19 (1) of the Parking Lot Act;
  6. Business prescribed by Presidential Decree to develop and operate medical information systems necessary for the provision of medical services;
  7. Operation of snack restaurants, ordinary restaurants, barber shops, beauty shops for the convenience of patients and staff of the medical institution established by the medical corporation, as prescribed by Ordinance of the Ministry of Health and Welfare.
- (2) A medical corporation, which intends to operate incidental business set forth in paragraph (1) 4, 5 and 7, may lease or outsource such business to a third person for operation and management.
- (3) A medical corporation which intends to operate incidental business in accordance with paragraph (1) or (2) shall report in advance to the Mayor/Do Governor who has jurisdiction over the location of a medical institution, as prescribed by Ordinance of the Ministry of Health and Welfare. The foregoing shall also apply to revision to any matter reported. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

#### **Article 50 (Application Mutatis Mutandis of the Civil Act)**

Except as otherwise provided for in this Act, the provisions of the Civil Act concerning incorporated foundations shall apply mutatis mutandis to medical corporations.

#### **Article 51 (Revocation of Permission for Establishment)**

Where a medical corporation falls under any of the following cases, the Minister of Health and Welfare or a relevant Mayor/Do Governor may revoke permission for the establishment of the medical corporation:  
*<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

1. Where a medical corporation engages in any business other than those stipulated in the articles of incorporation;
2. Where a medical corporation fails to establish a medical institution within two years after its incorporation;
3. Where permission for the establishment of a medical institution established by a medical corporation is revoked pursuant to Article 64;
4. Where a medical corporation violates an order issued by the Minister of Health and Welfare or a Mayor/Do Governor for supervision;
5. Where a medical corporation engages in any business, other than incidental businesses under Article 49 (1).

#### **Article 51-2 (Prohibition of Giving and Receiving Money and Valuables in Connection with Appointment of Executive Officers)**

No person shall give and receive or promise to give and receive money, valuables, entertainment, or other economic benefits in connection with the appointment of executive officers of medical corporations.

## SECTION 3 Association of Medical Institutions

### **Article 52 (Establishment of Association of Medical Institutions)**

(1) The heads of a hospital-level medical institutions may establish an association with a nationwide organization in order to contribute to the sound development of medical institutions and the improvement of public health. *<Amended by Act No. 9386, Jan. 30, 2009>*

(2) The association under paragraph (1) shall be a legal entity.

### **Article 52-2 (National Academy of Medicine of Korea)**

(1) The National Academy of Medicine of Korea (hereafter referred to as the "National Academy" in this Article) shall be established to build foundation for the research and promotion of medical science and relevant specialized fields (hereafter referred to as "medical science, etc." in this Article) related to medical personnel and to find and utilize outstanding health and medical personnel.

(2) The National Academy shall be a corporation.

(3) The National Academy shall perform the following duties:

1. Survey, research, and provision of counselling and advice necessary for the promotion of research of medical science, etc.;
2. Planning and recommendation of mid- and long-term research for each field of medical science, etc.;
3. International and domestic exchanges and cooperation projects of medical science, etc.;
4. Provision of counselling and advice on social issues related to medical science, etc. and national health and public relations thereon;
5. Projects for admiring and preserving honor of health and medical personnel;
6. Projects designated or entrusted by the Minister of Health and Welfare for the development of medical science, etc.

(4) The Minister of Health and Welfare may subsidize all or part of the expenses incurred in performing duties of the National Academy within budgetary limits.

(5) Except as otherwise provided for in this Act, the provisions of the Civil Act concerning incorporated associations shall apply to the National Assembly.

(6) No person, other than the National Academy, shall use the name "National Academy of Medicine of Korea" or any other similar name.

(7) Matters necessary for the operation of the National Academy and the performance of its duties shall be prescribed by Presidential Decree.

## CHAPTER IV EVALUATION OF NEW MEDICAL TECHNOLOGY

### **Article 53 (Evaluation of New Medical Technology)**

(1) In order to protect public health and promote the development of medical technology, the Minister of Health and Welfare shall evaluate the safety, efficacy, etc. of new medical technology (hereinafter referred to as "evaluation of new medical technology") following deliberation at a meeting of the Committee for Evaluation of New Medical Technology under Article 54, as prescribed by Presidential Decree. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(2) "New medical technology" in paragraph (1) means medical technology newly developed, the safety and efficacy of which are deemed to require evaluation by the Minister of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) The Minister of Health and Welfare shall notify the results of the evaluation of new medical technology to the President of the Health Insurance Review and Assessment Service under Article 64 of the National Health Insurance Act. In such cases, the results of the evaluation of new medical technology may be publicly announced, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11141, Dec. 31, 2011>*

(4) Other matters necessary for the subject matter, procedures, etc. for the evaluation of new medical technology shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

### **Article 54 (Establishment, etc. of New Medical Technology Evaluation Committee)**

(1) The Minister of Health and Welfare shall establish a New Medical Technology Evaluation Committee (hereinafter referred to as the "Committee") within the Ministry of Health and Welfare for a review on the matters concerning the evaluation of new medical technology. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(2) The Committee shall be composed of 20 or less committee members including one chairperson.

(3) The committee members shall be commissioned or appointed by the Minister of Health and Welfare from among the persons who fall under any of the following subparagraphs: Provided, That the committee chairperson shall be appointed from among the persons who fall under subparagraph 1 or 2: *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

1. Persons recommended by the physicians' association, the dentists' association, and the oriental medical doctors' association prescribed by Article 28 (1), respectively;
2. Persons who have good knowledge about public health and medical services;
3. Persons recommended by a consumer group;
4. Licensed attorneys having at least five-year career experience relating to public health and medical services;

5. Grade V or higher public officials accountable for affairs in policies on public health and medical services in the Ministry of Health and Welfare.

(4) The term of office for the committee chairperson and members shall be three years, and they may be reappointed or recommissioned: Provided, That the term of office for any public official under paragraph

(3) 5 shall correspond to the term of his/her service as a public official.

(5) A vacancy of a committee member shall be filled with a new member appointed, and the term of office for such new member shall begin on the date on which he/she is appointed.

(6) The Committee shall have subcommittees for evaluation of specialized fields, each of which shall devote to review on the matters of a specific field among the matters brought before the Committee.

(7) Other necessary matters concerning the organization, management, etc. of the Committee and subcommittees shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

#### **Article 55 (Entrustment of Affairs Relating to Collection of Data)**

The Minister of Health and Welfare may entrust the relevant specialized institution or organization with the affairs incidental to the evaluation including collection of data and survey, as prescribed by Ordinance of the Ministry of Health and Welfare, if necessary for executing the affairs relating to the evaluation of new medical technology. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

## **CHAPTER V ADVERTISEMENT OF MEDICAL SERVICES**

#### **Article 56 (Prohibition against Medical Advertisements)**

(1) No person who is not the founder of a medical institution, the head of a medical institution, or medical personnel (hereinafter referred to as "medical personnel, etc.") shall run an advertisement for medical services (referring to acts of indicating information on medical services, medical institutions and medical personnel, etc. or giving such information to consumers by means of newspapers, magazines, voices, sound, images, the internet, printed materials, signboards and others methods; hereinafter referred to as "medical advertisement"). *<Amended by Act No. 15540, Mar. 27, 2018>*

(2) No medical personnel, etc. shall run any of the following advertisements of medical services: *<Amended by Act No. 9386, Jan. 30, 2009; Act No. 14220, May 29, 2016; Act No. 15540, Mar. 27, 2018>*

1. Advertisement of new medical technology without undergoing the evaluation prescribed in Article 53;
2. Advertisement including contents that are likely to mislead consumers about the effect of medical treatment, such as a story of one's experience in treating patients;
3. Advertisement indicating a false fact;
4. Advertisement with any content that compares with a function or treatment method of any other medical personnel, etc.;

5. Advertisement with any content that defames any other medical personnel, etc.;
6. Advertisement with any content that directly exposes medical treatment, such as the scene of operation;
7. Advertisement in which any important information, such as serious side effects in relation to the functions of medical personnel, etc. or the treatment methods, is omitted;
8. Advertisement that exaggerates an objective fact;
9. Advertisement that expresses a legally groundless qualification or name;
10. Advertisement that shows its contents in the form of a news article or expert opinion using a newspaper, broadcasting medium, magazine, or any other medium;
11. Advertisement with contents not examined in accordance with Article 57 or different from the contents examined;
12. Domestic advertisements for attracting foreign patients prescribed in Article 27 (3);
13. Advertisement with any content that causes consumers to obtain reduction of or exemption from non-covered medical expenses referred to in Article 45 in the manner that is likely to deceive consumers or give them wrong information;
14. Advertisement using various certificates of merit, letters of appreciation, etc. or advertisement using the fact of obtaining certification, guarantee or recommendation or expressing anything similar thereto: Provided, That the following cases shall be excluded:

- (a) Advertisement indicating the accreditation of medical institution prescribed in Article 58;
- (b) Advertisement indicating certification or guarantee obtained from central administrative agencies, and special local administrative agencies and affiliated bodies prescribed in Articles 2 through 4 of the Government Organization Act, local governments prescribed in Article 2 of the Local Autonomy Act, or public institutions prescribed in Article 4 of the Act on the Management of Public Institutions;
- (c) Advertisement indicating certification or guarantee obtained by other statutes or regulations;
- (d) Advertisement prescribed by Presidential Decree, such as an advertisement indicating certification obtained from an international evaluation organization that has signed for cooperation with the World Health Organization;

15. Other advertisements of medical services prescribed by Presidential Decree, the methods or contents of which are likely to impair the public health and the sound order of medical services competition or to cause damage to consumers.

(3) No medical advertisement shall be run in any of the following methods: <Amended by Act No. 15540, Mar. 27, 2018>

1. Broadcasting prescribed in subparagraph 1 of Article 2 of the Broadcasting Act;
2. Other methods prescribed by Presidential Decree, when necessary to impose a restriction in order to protect the public health and maintain the sound order of medical services competition.

(4) Matters necessary for medical advertisements, including the details of medical advertisements prohibited pursuant to paragraph (2), shall be prescribed by Presidential Decree. <Amended by Act No. 15540, Mar. 27, 2018>

(5) Where the Minister of Health and Welfare or the head of a Si/Gun/Gu intends to take measures prescribed in Articles 63, 64 or 67 for medical personnel, etc. who have violated paragraph (2) 2 through 5 and 7 through 9, he/she shall notify the Fair Trade Commission of the details thereof without delay. <Newly Inserted by Act No. 14220, May 29, 2016; Act No. 15540, Mar. 27, 2018>

#### **Article 57 (Deliberation of Medical Advertisements)**

(1) Where medical personnel, etc. intend to run a medical advertisement by using any of the following media, he/she shall in advance undergo deliberation by institutions or organizations prescribed in paragraph (2) on whether such medical advertisement is in violation of Article 56 (1) through (3): <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Apr. 4, 2011; Act No. 13726, Jan. 6, 2016; Act No. 15540, Mar. 27, 2018>

1. Newspapers or on-line newspapers referred to in Article 2 of the Act on the Promotion of Newspapers, or periodicals referred to in Article 2 of the Act on Promotion of Periodicals, including Magazines;
2. Placards, posters, leaflets and those displayed on transport facilities and transport means (including advertisements displayed inside transport means and advertisements made with images, voices and sound and the combination thereof) among outdoor advertisements referred to in subparagraph 1 of Article 2 of the Act on the Management of Outdoor Advertisements and Promotion of Outdoor Advertisement Industry;
3. Electronic display boards;
4. Internet media (including applications used by mobile devices) prescribed by Presidential Decree;
5. Other advertising media prescribed by Presidential Decree in consideration of the nature, influence, etc. of advertising media.

(2) The following institutions or organizations may have an organization, etc. for voluntary deliberation, report it to the Minister of Health and Welfare, and conduct deliberation on medical advertisements, as prescribed by Presidential Decree: <Amended by Act No. 15540, Mar. 27, 2018>

1. A physicians' association, dentists' association and oriental medical doctors' association prescribed in Article 28 (1);
2. An organization that meets the standards prescribed by Presidential Decree as a consumer organization registered pursuant to Article 29 of the Framework Act on Consumers.

(3) Notwithstanding paragraph (1), medical personnel, etc. may not undergo deliberation by an institution or organization reported to the Minister of Health and Welfare pursuant to paragraph (2) (hereinafter referred to as "voluntary deliberation agency") as to medical advertisements consisting of the following matters: <Amended by Act No. 15540, Mar. 27, 2018>

1. Name, location and telephone number of a medical institution;
  2. Specialized departments established and operated by a medical institution (referring to specialized departments prescribed in Article 43 (5));
  3. Names, gender and types of license of medical personnel belonging to a medical institution;
  4. Other matters prescribed by Presidential Decree.
- (4) A voluntary deliberation agency shall prepare the standards applicable to deliberation prescribed in paragraph (1) through mutual consultation. <Amended by Act No. 15540, Mar. 27, 2018>
- (5) Any person who intends to undergo deliberation on a medical advertisement shall pay a fee determined by the voluntary deliberation agency. <Newly Inserted by Act No. 15540, Mar. 27, 2018>
- (6) Articles 29 (3), 30 (1), 32 and 83 (1), and Article 37 of the Civil Act shall not apply to deliberation on medical advertisements and business affairs related thereto the voluntary deliberation agency prescribed in paragraph (2) 1 conducts, and Article 37 of the Civil Act shall not apply to deliberation on medical advertisements and business affairs related thereto conducted by the voluntary deliberation agency prescribed in paragraph (2) 2. <Newly Inserted by Act No. 15540, Mar. 27, 2018>
- (7) A voluntary deliberation agency may propose its opinion about the improvement of medical advertisement systems and statutes or regulations to the Minister of Health and Welfare. <Newly Inserted by Act No. 15540, Mar. 27, 2018>
- (8) The validity period of deliberation prescribed in paragraph (1) shall be three years from the date on which a request for deliberation is approved. <Newly Inserted by Act No. 15540, Mar. 27, 2018>
- (9) Where medical personnel, etc. intend to continue to run a medical advertisement after the validity prescribed in paragraph (8) expires, he/she shall request deliberation on the medical advertisement from the voluntary deliberation agency not later than six months before the expiration of the validity period. <Newly Inserted by Act No. 15540, Mar. 27, 2018>
- (10) Except as provided in paragraphs (1) through (9), a voluntary deliberation agency shall determine matters necessary for the organization, operation and deliberation of the voluntary deliberation agency. <Newly Inserted by Act No. 15540, Mar. 27, 2018>
- (11) A voluntary deliberation agency shall conduct deliberation-related business prescribed in paragraphs (1) and (4) in a fair and transparent manner pursuant to Article 56 (1) through (3). <Newly Inserted by Act No. 15540, Mar. 27, 2018>

#### **Article 57-2 (Deliberation Committees for Medical Advertisements)**

- (1) To deliberate medical advertisements, a voluntary deliberation agency shall establish and operate a deliberation committee as classified in the subparagraphs of paragraph (2) (hereafter referred to as "deliberation committee" in this Article).
- (2) Types of deliberation committees and subject matters of deliberation shall be as follows:
1. A deliberation committee for medical advertisements: Deliberating medical advertisements run by physicians, medical clinics, founders of medical clinics, hospitals, founders of hospitals, long-term care

hospitals (excluding those founded by oriental medical doctors), founders of long-term care hospitals, general hospitals (excluding dental hospitals; hereafter the same shall apply in this subparagraph), founders of general hospitals, midwives, midwifery clinics, and founders of midwifery clinics;

2. A deliberation committee for dental advertisements: Deliberating medical advertisements run by dentists, dental clinics, founders of dental clinics, dental hospitals, founders of dental hospitals, general hospitals (limited to general dental hospitals; hereafter the same shall apply in this subparagraph), and founders of general hospitals;

3. A deliberation committee for oriental medical advertisements: Deliberating medical advertisements run by oriental medical doctors, oriental medical clinics, founders of oriental medical clinics, oriental medical hospitals, founders of oriental medical hospitals, long-term care hospitals (limited to those founded by oriental medical doctors; hereafter the same shall apply in this subparagraph), and founders of long-term care hospitals.

(3) A physicians' association, dentists' association and oriental medical doctors' association shall establish and operate only a deliberation committee prescribed in paragraph (2) 1, a deliberation committee prescribed in subparagraph 2 of the same paragraph, and a deliberation committee prescribed in subparagraph 3 of the same paragraph among voluntary deliberation agencies prescribed in Article 57 (2) 1, respectively, and a voluntary deliberation agency prescribed in Article 57 (2) 2 shall establish and operate only a deliberation committee which falls under any of the subparagraphs of paragraph (2).

(4) A deliberation committee shall be comprised of not less than 15 and not more than 25 members including one chairperson and one vice-chairperson. In such cases, it shall be organized according to the following classifications based on the types of deliberation committees prescribed in the subparagraphs of paragraph (2):

1. A deliberation committee for medical advertisements: Its members shall include each one of the persons prescribed in paragraph (5) 2 through 9 but at least 1/3 of its members shall be comprised of persons prescribed in subparagraphs 4 through 9 of the same paragraph;

2. A deliberation committee for dental advertisements: Its members shall include each one of the persons prescribed in paragraph (5) 1 and 3 through 9 but at least 1/3 of its members shall be comprised of persons prescribed in subparagraphs 4 through 9 of the same paragraph;

3. A deliberation committee for oriental medical advertisements: Its members shall include each one of the persons prescribed in paragraph (5) 1, 2 and 4 through 9 but at least 1/3 of its members shall be comprised of persons prescribed in subparagraphs 4 through 9 of the same paragraph.

(5) The head of a voluntary deliberation agency shall commission the members of each deliberation committee from among the following persons:

1. A physician;

2. A dentist;

3. A oriental medical doctor;

4. A pharmacist prescribed in subparagraph 2 of Article 2 of the Pharmaceutical Affairs Act;
  5. A person recommended by the head of a consumer organization prescribed in subparagraph 3 of Article 2 of the Framework Act on Consumers;
  6. An attorney-at-law registered with the Korean Bar Association prescribed in Article 78 of the Attorney-at-Law Act pursuant to Article 7 (1) of the same Act and recommended by the President of the Korean Bar Association;
  7. A person recommended by the head of a corporation established pursuant to Article 32 of the Civil Act mainly for the purpose of expanding the social participation and promoting the welfare of women;
  8. A person recommended by the head of an organization that is registered pursuant to Article 4 of the Assistance for Non-Profit, Non-Governmental Organizations Act and is established mainly for the purpose of protecting the rights and interests of patients;
  9. Other persons with abundant knowledge and experience in public health and medical services or medical advertisements.
- (6) Except as provided in paragraphs (1) through (5), a voluntary deliberation agency shall determine matters necessary for the organization and operation of the deliberation committee.

#### **Article 57-2 (Deliberation Committees for Medical Advertisements)**

(1) To deliberate medical advertisements, a voluntary deliberation agency shall establish and operate a deliberation committee as classified in the subparagraphs of paragraph (2) (hereafter referred to as "deliberation committee" in this Article).

(2) Types of deliberation committees and subject matters of deliberation shall be as follows: *<Amended by Act No. 17069, Mar. 4, 2020>*

1. A deliberation committee for medical advertisements: Deliberating medical advertisements run by physicians, medical clinics, founders of medical clinics, hospitals, founders of hospitals, long-term care hospitals (excluding those founded by oriental medical doctors), founders of long-term care hospitals, mental health hospitals, founders of mental health hospitals, general hospitals (excluding dental hospitals; hereafter the same shall apply in this subparagraph), founders of general hospitals, midwives, midwifery clinics, and founders of midwifery clinics;
2. A deliberation committee for dental advertisements: Deliberating medical advertisements run by dentists, dental clinics, founders of dental clinics, dental hospitals, founders of dental hospitals, general hospitals (limited to general dental hospitals; hereafter the same shall apply in this subparagraph), and founders of general hospitals;
3. A deliberation committee for oriental medical advertisements: Deliberating medical advertisements run by oriental medical doctors, oriental medical clinics, founders of oriental medical clinics, oriental medical hospitals, founders of oriental medical hospitals, long-term care hospitals (limited to those founded by oriental medical doctors; hereafter the same shall apply in this subparagraph), and founders of long-term care hospitals.

(3) A physicians' association, dentists' association and oriental medical doctors' association shall establish and operate only a deliberation committee prescribed in paragraph (2) 1, a deliberation committee prescribed in subparagraph 2 of the same paragraph, and a deliberation committee prescribed in subparagraph 3 of the same paragraph among voluntary deliberation agencies prescribed in Article 57 (2) 1, respectively, and a voluntary deliberation agency prescribed in Article 57 (2) 2 shall establish and operate only a deliberation committee which falls under any of the subparagraphs of paragraph (2).

(4) A deliberation committee shall be comprised of not less than 15 and not more than 25 members including one chairperson and one vice-chairperson. In such cases, it shall be organized according to the following classifications based on the types of deliberation committees prescribed in the subparagraphs of paragraph (2):

1. A deliberation committee for medical advertisements: Its members shall include each one of the persons prescribed in paragraph (5) 2 through 9 but at least 1/3 of its members shall be comprised of persons prescribed in subparagraphs 4 through 9 of the same paragraph;

2. A deliberation committee for dental advertisements: Its members shall include each one of the persons prescribed in paragraph (5) 1 and 3 through 9 but at least 1/3 of its members shall be comprised of persons prescribed in subparagraphs 4 through 9 of the same paragraph;

3. A deliberation committee for oriental medical advertisements: Its members shall include each one of the persons prescribed in paragraph (5) 1, 2 and 4 through 9 but at least 1/3 of its members shall be comprised of persons prescribed in subparagraphs 4 through 9 of the same paragraph.

(5) The head of a voluntary deliberation agency shall commission the members of each deliberation committee from among the following persons:

1. A physician;

2. A dentist;

3. A oriental medical doctor;

4. A pharmacist prescribed in subparagraph 2 of Article 2 of the Pharmaceutical Affairs Act;

5. A person recommended by the head of a consumer organization prescribed in subparagraph 3 of Article 2 of the Framework Act on Consumers;

6. An attorney-at-law registered with the Korean Bar Association prescribed in Article 78 of the Attorney-at-Law Act pursuant to Article 7 (1) of the same Act and recommended by the President of the Korean Bar Association;

7. A person recommended by the head of a corporation established pursuant to Article 32 of the Civil Act mainly for the purpose of expanding the social participation and promoting the welfare of women;

8. A person recommended by the head of an organization that is registered pursuant to Article 4 of the Assistance for Non-Profit, Non-Governmental Organizations Act and is established mainly for the purpose of protecting the rights and interests of patients;

9. Other persons with abundant knowledge and experience in public health and medical services or medical advertisements.

(6) Except as provided in paragraphs (1) through (5), a voluntary deliberation agency shall determine matters necessary for the organization and operation of the deliberation committee.

#### **Article 57-3 (Monitoring Medical Advertisements)**

A voluntary deliberation agency shall monitor whether medical advertisements are in compliance with Article 56 (1) through (3), and submit the results of the monitoring to the Minister of Health and Welfare as prescribed by Ordinance of the Ministry of Health and Welfare.

## CHAPTER VI SUPERVISION

#### **Article 58 (Accreditation of Medical Institutions)**

(1) The Minister of Health and Welfare may accredit a hospital-level medical institution (hereinafter referred to as "accreditation of medical institutions") in order to improve the quality of medical services and the safety of patients.

(2) The Minister of Health and Welfare may entrust affairs pertaining to the accreditation of medical institutions to the relevant specialized institution (hereinafter referred to as "accrediting institution"), as prescribed by Presidential Decree. In such cases, the Minister may provide the budget subsidies as required.

(3) The Minister of Health and Welfare may integrate evaluations conducted for medical institutions under other statutes or regulations and have the accrediting institution conduct such integrated evaluations.

#### **Article 58 (Accreditation of Medical Institutions)**

(1) The Minister of Health and Welfare may accredit hospital-level medical institutions, and medical institutions prescribed by Presidential Decree (hereinafter referred to as "accreditation of medical institutions") in order to improve the quality of medical services and the safety of patients. *<Amended by Act No. 17069, Mar. 4, 2020>*

(2) The Minister of Health and Welfare may entrust affairs pertaining to the accreditation of medical institutions to the Korea Institute for Healthcare Accreditation prescribed in Article 58-11, as prescribed by Presidential Decree. *<Amended by Act No. 17069, Mar. 4, 2020>*

(3) The Minister of Health and Welfare may integrate evaluations conducted for medical institutions under other statutes or regulations and have the Korea Institute for Healthcare Accreditation prescribed in Article 58-11 conduct such integrated evaluations. *<Amended by Act No. 17069, Mar. 4, 2020>*

#### **Article 58-2 (Medical Institution Accreditation Commission)**

(1) The Minister of Health and Welfare shall establish the Medical Institution Accreditation Commission under his/her jurisdiction (hereinafter referred to as "Commission") to review major policies on accreditation of medical institutions.

(2) The Commission shall be comprised of 15 or less members, including one chairperson.

(3) The Vice Minister of Health and Welfare shall serve as the chairperson of the Commission, and the commission members shall be commissioned or appointed by the Minister of Health and Welfare from among the following persons: <Amended by Act No. 14220, May 29, 2016>

1. Persons recommended by an organization of medical personnel prescribed in Article 28 and an association of medical institutions prescribed in Article 52;
2. Persons recommended by a labor circle, civic organization (referring to a non-profit, non-governmental organization prescribed in Article 2 of the Assistance for Non-Profit, Non-Governmental Organizations Act), and a consumer organization prescribed in Article 29 of the Framework Act on Consumers;
3. Persons with abundant knowledge and experiences in public health;
4. Person with abundant knowledge and experiences in safety diagnosis of facilities;
5. A public official of Grade III or higher who belongs to the Ministry of Health and Welfare, or a public official who belongs to the Senior Civil Service.

(4) The Commission shall review the following:

1. Matters concerning major policies on accreditation of medical institutions, including accreditation standards and accreditation publication;
2. Matters concerning integration of medical institution evaluation systems prescribed in Article 58 (3);
3. Matters concerning utilization of accreditation of medical institutions prescribed in Article 58-7 (2);
4. Other matters referred for deliberation by the chairperson of the Commission.

(5) The organization and operation of the Commission and other necessary matters therefor shall be prescribed by Presidential Decree.

#### **Article 58-3 (Accreditation Standards and Methods of Medical Institutions)**

(1) The accreditation standards of medical institutions shall include the following:

1. Patient's rights and safety;
2. Activities to promote service quality of medical institutions;
3. Procedures for providing medical services and outcomes therefrom;
4. Organization, human resource management and operation of medical institutions;
5. Patient satisfaction.

(2) The Minister of Health and Welfare shall evaluate whether a medical institution which has requested meets the accreditation standards under paragraph (2).

(3) The Minister of Health and Welfare shall notify, without delay, the head of the relevant medical institution of the results and accreditation level evaluated under paragraph (2).

(4) Accreditation levels shall be divided into accreditation, conditional accreditation and non-accreditation.

(5) The validity of accreditation shall be four years: Provided, That the validity of conditional accreditation shall be one year.

(6) The head of a medical institution which has been granted conditional accreditation shall obtain re-accreditation within the validity, as prescribed by Ordinance of the Ministry of Health and Welfare.

(7) Details in accreditation standards pursuant to paragraph (1) shall be determined by the Minister of Health and Welfare.

#### **Article 58-3 (Accreditation Standards and Methods of Medical Institutions)**

(1) The accreditation standards of medical institutions shall include the following:

1. Patient's rights and safety;
2. Activities to promote service quality of medical institutions;
3. Procedures for providing medical services and outcomes therefrom;
4. Organization, human resource management and operation of medical institutions;
5. Patient satisfaction.

(2) Accreditation levels shall be divided into accreditation, conditional accreditation and non-accreditation. *<Amended by Act No. 17069, Mar. 4, 2020>*

(3) The validity of accreditation shall be four years: Provided, That the validity of conditional accreditation shall be one year. *<Amended by Act No. 17069, Mar. 4, 2020>*

(4) The head of a medical institution which has been granted conditional accreditation shall obtain re-accreditation within the validity, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 17069, Mar. 4, 2020>*

(5) The Minister of Health and Welfare shall determine details of accreditation standards prescribed in paragraph (1). *<Amended by Act No. 17069, Mar. 4, 2020>*

#### **Article 58-4 (Application for Accreditation of Medical Institutions)**

(1) The head of a medical institution may file an application for accreditation with the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare.

(2) Notwithstanding the provisions of paragraph (1), the head of a long-term care hospital referred to in Article 3 (2) 3 (excluding medical institutions which meet the requirements under Article 3-2 for medical rehabilitation facilities under Article 58 (1) 2 of the Act on Welfare of Persons with Disabilities) shall file an application for accreditation with the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare.

(3) Upon approval from the Minister of Health and Welfare, the accrediting institution may collect fees required for accreditation from the head of a medical institution which has filed an application therefor.

#### **Article 58-4 (Application for Accreditation and Evaluation of Medical Institutions)**

(1) The head of a medical institution may file an application for accreditation with the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare.

(2) Notwithstanding the provisions of paragraph (1), the head of a long-term care hospital referred to in Article 3 (2) 3 (excluding medical institutions which meet the requirements under Article 3-2 for medical rehabilitation facilities under Article 58 (1) 4 of the Act on Welfare of Persons with Disabilities) shall file an application for accreditation with the Minister of Health and Welfare, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 17069, Mar. 4, 2020>*

(3) Where a long-term care hospital required to apply for accreditation pursuant to paragraph (2) obtains conditional accreditation or non-accreditation, or its accreditation or conditional accreditation is cancelled pursuant to Article 58-10 (1) 4 and 5, the head of the relevant long-term care hospital shall apply for re-accreditation within the period prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 17069, Mar. 4, 2020>*

(4) The Minister of Health and Welfare shall evaluate whether a medical institution applying for accreditation is in compliance with the accreditation standards prescribed in Article 58-3 (1). In such cases, the Minister of Health and Welfare may conduct necessary investigations, as prescribed by Ordinance of the Ministry of Health and Welfare, and the medical institution applying for accreditation shall cooperate therefor unless it has any justifiable ground to the contrary. *<Newly Inserted by Act No. 17069, Mar. 4, 2020>*

(5) The Minister of Health and Welfare shall notify the head of the relevant medical institution of the results of evaluation prescribed in paragraph (4) and the accreditation level of such medical institution without delay. *<Newly Inserted by Act No. 17069, Mar. 4, 2020>*

#### **Article 58-5 (Applications for Objections)**

(1) The head of a medical institution that has filed an application for accreditation may file an application for objections with the Minister of Health and Welfare with regards to evaluation results or accreditation level.

(2) The application for objections under paragraph (1) shall be filed within 30 days from the date the head of a medical institution is notified of the evaluation results or accreditation level: Provided, That where the head of a medical institution could not observe the period due to any cause not attributable to himself/herself, it shall be counted from the date on which such cause has been extinguished.

(3) Necessary matters concerning the means to file an application for objections under paragraph (1) and notification of process results, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 58-6 (Certificate of Accreditation and Accreditation Mark)**

(1) The Minister of Health and Welfare may grant a certificate of accreditation to a medical institution which has been accredited, produce a mark showing the accreditation (hereinafter referred to as "accreditation mark"), and permit the medical institution to use such mark.

- (2) Without being accredited pursuant to Article 58 (1), no person shall produce or use a certificate of accreditation or an accreditation mark or assume accreditation in other means.
- (3) Necessary matters concerning the design of an accreditation mark and methods of indication, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 58-7 (Publication and Utilization of Accreditation)**

- (1) The Minister of Health and Welfare shall publish, on its website, etc., matters prescribed by Ordinance of the Ministry of Health and Welfare, such as accreditation standards, validity of accreditation, and evaluation results under Article 58-3 (2) of a medical institution which has been accredited.
- (2) The Minister of Health and Welfare may provide a medical institution with the following administrative and financial support, etc. based on the evaluation results and accreditation levels under Article 58-3 (3):
1. Designation of tertiary hospitals under Article 3 (4);
  2. Designation of specialized hospitals under Article 3 (5);
  3. Other matters prescribed in other Acts or deemed necessary by the Minister of Health and Welfare.
- (3) Necessary matters concerning notification, etc. under paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 58-7 (Publication and Utilization of Accreditation)**

- (1) The Minister of Health and Welfare shall publish, on its website, etc., matters prescribed by Ordinance of the Ministry of Health and Welfare, such as accreditation standards, term of validity of accreditation, and evaluation results under Article 58-4 (4) of a medical institution which has been accredited. *<Amended by Act No. 17069, Mar. 4, 2020>*
- (2) The Minister of Health and Welfare may provide a medical institution with the following administrative and financial support, etc. based on the evaluation results and accreditation levels under Article 58-4 (4): *<Amended by Act No. 17069, Mar. 4, 2020>*
1. Designation of tertiary care hospitals under Article 3 (4);
  2. Designation of specialized hospitals under Article 3 (5);
  3. Support for education and consulting to upgrade the quality of medical services and safety of patients;
  4. Other matters prescribed in other Acts or deemed necessary by the Minister of Health and Welfare.
- (3) Necessary matters concerning notification, etc. under paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

**Article 58-8 (Request for Data)**

- (1) If necessary for accreditation, the Minister of Health and Welfare may request the relevant administrative agency, medical institution, other public organization, etc. to provide data and cooperation.

(2) A person who has been requested to provide data and cooperation shall comply with such request unless there exist any justifiable grounds to the contrary.

#### **Article 58-9 (Cancellation of Accreditation of Medical Institutions)**

(1) The Minister of Health and Welfare may cancel accreditation or conditional accreditation of a medical institution where it falls under any of the following cases: Provided, That if it falls under subparagraphs 1 and 2, the Minister shall cancel accreditation or conditional accreditation:

1. Where it obtains accreditation or conditional accreditation by fraud or other unlawful means;
2. Where permission for the establishment of a medical institution is cancelled or where an order for the closure of a medical institution is issued pursuant to Article 64 (1);
3. Where a grave fact which serves as the premise or basis of accreditation or conditional accreditation such as alteration to the type of a medical institution, is changed.

(2) No medical institution whose accreditation has been cancelled pursuant to paragraph (1) 1 shall file an application for accreditation within one year from the date on which its accreditation or conditional accreditation is cancelled.

#### **Article 58-9 (Post-Management of Accreditation of Medical Institutions)**

To maintain the effectiveness of accreditation, the Minister of Health and Welfare may investigate whether a medical institution that has obtained accreditation is in compliance with the accreditation standards prescribed in Article 58-3 (1), as prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 58-10 (Cancellation of Accreditation of Medical Institutions)**

(1) Where a medical institution that has obtained accreditation falls into any of the following cases during the validity of the accreditation, the Minister of Health and Welfare may order the cancellation of the accreditation or conditional accreditation of such medical institution, suspension of use of accreditation mark or correction: Provided, That where falling under subparagraphs 1 and 2, the Minister shall cancel the accreditation or conditional accreditation: <Amended by Act No. 17069, Mar. 4, 2020>

1. Where a medical institution obtains accreditation or conditional accreditation by false or other unjust methods;
2. Where permission for the establishment of a medical institution is cancelled or an order for the closure of a medical institution is issued pursuant to Article 64 (1);
3. Where a grave fact that serves as the premise or basis of accreditation or conditional accreditation, such as the change of type of medical institution, is changed;
4. Where a medical institution fails to meet the accreditation standards prescribed in Article 58-3 (1);
5. Where a medical institution violates an order for the suspension of use of accreditation mark or correction.

(2) No medical institution of which accreditation is cancelled pursuant to paragraph (1) shall apply for accreditation within one year from the date on which its accreditation or conditional accreditation is cancelled.

(3) Procedures necessary for the cancellation of accreditation or conditional accreditation of medical institutions, suspension of use of accreditation marks, etc., standards for sanctions, etc. prescribed in paragraph (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 17069, Mar. 4, 2020>

#### **Article 58-11 (Establishment of the Korea Institute for Healthcare Accreditation)**

(1) The Korea Institute for Healthcare Accreditation (hereinafter referred to as the "KOIHA") shall be established to efficiently conduct business concerning the accreditation of medical institutions and various evaluation business for medical institutions.

(2) The KOIHA shall conduct the following business:

1. Business concerning the accreditation of medical institutions, which is entrusted pursuant to Article 58 (2);

2. Evaluation business for medical institutions under other statutes, which the Minister of Health and Welfare entrusts;

3. Other business the Minister of Health and Welfare entrusts under this Act or other statutes.

(3) The KOIHA shall be a juristic person and shall be established by filing a registration of incorporation at the location of its principal office.

(4) The KOIHA shall have executives and necessary employees, as prescribed by the articles of association.

(5) The Minister of Health and Welfare may provide subsidies for expenses necessary for the operation and business of the KOIHA within budgetary limits.

(6) The KOIHA may collect costs incurred for accreditation from the heads of medical institutions applying for accreditation by obtaining approval from the Minister of Health and Welfare.

(7) The KOIHA may conduct profit-making business, such as education and consulting, within the extent not interfering with conducting business prescribed in paragraph (2), as prescribed by Ordinance of the Ministry of Health and Welfare.

(8) The provisions pertaining to incorporated foundations in the Civil Act shall apply mutatis mutandis to the KOIHA except for the matters prescribed by this Act and the Act on the Management of Public Institutions.

#### **Article 59 (Guidance and Order)**

(1) The Minister of Health and Welfare or a relevant Mayor/Do Governor may provide guidance or issue an order to medical institutions or medical personnel, if considered necessary for policies on public health and medical services, or if a serious hazard occurs or is likely to occur to public health. <Amended by Act

*No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(2) The Minister of Health and Welfare, a relevant Mayor/Do Governor or the head of a relevant Si/Gun/Gu may order medical personnel or founders of medical institutions to resume medical service, if there is a reasonable ground to believe that suspension of medical service by the medical personnel without any justifiable ground, or temporary shutdown or closure of medical institutions by a group of the founders causes or is likely to cause great difficulties in giving medical treatment to patients. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) Any medical personnel or founder of a medical institution shall comply with an order issued pursuant to paragraph (2) without any justifiable ground.

#### **Article 60 (Establishment of Plan for Supply and Demand for Patient Beds)**

(1) The Minister of Health and Welfare shall formulate a basic implementation policy for the reasonable supply and placement of hospital beds every five years. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 16555, Aug. 27, 2019>*

(2) A Mayor/Do Governor shall formulate a plan for supply and demand and management of hospital beds of medical institutions by region, by function and by type for each Special Metropolitan City, Metropolitan City or Do based on the basic implementation policy prescribed in paragraph (1) and in consideration of the actual status of the relevant region, and submit the plan to the Minister of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 16555, Aug. 27, 2019>*

(3) Where a plan for supply and demand and management of hospital beds submitted pursuant to paragraph (2) is not in compliance with the basic implementation policy prescribed in paragraph (1) or there is any other ground prescribed by Ordinance of the Ministry of Health and Welfare, the Minister of Health and Welfare shall amend the plan in consulting with a Mayor/Do Governor, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 16555, Aug. 27, 2019>*

#### **Article 60-2 (Medical Personnel Supply and Demand Plans)**

(1) The Minister of Health and Welfare shall formulate basic policies for securement and appropriate supply of outstanding medical personnel.

(2) The basic policies prescribed in paragraph (1) shall be formulated in connection with plans on development of health and medical services referred to in Article 15 of the Framework Act on Health and Medical Services.

#### **Article 60-3 (Establishment and Operation of Employment Training Centers for Nursing Work Force)**

(1) For the purpose of providing and expanding integrated nursing and caring services and the smooth supply and demand of nursing work force, the Minister of Health and Welfare may establish and operate regional employment training centers for nursing work force, which perform the following duties:

1. Survey on the current securement of nursing work force of each region and each medical institution;
  2. Support for employment education for prospective graduates of universities, colleges, or junior colleges (including vocational schools and nursing schools under the old system) majoring in nursing science and new nursing work force;
  3. Support for career development for continuous employment of nursing work force;
  4. Support for employment education of nursing work force idling or separated from employment;
  5. Other matters prescribed by Ordinance of the Ministry of Health and Welfare to provide support for employment education of nursing work force.
- (2) To efficiently operate an employment training center for nursing work force, the Minister of Health and Welfare may entrust the affairs related to the operation thereof to a related specialized institution or organization in accordance with the procedures and methods prescribed by Presidential Decree.
- (3) Where the affairs related to the operation of an employment training center for nursing work force are entrusted under paragraph (2), the State or a local government may subsidize expenses incurred in relation to the operation of such center.
- (4) Other matters necessary for the operation, etc. of employment training centers for nursing work force shall be prescribed by Ordinance of the Minister of Health and Welfare.

#### **Article 61 (Reports and Inspection of Business)**

- (1) The Minister of Health and Welfare, a Mayor/Do Governor or the head of a Si/Gun/Gu may order the founders of medical institutions or medical personnel to report necessary matters or may have relevant public officials inspect the current status of business affairs, facilities, or related documents including medical records, midwifery records and nursing records or ascertain facts by hearing statements of interested persons. In such cases, the founders of the medical institutions or medical personnel shall not reject such order or inspection without good cause. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011; Act No. 14438, Dec. 20, 2016; Act No. 15540, Mar. 27, 2018; Act No. 15540, Mar. 27, 2018; Act No. 16555, Aug. 27, 2019>*
- (2) In the case of paragraph (1), a related public official shall carry an identification verifying his/her authority and a written order for inspection indicating the period of inspection, scope of inspection, person in charge of inspection, relevant statutes or regulations, etc. and present them to interested persons. *<Amended by Act No. 11005, Aug. 4, 2011>*
- (3) Matters necessary for reports referred to in paragraph (1) and written orders for inspection referred to in paragraph (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011>*

#### **Article 61-2 (Request for Materials)**

- (1) If necessary to conduct the relevant duties, such as ascertaining whether this Act is violated, the Minister of Health and Welfare may request medical personnel, the heads of medical institutions, the

National Health Insurance Service and the Health Insurance Review and Assessment Service under the National Health Insurance Act, other relevant administrative agencies and organizations, etc. to submit necessary materials or to make a statement of opinion, etc.

(2) Any person requested to provide materials or render cooperation pursuant to paragraph (1) shall comply therewith unless there is a compelling reason not to do so.

#### **Article 62 (Accounting Standards for Medical Institutions)**

(1) The founder of a medical institution shall endeavor to keep its accounts transparent.

(2) The founder of a general hospital equivalent to or greater than the size prescribed by Ordinance of the Ministry of Health and Welfare shall comply with the accounting standards for medical institutions to keep its accounts transparent. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) The accounting principles for medical institutions under paragraph (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

#### **Article 62 (Accounting Standards for Medical Institutions)**

(1) The founder of a medical institution shall endeavor to keep its accounts transparent.

(2) The founder of a hospital-level medical institution with not less than 100 patient beds and above the size prescribed by Ordinance of the Ministry of Health and Welfare shall comply with the accounting standards for medical institutions to keep its accounts transparent. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 17069, Mar. 4, 2020>*

(3) The accounting principles for medical institutions under paragraph (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

#### **Article 63 (Corrective Order)**

(1) Where a medical institution violates Articles 15 (1) and 16 (2), the latter part of Article 21 (1), and Articles 21 (2) and (3), 23 (2), 34 (2), 35 (2), 36, 36-2, 37 (1) and (2), 38 (1) and (2), 41 through 43, 45, 46, 47 (1), 58-4 (2) and 62 (2), a general hospital, tertiary hospital, or specialized hospital fails to meet the requirements prescribed in Article 3-3 (1), 3-4 (1) or 3-5 (2), respectively, or the head of a medical institution violates Article 4 (5), or an voluntary deliberation agency violates Article 57 (11), the Minister of Health and Welfare or the head of a Si/Gun/Gu may fully or partially restrict or ban the use of the facilities and equipment thereof for a specific period or issue an order for correcting such violations. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 10387, Jul. 23, 2010; Act No. 10609, Apr. 28, 2011; Act No. 13599, Dec. 22, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 15540, Mar. 27, 2018>*

(2) Where medical personnel, etc. violate Article 56 (2) or (3), the Minister of Health and Welfare or the head of a Si/Gun/Gu may issue an order to take the following measures: <Newly Inserted by Act No. 15540, Mar. 27, 2018>

1. Suspension of the violation;
2. Publication of the violation;
3. Advertisement for corrections.

(3) Matters necessary to take the measures under paragraph (2) 2 and 3 shall be prescribed by Presidential Decree. <Newly Inserted by Act No. 15540, Mar. 27, 2018>

### **Article 63 (Corrective Order)**

(1) Where a medical institution violates Articles 15 (1) and 16 (2), the latter part of Article 21 (1), and Articles 21 (2) and (3), 23 (2), 34 (2), 35 (2), 36, 36-2, 37 (1) and (2), 38 (1) and (2), 41 through 43, 45, 46, 47 (1), 58-4 (2) and (3) and 62 (2), a general hospital, tertiary hospital, or specialized hospital fails to meet the requirements prescribed in Article 3-3 (1), 3-4 (1) or 3-5 (2), respectively, or the head of a medical institution violates Article 4 (5), or an voluntary deliberation agency violates Article 57 (11), the Minister of Health and Welfare or the head of a Si/Gun/Gu may fully or partially restrict or ban the use of the facilities and equipment thereof for a specific period or issue an order for correcting such violations.

<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 10387, Jul. 23, 2010; Act No. 10609, Apr. 28, 2011; Act No. 13599, Dec. 22, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 15540, Mar. 27, 2018; Act No. 17069, Mar. 4, 2020>

(2) Where medical personnel, etc. violates Article 56 (2) or (3), the Minister of Health and Welfare or the head of a Si/Gun/Gu may issue an order to take the following measures: <Newly Inserted by Act No. 15540, Mar. 27, 2018>

1. Suspension of the violation;
2. Publication of the violation;
3. Advertisement for corrections.

(3) Matters necessary to take the measures under paragraph (2) 2 and 3 shall be prescribed by Presidential Decree. <Newly Inserted by Act No. 15540, Mar. 27, 2018>

### **Article 64 (Revocation of Permission for Establishment)**

(1) The Minister of Health and Welfare or the head of a relevant Si/Gun/Gu may suspend the medical services of a medical institution for a period of up to one year or an order to revoke establishment permission or to close business, if the medical institution falls under any of the following subparagraphs: Provided, That in cases falling under subparagraph 8, the Minister of Health and Welfare or the head of a related Si/Gun/Gu shall revoke permission for the establishment or issue an order for closure, while an order for closure may be issued only to any of the medical institutions reported under Article 33 (3) and the main sentence of Article 35 (1): <Amended by Act No. 8559, Jul. 27, 2007; Act No. 8852, Feb. 29, 2008; Act

*No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011; Act No. 12069, Aug. 13, 2013; Act No. 13599, Dec. 22, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 15716, Aug. 14, 2018; Act No. 16375, Apr. 23, 2019; Act No. 16555, Aug. 27, 2019>*

1. When a medical institution fails to commence its services without just ground within three months after reporting on, or obtaining permission for, its establishment;
  2. When a medical institution allows a disqualified person to provide medical services or has any medical personnel provide medical services not included in the licensed services, in violation of Article 27 (5);
  3. When a medical institution avoids or hinders the relevant public official's duties pursuant to Article 61 or violates an order issued pursuant to Article 59 or 63;
  4. When a medical corporation, non-profit corporation, quasi-government agency, local medical center or the Korea Veterans Welfare and Health Care Corporation prescribed in Article 33 (2) 3 through 5 is subject to the revocation of its establishment, or is dissolved;
  - 4-2. When a medical institution is established, in violation of Article 33 (2);
  5. When a medical institution violates Article 33 (5), (7), (9) or (10), 40, or 56: Provided, That the same shall not apply where it violates Article 33 (7) 4 for any reason not attributable to the founder of the medical institution himself/herself;
  - 5-2. Where a medical institution fails to provide medical services for at least six months without filing a report of closure or suspension of business prescribed in Article 40 (1) without good cause;
  6. When a medical institution fails to comply with a corrective order issued pursuant to Article 63 (excluding a corrective order issued against a violation of Article 4 (5));
  7. When a medical institution commits an act in collusion with others, in violation of Article 24 (2) of the Pharmaceutical Affairs Act;
  8. When the founder of a medical institution is sentenced to imprisonment without labor or heavier punishment on a charge of a fraudulent claim for medical expenses, and such sentence becomes final and conclusive;
  9. Where a medical institution inflicts damage on a human life or body in violation of the matters to be observed prescribed in Article 36.
- (2) Any person, whose permission for the establishment is revoked or who receives an order for closure pursuant to paragraph (1), shall be barred from establishing or operating a medical institution within six months from the date when permission is revoked or the order for closure is issued; or a person who has received the disposition of the suspension of medical services shall be barred from establishing or operating a medical institution during a period for suspension of business: Provided, That a person, whose permission for the establishment of a medical institution is revoked or who receives an order for closure pursuant to paragraph (1) 8, shall be barred from establishing or operating a medical institution within three years from the date when permission is revoked or the order for closure is issued.

(3) Where a medical institution is suspended from its medical services or receives an order for revocation of permission for its establishment or for its closure, the Minister of Health and Welfare or the head of a Si/Gun/Gu shall take measures to protect the rights and interests of patients, such as the transfer of inpatients of the relevant medical institution to another medical institution. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

#### **Article 64 (Revocation of Permission for Establishment)**

(1) The Minister of Health and Welfare or the head of a relevant Si/Gun/Gu may suspend medical services of a medical institution for a period of up to one year or issue an order to revoke establishment permission or to close business if the medical institution falls under any of the following subparagraphs: Provided, That in cases falling under subparagraph 8, the Minister of Health and Welfare or the head of a related Si/Gun/Gu shall revoke permission for the establishment or issue an order for closure, while an order for closure may be issued only to any of the medical institutions reported under Article 33 (3) and the main sentence of Article 35 (1): <Amended by Act No. 8559, Jul. 27, 2007; Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011; Act No. 12069, Aug. 13, 2013; Act No. 13599, Dec. 22, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 15716, Aug. 14, 2018; Act No. 16375, Apr. 23, 2019; Act No. 16555, Aug. 27, 2019; Act No. 17069, Mar. 4, 2020>

1. When a medical institution fails to commence its service without just ground within three months after reporting on, or obtaining permission for, its establishment;
2. When a medical institution allows a disqualified person to provide medical services or has any medical personnel provide medical services not included in the licensed services, in violation of Article 27 (5);
3. When a medical institution avoids or hinders the relevant public official's duties pursuant to Article 61 or violates an order issued pursuant to Article 59 or 63;
4. When a medical corporation, non-profit corporation, quasi-government agency, local medical center or the Korea Veterans Welfare and Health Care Corporation prescribed in Article 33 (2) 3 through 5 is subject to the revocation of its establishment, or is dissolved;
- 4-2. When a medical institution is established, in violation of Article 33 (2);
5. When a medical institution violates Article 33 (5), (7), (9) or (10), 40, 40-2 or 56: Provided, That the same shall not apply where it violates Article 33 (7) 4 for any reason not attributable to the founder of the medical institution himself/herself;
- 5-2. Where a medical institution fails to provide medical services for at least six months without filing a report on closure or suspension of business prescribed in Article 40 (1) without good cause;
6. When a medical institution fails to comply with a corrective order issued pursuant to Article 63 (excluding a corrective order issued against a violation of Article 4 (5));

7. When a medical institution commits an act in collusion with others, in violation of Article 24 (2) of the Pharmaceutical Affairs Act;
8. When the founder of a medical institution is sentenced to imprisonment without labor or heavier punishment on a charge of a fraudulent claim for medical expenses, and such sentence becomes final and conclusive;
9. Where a medical institution inflicts damage on a human life or body in violation of the matters to be observed prescribed in Article 36.

(2) Any person, whose permission for the establishment is revoked or who receives an order for closure pursuant to paragraph (1), shall be barred from establishing or operating a medical institution within six months from the date when permission is revoked or the order for closure is issued; or a person who has received the disposition of the suspension of medical services shall be barred from establishing or operating a medical institution during a period for suspension of business: Provided, That a person, whose permission for the establishment of a medical institution is revoked or who receives an order for closure pursuant to paragraph (1) 8, shall be barred from establishing or operating a medical institution within three years from the date when permission is revoked or the order for closure is issued.

(3) Where a medical institution is suspended from its medical services or receives an order for revocation of permission for its establishment or for its closure, the Minister of Health and Welfare or the head of a Si/Gun/Gu shall take measures to protect the rights and interests of patients, such as the transfer of inpatients of the relevant medical institution to another medical institution. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

#### **Article 65 (Revocation and Re-Issuance of Licenses)**

(1) Where medical personnel falls under any of the following cases, the Minister of Health and Welfare may revoke his/her license: Provided, That the license of medical personnel who falls under subparagraph 1 shall be revoked: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9906, Dec. 31, 2009; Act No. 9932, Jan. 18, 2010; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 17069, Mar. 4, 2020>

1. When he/she falls under any subparagraph of Article 8;
2. When he/she continues medical practices during the period for which his/her qualification is suspended pursuant to Article 66 or receives the disposition of qualification suspension at least three times;
3. When he/she fails to fulfill any condition attached to his/her license pursuant to Article 11 (1);
4. Where he/she leases his/her license in violation of Article 4-3 (1);
5. Deleted; <by Act No. 14438, Dec. 20, 2016>
6. Where he/she causes serious hazard to human life or body in violation of Article 4 (6).

(2) The Minister of Health and Welfare may re-issue a license to a person whose license has been revoked pursuant to paragraph (1), if grounds for such revocation cease to exist, or if it is found that the person has

shown significant signs of repentance: Provided, That no license shall be re-issued within one year after revocation thereof if the license was revoked pursuant to paragraph (1) 3, within two years if the license was revoked pursuant to paragraph (1) 2, or within three years if the former license was revoked pursuant to paragraph (1) 4 or 6, or subparagraph 4 of Article 8, respectively. <Amended by Act No. 8559, Jul. 27, 2007; Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

#### **Article 66 (Suspension of Qualification)**

(1) The Minister of Health and Welfare may suspend qualification of a licensed medical personnel for up to one year, if he/she falls under any of the following cases. In such cases, matters necessary for medico-technical judgment may be decided after hearing the opinions of relevant experts: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9906, Dec. 31, 2009; Act No. 9932, Jan. 18, 2010; Act No. 10325, May 27, 2010; Act No. 10565, Apr. 7, 2011; Act No. 11005, Aug. 4, 2011; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 16375, Apr. 23, 2019; Act No. 16555, Aug. 27, 2019>

1. When he/she severely undermines the dignity of medical personnel;
  2. When he/she is employed by a person disqualified as the founder of a medical institution and performs medical practices;
  - 2-2. When he/she violates Article 4 (6);
  3. When he/she falsely prepares and issues a medical certificate or a postmortem examination report or certificate prescribed in Article 17 (1) and (2), or falsely prepares a medical record, etc. referred to in Article 22 (1) or intentionally make additional indications/corrections thereto different from the fact;
  4. When he/she violates Article 20;
  5. When he/she has any person, other than medical personnel, provide medical services, in violation of Article 27 (5);
  6. When he/she has any person, other than a medical service technologist, perform the duties of a medical service technologist or assigns a medical service technologist any job beyond the scope of the technologist's job;
  7. When he/she makes a claim for medical expenses by fraud or other improper means, such as falsification or alteration of related documents;
  8. Deleted; <by Act No. 11005, Aug. 4, 2011>
  9. When he/she receives economic benefits, etc. in violation of Article 23-5;
  10. When he/she violates this Act or any order issued pursuant to this Act.
- (2) The scope of the acts defined in paragraph (1) 1 shall be prescribed by Presidential Decree.
- (3) When the disposition of qualification suspension prescribed in paragraph (1) 7 is imposed on the founder of a medical institution, the medical institution shall not provide medical services during the period for suspension of qualification. <Amended by Act No. 10387, Jul. 23, 2010>

(4) When any medical personnel fails to submit a report referred to in Article 25, the Minister of Health and Welfare may suspend the validity of his/her license until the report is submitted. <Newly Inserted by Act No. 10609, Apr. 28, 2011>

(5) When any medical personnel who violates paragraph (1) 2 reports the violation voluntarily, the disposition thereof may be mitigated or exempted as prescribed by Ordinance of the Ministry of Health and Welfare, notwithstanding paragraph (1). <Newly Inserted by Act No. 11252, Feb. 1, 2012>

(6) A disposition for the suspension of qualification prescribed in paragraph (1) shall not be imposed if five years (seven years in cases of a disposition for the suspension of qualification prescribed in paragraph (1) 5 or 7) elapse from the date of occurrence of the ground therefor: Provided, That where any public prosecution is instituted under Article 246 of the Criminal Procedure Act against the relevant ground, the period from the date on which the public prosecution is instituted to the date on which the final and conclusive judgment for the relevant case is made by the court shall not be included in the prescriptive period. <Newly Inserted by Act No. 14220, May 29, 2016>

#### **Article 66-2 (Central Associations' Request for Suspension of Qualification)**

When any medical personnel falls under Article 66 (1) 1, the head of each central association may request the Minister of Health and Welfare to suspend the qualification of the medical personnel through deliberation and resolution by the ethics committee of the relevant central association.

#### **Article 67 (Penalty Surcharges)**

(1) The Minister of Health and Welfare or the head of a relevant Si/Gun/Gu may impose a penalty surcharge not exceeding one billion won on a medical institution, if it falls under any of subparagraphs of Article 64 (1), in lieu of the suspension of medical services, as prescribed by Presidential Decree, and in such cases, such penalty surcharge shall not be imposed more than three times: Provided, That where a penalty surcharge is imposed pursuant to Article 9 of the Act on Fair Labeling and Advertising for the same violation, the penalty surcharge (including the suspension of medical services) may be mitigated or exempted. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 14220, May 29, 2016; Act No. 16555, Aug. 27, 2019>

(2) The amount of a penalty surcharge prescribed in paragraph (1) depending upon the type, severity, etc. of a violation, and other necessary matters shall be prescribed by Presidential Decree.

(3) If any penalty surcharge prescribed in paragraph (1) is not paid by the deadline, the Minister of Health and Welfare or the head of a Si/Gun/Gu shall collect the penalty surcharge in the same manner as delinquent national or local taxes are collected. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

#### **Article 68 (Criteria for Administrative Disposition)**

The detailed criteria for administrative dispositions under Articles 63, 64 (1), 65 (1), and 66 (1) shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

#### **Article 69 (Medical Instructors)**

(1) The Ministry of Health and Welfare, a City/Do and a Si/Gun/Gu shall have medical instructors responsible for the duties under Article 61. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) A medical instructor shall be appointed by the Minister of Health and Welfare, a relevant Mayor/Do Governor, or the head of a relevant Si/Gun/Gu from among public officials under his/her control, and necessary matters concerning qualification, appointment, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) No medical instructor and public official shall disclose any confidential information on medical institutions, medical personnel or patients that he/she becomes aware of in the course of performing his/her duties.

### **CHAPTER VII (Articles 70 through 76) DELETED.**

### **CHAPTER VIII SUPPLEMENTARY PROVISIONS**

#### **Article 77 (Medical Specialists)**

(1) Any physician, dentist or oriental medical doctor who intends to become a medical specialist shall have his/her qualification accredited by the Minister of Health and Welfare after completing the training course prescribed by Presidential Decree. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) No person, other than those accredited as a medical specialist pursuant to paragraph (1), shall indicate his/her specialized medical department: Provided, That the Minister of Health and Welfare may, in order to efficiently manage the medical system, allow any dentist or oriental medical doctor who has been accredited as a medical specialist to indicate his/her specialized department only at a medical institution prescribed by Ordinance of the Ministry of Health and Welfare, among general hospitals, dental hospitals, and oriental medical hospitals. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>

(3) Deleted. <by Act No. 14438, Dec. 20, 2016>

(4) Matters necessary for the accreditation of medical specialists and specialized medical departments shall be prescribed by Presidential Decree.

### **Article 78 (Nurse Practitioners)**

(1) The Minister of Health and Welfare may accredit a licensed nurse as a nurse practitioner. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) Any person who intends to become a nurse practitioner shall comply with any of the following and obtain accreditation of qualification from the Minister of Health and Welfare after passing a qualification examination for nurse practitioners implemented by the Minister of Health and Welfare: <Amended by Act No. 15540, Mar. 27, 2018>

1. A person who completes the educational courses for nurse practitioners prescribed by Ordinance of the Ministry of Health and Welfare;

2. A person holding a foreign license for nurse practitioners in the relevant area accredited by the Minister of Health and Welfare.

(3) A nurse practitioner shall conduct nursing practices in the relevant area for which his/her qualification is accredited pursuant to paragraph (2). <Newly Inserted by Act No. 15540, Mar. 27, 2018>

(4) The types of qualifications, standards for qualification, qualification examinations, certificates of qualification, and scope of duties of nurse practitioners and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Newly Inserted by Act No. 15540, Mar. 27, 2018>

### **Article 79 (Medical Personnel Licensed to Practise in Limited Area)**

(1) A physician, dentist or oriental medical doctor who has been licensed to practise in a limited area pursuant to the previous provisions before this Act enters into force, shall be deemed medical personnel, only when he/she is licensed to practise in a limited area.

(2) The Minister of Health and Welfare may revoke a license of any medical personnel under paragraph (1), if he/she practises outside a limited area. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) Any change of a limited area referred to in paragraph (1) and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(4) Notwithstanding Article 5, a physician, dentist or oriental medical doctor who has practised in a limited area for at least ten years, or who has an at least five-year career experience in medical services as at the time this Act enters into force, may be licensed to practise in a limited area, as prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

### **Article 80 (Qualification of Assistant Nurses)**

(1) A person who intends to be an assistant nurse shall comply with any of the following and obtain accreditation of qualification from the Minister of Health and Welfare after completing the curricula prescribed by Ordinance of the Ministry of Health and Welfare and passing the national examination for

assistant nurses. In such cases, Article 10 shall apply *mutatis mutandis* to restrictions on taking qualification examinations: *<Amended by Act No. 16555, Aug. 27, 2019>*

1. A person who has graduated from a department related to nursing at a specialized high school referred to in the Elementary and Secondary Education Act and statutes or regulations (including persons expecting the graduation within six months from the date of the national examination for assistant nurses);
  2. A person who has completed training courses at a national or public training center for assistant nurses prescribed by Ordinance of the Ministry of Health and Welfare, as a person who has graduated from a high school referred to in Article 2 of the Elementary and Secondary Education Act (including persons expecting the graduation within six months from the date of the national examination for assistant nurses) or a person recognized to have an equivalent academic background under the Elementary and Secondary Education Act and its statutes or regulations (hereafter referred to as "person recognized to have the academic background equivalent to a high school graduate" in this Article);
  3. A person who has graduated from a department related to nursing at a lifelong educational institutions referred to in the Lifelong Education Act and its statutes or regulations among the curricula corresponding to the high school curricula, as a person recognized to have the academic background equivalent to a high school graduate (including persons expecting the graduation within six months from the date of the national examination for assistant nurses);
  4. A person who has completed assistant nurse training courses at a private teaching institute referred to in Article 2-2 (2) of the Act on the Establishment and Operation of Private Teaching Institutes and Extracurricular Lessons, as a person recognized to have the academic background equivalent to a high school graduate;
  5. A person who has been qualified as an assistant nurse in a foreign country after completing assistant nurse training courses in such country (referring to training courses that meet the accreditation standards determined and publicly notified by the Minister of Health and Welfare), as a person recognized to have the academic background equivalent to a high school graduate;
  6. A person who falls under Article 7 (1) 1 or 2.
- (2) An education and training institute for assistant nurses referred to in paragraph (1) 1 through 4 shall be designated and evaluated by the Minister of Health and Welfare. In such cases, the Minister of Health and Welfare may entrust the affairs related to the evaluation for the designation of an education and training institution for assistant nurses to a related specialized institution in accordance with the procedures and methods prescribed by Presidential Decree.
- (3) Where an education and training institution for assistant nurses referred to in paragraph (2) falls under any ground prescribed by Presidential Decree, such as cases where it has been designated by fraud or other improper means, the designation may be revoked.
- (4) Each assistant nurse shall report his/her current status and employment situation every three years after obtaining the qualifications for the first time.

(5) Matters necessary for the national examination for assistant nurses and accreditation of qualifications of assistant nurses prescribed in paragraph (1), designation and evaluation of education and training institutions for assistant nurses prescribed in paragraph (2), reports on qualifications prescribed in paragraph (4), and refresher training for assistant nurses shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 80-2 (Duties of Assistant Nurses)**

(1) Notwithstanding Article 27, an assistant nurse may perform the affairs prescribed in Article 2 (2) 5 (a) through (c) by assisting a nurse.

(2) Notwithstanding paragraph (1), an assistant nurse may perform assistant work for nursing and medical treatment for the convalescence of patients under the guidance of a physician, dentist, or oriental medical doctor only at a clinic-level medical institution referred to in Article 3 (2).

(3) Matters necessary for the detailed scope and limit of the affairs prescribed in paragraphs (1) and (2) shall be prescribed by Ordinance of the Ministry of Health and Welfare.

#### **Article 80-3 (Provisions Applicable Mutatis Mutandis)**

@Articles 8, 9, 12, 16, 19, 20, 22, 23, 59 (1), 61, 65, 66, 68, 83 (1), 84, 85, 87, 87-2, 88, 88-2, and 91 shall apply mutatis mutandis to assistant nurses; and in such cases, "license" shall be construed as "qualification" and "license certificate" as "qualification certificate". <Amended by Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

#### **Article 81 (Quasi-Medical Personnel)**

(1) Notwithstanding Article 27, any bone-setter, acupuncturist or moxibustionist (hereinafter referred to as "quasi-medical personnel"), who has been accredited pursuant to the previous provisions before this Act enters into force, may engage in such profession within his/her place of practice.

(2) The provisions concerning medical personnel and medical institutions in this Act shall apply mutatis mutandis to quasi-medical personnel. In such cases, "medical personnel" shall be read as "quasi-medical personnel" the "license" as "qualification" "license certificate" as "qualification certificate" and "medical institution" as "place of practice".

(3) Necessary matters concerning the practices of quasi-medical personnel, the limitations on their practices, the standards of the places of practices, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

#### **Article 82 (Massage Therapists)**

(1) A massage therapist shall be a visually-impaired person under the Act on Welfare of Persons with Disabilities, who falls under any of the following subparagraphs and who is accredited by a relevant Mayor/Do Governor: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

1. A person who has completed physical therapy courses for a massage therapist as set forth in paragraph (4) at a special school under subparagraph 5 of Article 2 of the Elementary and Secondary Education Act, which provides education equivalent to a high school;
  2. A person who has completed two-year or longer courses for massage therapy at a massage therapy institution designated by the Minister of Health and Welfare, as a person recognized to have the academic background equivalent to a middle school graduate.
- (2) Notwithstanding Article 27, a massage therapist under paragraph (1) may engage in massage business.
- (3) As to massage therapists, Articles 8, 25, 28 through 32, 33 (2) 1, (3), (5), and the main sentence of (8), 36, 40, 59 (1), 61, and 63 (applicable only when violating Article 36), 64 through 66, 68, 83, and 84 shall be applicable mutatis mutandis. In such cases, "medical personnel" shall be construed as "massage therapist" "license" as "qualification" "license certificate" as "qualification certificate" "medical institution" as "place of massage practice or massage parlor" and "head of the competent organization relating to medical services" as "president of the massage therapists' association". *<Amended by Act No. 9386, Jan. 30, 2009>*
- (4) Necessary matters concerning the scope of business of massage therapists, the standards for the facilities of the places for massage practice or massage parlors, etc. shall be prescribed by Ordinance of the Ministry of Health and Welfare. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

#### **Article 83 (Subsidy for Expenses)**

- (1) If deemed necessary to improve public health, the Minister of Health and Welfare or a relevant Mayor/Do Governor may fully or partially subsidize expenses incurred in relation to facilities, operation, and survey and research for any medical personnel, medical institution, central association or organization relating to medical services. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*
- (2) When any of the following medical institutions files an application for accreditation, the Minister of Health and Welfare may fully or partially subsidize expenses incurred in relation to accreditation for such medical institution within budgetary limits: *<Newly Inserted by Act No. 10387, Jul. 23, 2010>*
  1. A medical institution which shall file an application for accreditation pursuant to Article 58-4 (2);
  2. A medical institution which meets the standards prescribed by the Minister of Health and Welfare among medical institutions with less than 300 patient beds (excluding general hospitals).

#### **Article 83 (Subsidy for Expenses)**

- (1) If deemed necessary to improve public health, the Minister of Health and Welfare or a relevant Mayor/Do Governor may fully or partially subsidize expenses incurred in relation to facilities, operation, and survey and research for any medical personnel, medical institution, central association or organization relating to medical services. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*
- (2) When any of the following medical institutions files an application for accreditation, the Minister of Health and Welfare may fully or partially subsidize expenses incurred in relation to accreditation for such

medical institution within budgetary limits: <Newly Inserted by Act No. 10387, Jul. 23, 2010; Act No. 17069, Mar. 4, 2020>

1. A medical institution which shall file an application for accreditation pursuant to Article 58-4 (2) and (3);
2. A medical institution which meets the standards prescribed by the Minister of Health and Welfare among medical institutions with less than 300 patient beds (excluding general hospitals).

#### **Article 84 (Hearing)**

The Minister of Health and Welfare, a relevant Mayor/Do Governor or the head of a relevant Si/Gun/Gu shall hold a hearing whenever he/she intends to impose any of the following dispositions: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 10387, Jul. 23, 2010; Act No. 14438, Dec. 20, 2016>

1. Revocation of certification pursuant to Article 23-2 (4);
2. Revocation of permission for establishment pursuant to Article 51;
3. Cancellation of accreditation or conditional accreditation of a medical institution pursuant to Article 58-9;
4. Issuance of an order to ban the use of any facility, equipment, etc. pursuant to Article 63;
5. Revocation of permission for establishment or Issuance of an order to close a medical institution pursuant to Article 64 (1);
6. Revocation of a license pursuant to Article 65 (1).

#### **Article 84 (Hearing)**

The Minister of Health and Welfare, a relevant Mayor/Do Governor or the head of a relevant Si/Gun/Gu shall hold a hearing whenever he/she intends to impose any of the following dispositions: <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 10387, Jul. 23, 2010; Act No. 14438, Dec. 20, 2016; Act No. 17069, Mar. 4, 2020>

1. Revocation of certification pursuant to Article 23-2 (4);
2. Revocation of permission for establishment pursuant to Article 51;
3. Cancellation of accreditation or conditional accreditation of a medical institution pursuant to Article 58-10;
4. Issuance of an order to ban the use of any facility, equipment, etc. pursuant to Article 63;
5. Revocation of permission for establishment or issuance of an order to close a medical institution pursuant to Article 64 (1);
6. Revocation of a license pursuant to Article 65 (1).

#### **Article 85 (Fees)**

(1) A person, who seeks re-issuance of a license or license certificate, who intends to take the national examination, etc., or who seeks an inspection on a radiation generator for diagnosis pursuant to this Act,

shall pay a certain amount of fees, as determined by Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) The Korea Health Personnel Licensing Examination Institute prescribed in Article 9 (2) may appropriate the fees received for the national examination, etc. pursuant to paragraph (1) for expenses incurred in relation to administration of such examination, subject to approval from the Minister of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 13367, Jun. 22, 2015>

#### **Article 86 (Delegation or Entrustment of Authority)**

(1) The Minister of Health and Welfare or a relevant Mayor/Do Governor may partially delegate his/her authority under this Act to the Mayor/Do Governor, the Director of the Korea Centers for Disease Control and Prevention, the head of a Si/Gun/Gu, or the director of a public health clinic, as prescribed by Presidential Decree. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) The Minister of Health and Welfare may entrust a related specialized organization with some of affairs under this Act, as prescribed by Presidential Decree. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

#### **Article 86-2 (Legal Fiction as Public Officials in Application of Penalty Provisions)**

Members of deliberation committees prescribed in Article 57-2 (4) shall be considered as public officials in the application of Articles 129 through 132 of the Criminal Act.

#### **Article 86-3 (Exemption from Responsibility for Preserving and Keeping Records)**

Where a record preserved and kept pursuant to Article 22 (2), 23 (1) or 40 (2) is lost due to natural disasters or any other force majeure, a person obliged to preserve and keep the relevant record shall be exempt from responsibility prescribed in Article 64, 66 or 90.

#### **Article 86-3 (Free from Responsibility for Preserving and Keeping Records)**

Where a record preserved and kept pursuant to Article 22 (2), 23 (1) or 40-2 (1) is lost due to natural disasters or any other force majeure, a person responsible for preserving and keeping the relevant record shall be free from such responsibility prescribed in Article 64, 66 or 90. <Amended by Act No. 17069, Mar. 4, 2020>

## **CHAPTER IX PENALTY PROVISIONS**

#### **Article 87 (Penalty Provisions)**

A person who establishes or operates a medical institution in violation of Article 33 (2) shall be punished by imprisonment with labor for not more than 10 years or by a fine not exceeding 100 million won.

### **Article 87-2 (Penalty Provisions)**

(1) A person who inflicts an injury on another person by committing an offense in violation of Article 12 (3) shall be punished by imprisonment with labor for not more than seven years or by a fine of not less than 10 million won but not more than 70 million won; a person who inflicts a serious injury on another person by committing an offense in violation of Article 12 (3) shall be punished by imprisonment with labor for not less than three years but not more than 10 years; and a person who causes the death of another person shall be punished by imprisonment with labor for an indefinite term or for not less than five years. <Newly Inserted by Act No. 16375, Apr. 23, 2019>

(2) Any of the following persons shall be punished by imprisonment with labor for not more than five years or by a fine not exceeding 50 million won: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

1. A person who leases his/her license to a third person in violation of Article 4-3 (1);

1-2. A person who borrows a license or arranges the borrowing of a license in violation of Article 4-3 (2);

2. A person who violates Article 12 (2) or (3), 18 (3), 21-2 (5) or (8), 23 (3), 27 (1), 33 (2) (limited to cases applied mutatis mutandis under Article 82 (3)), (8) (including cases applied mutatis mutandis under Article 82 (3)) or (10): Provided, That no public prosecution against an offense referred to in Article 12 (3) shall be instituted against the explicit will of the victim.

### **Article 87-2 (Penalty Provisions)**

(1) A person who inflicts an injury on another person by committing an offense in violation of Article 12 (3) shall be punished by imprisonment with labor for not more than seven years or by a fine of not less than 10 million won but not more than 70 million won; a person who inflicts a serious injury on another person by committing an offense in violation of Article 12 (3) shall be punished by imprisonment with labor for not less than three years but not more than 10 years; and a person who causes the death of another person shall be punished by imprisonment with labor for an indefinite term or for not less than five years. <Newly Inserted by Act No. 16375, Apr. 23, 2019>

(2) Any of the following persons shall be punished by imprisonment with labor for not more than five years or by a fine not exceeding 50 million won: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019; Act No. 17069, Mar. 4, 2020>

1. A person who leases his/her license in violation of Article 4-3 (1);

1-2. A person who borrows a license or arranges the borrowing of a license in violation of Article 4-3 (2);

2. A person who violates Article 12 (2) or (3), 18 (3), 21-2 (5) or (8), 23 (3), 27 (1), 33 (2) (limited to cases applied mutatis mutandis under Article 82 (3)), (8) (including cases applied mutatis mutandis

under Article 82 (3)) or (10): Provided, That no public prosecution against an offense referred to in Article 12 (3) shall be instituted against the explicit will of the victim;

3. A person who reads or confirms the details of information kept in the medical record keeping system other than the medical records, etc. that he/she directly kept, in violation of Article 40-3 (3);

4. A person who damages, destructs, changes, forges, divulges, searches or reproduces the information kept in the medical record keeping system without justifiable access authority or in excess of permitted access authority, in violation of Article 40-3 (7).

#### **Article 88 (Penalty Provisions)**

Any of the following persons shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won: *<Amended by Act No. 16555, Aug. 27, 2019>*

1. A person who violates Article 19, 21 (2), 22 (3), 27 (3) or (4), 33 (4), the proviso to Article 35 (1), Article 38 (3), 59 (3), 64 (2) (including cases applied mutatis mutandis under Article 82 (3)), or 69 (3): Provided, That the public prosecution against a person who violates Article 19, 21 (2), or 69 (3) requires a criminal complaint filed by a victim;

2. A person who violates Article 23-5. In such cases, the acquired economic benefit, etc. shall be confiscated; and where it is impracticable to confiscate it, its value shall be collected as a penalty;

3. A person who provides massage services for profits without obtaining qualifications as a massage therapist accredited pursuant to Article 82 (1).

#### **Article 88 (Penalty Provisions)**

Any of the following persons shall be punished by imprisonment with labor for not more than three years or by a fine not exceeding 30 million won: *<Amended by Act No. 16555, Aug. 27, 2019; Act No. 17069, Mar. 4, 2020>*

1. A person who violates Article 19, 21 (2) (including cases where Article 21 (2) applies mutatis mutandis in Article 40-2 (4)), 22 (3), 27 (3) or (4), 33 (4), the proviso to Article 35 (1), Article 38 (3), 47 (11), 59 (3), 64 (2) (including cases applied mutatis mutandis under Article 82 (3)), or 69 (3): Provided, That the public prosecution against a person who violates Article 19, 21 (2) (including cases where Article 21 (2) applies mutatis mutandis in Article 40-2 (4)), or 69 (3) requires a criminal complaint filed by a victim;

2. A person who violates Article 23-5. In such cases, the acquired economic benefit, etc. shall be confiscated; and where it is impracticable to confiscate it, its value shall be collected as a penalty;

3. A person who provides massage services for profits without obtaining qualifications as a massage therapist accredited pursuant to Article 82 (1).

#### **Article 88-2 (Penalty Provisions)**

Any person who violates Article 20 shall be punished by imprisonment with labor for not more than two years or by a fine not exceeding 20 million won. <Amended by Act No. 14438, Dec. 20, 2016>

#### **Article 88-2 (Penalty Provisions)**

Any of the following persons shall be punished by imprisonment with labor for not more than two years or by a fine not exceeding 20 million won: <Amended by Act No. 14438, Dec. 20, 2016; Act No. 17069, Mar. 4, 2020>

1. A person who violate Article 20;
2. A person who takes measures in disfavor of a person who files a voluntary report, in violation of Article 47 (12).

#### **Article 89 (Penalty Provisions)**

Any of the following persons shall be punished by imprisonment with labor for not more than one year or by a fine not exceeding 10 million won: <Amended by Act No. 15540, Mar. 27, 2018; Act No. 16555, Aug. 27, 2019>

1. A person who violates Article 15 (1), 17 (1) or (2) (excluding the latter part of the proviso to paragraphs (1) and the proviso to paragraph (2)), Article 17-2 (1) or (2) (limited to the cases of issuing or sending a prescription), the latter part of Article 23-2 (3), Article 33 (9), 56 (1) through (3), or 58-6 (2);
2. A person who fails to take measures to protect rights and interests pursuant to Article 40 (4) without justifiable grounds;
3. A person who receives or gives, or promises to receive or give, money, valuables, etc. in connection with the appointment of executive officers of medical corporations in violation of Article 51-2;
4. A person who refuses, interferes with or evades an inspection prescribed in Article 61 (1) (limited to cases where it is expressed that the inspection is to ascertain whether Article 33 (2) and (10) is violated).

#### **Article 90 (Penalty Provisions)**

Any person, who has violated Articles 16 (1) or (2), 17 (3) or (4), 17-2 (1) or (2) (limited to cases where a prescription is received), or 18 (4), the latter part of Article 21 (1), Article 21-2 (1) or (2), 22 (1) or (2), 23 (4), 26, 27 (2) or 33 (1), (3) (including cases applied mutatis mutandis under Article 82 (3)), or (5) (referring to only the case of permission), the main sentence of Article 35 (1), Articles 41, 42 (1), 48 (3) or (4), or 77 (2), or a corrective order issued under Article 63, or who has been employed by a person who is not eligible for establishing a medical institution to perform medical practice, shall be punished by a fine not exceeding five million won. <Amended by Act No. 8559, Jul. 27, 2007; Act No. 9386, Jan. 30, 2009; Act No. 10565, Apr. 7, 2011; Act No. 14438, Dec. 20, 2016; Act No. 15540, Mar. 27, 2018; Act No. 16555, Aug. 27, 2019>

### **Article 90 (Penalty Provisions)**

Any person, who has violated Articles 16 (1) or (2), 17 (3) or (4), 17-2 (1) or (2) (limited to cases where a prescription is received), or 18 (4), the latter part of Article 21 (1) (including cases where Article 21 (1) applies mutatis mutandis in Article 40-2 (4)), Article 21-2 (1) or (2), 22 (1) and (2) (including cases where Article 22 (1) and (2) applies mutatis mutandis in Article 40-2 (4)), 23 (4), 26, 27 (2) or 33 (1), (3) (including cases applied mutatis mutandis under Article 82 (3)), or (5) (referring to only the case of permission), the main sentence of Article 35 (1), Articles 41, 42 (1), 48 (3) or (4), or 77 (2), or a corrective order issued under Article 63, or who has been employed by a person who is not eligible for establishing a medical institution to perform medical practice, shall be punished by a fine not exceeding five million won. <Amended by Act No. 8559, Jul. 27, 2007; Act No. 9386, Jan. 30, 2009; Act No. 10565, Apr. 7, 2011; Act No. 14438, Dec. 20, 2016; Act No. 15540, Mar. 27, 2018; Act No. 16555, Aug. 27, 2019; Act No. 17069, Mar. 4, 2020>

### **Article 90-2 (Special Cases on Provisions concerning Mitigation under the Criminal Act)**

@Article 10 (1) of the Criminal Act may not apply to persons who commit an offense in violation of Article 12 (3) in mental disorders caused by drinking.

### **Article 91 (Joint Penalty Provisions)**

Where a representative of a corporation or an agent, employee of, or any other person employed by, the corporation or an individual commits any violation prescribed in Article 87, 87-2, 88, 88-2, 89, or 90 in connection with the business affairs of the corporation or individual, the corporation or individual shall, in addition to punishing the violators accordingly, be punished by a fine under the relevant Article: Provided, That this shall not apply where such corporation or individual has not been negligent in giving due attention and supervision concerning the relevant business affairs to prevent such violation. <Amended by Act No. 10325, May 27, 2010; Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

### **Article 92 (Administrative Fines)**

(1) Any of the following persons shall be punished by an administrative fine not exceeding three million won: <Amended by Act No. 13107, Jan. 28, 2015; Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

1. A person who fails to provide education prescribed in Article 16 (3);
- 1-2. A person who fails to notify a medical treatment information breach incident in violation of Article 23-3 (1);
- 1-3. A person who fails to make explanations to a patient or to obtain a written consent in violation of Article 24-2 (1);
- 1-4. A person who fails to inform the ground for and details of the change to a patient in violation of Article 24-2 (4);
2. A person who installs and operates a radiation generator for diagnosis without a report prescribed in Article 37 (1);

3. A person who fails to appoint a person responsible for safety control, to conduct a periodic inspection and measurement, or to take measures to control radiation exposure to staff in radiation-related services in compliance with Article 37 (2);

4. Deleted; <by Act No. 15540, Mar. 27, 2018>

5. A person who fails to submit a report in violation of Article 49 (3).

(2) Any of the following persons shall be punished by an administrative fine not exceeding two million won: <Amended by Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

1. A person who fails to submit data in violation of the latter part of Article 21-2 (6), or submits false data;

2. A person who fails to submit data in violation of Article 45-2 (2), or submits false data;

3. A person who fails to submit a report prescribed in Article 61 (1) or rejects, interferes with or evades an inspection (excluding cases falling under subparagraph 4 of Article 89).

(3) Any of the following persons shall be punished by an administrative fine not exceeding one million won: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 10609, Apr. 28, 2011; Act No. 11252, Feb. 1, 2012; Act No. 13107, Jan. 28, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016>

1. A person who fails to record and maintain the results of education prescribed in Article 16 (3);

1-2. A person who fails to file a report on a change, suspension, closure or resumption of his/her business prescribed in Article 16 (4);

2. A person who fails to submit a report on a change prescribed in Article 33 (5) (including cases applied mutatis mutandis under Article 82 (3));

3. A person who fails to submit a report on suspension or temporary shutdown of medical services prescribed in Article 40 (1) (including cases applied mutatis mutandis under Article 82 (3)), or who fails to transfer a medical record card or similar, in violation of Article 40 (2);

4. A person who uses the title of a medical institution or any similar name, in violation of Article 42 (3);

5. A person who commits any violation in indicating his/her medical department prescribed in Article 43 (5);

6. A person who fails to put up a notice of a patient's rights, etc. prescribed in Article 4 (3);

7. A person who uses the title "National Academy of Medicine of Korea" or any other similar title, in violation of Article 52-2 (6);

8. A person who fails to comply with a corrective order issued under Article 63 against an offense committed in violation of Article 4 (5).

(4) Administrative fines prescribed in paragraphs (1) through (3) shall be imposed and collected by the Minister of Health and Welfare or the head of each Si/Gun/Gu, as prescribed by Presidential Decree. <Newly Inserted by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>

## **Article 92 (Administrative Fines)**

(1) Any of the following persons shall be punished by an administrative fine not exceeding three million won: <Amended by Act No. 13107, Jan. 28, 2015; Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

1. A person who fails to provide education prescribed in Article 16 (3);

1-2. A person who fails to notify a medical treatment information breach incident in violation of Article 23-3 (1);

1-3. A person who fails to make explanations to a patient or to obtain a written consent, in violation of Article 24-2 (1);

1-4. A person who fails to inform the ground for and details of the change to a patient, in violation of Article 24-2 (4);

2. A person who installs and operates a radiation generator for diagnosis without submitting a report prescribed in Article 37 (1);

3. A person who fails to appoint a person responsible for safety control, to conduct a periodic inspection and measurement, or to take measures to control radiation exposure to staff in radiation-related services, in compliance with Article 37 (2);

4. Deleted; <by Act No. 15540, Mar. 27, 2018>

5. A person who fails to submit a report, in violation of Article 49 (3).

(2) Any of the following persons shall be punished by an administrative fine not exceeding two million won: <Amended by Act No. 14438, Dec. 20, 2016; Act No. 16555, Aug. 27, 2019>

1. A person who fails to submit data, in violation of the latter part of Article 21-2 (6), or submits false data;

2. A person who fails to submit data, in violation of Article 45-2 (2), or submits false data;

3. A person who fails to submit a report prescribed in Article 61 (1) or rejects, interferes with, or evades an inspection (excluding cases falling under subparagraph 4 of Article 89).

(3) Any of the following persons shall be punished by an administrative fine not exceeding one million won: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 10609, Apr. 28, 2011; Act No. 11252, Feb. 1, 2012; Act No. 13107, Jan. 28, 2015; Act No. 13658, Dec. 29, 2015; Act No. 14220, May 29, 2016; Act No. 17069, Mar. 4, 2020>

1. A person who fails to record and maintain the results of education prescribed in Article 16 (3);

1-2. A person who fails to file a report on a change, suspension, closure or resumption of his/her business prescribed in Article 16 (4);

2. A person who fails to submit a report on a change prescribed in Article 33 (5) (including cases applied mutatis mutandis under Article 82 (3));

3. A person who fails to file a report on the suspension or closure of business prescribed in Article 40 (1) (including cases where Article 40 (1) applies mutatis mutandis in Article 82 (3));

3-2. A person who fails to transfer medical records, etc. to the head of the competent public health clinic or files a false report on quantities, lists, etc., in violation of Article 40-2 (1);

3-3. A person who fails to file a report for change or files a false report for change in violation of Article 40-2 (2);

3-4. A person who fails to designate a person in charge to vicariously preserve and read medical records, etc., or fails to transfer medical records, etc. to the head of the competent public health clinic in violation of Article 40-2 (2);

3-5. A person who violates the matters to be observed prescribed in Article 40-2 (3).

4. A person who uses the title of a medical institution or any similar name, in violation of Article 42 (3);

5. A person who commits any violation in indicating his/her medical department prescribed in Article 43 (5);

6. A person who fails to put up a notice of a patient's rights, etc. prescribed in Article 4 (3);

7. A person who uses the title "National Academy of Medicine of Korea" or any other similar title, in violation of Article 52-2 (6);

8. A person who fails to comply with a corrective order issued under Article 63 against an offense committed in violation of Article 4 (5).

(4) Administrative fines prescribed in paragraphs (1) through (3) shall be imposed and collected by the Minister of Health and Welfare or the head of each Si/Gun/Gu, as prescribed by Presidential Decree.

*<Newly Inserted by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010>*

**Article 93 Deleted.** *<by Act No. 9386, Jan. 30, 2009>*

## ADDENDA

### **Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 4, 17 (1), 36, 46 (3) through (6), 49, the part, other than subparagraphs of Article 51, and subparagraph 5 of the same Article, Chapter IV (Articles 53 through 55), 56 (2) 1, 92 (1) 3 and 4 shall enter into force on April 28, 2007, and the amended provisions of Article 3 (3) 2 as amended shall enter into force on June 27, 2007, while the provisions of Article 20 (17) of Addenda shall enter into force on September 1, 2007.

### **Article 2 (Transitional Measures concerning Enforcement Date)**

Until the provisions of Articles 3 (3) 2, 4, 17 (1), 36, 46 (4) through (6) and 49, the part, other than subparagraphs of Articles 51 and 56 (2) 1 as amended become enforceable pursuant to the proviso to Article 1 of Addenda, the previous corresponding provisions of Articles 3 (3) 2, 4, 18 (1), 32, 37-2 (3) through (5), 42, the part, other than subparagraphs of Articles 45 and 46 (2) 1 shall remain applicable.

### **Article 3 (Effective Period)**

The amended provisos to Articles 43 and 77 (2) shall be effective until December 31, 2008.

### **Article 4 (Applicability to Regulation and Examination on Advertisement of Medical Service)**

The amended provisions of Articles 56 and 57 shall apply to the advertisements of medical service run on and after April 4, 2007, which corresponds to the enforcement date of the partial amendment to the Medical Service Act (Act No. 8203).

**Article 5 (Transitional Measures concerning Licenses for Physicians)**

The persons, who obtained a license for a physician, dentist, oriental medical doctor, midwife, nurse, or assistant nurse (or nursing assistant), and the persons who obtained an accredited qualification for medical specialist, nurse practitioner (including qualification for nurse for a specific medical field), or massagist, pursuant to the previous provisions in force as at the time when this Act enters into force, shall be deemed to hold a license issued pursuant to this Act.

**Article 6 (Transitional Measures concerning Medical Institutions)**

The medical institutions and massage parlors established pursuant to the previous provisions in force as at the time when this Act enters into force shall be deemed to have been established pursuant to this Act.

**Article 7 (Transitional Measures concerning Establishment of Physicians' Association)**

The physicians' association, the dentists' association, the oriental medical doctors' association, the midwives' association, and the nurses' association established pursuant to the previous provisions in force as of August 17, 1973, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 2533), shall be deemed to have been established pursuant to this Act respectively.

**Article 8 (Transitional Measures concerning Administering National Examinations for Midwife)**

As to the licenses for midwife to the trainees in the medical institutions under subparagraph 1 of Article 6 in force as of March 29, 1988, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 3948), the previous provisions shall remain applicable.

**Article 9 (Transitional Measures concerning Qualifications for Taking National Examinations for Physicians, Dentists, Oriental Medical Doctors, or Nurses)**

As to the persons with qualifications for taking the examination recognized by the Minister of Health and Welfare and the students enrolled in any of foreign universities and colleges recognized by the Minister of Health and Welfare, pursuant to the previous provisions in force as of July 8, 1994, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 4732), the previous provisions shall remain applicable.

**Article 10 (Transitional Measures concerning Permission for Mutual Aid Program)**

The mutual aid programs for which each central association obtained permission from the Minister of Health and Welfare pursuant to the previous provisions in force as of July 8, 1994, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 4732), shall be deemed to have been reported pursuant to this Act.

**Article 11 (Transitional Measures concerning Appointment of Medical Instructors)**

The medical monitors appointed pursuant to the previous provisions in force as of July 8, 1994, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 4732), shall be deemed to have been appointed as medical instructors pursuant to this Act.

## **Article 12 (Transitional Measures concerning Special Exceptions to National and Public Medical Institutions)**

As to the medical institutions established with permission obtained or a report submitted on or before July 13, 2000 that corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 6157), to which the provisions concerning special exceptions to national and public medical institutions, etc. have been applied pursuant to previous Article 38, the provisions of Article 36 as amended shall not be applicable.

## **Article 13 (Transitional Measures concerning Medical Fees)**

It shall be deemed that the medical fees approved by the Mayor/Do Governor pursuant to the previous provisions in force as of July 13, 2000, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 6157), have been reported to the Mayor/Do Governor or the head of Si/Gun/Gu respectively pursuant to the provisions of Article 45 as amended.

## **Article 14 (Transitional Measures concerning Medical Practices Included in Descriptions of Health Care Benefit Expenses)**

The medical practices (including non-benefit medical practices) included in the descriptions of health care benefit expenses predetermined and publicly notified by the Minister of Health, Welfare and Family Affairs pursuant to Article 42 (4) of the National Health Insurance Act as of July 28, 2007, which corresponds to the enforcement date of the partial amendment to the Medical Service Act (Act No. 8067), shall be deemed to have passed the evaluation of new medical technology pursuant to the provisions of Article 53 as amended.

## **Article 15 (Transitional Measures concerning Re-issuance of Licenses to Medical Personnel)**

As to the medical personnel who have their licenses revoked on any ground other than the ground for revocation of a license under the amended provisions of Article 65 (1) in force as of July 13, 2000, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 6157), the licenses revoked may be re-issued on and after July 13, 2000, which corresponds to the enforcement date of the amendment to the Medical Service Act (Act No. 6157), notwithstanding the provisions of Article 65 (2) as amended.

## **Article 16 (Transitional Measures concerning Formulation of Plans for Supply and Demand for Patient Beds)**

The basic implementation policy and the plan for supply and demand for patient beds formulated pursuant to Article 13 of the previous Special Act on Sound Finance of National Health Insurance before January 1, 2007, which corresponds to the enforcement date of the partial amendment to the Medical Service Act (Act No. 8154) shall be deemed to be the basic implementation policy and the plan for supply and demand for patient beds under the provisions of Article 60 as amended.

## **Article 17 (Transitional Measures concerning Orders for Corrective Measures)**

The offenses committed in violation of Article 14 (1) or (2) of the previous Special Act on Sound Finance of National Health Insurance before January 1, 2007, which corresponds to the enforcement

date of the partial amendment to the Medical Service Act (Act No. 8154), and restrictions, bans, and orders for corrective measures already imposed or issued on or against such offenses shall be deemed to be the offenses committed in violation of Article 38 (1) or (2) as amended and the orders for corrective measures, etc. against such offenses issued pursuant to the provisions of Article 63 as amended.

**Article 18 (General Transitional Measures concerning Dispositions)**

The actions taken by or against administrative agencies pursuant to the previous provisions in force as at the time when this Act enters into force shall be deemed to be the actions taken by or against such administrative agencies pursuant to the corresponding provisions of this Act.

**Article 19 (Transitional Measures concerning Penalty Provisions or Administrative Fines)**

(1) The acts committed before this Act enters into force shall be governed by the previous provisions in applying penalty provisions or the provisions pertaining to administrative fines.

(2) The offenses committed in violation of Article 14 (3) of the previous Special Act on Sound Finance of National Health Insurance before January 1, 2007, which corresponds to the enforcement date of the partial amendment to the Medical Service Act (Act No. 8154), shall be governed by the previous provisions in applying penalty provisions.

**Article 20 Omitted.**

**Article 21 (Relations with Other Statutes or Regulations)**

A citation of the previous Medical Service Act, or any provisions thereof, by any other statute or regulation enforceable as at the time when this Act enters into force, if any, shall be deemed to be a citation of this Act or the corresponding provisions hereof in lieu of the previous provisions, if there are such corresponding provisions herein.

**ADDENDA <Act No. 8559, Jul. 27, 2007>**

(1) (Enforcement Date) This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 64 (1) 5 and proviso to Article 65 (2) shall enter into force on the date of its promulgation.

(2) (Applicability to Penalty Provisions) The amended provision of Article 90 shall enter into force from the first medical prescription issued after this Decree enters into force.

**ADDENDUM <Act No. 8651, Oct. 17, 2007>**

This Act shall enter into force six months after the date of its promulgation.

**ADDENDA <Act No. 8852, Feb. 29, 2008>**

### **Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation. (Proviso Omitted.)

### **Articles 2 through 7 Omitted.**

ADDENDUM <Act No. 9135, Oct. 14, 2008>

This Act shall enter into force on the date of its promulgation.

ADDENDA <Act No. 9386, Jan. 30, 2009>

### **Article 1 (Enforcement Date)**

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of Articles 27 (1), 33, the proviso to Article 43 (5), the proviso to Article 77 (2), Article 87 (1) 2, and Article 4 of the Addenda shall enter into force on the date of its promulgation. The amended provision of Articles 27 (3) and (4), 27-2, 56 and 63 (limited to corrective orders issued when violating the amended provisions of Article 27-2 (1), (2), (3) and (5)) and 88 shall enter into force three months after the date of its promulgation while the amended provisions of Article 3-5 shall enter into force two years after the date of its promulgation.

### **Article 2 (Effective Period)**

Matters concerning a dentist from among the amended provisions of the provisos to Articles 43 (5) and 77 (2) shall take effect until December 31, 2013 while matters concerning an oriental medical doctor from among the amended provisions of the proviso to Article 77 (2) shall take effect until December 31, 2009.

### **Article 3 (Transitional Measures concerning Kinds and Establishment of Medical Institutions)**

(1) A medical clinic, dental clinic, oriental medical clinic or midwifery clinic under the previous provisions as at the time this Act enters into force shall be deemed a medical clinic, dental clinic, oriental medical clinic or midwifery clinic under the amended provisions of Article 3 (2) 1 or 2.

(2) A hospital, dental hospital, oriental medical hospital and general hospital under the previous provisions as at the time this Act enters into force shall be deemed a hospital, dental hospital, oriental medical hospital and general hospital under the amended provisions of Article 3 (2) 3.

(3) A medical institution accredited as a specialized general medical care institution prescribed in Article 40 (2) of the National Health Insurance Act as at the time this Act enters into force shall be deemed to be designated as a tertiary hospital under the amended provisions of Article 3-4 (1).

(4) A medical institution established by a government-invested institution under the previous provisions as at the time this Act enters into force shall be deemed established under the amended provisions of Article 33 (2) 5.

**Article 4 (Transitional Measures concerning Establishment of Medical Institutions by Medical Personnel with Multiple Licenses)**

Where a person with at least two medical licenses who intends to establish a clinic-level medical institution together at one location by types of his/her licenses under the amended provisions of the proviso to Article 33 (8) from January 1, 2009 to June 30, 2009 reports to the head of a Si/Gun/Gu, as prescribed by the Minister of Health, Welfare and Family Affairs, he/she shall be deemed to have reported under Article 33 (3).

**Article 5 (Transitional Measures concerning Penalty Provisions and Administrative Fines)**

The application of penalty provisions and administrative fines for an act committed before this Act enters into force shall be governed by the previous provisions.

**Article 6 Omitted.**

**Article 7 (Relationship to Other Statutes or Regulations)**

Where the previous provisions of the Medical Service Act are cited in other statutes or regulations as at the time this Act enters into force, the corresponding provisions of this Act are deemed cited in lieu of the previous provisions if the corresponding provisions exist in this Act.

ADDENDUM <Act No. 9906, Dec. 31, 2009>

This Act shall enter into force on the date of its promulgation.

ADDENDA <Act No. 9932, Jan. 18, 2010>

**Article 1 (Enforcement Date)**

This Act shall enter into force two months after the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 5 Omitted.**

ADDENDUM <Act No. 10325, May 27, 2010>

This Act shall enter into force from the date on which six months lapse after the promulgation of this Act.

ADDENDA <Act No. 10387, Jul. 23, 2010>

(1) (Enforcement Date) This Act shall enter into force from the date on which six months lapse after the promulgation of this Act: Provided, That the amended provisions of Article 66 (3) shall enter into force on the date of its promulgation, and the amended provisions of Article 58-4 (2), 63 and 83 (2) 1 shall enter into force on January 1, 2013.

(2) (Transitional Measures concerning Evaluation on Medical Institutions) A medical institution which has undergone evaluation conducted based on evaluation standards for year 2010 pursuant to the previous Article 58 as at the time this Act enters into force shall be deemed to have filed an application for accreditation pursuant to the amended provisions of Article 58-4 (1). In such cases, when the medical institution is accredited, the accrediting institution may collect fees required for the accreditation under the amended provision of paragraph (3) of the same Article.

(3) Omitted.

ADDENDA <Act No. 10564, Apr. 7, 2011>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 9 Omitted.**

ADDENDUM <Act No. 10565, Apr. 7, 2011>

This Act shall enter into force one year after the date of its promulgation.

ADDENDA <Act No. 10609, Apr. 28, 2011>

**Article 1 (Enforcement Date)**

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of Articles 63 and 77 (3) shall enter into force on January 1, 2014.

**Article 2 (Transitional Measures concerning Medical Personnel Reports)**

(1) Any person who has been licensed as a physician, dentist, oriental medical doctor, midwife or nurse under the previous provisions as at the time this Act enters into force shall report his/her actual conditions, state of employment, etc. within one year from the date on which this Act enters into force, as prescribed by Ordinance of the Ministry of Health and Welfare.

(2) When a physician, dentist, oriental medical doctor, midwife or nurse fails to submit a report referred to in paragraph (1), the Minister of Health and Welfare may suspend the validity of his/her license for a period from the time when a reporting period expires until the time when such report is filed.

ADDENDA <Act No. 10785, Jun. 7, 2011>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation.

## **Articles 2 through 4 Omitted.**

ADDENDA <Act No. 11005, Aug. 4, 2011>

### **Article 1 (Enforcement Date)**

This Act shall enter into force one year after the date of its promulgation: Provided, That the amended provisions of Articles 3-3 (1) 3 and 4 of this Addenda shall enter into force on the date of its promulgation and the amended provisions of Articles 61, 64 and 66 shall enter into force six months after the date of its promulgation.

### **Article 2 (Applicability to Review of Advertisements)**

The amended provisions of Article 57 shall apply, beginning with the first advertisement made by using the advertising media prescribed in the said amended provisions after this Act enters into force.

### **Article 3 (Transitional Measures concerning Suspension of Qualifications)**

Offenses committed before the amended provisions of Article 66 enter into force shall be governed by the previous provisions, notwithstanding the said amended provisions.

### **Article 4 Omitted.**

ADDENDA <Act No. 11141, Dec. 31, 2011>

### **Article 1 (Enforcement Date)**

This Act shall enter into force on September 1, 2012. (Proviso Omitted.)

### **Articles 2 through 22 Omitted.**

ADDENDA <Act No. 11252, Feb. 1, 2012>

### **Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Articles 5 and 7 shall enter into force five years from the date of its promulgation.

### **Article 2 (Applicability to and Transitional Measures concerning Qualifications for Taking National Examinations)**

(1) The amended provisions of Articles 5 and 7 shall apply, beginning with those who enroll in a university, junior college or professional graduate school specializing in medical science, dentistry or oriental medical science after an evaluation and certification body in charge of the relevant subject announces certification or non-certification of the relevant subject by school at least once after examining all universities, junior colleges or professional graduate schools specializing in the relevant subject to grant certification referred to in Article 11-2 (2) of the Higher Education Act.

(2) Notwithstanding the amended provisions of Articles 5 and 7, the previous provisions shall apply to those who enroll before certified or non-certified schools specializing in medical science, dentistry, oriental medical science or nursery are announced once or more under paragraph (1).

**Article 3 (Transitional Measures concerning Mitigation of Administrative Disposition)**

Notwithstanding the amended provisions of Article 66 (5), the previous provisions shall apply to offenses committed before this Act enters into force.

ADDENDUM <Act No. 11748, Apr. 5, 2013>

This Article shall enter into force six months after the date of its promulgation.

ADDENDA <Act No. 12069, Aug. 13, 2013>

**Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation.

**Article 2 (Applicability to Suspension of Medical Services)**

The amended provisions of Article 64 (1) shall apply even to cases of taking an administrative disposition against an offense committed before this Act enters into force.

ADDENDUM <Act No. 13107, Jan. 28, 2015>

This Act shall enter into force on the date of its promulgation.

ADDENDA <Act No. 13108, Jan. 28, 2015>

**Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 8 Omitted.**

ADDENDA <Act No. 13367, Jun. 22, 2015>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation.

**Articles 2 through 5 Omitted.**

ADDENDA <Act No. 13599, Dec. 22, 2015>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation.

**Articles 2 through 4 Omitted.**

ADDENDA <Act No. 13605, Dec. 22, 2015>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 7 Omitted.**

ADDENDA <Act No. 13658, Dec. 29, 2015>

**Article 1 (Enforcement Date)**

This Act shall enter into force nine months after the date of its promulgation: Provided, That the amended provisions of Articles 4 (4), 21 (2) 13, 33 (10), 36-2, 63, and 64 shall enter into force on the date of its promulgation; the amended provisions of Article 18-2 one year after the date of its promulgation; the amended provisions of Article 21 (2) 15 six months after the date of its promulgation; the amended provisions of Article 23-2 three months after the date of its promulgation; the amended provisions of Articles 2 (2) 5, 80, 80-2, and 80-3 on January 1, 2017; and the amended provisions of Article 80 (2) (limited to the education and training centers for assistant nurses which have been established and are operating as at the time this Act enters into force) on January 1, 2019.

**Article 2 (Transitional Measures concerning National Academy of Medicine of Korea)**

The National Academy of Medicine of Korea established with the permit of the Minister of Health and Welfare for its establishment as at the time this Act enters into force shall be deemed the National Academy of Medicine of Korea under the amended provisions of Article 52-2.

**Article 3 (Transitional Measures concerning Qualifications of Assistant Nurses)**

A person who has obtained accreditation of the qualification of an assistant nurse under the previous provisions as at the time this Act enters into force shall be deemed to have obtained accreditation of the qualification of an assistant nurse prescribed in this Act.

**Article 4 (Transitional Measures concerning Reports by Assistant Nurses)**

(1) A person who has obtained accreditation of the qualification of an assistant nurse under the previous provisions as at the time this Act enters into force shall file a report on the qualification status, employment situation, etc. as prescribed by Ordinance of the Ministry of Health and Welfare within one year after this Act enters into force.

(2) If a person who has obtained accreditation of the qualification of an assistant nurser fails to file a report under paragraph (1), the Minister of Health and Welfare may suspend the effects of his/her

qualifications until the report is filed from the time the reporting period expires.

**Article 5 (Transitional Measures concerning Planned Enforcement of Partially Amended Medical Services Act (Act No. 11252))**

"Article 7 (1) 1" and "Article 7 (1) 1 or 2" in the amended provisions of Articles 60-3 (1) 2 and 80 (1) 6 shall be deemed "subparagraph 1 of Article 7" and "subparagraph 1 or 2 of Article 7" respectively, until February 1, 2017.

ADDENDA <Act No. 13726, Jan. 6, 2016>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 7 Omitted.**

ADDENDA <Act No. 14084, Mar. 22, 2016>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation: Provided, That---  
<Omitted>---Article 4 of the Addenda shall enter into force on August 4, 2016.

**Articles 2 through 4 Omitted.**

ADDENDA <Act No. 14183, May 29, 2016>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 5 Omitted.**

ADDENDA <Act No. 14220, May 29, 2016>

**Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 4 (5), 18 (5), 21 (2) 1 and 3, 36, 56 (2) 11, 63, 54 (1) 6, and 92 (3) 8 shall enter into force nine months after the date of its promulgation.

**Article 2 (Applicability to Notification of Violation of Provisions on Prohibition against Medical Advertisements)**

The amended provisions of Article 56 (6) shall apply, beginning with any violation committed after this Act enters into force.

### **Article 3 (Transitional Measures concerning Application of Limitation Period for Imposing Disposition for Suspension of Licenses)**

Any disposition ordering the suspension of medical personnel's licenses in a case that falls under any subparagraph of the previous Article 66 (1) due to a ground which has occurred before this Act enters into force, shall not be imposed if five years (seven years in cases of a disposition ordering the suspension of a license prescribed in Article 66 (1) 5 or 7) elapse from the date on which the ground therefore has occurred before this Act enters into force: Provided, That where any public prosecution is instituted under Article 246 of the Criminal Procedure Act against the relevant ground, the period from the date on which the public prosecution is instituted to the date on which the final and conclusive judgment for the relevant case is made by a court shall not be included in the limitation period.

### **Article 4 (Transitional Measures concerning Administrative Dispositions)**

Administrative dispositions against any violation committed before this Act enters into force shall be governed by the previous provisions.

### **Article 5 (Transitional Measures concerning Dispositions of Penalty Surcharges)**

The application of dispositions of penalty surcharges against an act committed before this Act enters into force shall be governed by the previous provisions.

ADDENDA <Act No. 14224, May 29, 2016>

### **Article 1 (Enforcement Date)**

This Act shall enter into force one year after the date of its promulgation.

### **Articles 2 through 21 Omitted.**

ADDENDA <Act No. 14438, Dec. 20, 2016>

### **Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Articles 10 (3), 21-2 (2) through (9), 23-2, 24-2, 40, 41 (2), 64 (3), and 84, subparagraph 2 of Article 87 (limited to the penalty provisions concerning persons who violate Article 21-2 (5) or (8)), subparagraph 1 (limited to the penalty provisions concerning persons who violate the latter part of Article 23-2 (3)) and 2 of Article 89, and Article 92 (1) 1-2, 1-3, and (2) 1 shall enter into force six months after the date of its promulgation, and the amended provisions of Article 45-3 nine months after the date of its promulgation.

### **Article 2 (Applicability to Taking National Examinations)**

The amended provisions of Article 10 (3) shall apply, beginning with a person who becomes suspended from taking a national examination, etc. administered for the first time after the enforcement of the amended provisions of the same Article or whose passing such national examination, etc. becomes

declared null and void.

**Article 3 (Transitional Measures concerning Penalty Provisions)**

The application of penalty provisions against an act committed before this Act enters into force shall be governed by the previous provisions.

**Article 4 (Transitional Measures concerning Disposition of Administrative Fines)**

The application of a disposition of an administrative fine against an act committed before this Act enters into force shall be governed by the previous provisions.

**Article 5 Omitted.**

ADDENDA <Act No. 15522, Mar. 20, 2018>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation. (Proviso Omitted.)

**Articles 2 through 30 Omitted.**

ADDENDA <Act No. 15540, Mar. 27, 2018>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of subparagraph 1 of Article 8, and Articles 46 and 92 (1) 4 shall enter into force on the date of its promulgation, and the amended provisions of Article 78 shall enter into force two years after the date of its promulgation.

**Article 2 (Applicability to Prior Deliberation on Medical Advertisements)**

The amended provisions of Article 57 shall begin to apply to a person who requests a prior deliberation on medical advertisements after this Act enters into force.

**Article 3 (Applicability to Administrative Dispositions)**

The amended provisions of Article 63 shall begin to apply to an offense committed after this Act enters into force.

**Article 4 (Applicability to Penalty Provisions)**

The amended provisions of Articles 89 and 90 shall begin to apply to an offense committed after this Act enters into force.

**Article 5 Omitted.**

ADDENDA <Act No. 15716, Aug. 14, 2018>

**Article 1 (Enforcement Date)**

This Act shall enter into force on the date of its promulgation: Provided, That the amended provisions of Article 21 (3) 14-3 shall enter into force three months after the date of its promulgation.

**Article 2 (Applicability to Revocation, etc. of Permission for Establishment)**

The amended provisions of Article 64 (1) 9 shall begin to apply to a violation of the matters to be observed prescribed in Article 36 after this Act enters into force.

ADDENDUM <Act No. 16254, Jan. 15, 2019>

This Act shall enter into force six months after the date of its promulgation.

ADDENDA <Act No. 16375, Apr. 23, 2019>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Articles 3 (2) 3 (d), 86-3, 87 and 90-2 shall enter into force on the date of its promulgation.

**Article 2 (Applicability to Special Cases on Provisions concerning Mitigation under the Criminal Act)**

The amended provisions of Article 90-2 shall begin to apply to an offense committed in violation of Article 12 (3) after the same amended provisions enter into force.

ADDENDA <Act No. 16555, Aug. 27, 2019>

**Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 51-2 and subparagraph 3 of Article 89 shall enter into force on the date of its promulgation, and the amended provisions of Article 4 (2), the proviso to Article 65 (2), Article 87, the main sentence of Article 87-2 (2) 2, subparagraph 4 of Article 89, and Article 92 (2) 3 shall enter into force three months after the date of its promulgation.

**Article 2 (Applicability to Prohibition of Establishing Medical Institutions in Buildings Built without Permission or Reporting)**

The amended provisions of Article 33 (7) 4 shall begin to apply to a medical institution on which a report is filed to the head of a Si/Gun/Gu or for which permission is obtained from a Mayor/Do Governor pursuant to Article 33 (3) or (4) after this Act enters into force.

**Article 3 (Applicability to Appointment of Executive Officers of Medical Corporations)**

The amended provisions of Article 48-2 shall begin to apply to the appointment of executive officers of medical corporations after this Act enters into force.

#### **Article 4 (Applicability to Restriction on Re-Issuing Licenses)**

The amended provisions of the proviso to Article 65 (2) (limited to the amended parts concerning paragraph (1) 4) shall begin to apply to where medical personnel lend a license in violation of Article 4 (4) after the same amended provisions enter into force.

#### **Article 5 (Transitional Measures concerning Eligibility to Apply for National Examinations, etc.)**

Any person whose eligibility to apply for national examinations, etc. is accredited pursuant to the previous Article 5 (1) 3, subparagraph 2 of Article 6, and Articles 7 (1) 2 and 80 (1) 5 as at the time this Act enters into force shall be deemed eligible to apply pursuant to this Act.

#### **Article 6 (Transitional Measures concerning Penalty Surcharges)**

Notwithstanding the amended provisions of Article 67 (1), the imposition of penalty surcharges for offenses committed before this Act enters into force shall be governed by the previous provisions.

#### **Article 7 (Transitional Measures concerning Administrative Fines)**

Notwithstanding the amended provisions of Article 92 (2) 3, the imposition of administrative fines for acts conducted before the same amended provisions enter into force shall be governed by the previous provisions.

ADDENDA <Act No. 17069, Mar. 4, 2020>

#### **Article 1 (Enforcement Date)**

This Act shall enter into force six months after the date of its promulgation: Provided, That the amended provisions of Article 21 (3) shall enter into force on the date of promulgation, and the amended provisions of Articles 4 (4), 4-3, 65 (1) 4 and 87-2 (2) 1 and 1-2, three months after the date of promulgation, the amended provisions of Article 3 (2) 3, the latter part, with the exception of the subparagraphs, of Article 33 (2), the former part, with the exception of the subparagraphs, of paragraph (4) of the same Article (excluding the matters concerning deliberation by City/Do medical institution establishment committees), and Articles 42 (1) 1, 43 (3), 46 (1), 57-2 (2) 1 and 62 (2), one year after the date of promulgation, the amended provisions of Articles 40, 40-2, 40-3, 64 (1) 5, 86-3, 87-2 (2) 3 and 4, 90, 92 (3) and the parts concerning "Article 21 (2)" in the amended provisions of Article 88, three years after the date of promulgation.

#### **Article 2 (Applicability to Transfer of Medical Records)**

The amended provisions of Article 40-2 shall apply, starting from the first case where the founder of a medical institution transfers medical records, etc. to the Minister of Health and Welfare after filing a report on the closure or suspension of business after the said amended provisions enter into force.

#### **Article 3 (Applicability to Accreditation of Long-Term Care Hospitals)**

The amended provisions of Article 58-4 (3) shall also apply to long-term care hospitals that have obtained conditional accreditation or non-accreditation before the said amended provisions enter into force.

#### **Article 4 (Applicability to Accounting Standards for Medical Institutions)**

The amended provisions of Article 62 (2) shall apply, starting from the point of time at which the first fiscal year begins after the said amended provisions enter into force.

#### **Article 5 (Transitional Measures for Permission for Establishing Mental Health Hospitals)**

A medical institution that has obtained permission for establishing a hospital or long-term care hospital pursuant to the previous provisions as at the time this Act enters into force and is established in compliance with the standards prescribed in the latter part of Article 19 (1) of the Act on the Improvement of Mental Health and the Support for Welfare Services for Mental Patients shall be considered to have obtained permission for establishing a mental health hospital prescribed in the amended provisions of Article 3 (2) 3 (e).

#### **Article 6 (Transitional Measures for Incorporated Foundation, Korea Institute for Healthcare Accreditation)**

(1) The Incorporated Foundation, the Korea Institute for Healthcare Accreditation established pursuant to Article 32 of the Civil Act during the period from the date on which this Act is promulgated to the date on which this Act enters into force (hereinafter referred to as the "former corporation") shall request the Minister of Health and Welfare to approve the Korea Institute for Healthcare Accreditation prescribed by this Act (hereinafter referred to as the "new corporation") to succeed all the property, rights and obligations following resolution by the board of directors.

(2) Notwithstanding the provisions pertaining to the dissolution and liquidation of corporations in the Civil Acts, the former corporation that obtains approval from the Minister of Health and Welfare pursuant to paragraph (1) shall be considered to be dissolved concurrently with the establishment of the new corporation, and the new corporation shall universally succeed all the property, rights and obligations that belonged to the former corporation.

(3) The value of property to be succeeded to the new corporation pursuant to paragraph (2) shall be the book value of property as at the date preceding the date on which the registration of incorporation of the new corporation is filed.

(4) The name of the former corporation indicated in the registry or other official books at the time the new corporation is established shall be considered to be the name of the new corporation.

(5) The executives and employees of the former corporation at the time the new corporation is established shall be considered to be the executives and employees of the new corporation, and the term of office of executives shall be calculated from the date of the former appointment.

(6) An act conducted by and in relation to the former corporation before the new corporation is established shall be considered to be conducted by and in relation to the new corporation.

(7) Where other statutes and regulations are citing an institution dedicated to accreditation at the time the new corporation is established, they shall be considered to cite the new corporation in lieu of such institution.

**Article 7 Omitted.**

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