

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

Article 1 (Purpose)

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

Article 2 (Medical Personnel)

(1) The term "medical personnel" used 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) By type, medical personnel has the mission to seek the improvement of public health and contribute to helping citizens enjoy healthy life by performing any of the following missions, respectively: *<Amended by Act No. 13658, Dec. 29, 2015>*

1. A physician's mission is to administer medical treatment and to 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, to take care of pregnant women, women at childbirth, women in puerperium and newborn babies and to 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 requiring nursing, planning and execution of activities for the enhancement of health, and other health services prescribed by Presidential Decree;
 - (d) Guidance on the assistance in the affairs referred to in items (a) through (c), which is performed by an assistant nurse referred to in Article 80;

Article 3 (Medical Institutions)

(1) The term "medical institution" used 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>*

1. A clinic-level medical institution: A medical institution in which a doctor, dentist or oriental medical doctor provides his/her medical services primarily to outpatients, and the kinds of which are as listed below:
 - (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, nursing women, postpartum women and newborn babies;
3. A hospital-level medical institution: A medical institution in which a doctor, dentist or oriental medical doctor provides his/her medical services primarily to inpatients, and the kinds of which are as listed below:
- (a) A hospital;
 - (b) A dental hospital;
 - (c) An oriental medical hospital;
 - (d) An intermediate 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) 2 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 prescribe and publicly notify standard services to be rendered by each kind 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, etc.)

A hospital, dental hospital, oriental medical hospital, and intermediate care hospital (hereinafter referred to as "hospitals, etc.") shall be furnished with not less than 30 patient beds (only applicable to a hospital and oriental medical hospital) or patient beds for convalescence (only applicable to an intermediate care hospital, and refer to the patient beds furnished for the purpose of providing medical services to long-stay patients.

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 be equipped with at least 100 patient beds;
 - 2. A general hospital with at least 100, but not more than 300 patient 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 patient 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 who are not exclusively dedicated to the relevant medical institution may be posted to the specialized departments, other than the essential specialized departments.

Article 3-4 (Designation of Superior General Hospitals)

(1) The Minister of Health and Welfare may designate a general hospital specialized in providing medical services requiring high level of expertise for treating serious diseases as a superior general hospital, from among general hospitals satisfying the requirements set for in the following subparagraphs: *<Amended by Act No. 9932, Jan. 18, 2010>*

1. To have not less than 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 provides training to 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. The distribution rate of patients by disease group shall satisfy the standards prescribed by Ordinance of the Ministry of Health and Welfare.

(2) The Minister of Health and Welfare shall evaluate matters under each subparagraph of paragraph (1), expertise, and any other relevant factors in making designation under paragraph (1). *<Amended by Act No. 9932, Jan. 18, 2010>*

(3) In respect of a general hospital designated as the superior general hospital under paragraph (1), the Minister of Health and Welfare may make re-designation or revoke the designation thereof by 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 the evaluation duties under paragraphs (2) and (3). *<Amended by Act No. 9932, Jan. 18, 2010>*

(5) Necessary matters concerning the designation of superior general hospitals, standards for and procedures of re-designation thereof, entrusting procedures of evaluation duties, 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 medical services requiring a high level of expertise in a specific medical department or in treating a specific disease 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 ratio, 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) The Minister of Health and Welfare shall evaluate the requirements referred to in each subparagraph of paragraph (2), difficulty of medical treatment, and any other relevant factors when designating any hospital as a specialized hospital prescribed in paragraph (1). *<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 it has obtained the designation or re-designation by fraud or other unlawful means;
2. Where it desires to have the designation or re-designation revoked;
3. Where the result of the evaluation conducted under paragraph (4) turns out that it has failed to meet the requirements set forth in subparagraphs of paragraph (2).

(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>*

(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>*

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

(1) Any medical personnel or the head of each 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.

(2) No medical personnel shall establish nor operate a medical institution under the name of another medical personnel. *<Newly Inserted by Act No. 11252, Feb. 1, 2012>*

(3) The head of each medical institution shall put up 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 to put up 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 (in cases of a physician, dentist, or oriental medical doctor), Article 6 (in cases of a midwife) or Article 7 (in cases of a nurse) to a third party. <Newly Inserted by Act No. 13658, Dec. 29, 2015>

(5) In order to make the status of persons who perform medical practices known to patients and their guardians, 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 to the part other than subparagraphs of paragraph (1) of the same Article, assistant nurses prescribed in Article 80, and medical technicians prescribed in Article 2 of the Medical Service Technologist, etc. Act to put on their name tags when they are inside a medical institution: Provided, That they may be allowed not to put on their name tags when they are in medical emergency situation or in an operating room, or when they are not performing 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 manufactured for a single usage or medical supplies 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 4-2 (Provision, etc. of Integrated Nursing and Caring Service)

(1) The integrated nursing and caring service is a hospitalization service provided comprehensively by nurses, assistant nurses referred to in Article 80 and other care-supporting personnel (hereafter referred to as "personnel providing integrated nursing and caring service" 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 strive to provide integrated nursing and caring service.

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

(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 service. In such cases, the State and a local government may subsidize all or part of the required expenses.

(5) Each institution providing integrated nursing and caring service 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 service shall provide necessary support to improve the working environment and better treatment of personnel providing integrated nursing and caring service.

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

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 qualification 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>*

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;

2. A master's or a doctor's degree holder who has graduated from a professional graduate school, such as a medical school, dental school or oriental medical school;

3. A person who has graduated from a foreign school, which is equivalent to any one set forth in subparagraph 1 or 2 and is recognized by the Minister of Health and Welfare, has been licensed as a physician, dentist or oriental medical doctor by 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, 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 has obtained accreditation from the evaluation and certification body, as at the time he/she entered there, and has graduated from the relevant university, college, or professional graduate school, and 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 qualification, and shall 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>*

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 recognized 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 shall 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>

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) majoring in nursing, which has obtained accreditation from the evaluation and certification body;
2. A person who has graduate from a foreign school, which falls under subparagraph 1 and is recognized 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 had obtained accreditation from the evaluation and certification body as at the time he/she entered therein, and has graduated from the relevant university, college, or junior college, and 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)

No person who falls under any of the following subparagraphs shall be qualified as medical personnel: <Amended by Act No. 8651, Oct. 17, 2007>

1. A mentally ill person under subparagraph 1 of Article 3 of the Mental Health Act: Provided, That in cases of a person who is acknowledged appropriate as medical personnel by a medical specialist, this shall not apply;
2. An addict to narcotics, marijuana or any psychotropic drugs;
3. An incompetent or a quasi-incompetent person;
4. A person in whose case, the execution of a sentence is not completed or the decision not to execute such sentence is not yet finalized after being sentenced to imprisonment without prison labor or a heavier punishment due to the violation of this Act, or Articles 233, 234, 269, 270, 317 (1), or 347 (applicable only to cases of deceiving a patient or 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 Public Health and Medical Services in Agricultural and Fishing Villages, etc., 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 Acts and subordinate statutes governing medical affairs specified by Presidential Decree.

Article 9 (National Examinations, etc.)

(1) The national examination for physicians, dentists, oriental medical doctors, midwives, or nurses, and the preliminary examination for physicians, dentists, or oriental medical doctors (hereinafter referred to as "national examinations, etc.") shall be administered each year by the Minister of Health and Welfare.

<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 the 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 disposition, severity of the violation, etc. *<Amended by Act No. 14438, Dec. 20, 2016>*

Article 11 (Conditions and Registration of License)

(1) In granting a license under any of Articles 5 through 7, the Minister of Health and Welfare may, if deemed necessary for policies on public health and medical services, put a condition that requires working in specially designated areas or engaging in specially designated duties for a certain predetermined term, not exceeding 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 prior to issuing 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 all types 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 Techniques, etc.)

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

(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 service provided by medical personnel shall be subject to seizure.

Article 14 (Preferential Supply of Instruments, etc.)

(1) Each medical personnel shall be entitled to preferential supply of instruments, medicines, and other facilities and materials necessary for medical practice.

(2) Each medical personnel shall also have the same right as the one under paragraph (1) also to all materials, efforts or means of transportation incidental to rights set forth in paragraph (1).

Article 15 (Prohibition, etc. against Refusal to Give Medical Examination or Treatment)

(1) Medical personnel or a founder of a medical institution may not, upon receiving a request for medical treatment or assistance in childbirth, refuse to render his/her service without any justifiable ground. <Amended by Act No. 14438, Dec. 20, 2016>

(2) Each medical personnel shall give the best treatment to any emergency patient, in compliance with the Emergency Medical Service Act.

Article 16 (Handling of Laundry)

(1) No person, other than medical personnel, medical institutions, or persons who have reported their business to a Metropolitan Autonomous City Mayor, the 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 his/her business of handling laundry from medical institutions prescribed in paragraph (1) (hereafter referred to as "laundry-handling business operator" in this Article) shall conduct education of persons engaged in laundry handling works

prescribed in paragraph (1) on the prevention of infection as prescribed by Ordinance of the Ministry of Health and Welfare and record and maintain the results thereof. <Newly Inserted by Act No. 13107, Jan. 28, 2015>

(4) A laundry-handling business operator 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 business shall file a report thereon with a Metropolitan Autonomous City Mayor, the 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 laundry prescribed in paragraph (1), procedures for reporting business, 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, etc.)

(1) No person may prepare and issue or deliver (limited to an electronic prescription) a medical certificate, a report of postmortem examination, a certificate or a prescription including a physician's or dentist's prescription electronically prepared with a digital signature therein as defined in the Digital Signature Act (hereinafter referred to as "electronic prescription"; hereinafter the same shall apply) 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 a public prosecutor in a district public prosecutors' office (limited to a postmortem examination report) who administers a postmortem examination pursuant to Article 222 (1) of the Criminal Procedure Act, unless he/she is a physician, dentist or oriental medical doctor, who provides medical service and has given the medical treatment or administered the postmortem examinations by him/herself (hereafter only in cases of a postmortem examination report, including physicians who work for any government agency responsible for postmortem examination in this paragraph): Provided, That such certificate or report may be issued for a patient without giving 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 examined a patient or conducted a postmortem examination of the dead patient is unable to issue such certificate or report due to any extenuating circumstance, any other 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>

(2) No one may issue a certificate of birth, death, or stillbirth, unless he/she is a physician, oriental medical doctor, or midwife who provides the medical service and has assisted the childbirth in person: Provided, That if a physician, oriental medical doctor, or midwife who has assisted childbirth is unable to issue a certificate due to any extenuating circumstance, any other physician, oriental medical doctor or

midwife who works for the same medical institution may issue a certificate based on the medical records, etc.

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

(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 a justifiable ground.

(5) The forms of a medical certificate or certificate prescribed in paragraphs (1) through (4), matters to be entered thereon, 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 18 (Preparation and Issuance of Medical Prescriptions)

(1) Each physician or dentist shall, if considered necessary to administer medicine to a patient, issue or dispatch (applicable only to an electronic prescription) a prescription to a patient, as prescribed by Ordinance of the Ministry of Health and Welfare, unless he/she is allowed to prepare medicine by himself/herself pursuant to the Pharmaceutical Affairs Act. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(2) The form of prescription prescribed in paragraph (1), the 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 electronic prescription without any justifiable ground.

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

1. Where he/she is giving medical treatment to 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 them due to extenuating circumstances.

(5) Where a physician, dentist or oriental medical doctor prepares medicine by himself/herself pursuant to the Pharmaceutical Affairs Act and delivers the medicine to a patient, he/she shall write 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 write 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 prepares a prescription prescribed in Article 18 or any drug by himself/herself 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 drug contains the same ingredients with the drug that has been prescribed or administered to a patient;
2. Whether the drug 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 a 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 Acts and subordinate statutes, no medical personnel or person working for a medical institution shall divulge or disclose any person's information he/she becomes aware of in the course of performing medical treatment, assistance in childbirth, or nursing, or preparing and issuing medical certificates, reports on postmortem examination or certificates prescribed in Article 17, preparing and issuing medical 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 conduct a diagnosis or examination of a pregnant woman for the purpose of predicting the gender of a baby, or 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 performing a diagnosis or examination of the fetus or pregnant woman before 32 weeks of pregnancy. <Amended by Act No. 9906, Dec. 31, 2009>

Article 21 (Inspection of Records, etc.)

(1) A patient may request medical personnel, the head of a medical institution, or a person working for a medical institution to allow access to the details of records on himself/herself, such as the inspection thereof or providing a transcript thereof. In such cases, no medical personnel, no head of the medical institution, or no person working for a medical institution shall refuse such request, except in extenuating circumstances. <Newly Inserted by Act No. 14438, Dec. 20, 2016>

(2) Neither medical personnel nor the head of a medical institution nor any person working for a medical institution may release the details of a patient's record or allow the inspection thereof, such as providing a transcript thereof, to a third party, other than the relevant patient. <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 release the details of a patient's record or make them accessible, such as providing a copy thereof, 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>

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 meeting 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 meeting 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 meeting 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, payment, verification of entitlement to and post-management of benefit costs, 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 care benefits, such as the verification of the beneficiaries of medical care benefits, the assessment, payment, post-management, etc. of benefit costs, pursuant to Articles 5, 11, 11-3 and 33 of the Medical Care Assistance Act;

6. Where it is governed by Article 106, 215, or 218 of the Criminal Procedure Act;

7. Where the presentation of a document is ordered, 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 a worker to whom insurance benefits are paid, 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 medical fees covered by 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 allow the inspection of the relevant medical records;

10. Where the director of a regional military manpower office makes requests for the presentation of the medical records and records on medical treatment of a person subject to the examination for judgment on military service, to the head of a medical institution, as he/she deems it necessary for verifying any illness or mental or physical disability in connection with the examination for judgment on military service, pursuant to Article 11-2 of the Military Service Act;

11. Where a mutual-aid association requests a medical care institution prescribed by Article 42 of the National Health Insurance Act to allow the inspection of relevant medical records or to submit necessary data, as it deems it necessary to decide on 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 sends medical records and clinical opinion 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, etc. and Establishment of Related Organizations;

13. Where it is governed by 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 allow the inspection of or issue a transcript of 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 the Government Employees Pension Service requests, pursuant to Article 85 of the Public Officials Pension Act, a medical institution which has a person who is or was a public official to inspect or issue a copy of the matters related to the relevant medical treatment in connection with a review for payment of medical care expenses related to the performance of official duties, accident relief money, disability benefit, or benefits for survivors of a public official;

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 issue a copy of the matters related to 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 he/she deems it necessary for the epidemiological investigation of an infectious disease or epidemiological investigation on vaccination.

(4) Each physician, dentist, or oriental medical doctor working at a medical institution keeping medical records or at a public health clinic to which the medical records are transferred shall verify the fact based on the medical records, when he/she is requested to verify 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 21-2 (Sending, etc. 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 verify 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 the 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 transport 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 of access, installation of a firewall, use of encryption software, and keeping access records in custody, to prevent divulgence, falsification, damage, etc. of information retained 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 retained 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 retain 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 therewith, 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.

Article 22 (Medical Records, etc.)

(1) Medical personnel shall keep books for recording medical treatment, assistance in childbirth, or nursing or others 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) Any medical personnel and founder of a medical institution shall keep medical records, etc. (including electronic medical records under Article 23 (1); hereafter the same shall apply in Article 40 (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>

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

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 therein 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 required for managing, controlling and preserving electronic medical records safely, in compliance with Ordinance of the Ministry of Health and Welfare. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) No one may divulge, alter or destroy any personal information stated in an electronic medical record without any justifiable ground.

Article 23-2 (Standardization, etc. 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 grant certification to 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 obtained certification pursuant to paragraph (2) may mark the details of certification, as prescribed by Presidential Decree. In such cases, no person who has not obtained the certification 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 certifications referred to in paragraph (2);

(5) The Minister of Health and Welfare may perform projects to promote the development of technology and the utilization 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 (Prohibition against Gaining Improper Financial Benefits, etc.)

(1) No medical personnel, no 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 no person working for a medical institution shall receive money, articles, favor, labor, entertainment and other financial benefits (hereinafter referred to as "financial benefits, etc") provided for the promotion of sale, such as selection of drugs, induction to prescribe drugs and maintenance of transactions, from a drug supplier referred to in Article 47 (2) of the Pharmaceutical Affairs Act, or cause any medical institution to receive them: Provided, That this shall not apply to financial benefits, etc. to 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. <Amended by Act No. 13658, Dec. 29, 2015>

(2) No medical personnel, no founder of a medical institution, and no person working for a medical institution shall receive financial benefits, etc. provided for the promotion of sale, such as induction to select and use medical devices and maintenance of transactions, from 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, or cause any medical institution to receive them: Provided, That this shall not apply to financial benefits, etc. to the extent prescribed by Ordinance of Ministry of Health and Welfare, including the provision of a sample. <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 their patients or families thereof with guidance for the method of convalescence or other matters necessary for staying healthy.

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 human 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 ability; 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) therefor: 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, no physician, dentist or oriental medical doctor, in receipt of such request, shall reject it, 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 the actual status of medical personnel and the current status of his/her employment, etc. to the Minister of Health and Welfare every three years from the date on which he/she is licensed 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 fail to complete refresher training referred to in Article 30 (3), the Minister of Health and Welfare may turn down reports 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.

Article 27 (Prohibition against Unlicensed Medical Practices, etc.)

(1) Non-medical personnel are prohibited from performing medical practices, and even medical personnel shall not perform any medical practice other than those licensed: Provided, That any of the following persons may 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 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 for voluntary medical service or a research or pilot project;
3. A student majoring in medical science, dentistry, oriental medical science or nursing.

(2) Non-medical personnel are prohibited from using a title of a physician, dentist, oriental medical doctor, midwife, nurse, or any other title similar thereto.

(3) No person may introduce, make a referral of or solicit a patient to a medical institution or medical personnel for profits, such as exempting or discounting medical expenses to be levied on a patient under the National Health Insurance Act or the Medical Care Assistance Act, offering money, etc. or providing transportation to the general public, or instigate any person to do so: Provided, That it is allowed to conduct any of the following acts: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 9932, Jan. 18, 2010; Act No. 11141, Dec. 31, 2011>

1. Attracting a patient by individually obtaining prior 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 the provisions of 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>

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

Article 28 (Central Association and Its 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 its branches in a Special Metropolitan City, Metropolitan City, Do and Special Self-Governing Province (hereinafter referred to as a "City/Do"), and may have 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, upon the establishment of a branch or sub-branch, submit a report thereon to a Special Metropolitan City Mayor, Metropolitan City Mayor, Do Governor, or the Governor of a Special Self-Governing Province (hereinafter referred to as "Mayor/Do governor"), or the head of a Si/Gun/Gu, without delay.

(7) Each central association shall have an ethics committee to deliberate, and pass a resolution, on requests, etc. for a disposition for disqualification 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, etc. 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, to 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 written in the articles of association of each central association shall be prescribed by Presidential Decree.

(3) A central association shall, whenever it intends to modify its articles of association, obtain permission for such modification 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) Each central association shall, upon a request from the Minister of Health and Welfare for cooperation to improve medical services and public health, cooperate with the Minister of Health and Welfare. *<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 the improvement of 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 modify its articles of association or re-elect its officers. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

Article 33 (Establishment, etc.)

(1) No medical personnel shall provide medical services, unless and until he/she establishes a medical institution in accordance with this Act, and he/she shall provide his/her medical service within the medical institution, except for any of the following cases: *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

1. When he/she gives medical treatment to an emergency patient prescribed in subparagraph 1 of Article 2 of the Emergency Medical Service Act;
2. When he/she gives medical treatment upon a request from a patient or his/her guardian;
3. When the State or the head of a local government requests to do so, as deemed necessary for public interests;
4. When home nursing service is 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 Acts and subordinate statutes 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, intermediate 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, intermediate care hospital or oriental medical clinic, and a midwife may establish 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 Welfare and Health Care Corporation prescribed in the Korea Veterans Welfare.

(3) Any person who intends to establish a medical clinic, dental clinic, oriental medical clinic, or midwifery clinic prescribed in paragraph (2), shall 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 intermediate 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, the Mayor/Do governor may not grant permission for establishment to a medical institution that fails to meet standards for facilities set forth in Article 36. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(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:

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.

(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 location of the medical institution intended to be 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 a 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 34 (Remote Medical Treatment)

(1) Medical persons (limited only to physicians, dentists or oriental medical doctors who engage in medical service) may, notwithstanding Article 33 (1), give remote medical treatment (hereinafter referred to as "remote medical treatment") to furnish medical knowledge or technology to medical personnel in a remote area by using information communication technology, such as computers or visual communication systems.

(2) A person who intends to give or take remote medical treatment 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 gives remote medical treatment (hereinafter referred to as "remote doctor") shall have the same responsibility as when he/she gives direct medical treatment to a patient.

(4) If any of medical personnel, who has performed medical practice following a remote doctor's remote medical treatment, 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) Any person, other than those set forth in Article 33 (1), (2), and (8) who intends to establish a auxiliary medical institution for providing health care to his/her staffs, employees, constituents (including inmates) or their dependents, shall report to the head of a Si/Gun/Gu having jurisdiction over the place where the institution is to be established: 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 established. *<Amended by Act No. 9386, Jan. 30, 2009>*

(2) The procedures for and conditions on a report on and permission for the establishment under paragraph (1), and other necessary matters including the matters necessary for the operation and management of such medical institutions 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 abide by 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>*

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 intermediate 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 supplies for injection by medical institutions;
9. Matters concerning standards for medical treatment of patients, etc. of an infectious disease for medical institutions prescribed in Article 41 (4) of the Infectious Disease Control and Prevention Act.

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

No founder of a medical institution shall cause a public health doctor defined in subparagraph 1 of the Act on the Special Measures for Public Health and Medical Services in Agricultural and Fishing Villages, Etc. to perform medical practices or 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>*

Article 37 (Radiation Generator for Diagnosis)

(1) Any medical institution shall, if it intends to install and operate a radiation generator for diagnosis, 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 a radiation generator for diagnosis installed, shall appoint a person responsible for safety control prescribed by Ordinance of Ministry of Health and Welfare, undergo a periodic inspection and measurement, and control radiation exposure to staff in radiation-related services. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(3) Necessary matters concerning the range of a radiation generator for diagnosis under paragraphs (1) and (2), the matters relating to reporting, inspection, installation, standards for measurement, 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 38 (Installation and Operation of Special Medical Equipment)

(1) A medical institution, which intends to install and operate any medical equipment specified and publicly notified by the Minister of Health and Welfare (hereinafter referred to as "special medical equipment") as necessary for adequate installation and use thereof in the aspect of the policy on public health and medical services, 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 in which any special medical equipment is installed in accordance with paragraph (1), shall undergo 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 determined as non-conforming as a result of an inspection for quality control under paragraph (2).

(4) The Minister of Health and Welfare may entrust the relevant specialized institution with affairs relating to inspections for quality control under paragraph (2), in whole or in part, 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, etc.)

(1) Medical personnel may render medical treatment by making use of facilities, equipment, human resources, etc. of any other medical institution, 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 is not one of its medical staff to give medical treatment for such patient.

(3) In regard of any 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, a medical person who has given 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 Permanent Cessation and Suspension of Medical Services, and Transfer of Medical Records)

(1) The founder of a medical institution, who intends to permanently cease his/her medical services 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), 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) The founder of a medical institution shall, when he/she reports cessation or suspension of his/her medical services prescribed in paragraph (1), transfer all medical records, etc. recorded and 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 successfully obtains approval from the director of the competent public clinic therefor. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(3) Notwithstanding a report referred to in paragraph (1), the head of a Si/Gun/Gu may choose not to accept the report of a medical institution on its permanent cessation of medical services, if he/she judges it 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 permanently ceases or suspends his/her medical services 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 permanent cessation or suspension of medical services provided under paragraph (1), shall take measures prescribed by Presidential Decree, such as ascertainment of whether the founder of the relevant medical institution has taken measures to protect the rights and interests of patients pursuant to paragraph (4). <Newly Inserted by Act No. 14438, Dec. 20, 2016>

Article 41 (Medical Personnel on Duty)

(1) All kinds of hospitals shall have medical personnel on duty necessary to treat emergency patients and inpatients.

(2) Number of medical personnel on duty and the standards for their placement prescribed in 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 its 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 superior general 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 all names by 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 Acts and subordinate statutes 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, etc.)

- (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 or convalescent 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). *<<Term of Validity of the Proviso: December 31, 2013>> <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 medical care benefits pursuant to Article 41 (4) of the National Health Insurance Act, or items excluded from those eligible for medical care 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, etc.)

(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 Kinds of Certificates)

The Minister of Health and Welfare shall determine and publicly notify the standards for items and amount of charges for issuing all kinds 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, etc. of Physicians for Medical Treatment)

(1) A patient and his/her guardian has a right to choose a specific physician, dentist or oriental medical doctor in a general hospital, hospital, dental hospital, oriental medical hospital or intermediate care hospital to request medical personnel to render medical treatment (hereinafter referred to as "elective treatment"), as prescribed by Ordinance of the Ministry of Health and Welfare. 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>*

(2) Any patient who takes elective treatment under paragraph (1) or the guardian of such patient may request to change or terminate elective treatment. In such cases, the head of a medical institution shall respond accordingly to such request without delay.

(3) The head of each medical institution shall furnish patients and their guardians with information on the scope, process and method of elective treatment, 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) No head of each medical institution shall charge any additional expense on a patient or his/her guardian who takes elective treatment under paragraph (1).

(5) Notwithstanding paragraph (4), the head of each medical institution may charge additional expenses, if he/she satisfies certain requirements to provide elective treatment.

(6) The qualification requirements for and scope of physicians, dentists, or oriental medical doctors of medical institutions and medical departments allowed to charge additional expenses pursuant to paragraph (5), and standards for computation of additional expenses 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>*

Article 47 (Preventive Measures against Hospital Infection)

(1) The head of each hospital-level medical institution with facilities at least 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, placement of personnel dedicated to infection control under the conditions prescribed by Ordinance of the Ministry of Health and Welfare, etc. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 11005, Aug. 4, 2011>*

(2) 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 necessary information to or conduct relevant education of persons who perform their duties inside the relevant medical institution, such as patients, patients' guardians, medical personnel, persons working for the medical institution, and security guards defined in subparagraph 3 of Article 2 of the Security Services Industry Act, as prescribed by Ordinance of the Ministry of Health and Welfare. *<Newly Inserted by Act No. 13658, Dec. 29, 2015>*

(3) Matters necessary for the organization and operation of infection control committees, operation of infection control rooms, etc. which are referred to in paragraph (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; Act No. 11005, Aug. 4, 2011>*

Article 48 (Permission, etc. 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 possess the facilities or secure the fund required for the medical corporation to install 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 those under this Act shall use the title of a medical corporation or any other similar name.

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 businesses 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. Fostering of and refresher training for medical personnel and other persons relating to medical services;
2. Research and study on medical services or medical science;
3. Installation and operation of facilities for medical care and welfare for the elderly prescribed in subparagraph 2 of Article 31 of the Welfare of Older Persons 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 for development and operation of medical information systems incidental to the provision of medical services;
7. Other business of operating 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 Civil Act)

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

Article 51 (Revocation of Permission for Establishment)

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

1. If it engages in any business other than those stipulated in the articles of incorporation;
2. If it fails to establish a medical institution within two years after its incorporation;
3. If a medical institution established by a medical corporation has permission for establishment revoked pursuant to Article 64;

4. If it violates an order issued by the Minister of Health and Welfare or a Mayor/Do Governor for supervision;
5. If it engages in any business, other than incidental businesses under Article 49 (1).

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 discover 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) The provisions of the Civil Act, which pertain to incorporated associations, shall apply mutatis mutandis to the matters not prescribed in this Act concerning the National Assembly.
- (6) No person, other than the National Academy, shall use the word "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.

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 Committee for Evaluation of New Medical Technology)

(1) The Minister of Health and Welfare shall establish the Committee for Evaluation of New Medical Technology (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 a 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, etc. 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>

Article 56 (Prohibition, etc. against Medical Service Advertisements)

(1) No person, other than a medical corporation, medical institution, or medical personnel, shall run an advertisement for medical services.

(2) No medical corporation, medical institution, or medical personnel shall run any of the following advertisements for medical services: <Amended by Act No. 9386, Jan. 30, 2009; Act No. 14220, May 29, 2016>

1. Advertisement of new medical technology without going through the evaluation prescribed in Article 53;
2. Advertisement with any content that is likely to mislead consumers by guaranteeing the effect of treatment or in any other way;
3. Advertisement with any content that compares with a function or treatment method of any other medical institution or medical personnel;
4. Advertisement with any content that defames any other medical corporation, medical institution, or medical personnel;
5. Advertisement with any content that directly exposes medical treatment, such as the scene of operation;
6. Advertisement in which any important information, such as serious side effects in relation to the functions of medical personnel or the treatment methods, is omitted;
7. Advertisement that includes any content not accepted objectively or groundless;
8. 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;
9. Advertisement with contents not examined in accordance with Article 57 or different from the contents examined;
10. Domestic advertisements for attracting foreign patients prescribed in Article 27 (3);
11. 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;
12. Any other medical advertisement with any content that causes, or is likely to cause, a serious hazard to the public health, as prescribed by Presidential Decree.

(3) No medical corporation, medical institution, or medical personnel shall run any medical advertisement with false or exaggerated contents.

(4) No medical advertisement shall be run in any of the following methods:

1. Broadcasting prescribed in subparagraph 1 of Article 2 of the Broadcasting Act;
2. Any other method prescribed by Presidential Decree, when necessary to impose a restriction in order to protect the public health and maintain the order in competition within the medical circle, as prescribed by Presidential Decree.

(5) Matters necessary for medical advertisements, including more detailed standards for medical advertisements prohibited pursuant to paragraph (1) or (2), shall be prescribed by Presidential Decree.

(6) 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 corporations, medical institutions, or medical personnel which have violated paragraph (2) 2 through 4, 6, 7 and paragraph (3), he/she shall notify the Fair Trade Commission of the details thereof without delay. *<Newly Inserted by Act No. 14220, May 29, 2016>*

Article 57 (Review of Advertisements)

(1) Each advertisement to be run by any medical corporation, medical institution, or medical personnel by means of any of the following media shall undergo a prior review of the Minister of Health and Welfare in regard to its contents, methods, etc.: *<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>*

1. Newspapers or on-line newspapers referred to in Article 2 of the Act on the Promotion of Newspapers, etc., 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 among outdoor advertisements referred to in subparagraph 1 of Article 2 of the Act on the Management of Outdoor Advertisements, etc. and Promotion of Outdoor Advertisement Industry;
3. Electronic display boards;
4. Internet media prescribed by Presidential Decree.

(2) A person who intends to undergo a review prescribed in paragraph (1) shall pay a certain amount of fees 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 Minister of Health and Welfare may entrust the duty to review prescribed in paragraph (1) to an organization established pursuant to Article 28. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

(4) Criteria and procedures for review referred to in paragraph (1), entrustment of the duty to review referred to in paragraph (3) and other matters necessary for the review of medical advertisements shall be prescribed by Presidential Decree. *<Amended by Act No. 11005, Aug. 4, 2011>*

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 service and the safety of patients.

(2) The Minister of Health and Welfare may entrust affairs pertaining to the accreditation of medical institutions with 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 consolidate evaluations on medical institutions conducted under other Acts and subordinate statutes and permit the accrediting institution to conduct such evaluations.

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 be 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 consolidation of a medical institution evaluation system 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, Methods, etc. of Medical Institutions)

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

1. Patient rights and safety;
2. Activities to promote service quality of medical institutions;
3. Processes and outcomes of medical service provision;
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 for accreditation 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 term of validity of accreditation shall be four years: Provided, That term of 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 term of 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 58-4 (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 an intermediate 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 58-5 (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 means 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 Web site, 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 58-3 (2) of a medical institution which has been accredited.

(2) By utilizing the evaluation results and accreditation levels under Article 58-3 (3), the Minister of Health and Welfare may provide the medical institution with the following administrative and financial support, etc:

1. Designation of tertiary care 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 58-8 (Request to Provide 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 request them to cooperate.

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

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

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

1. Where it has received accreditation or conditional accreditation by fraud or other unlawful means;
2. Where the permission for the establishment of a medical institution has been revoked, or where a medical institution has been ordered to permanently close down pursuant to Article 64 (1);

3. Where a grave fact, which becomes the premise or basis of accreditation or conditional accreditation such as alteration to the type of a medical institution, has changed.
- (2) A medical institution whose accreditation has been cancelled pursuant to paragraph (1) 1, may not file an application for accreditation within one year from the date on which its accreditation or conditional accreditation has been cancelled.

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 permanent closedown 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, etc. of Plan for Supply and Demand for Patient Beds)

- (1) The Minister of Health and Welfare shall establish a basic implementation policy for reasonable supply and demand for available hospital beds. *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*
- (2) A Mayor/Do Governor shall prepare a plan for supply and demand for available hospital beds for a Special Metropolitan City, or each Metropolitan City or a Do, considering the current status of the locality based on the basic implementation policy under paragraph (1), to submit it to 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 may recommend a relevant Mayor/Do Governor to adjust a plan for supply and demand for available hospital beds submitted pursuant to paragraph (2), as prescribed by Ordinance of the Ministry of Health and Welfare, if there is any ground for such recommendation, such as that the plan's non-conformity to the basic implementation policy under paragraph (1). *<Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>*

Article 60-2 (Medical Personnel Supply and Demand Plans, etc.)

- (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 employment training centers for nursing work force for region, which perform the following duties:

1. Survey on the current status of securement of nursing work force for each region and each medical institution;
2. Support in the 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 in the career development for continuous employment of nursing work force;
4. Support in the 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 in employment education of nursing work force.

(2) In order to operate an employment training center for nursing work force in the efficient manner, 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 its operation.

(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, etc. of Business)

(1) The Minister of Health and Welfare or the head of a relevant Si/Gun/Gu may order a medical corporation, medical institution or medical personnel to submit a business report as necessary, or assign a relevant public official to inspect the current status of business, facilities or related documents including the medical records, midwifery records and nursing records, or to ascertain true facts by hearing statements of interested parties. In such cases, no medical corporation, medical institution or medical personnel involved shall reject such order or inspection without justifiable grounds. <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>

(2) A related public official assigned pursuant to paragraph (1) shall carry any identification mark certifying his/her authority and a written order for inspection indicating the period of inspection, scope of inspection, person in charge of inspection, relevant Acts and subordinate statutes, etc. and present them to the relevant person. <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 62 (Accounting Standards for Medical Institutions)

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

(2) A 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 63 (Corrective Order, etc.)

The Minister of Health and Welfare or the head of a relevant Si/Gun/Gu may, fully or partially, restrict or ban the use of facilities and equipment of a medical institution or general hospital, or order it to take necessary measures for rectification, within a deadline, if the medical institution violates Article 15 (1), 16 (2), the latter part of Article 21 (1), Article 21 (2) or (3), 23 (2), 34 (2), 35 (2), 36, 36-2, 37 (1) or (2), 38 (1) or (2), 41 through 43, 45, 46, 47 (1), 56 (2) through (4), 57 (1), 58-4 (2), 62 (2), or if the general hospital, superior general hospital or specialty hospital ceases to meet the requirements prescribed in Article 3-3 (1), 3-4 (1) or 3-5 (2), or if the head of a hospital violates Article 4 (5), respectively. <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>

Article 64 (Revocation, etc. 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 medication institution for a period of up to one year or an order of revocation of permission for its establishment or for the closure of a medical institution, 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>

1. When it fails to commence its service without just ground within three months after reporting on, or obtaining permission for, its establishment;
2. When any medical personnel or person working for a medical institution has a disqualified person provide medical services or has any medical personnel provide medical services not included in the licensed services;
3. When it avoids or hinders the relevant public official's performance of 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 it violates Article 33 (5), (9) or (10), 40, or 56;

6. When it 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 it commits an act in collusion with others, in violation of Article 24 (2) of the Pharmaceutical Affairs Act;

8. When any founder of a medical institution is sentenced to imprisonment without prison labor or heavier punishment on a charge of a fraudulent claim for medical expenses, and such sentence becomes final and conclusive.

(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) The Minister of Health and Welfare may revoke licenses of medical personnel, if they fall under any of the following subparagraphs: Provided, That the licenses of medical personnel who fall 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>

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 certificate, in violation of Article 4 (4);

5. Deleted; <by Act No. 14438, Dec. 20, 2016>

6. Where he/she causes serious hazard to human life or body by violating 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 4, or within three years if the former license was revoked pursuant to paragraph (1) 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>

Article 66 (Suspension, etc. of Qualifications)

(1) The Minister of Health and Welfare may suspend medical personnel's licenses for up to one year, if he/she falls under any of the following subparagraphs. 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>

1. When he/she severely undermines the dignity of medical personnel;

2. When he/she is employed by a person ineligible for establishing a medical institution to perform 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 (1);

6. When he/she has any person, other than a medical technician, perform the duties of a medical technician or assigns a medical technician any job beyond the scope of the technician's job;

7. When he/she makes a claim for medical expenses by fraudulent or other wrongful means, such as falsification or alteration of related documents;

8. Deleted; <by Act No. 11005, Aug. 4, 2011>

9. When he/she receives financial benefits, etc., in violation of Article 23-3;

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) No medical institution shall provide medical services, if its founder receives the disposition of qualification suspension prescribed in paragraph (1) 7, during a period for suspension of qualifications.

<Amended by Act No. 10387, Jul. 23, 2010>

(4) When any medical personnel fail to submit a report referred to in Article 25, the Minister of Health and Welfare may suspend the validity of the license of such person until he/she receives a report from such person. <Newly Inserted by Act No. 10609, Apr. 28, 2011>

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

(6) No disposition ordering the suspension of medical personnel's license prescribed in paragraph (1) shall be rendered if five years (seven years in cases of a disposition ordering the suspension of a license 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 limitation period. <Newly Inserted by Act No. 14220, May 29, 2016>

Article 66-2 (Central Associations' Requests for Disposition for Disqualification)

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 take a disposition disqualifying such person through deliberation and resolution of the ethics committee of the relevant central association.

Article 67 (Dispositions of 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 50 million won on a medical institution, if it falls under any of subparagraphs of Article 64 (1), in lieu of the disposition of suspension of medical service, as prescribed by Presidential Decree, and in such cases, such penalty surcharge shall not be imposed more than three times: Provided, That where any disposition of a penalty surcharge is imposed pursuant to Article 9 of the Act on Fair Labeling and Advertising against the identical violation, the penalty surcharge (including the disposition of suspension of medical services) may be mitigated or may not be imposed. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010; Act No. 14220, May 29, 2016>

(2) The amount of the penalty surcharge prescribed in paragraph (1) to be imposed, depending upon the type, degree, etc. of an offense, and other necessary matters shall be prescribed by Presidential Decree.

(3) If any penalty surcharge prescribed in paragraph (1) is not paid within the deadline, the Minister of Health and Welfare or head of a Si/Gun/Gu shall collect it 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 the 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, each City/Do, and a Si/Gun/Gu shall have medical instructors who shall perform the duties of the relevant public officials 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 a medical institution, medical personnel or patient that he/she becomes aware of in the course of performing his/her duties.

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 an effort to manage the medical system efficiently, 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 the specialized medical departments shall be prescribed by Presidential Decree.

Article 78 (Specialized Nurses)

(1) The Minister of Health and Welfare may, in addition to a license for nurse, accredit a nurse as a specialized nurse. <Amended by Act No. 8852, Feb. 29, 2008; Act No. 9932, Jan. 18, 2010>

(2) The classification and criteria of qualifications for specialized nurses under paragraph (1), the qualification certificate, 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>

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

(1) Any physician, a dentist or oriental medical doctor, who has been licensed to practise in a limited area pursuant to the former 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 (Qualifications of Assistant Nurses)

(1) A person who intends to be an assistant nurse shall be any of the following persons, who has obtained accreditation of qualifications therefor 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 the qualifying examination:

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 its subordinate statutes (including persons expecting the graduation within six months from the date of the national examination for assistant nurses);
2. 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 who has completed the curricula of a national or public assistant training center for assistant nurses prescribed by Ordinance of the Ministry of Health and Welfare as a person recognized to have an equivalent academic background under the Elementary and Secondary Education Act and its subordinate statutes (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 subordinate statutes 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 curricula for training assistant nurses of 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 obtained qualifications of an assistant nurse of a foreign country after completing the curricula for assistant nurses recognized by the Minister of Health and Welfare in the relevant

country, 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 obtain designation from and undergo evaluation conducted 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. <<Enforcement Date: January 1, 2019 (limited to education and training institutions for assistant nurses which are established and operated as at the time this Act enters into force)>>

(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 obtains the designation by fraudulent or illegal means, the designation may be revoked.

(4) Each assistant nurse shall report his/her actual 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 education of 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, 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>

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 former provisions before this Act enters into force, may engage in such profession within his/her place of practice.

(2) The provisions relevant to 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 practice, 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 the curricula on physical therapy following limitation on services to be rendered by a massage therapist as set forth in paragraph (4) at one of special schools 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 educational courses equivalent to, or higher than, a junior high school and two-year or longer courses for massage therapy at a massage therapy institution designated by the Minister of Health and Welfare.

(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 limitations on the business of massage therapists, the standards for the facilities of the places of 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, etc.)

(1) If deemed necessary for improvement of 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 requests 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 standard 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 render 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. Revoking certification pursuant to Article 23-2 (4);
2. Revoking permission for establishment pursuant to Article 51;
3. Cancellation of accreditation or conditional accreditation of a medical institution pursuant to Article 58-9;
4. Issuing an order to ban the use of any facility, equipment, etc. pursuant to Article 63;
5. Revoking permission for the establishment or issuing an order to close down a medical institution pursuant to Article 64 (1);
6. Revoking a license pursuant to Article 65 (1).

Article 85 (Fees)

(1) A person, who intends to have a license or license certificate re-issued, who intends to take the national examination, etc., or who wants to have a radiation generator for diagnosis inspected pursuant to this Act, shall pay a certain amount of fees, as predetermined 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 General of the Korea Center 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 part 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 87 (Penal Provisions)

(1) Any of the following persons shall be punished by imprisonment for a term of 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>

1. A person who leases his/her license certificate to a third person, in violation of Article 4 (4);
2. A person who violates Article 12 (2) or (3), 18 (3), 21-2 (5) or (8), 23 (3), 27 (1), 33 (2) or (8) (including cases to which the aforementioned paragraph shall apply mutatis mutandis pursuant to 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.

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

Article 88 (Penal Provisions)

Any of the following persons shall be punished by a imprisonment for not more than three years or by a fine not exceeding 30 million won:

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 to which the aforementioned paragraph applies mutatis mutandis pursuant to Article 82 (3)), or 69 (3): Provided, That the public prosecution against a person who violates Articles 19, 21 (2), or 69 (3) requires a criminal complaint filed by a victim;
2. A person who violates Article 23-3. In such cases, the acquired financial 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 (Penal Provisions)

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

Article 88-3 Moved to Article 88-2

Article 89 (Penal Provisions)

Any of the following persons shall be punished by imprisonment for not more than one year or by a fine not exceeding ten million won:

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)), 33 (9), 56 (1) through (4), 57 (1), 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.

Article 90 (Penal Provisions)

Any person, who has violated Articles 16 (1) or (2), 17 (3) or (4), or 18 (4), the latter part of Article 21 (1), Article 21-2 (1) or (2), 22 (1) or (2), 26, 27 (2) or 33 (1), (3) (including cases to which the aforementioned paragraph shall apply mutatis mutandis pursuant to Article 82 (3)), or (5) (which refers only to a 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>

Article 91 (Joint Penal Provisions)

Where a representative of a corporation or an agent, employee or other servant of the corporation or an individual commits a violation prescribed in Article 87, 88, 88-2, 89, or 90 in connection with the business of the corporation or the individual, not only shall such violator be punished, but the corporation or the individual shall be punished by a fine under the relevant provisions: 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 to prevent such violation. <Amended by Act No. 10325, May 27, 2010; Act No. 14438, Dec. 20, 2016>

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>

1. A person who fails to provide education prescribed in Article 16 (3);
- 1-2. A person who fails to make explanations to a patient or to obtain a written consent, in violation of Article 24-2 (1);
- 1-3. 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. A person who fails to furnish information on elective treatment, in violation of Article 46 (3);
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>

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.

(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, discontinuation 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 to which the abovementioned paragraph shall apply mutatis mutandis pursuant to 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 to which the abovementioned paragraph shall apply mutatis mutandis pursuant to 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 word "National Academy of Medicine of Korea" or any other similar name, in violation of Article 52-2 (6);
8. A person who fails to comply with a corrective order issued under Article 63 against an offence 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 former 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, etc. for Physicians, etc.)

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, specialized nurse (including qualification for nurse for a specific medical field), or massagist, pursuant to the former 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, etc.)

The medical institutions and massage parlors established pursuant to the former 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, etc.)

The physicians' association, the dentists' association, the oriental medical doctors' association, the midwives' association, and the nurses' association established pursuant to the former 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 former 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 former 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 former 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 former 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 former 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, etc.)

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 former 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 former 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 Medical Care Benefit Expenses)

The medical practices (including non-benefit medical practices) included in the descriptions of medical 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 former 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, etc.)

The offences committed in violation of Article 14 (1) or (2) of the former 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 offences 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, etc.)

The actions taken by or against administrative agencies pursuant to the former 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 Penal Provisions or Administrative Fines)

(1) The acts committed before this Act enters into force shall be governed by the former provisions in applying penal provisions or the provisions pertaining to administrative fines.

(2) The offences committed in violation of Article 14 (3) of the former 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 former provisions in applying penal provisions.

Article 20 Omitted.

Article 21 (Relations with other Acts and Subordinate Statutes)

A citation of the former Medical Service Act, or any provisions thereof, by any other Act and subordinate statute 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 former 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 concerning Penal 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 former 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 former 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 superior general hospital under the amended provisions of Article 3-4 (1).
- (4) A medical institution established by a government-invested institution under the former 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 Penal Provisions and Administrative Fines)

The application of penal provisions and administrative fines for an act committed before this Act enters into force shall be governed by the former provisions.

Article 6 Omitted.

Article 7 (Relation to other Acts and Subordinate Statutes)

Where the former provisions of the Medical Service Act are cited in other Acts and subordinate statutes as at the time this Act enters into force, the corresponding provisions of this Act are deemed cited in lieu of the former 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 former 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 former 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 former 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 former provisions shall apply to those who enroll before certified or non-certified schools specializing in medical science, dentistry, oriental medical science or nursing are announced once or more under paragraph (1).

Article 3 (Transitional Measures concerning Mitigation, etc. of Administrative Disposition)

Notwithstanding the amended provisions of Article 66 (5), the former 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 former 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 former 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 Service 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 former 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 former 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 former 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 penal provisions concerning persons who violate Article 21-2 (5) or (8)), subparagraph 1 (limited to the penal 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 Penal Provisions)

The application of penal provisions against an act committed before this Act enters into force shall be governed by the former 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 former provisions.

Article 5 Omitted.

