



J-1 EMPLOYMENT CONTRACT POLICY OF THE SOUTH DAKOTA DEPARTMENT OF HEALTH

44:63:02:10. Employment contract – Special Program.

- a) Every employment contract shall address all regularly scheduled working hours of the J-1 physician. For example, if the physician is expected to be in the clinic setting for 40 hours a week and on-call for 10 hours per week, all 50 hours must be documented.
- b) All contracts will be reviewed on the basis of a standard 40-hour average workweek per four week period.
- c) For hours spent on-call, our interpretation is that on-call hours are above and beyond the 40-hour average workweek.
- d) Acceptable “public health activities” include providing direct patient care to: 1) South Dakota residents as required by a contract with DOH; 2) patients in the custody of the state, or any governmental unit within South Dakota; and 3) patients at any facility in South Dakota owned and operated by the federal government, such as Indian Health Service, Veterans Administration, or Military. In order to qualify as public health activities, such services must be evidenced in the minimum 3-year employment contract. Administrative services, including teaching and lecturing, do not qualify as public health activities.
- e) Service to an out-of-state resident is permitted only if the out-of-state resident: 1) travels to South Dakota to receive those services; or 2) receives an *unscheduled telemedicine consult*.
- f) A discounted fee clinic, including a "free" clinic, is allowed as an approved alternate setting provided:
 - 1) the facility adopts a *standard, written policy that is non-discriminatory and clearly outlines how discounts will be applied*, with procedures and documentation; and 2) a readable sign, meaning at least 16 point boldface font, is posted in a clearly visible location, such as the clinic waiting room, stating: "Discounts for services are offered based on family size and income." Also:
 - Fees may be set lower than those set forth in rule.
 - Sites should use the United States Department of Health and Human Services federal poverty guidelines issued each spring when designing their discounts (since the guidelines offer only 100% of federal poverty level, such must be doubled to arrive at 200%).