

# INITIATIVE PETITION

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the following proposed law be submitted to the voters of the state of South Dakota at the general election on November 4, 2014, for their approval or rejection pursuant to the Constitution of the State of South Dakota.

**Title:** An initiated measure to require health insurers to include all willing and qualified health care providers on their provider lists.

**Attorney General Explanation:** Some health insurers offer health benefit plans in which the insurer maintains a list of health care providers. Plan members must use listed providers in order to obtain the maximum plan coverage, or to have coverage at all. "Health care providers" include doctors and other licensed health care professionals, clinics and hospitals.

The initiated measure establishes who is entitled to be on the insurer's list of providers. The measure requires that these insurers list all health care providers who are willing, qualified and meet the conditions for participation established by the insurer.

The measure does not apply to all health insurers, nor to certain kinds of insurance and plans including those involving specified disease, indemnity, accident only, dental, vision, Medicare supplement, long-term care or disability income, and workers' compensation.

**The text of the proposed law is as follows:**

FOR AN ACT ENTITLED, An Act to ensure patient choice in the selection of health care providers.

BE IT ENACTED BY THE PEOPLE OF SOUTH DAKOTA:

Section 1. No health insurer, including the South Dakota Medicaid program, may obstruct patient choice by excluding a health care provider licensed under the laws of this state from participating on the health insurer's panel of providers if the provider is located within the geographic coverage area of the health benefit plan and is willing and fully qualified to meet the terms and conditions of participation as established by the health insurer.

Section 2. Terms used in this Initiated Measure mean:

- (1) "Health benefit plan," any hospital or medical expense policy or certificate, hospital or medical service plan, nonprofit hospital, medical-surgical health service corporation contract or certificate, provider sponsored integrated health delivery network, self-insured plan or plan provided by multiple employer welfare arrangements, health maintenance organization subscriber contract of more than six-month duration, or any health benefit plan that affects the rights of a South Dakota insured and bears a reasonable relation to South Dakota, whether delivered or issued for delivery in South Dakota. The term does not include specified disease, hospital indemnity, fixed indemnity, accident only, credit, dental, vision, Medicare supplement, long-term care or disability income insurance, coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, automobile medical payment insurance, or any plan or coverage exempted from state regulation by the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 18;
- (2) "Health insurer," any entity within the definitions set forth in subdivisions 58-17F-1(11), (12), and (15), any entity offering a health benefit plan as defined by § 58-17F-2, all self-insurers or multiple employer welfare arrangements, and self-insured employer-organized associations. The term does not include any entity exempted from state regulation by the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 18;
- (3) "Health care provider," any individual or entity within the scope of the definition of health care provider as defined by subdivision 58-17F-1(9).

**INSTRUCTIONS TO SIGNERS:**

1. Signers of this petition must individually sign their names in the form in which they are registered to vote or as they usually sign their names.
2. Before the petition is filed, each signer or the circulator must add the residence address of the signer and the date of signing. If the signer is a resident of a second or third class municipality, a post office box may be used for the residence address.
3. Before the petition is filed, each signer or the circulator must print the name of the signer in the space provided and add the county of voter registration.
4. Abbreviations of common usage may be used. Ditto marks may not be used.
5. Failure to provide all information requested may invalidate the signature.

NAME	RESIDENCE	DATE/COUNTY
1 SIGN ----- PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER ----- CITY OR TOWN	DATE OF SIGNING ----- COUNTY OF REGISTRATION
<p style="font-size: 2em; font-weight: bold; transform: rotate(-15deg);">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">AUG 30 2013</p> <p style="font-size: 1.2em; font-weight: bold; transform: rotate(-15deg);">S.D. SEC. OF STATE</p>	2 SIGN ----- PRINT	<p style="text-align: right; font-weight: bold;">Filed this <u>30<sup>th</sup></u> day of <u>AUGUST</u>, 2013</p> <p style="text-align: right; font-size: 1.5em; font-weight: bold;">John Sant</p> <p style="text-align: right; font-weight: bold;">SECRETARY OF STATE</p>
	3 SIGN ----- PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER ----- CITY OR TOWN
4 SIGN ----- PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER ----- CITY OR TOWN	DATE OF SIGNING ----- COUNTY OF REGISTRATION

NAME	RESIDENCE	DATE/COUNTY
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SIGN 6 ..... PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER ..... CITY OR TOWN	DATE OF SIGNING ..... COUNTY OF REGISTRATION
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SIGN 16 ..... PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER ..... CITY OR TOWN	DATE OF SIGNING ..... COUNTY OF REGISTRATION

**VERIFICATION BY PERSON CIRCULATING PETITION**

**INSTRUCTIONS TO CIRCULATOR:** This section **must** be completed following circulation and before filing.

Print name of the circulator \_\_\_\_\_ Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I, under oath, state that I circulated the above petition, that each signer personally signed this petition in my presence, that I made reasonable inquiry and to the best of my knowledge each person signing the petition is a qualified voter in the county indicated on the signature line, that no state statute regarding petition circulation was knowingly violated, and that either the signer or I added the printed name, the residence address of the signer, the date of signing, and the county of voter registration.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Signature of Circulator

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

\_\_\_\_\_  
Signature of Officer Administering Oath

\_\_\_\_\_  
Title of Officer Administering Oath