

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 8, 2022, for their approval or rejection pursuant to the Constitution of the State of South Dakota.

Title: An initiated measure expanding Medicaid eligibility.

Attorney General Explanation: Medicaid is a program, funded by the State and the federal government, to provide medical coverage for low-income people who are in certain designated categories. This measure expands Medicaid eligibility in South Dakota. It requires the State to provide Medicaid benefits to any person over age 18 and under 65 whose income is at or below 133% of the federal poverty level and who meets other eligibility requirements in federal law. For people who qualify under this measure, the State may not impose burdens or restrictions that are greater than those imposed on any other group eligible for medical assistance. The State must obtain federal approval of the Medicaid expansion coverage set forth in this measure. Additionally, the South Dakota Department of Social Services must pass rules to implement this measure.

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S.D. SEC. OF STATE

BE IT ENACTED BY THE PEOPLE OF SOUTH DAKOTA.

The text of the proposed law is as follows:

Section 1. That chapter 28-6 be amended by adding a NEW SECTION to read:

28-6-1.2 The state shall provide Medicaid benefits to any person over age 18 and under age 65 whose income is 133% of the federal poverty level or less, using the income methodology of the Medicaid statute at 42 U.S.C. §1396a(a)(10)(A)(i)(VIII) and who meets other nonfinancial eligibility requirements of the federal Medicaid statute. The state may not impose on any such person any greater or additional burdens or restrictions on eligibility, enrollment, or benefits than on any other group eligible for medical assistance.

Within 90 days of voter approval of this Act, the state shall submit a state plan amendment and all other necessary documents, and take all additional steps necessary to seek required approvals from the Centers for Medicare and Medicaid Services to include such persons as a coverage group in South Dakota's Medicaid program.

The Department of Social Services shall promulgate rules pursuant to chapter 1-26 to authorize low-income persons as an eligible population for Medicaid services in this state and any other necessary rule as authorized by §28-6-1 to implement this section.

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
SIGN 1 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY OR TOWN	DATE OF SIGNING COUNTY OF REGISTRATION
SIGN 2 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY OR TOWN	DATE OF SIGNING COUNTY OF REGISTRATION
SIGN 3 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY OR TOWN	DATE OF SIGNING COUNTY OF REGISTRATION
SIGN 4 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY OR TOWN	DATE OF SIGNING COUNTY OF REGISTRATION
SIGN 5 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER CITY OR TOWN	DATE OF SIGNING COUNTY OF REGISTRATION

Filed this 16th day of November 2020

Steve Barnett
SECRETARY OF STATE

INITIATIVE PETITION

NAME	RESIDENCE	DATE/COUNTY
SIGN 6 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 7 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 8 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 9 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 10 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 11 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 12 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 13 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 14 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER _____ CITY OR TOWN	DATE OF SIGNING _____ COUNTY OF REGISTRATION
SIGN 15 _____ 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 am not attesting to any signature obtained by any other person, that I am a resident of South Dakota, 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.

Circulator ID Number (paid circulator only) _____

Signature of Circulator _____

Sworn to before me this _____ day of _____, 20____
(Seal)

[Handwritten Signature]
SECRETARY OF STATE

Signature of Officer Administering Oath _____

My Commission Expires _____

Title of Officer Administering Oath _____