

# State of South Dakota

EIGHTY-EIGHTH SESSION  
LEGISLATIVE ASSEMBLY, 2013

256U0442

## HOUSE BILL NO. 1142

Introduced by: Representatives Wick, Campbell, Conzet, Gibson, Gosch, Greenfield, Haggard (Jenna), Hawks, Heinemann (Leslie), Heinert, Hickey, Lust, Magstadt, Munsterman, Novstrup (David), Rounds, Sly, and Steele and Senators Brown, Begalka, Frerichs, Jensen, Kirkeby, Lederman, Lucas, Maher, Monroe, Olson (Russell), Rampelberg, and Rhoden

1 FOR AN ACT ENTITLED, An Act to promote patient choice in selecting health care providers.

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

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

8 Section 2. Terms used in this Act mean:

9 (1) "Health benefit plan," any hospital or medical expense policy or certificate, hospital  
10 or medical service plan, nonprofit hospital, medical-surgical health service  
11 corporation contract or certificate, provider sponsored integrated health delivery  
12 network, self-insured plan or plan provided by multiple employer welfare  
13 arrangements, health maintenance organization subscriber contract of more than



1 six-month duration, or any health benefit plan that affects the rights of a South  
2 Dakota insured and bears a reasonable relation to South Dakota, whether delivered  
3 or issued for delivery in South Dakota. The term does not include specified disease,  
4 hospital indemnity, fixed indemnity, accident only, credit, dental, vision, Medicare  
5 supplement, long-term care or disability income insurance, coverage issued as a  
6 supplement to liability insurance, workers' compensation or similar insurance,  
7 automobile medical payment insurance, or any plan or coverage exempted from state  
8 regulation by ERISA;

9 (2) "Health insurer," any entity within the definitions set forth in subdivisions  
10 58-17F-1(11), (12), and (15), any entity offering a health benefit plan as defined by  
11 § 58-17F-2, all self-insurers or multiple employer welfare arrangements, and  
12 self-insured employer-organized associations. The term does not include any entity  
13 exempted from state regulation by ERISA;

14 (3) "Health care provider," any individual or entity within the scope of the definition of  
15 health care provider as defined by subdivision 58-17F-1(9).