

On page 2, line 10, of the Introduced bill, remove the overstrikes from "six-month "

On page 2, line 10, of the Introduced bill, after "six-month " delete "twelve-month "

On page 2, line 12, of the Introduced bill, after "care, " insert "short term major medical plan, "

On page 2, line 24, of the Introduced bill, after "individuals;" delete " and"

On page 2, line 27, of the Introduced bill, after "effect" insert "; and

(14) "Short term major medical plan," a major medical policy that is issued for a limited duration of less than twelve months and renewable at the option of the insurer"

On page 2, line 28, of the Introduced bill, after "effect." delete "Section 2. That § 58-17J-1 be AMENDED:

58-17J-1. Definitions.

Terms used in this chapter 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 twelve-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)."