Senate Daily Reader

Wednesday, January 17, 2001

Bills Included				
SB 34	SB 38			

State of South Dakota

SEVENTY-SIXTH SESSION LEGISLATIVE ASSEMBLY, 2001

400E0290

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Senate commerce committee engrossed no. $SB\ 34$ - 01/12/2001

Introduced by: The Committee on Commerce at the request of the Department of Commerce and Regulation

FOR AN ACT ENTITLED, An Act to allow weights and measures inspections to be performed

2	bienni	ally.
3	BE IT EN	NACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:
4	Section	on 1. That § 37-21-18 be amended to read as follows:
5	37-21	-18. Any person who, by himself, or by his servant or agent or as the servant or agent
6	of anothe	r person :
7	(1)	Shall offer or exposes Offers or exposes for sale, sell, use sells, uses in buying or
8		selling of any commodity or thing, or for hire or award, or retain retains in his
9		possession a false weight or measure or measuring or weighing device, or any weight
10		or measure or weighing or measuring device which that has not been sealed by the
11		Division of Commercial Inspection and Regulation within one year two years; or
12	(2)	Shall dispose Disposes of any condemned weight, measure, or weighing or measuring
13		device contrary to law; or
14	(3)	Shall remove Removes any tag placed thereon by the Division of Commercial

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1		Inspection and Regulation; or
2	(4)	Shall sell or offer or expose Sells, offers, or exposes for sale less than the quantity he
3		the person represents; or
4	(5)	Shall take or attempt Takes or attempts to take more than the quantity he the person
5		represents, when as the buyer, he the person furnished the weight, measure, or
6		weighing or measuring device by means of which the amount of the commodity is
7		determined; or
8	(6)	Shall keep Keeps for the purpose of sale, offer or expose offers or exposes for sale,
9		or sell sells any commodity in a manner contrary to law; or
10	(7)	Shall violate Violates any provision of chapters 37-20 to 37-22, inclusive, for which
11		a specific penalty has not been provided; or
12	(8)	Shall sell or offer Sells, offers to sell or use or have, uses, or has in his possession for
13		the purpose of selling or using any device or instrument to be used, or calculated to
14		falsify any weight or measure;
15	is guilty o	of a Class 2 misdemeanor.

State of South Dakota

SEVENTY-SIXTH SESSION LEGISLATIVE ASSEMBLY, 2001

400E0310 SENATE COMMERCE COMMITTEE ENGROSSED NO. SB 38 - 01/12/2001

Introduced by: The Committee on Commerce at the request of the Department of Commerce and Regulation

- 1 FOR AN ACT ENTITLED, An Act to revise health plan coverage requirements for newborns
- and newly adopted children.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:
- 4 Section 1. That § 58-17-30.3 be amended to read as follows:
- 5 58-17-30.3. The coverage for a newly born child from the moment of birth or for a newly
- 6 adopted child, from the beginning of the six-month adoption bonding period, shall consist of
- 7 coverage of injury or sickness including the necessary care and treatment of premature birth and
- 8 medically diagnosed congenital defects and birth abnormalities. The coverage required by this
- 9 section applies to any subsequent health benefit plan that is purchased providing coverage for
- that newly born or newly adopted child if application for the subsequent coverage is made within
- sixty-three days of the termination of the prior coverage. The provisions of §§ 58-17-30.2 to 58-
- 12 17-30.4, inclusive, apply to any individually written health benefit plan issued or renewed by any
- health insurer, health carrier, health maintenance organization, fraternal benefit society, nonprofit
- 14 medical and surgical plan, nonprofit hospital service plan, or other entity providing coverage

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- 1 through a health benefit plan subject to the provisions of this title.
- 2 Section 2. That § 58-18-33 be amended to read as follows:
- 3 58-18-33. The coverage for a newly born child from the moment of birth or for a newly 4 adopted child, from the beginning of the six-month adoption bonding period, shall consist of 5 coverage of injury or sickness including the necessary care and treatment of premature birth and 6 medically diagnosed congenital defects and birth abnormalities. The coverage required by this section applies to any subsequent health benefit plan that is purchased providing coverage for 7 8 that newly born or newly adopted child if application for the subsequent coverage is made within 9 sixty-three days of the termination of the prior coverage. The provisions of §§ 58-18-32 to 58-10 18-34, inclusive, apply to any group health benefit plan issued or renewed by any health insurer, 11 health carrier, health maintenance organization, fraternal benefit society, nonprofit medical and
- 14 Section 3. That § 58-33-85 be amended to read as follows:

benefit plan subject to the provisions of this title.

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58-33-85. Any insurer subject to this chapter, including any group health plan, as defined in section 607(1) of the Employee Retirement Income Security Act of 1974, as amended to January 1, 1994, who are engaged in the business of health insurance is prohibited from denying enrollment of a dependent child, as defined by subdivision 25-7A-1(7), under the health insurance coverage of either the child's natural, adoptive, or stepparents for any of the following reasons:

surgical plan, nonprofit hospital service plan, or other entity providing coverage through a health

- 20 (1) The child was born out of wedlock; or
- 21 (2) The child is not claimed as a dependent on the parent's federal income tax return; or
- 22 (3) The child does not reside with the parent or in the insurer's service area.
- 23 Section 4. That § 58-38-11.7 be repealed.
- 24 58-38-11.7. Any health insurance policy or indemnity type contract issued by a nonprofit

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medical and surgical service plan corporation which offers coverage for a family member of an insured or subscriber shall provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber from the moment of birth or to a newly adopted child of the insured or subscriber from the beginning of the six-month adoption bonding period. The newly born or newly adopted child shall be added to the policy without underwriting and without the imposition of any preexisting waiting period. Any policy or contract issued before July 1, 1984, shall, upon its next anniversary date, also provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber from the moment of birth or to a newly adopted child of the insured or subscriber from the beginning of the six-month adoption bonding period.

11 Section 5. That § 58-38-11.8 be repealed.

58-38-11.8. The coverage for a newly born child from the moment of birth or for a newly adopted child, from the beginning of the six-month adoption bonding period, shall consist of coverage of injury or sickness including the necessary care and treatment of premature birth and medically diagnosed congenital defects and birth abnormalities.

16 Section 6. That § 58-38-11.9 be repealed.

added to the policy or that coverage is to be changed from single or spousal coverage to family coverage. However, the insurer may not require notification sooner than the birth of the child or the start of the adoption bonding period. If the child is added or coverage changed to family coverage before the birth of the child or the start of the adoption bonding period, no additional premium may be charged by the insurer until the birth of the child or the start of the adoption bonding period. The insurer shall take reasonable steps to provide adequate notice to insureds of the need to alter coverage to ensure newborn or adopted children are covered and of the lack

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1 of premium adjustment until the birth of the child or the start of the adoption bonding period. An

insurer is considered to have taken reasonable steps if prominent disclosure of the requirements

of this section are included in a certificate, subscriber contract, evidence of coverage, or

employee handbook if such are provided to all insureds.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child or notification of the start of the six-month adoption bonding period for an adopted child and payment of the required premium or fees be furnished to the nonprofit medical and surgical service plan corporation within thirty-one days after the date of birth or start of the bonding

period in order to have the coverage continued beyond the thirty-one day period.

Section 7. That § 58-40-10.7 be repealed.

58-40-10.7. Any health insurance policy or indemnity type contract issued by a nonprofit hospital service plan corporation which offers coverage for a family member of an insured or subscriber shall provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber from the moment of birth or to a newly adopted child of the insured or subscriber from the beginning of the six-month adoption bonding period. The newly born or newly adopted child shall be added to the policy without underwriting and without the imposition of any preexisting waiting period. Any policy or contract issued before July 1, 1984, shall, upon its next anniversary date, also provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber from the moment of birth or to a newly adopted child of the insured or subscriber from the beginning of the six-month adoption bonding period.

Section 8. That § 58-40-10.8 be repealed.

24 58-40-10.8. The coverage for a newly born child from the moment of birth or for a newly

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adopted child, from the beginning of the six-month adoption bonding period, shall consist of

2 coverage of injury or sickness including the necessary care and treatment of premature birth and

- medically diagnosed congenital defects and birth abnormalities.
- 4 Section 9. That § 58-40-10.9 be repealed.

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58-40-10.9. An insurer may require notice that a newly born or newly adopted child is to be added to the policy or that coverage is to be changed from single or spousal coverage to family

coverage. However, the insurer may not require notification sooner than the birth of the child

8 or the start of the adoption bonding period. If the child is added or coverage changed to family

coverage before the birth of the child or the start of the adoption bonding period, no additional

premium may be charged by the insurer until the birth of the child or the start of the adoption

bonding period. The insurer shall take reasonable steps to provide adequate notice to insureds

of the need to alter coverage to ensure newborn or adopted children are covered and of the lack

of premium adjustment until the birth of the child or the start of the adoption bonding period. An

insurer is considered to have taken reasonable steps if prominent disclosure of the requirements

of this section are included in a certificate, subscriber contract, evidence of coverage, or

employee handbook if such are provided to all insureds.

- 17 If payment of a specific premium or subscription fee is required to provide coverage for a
- 18 child, the policy or contract may require that notification of birth of a newly born child or

19 notification of the start of the six-month adoption bonding period for an adopted child and

20 payment of the required premium or fees be furnished to the nonprofit medical and surgical

service plan corporation within thirty-one days after the date of birth or start of the bonding

22 period in order to have the coverage continued beyond the thirty-one day period.

- 23 Section 10. That § 58-41-35.2 be repealed.
- 24 58-41-35.2. Any health insurance policy or indemnity type contract issued by a health

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maintenance organization which offers coverage for a family member of an insured or subscriber shall provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber from the moment of birth or to a newly adopted child of the insured or subscriber from the beginning of the six-month adoption bonding period. The newly born or newly adopted child shall be added to the policy without underwriting and without the imposition of any preexisting waiting period. Any policy or contract issued before July 1, 1984, shall, upon its next anniversary date, also provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber from the moment of birth or to a newly adopted child of the insured or subscriber from the beginning of the six-month adoption bonding period.

11 Section 11. That § 58-41-35.3 be repealed.

58-41-35.3. The coverage for a newly born child from the moment of birth or for a newly adopted child, from the beginning of the six-month adoption bonding period, shall consist of coverage of injury or sickness including the necessary care and treatment of premature birth and medically diagnosed congenital defects and birth abnormalities.

16 Section 12. That § 58-41-35.4 be repealed.

added to the policy or that coverage is to be changed from single or spousal coverage to family coverage. However, the insurer may not require notification sooner than the birth of the child or the start of the adoption bonding period. If the child is added or coverage changed to family coverage before the birth of the child or the start of the adoption bonding period, no additional premium may be charged by the insurer until the birth of the child or the start of the adoption bonding period. The insurer shall take reasonable steps to provide adequate notice to insureds of the need to alter coverage to ensure newborn or adopted children are covered and of the lack

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of premium adjustment until the birth of the child or the start of the adoption bonding period. An insurer is considered to have taken reasonable steps if prominent disclosure of the requirements of this section are included in a certificate, subscriber contract, evidence of coverage, or employee handbook if such are provided to all insureds.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child or notification of the start of the six-month adoption bonding period for an adopted child and

payment of the required premium or fees be furnished to the nonprofit medical and surgical

service plan corporation within thirty-one days after the date of birth or start of the bonding

10 period in order to have the coverage continued beyond the thirty-one day period.

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