

State of South Dakota

SEVENTY-SIXTH SESSION
LEGISLATIVE ASSEMBLY, 2001

445E0642

SENATE BILL NO. 231

Introduced by: Senators Reedy, Dennert, Duxbury, Ham, Hutmacher, Koetzle, McIntyre, Moore, Sutton (Dan), Symens, and Volesky and Representatives Nesselhuf, Bartling, Bradford, Burg, Davis, Elliott, Flowers, Hanson (Gary), Hargens, Lange, Monroe, Nachtigal, Olson (Mel), Peterson (Jim), Sigdestad, and Van Norman

1 FOR AN ACT ENTITLED, An Act to ensure that covered persons of managed care plans
2 receive certain health care services.

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

4 Section 1. That § 58-17C-1 be amended by adding thereto NEW SUBDIVISIONS to read
5 as follows:

6 "Point of service option," an option for the covered person to choose to receive service from
7 a nonparticipating health care professional or provider;

8 "Primary care practitioner," a health care professional under contract with the managed care
9 plan, who has been designated by the plan to coordinate, supervise, or provide ongoing care to
10 the covered person;

11 "Specialist," a health care professional who falls outside the definition of a primary care
12 practitioner.

13 Section 2. That § 58-17C-8 be amended to read as follows:

1 58-17C-8. A health carrier providing a managed care plan shall maintain a network that is
2 sufficient in numbers and types of providers to assure that all services to covered persons will
3 be accessible without unreasonable delay. Each managed care plan shall permit covered persons
4 to choose their own primary care practitioner from a list of health care professionals within the
5 plan. In the case of emergency services, covered persons shall have access twenty-four hours per
6 day, seven days per week. Sufficiency shall be determined in accordance with the requirements
7 of this section, and may be established by reference to any reasonable criteria used by the carrier,
8 including: provider-covered person ratios by specialty; primary care provider-covered person
9 ratios; geographic accessibility; waiting times for appointments with participating providers;
10 hours of operation; and the volume of technological and specialty services available to serve the
11 needs of covered persons requiring technologically advanced or specialty care.

12 Section 3. That chapter 58-17C be amended by adding thereto a NEW SECTION to read
13 as follows:

14 Each managed care plan shall develop a system to permit covered persons to use a medical
15 specialist primary care practitioner, if the covered person's medical condition warrants it. This
16 may include covered persons suffering from chronic diseases as well as those with other special
17 needs.

18 Section 4. That chapter 58-17C be amended by adding thereto a NEW SECTION to read
19 as follows:

20 Each managed care plan shall offer a point-of-service option. The point-of-service option
21 may require that the covered person in the plan pay a reasonable portion of the costs not to
22 exceed twenty percent of such out-of-plan care.

23 Section 5. That chapter 58-17C be amended by adding thereto a NEW SECTION to read
24 as follows:

1 Each managed care entity has the duty to exercise ordinary care when making health care
2 treatment decisions and is liable for damages to a covered person for harm proximately caused
3 by its failure to exercise ordinary care.