

January 30, 2015

InSession

SOUTH DAKOTA
STATE MEDICAL ASSOCIATION
Values. Ethics. Advocacy.

*Advocating for the Highest Standards in Patient Care,
Practice Management and Professionalism in the State's Capital*

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Weekly Recap

The activity in Pierre has picked up as the final day to introduce individual bills and joint resolutions, which is scheduled for Tuesday, February 3, nears. As week 3 of the 90th Legislative Session comes to a close, 178 bills have been introduced in the House, and 165 bills in the Senate. The SDSMA is currently monitoring 32, supporting 8 and opposing 4. Links to the bills are available in the SDSMA Bill Tracker located below. Of note, the number of bills is current at the time of this publication and the Legislative Research Council (LRC) will continue to review and number bills throughout the day.

HB 1057, An act to make an appropriation to reimburse certain eligible health care professionals, has passed the House by a vote of 67-0 and has been forwarded to the Senate where it will be read and assigned to a committee for its second hearing. HB 1057 was introduced by the Committee on Appropriations at the request of the South Dakota Department of Health (SDDOH). As proposed, this bill appropriates funds for the purpose of reimbursing eligible health care professionals who practice in remote and rural areas. The SDSMA supports this legislation.

HB 1060, An act to make an appropriation to reimburse certain family physicians, physician assistants, and nurse practitioners was also introduced by the Committee on Appropriations at the request of the SDDOH. As proposed, this bill provides funding for the purpose of reimbursing certain family physicians, dentists, physician assistants, and nurse practitioners who practice in a rural area and comply with the requirements of the recruitment assistance program. HB 1060 passed out of the House by a vote of 67-0, and has crossed over to the Senate for further review. The SDSMA supports this legislation.

SB 45, An act to revise the provisions relating to the sale of raw milk, received its initial hearing by the Senate Agriculture and Natural Resources Committee where it was amended and passed by a vote of 7-2. Although most milk and milk products consumed today in the U.S. are pasteurized, an estimated 1-3% of all dairy products consumed are not pasteurized. From 1998 to 2009 alone, consumption of raw milk or milk products in the U.S. resulted in 93 illness outbreaks, 1,837 illnesses, 195 hospitalizations, and 2 deaths. These foodborne illnesses were caused primarily by ingestion of raw milk or milk products contaminated with *Escherichia coli* 0157, *Campylobacter* species, or *Salmonella* species. The SDSMA affirms the AMA's policy that all milk sold for human consumption should be required to be pasteurized (AMA Policy H-150.980 Milk and Human Health) and opposes this legislation.

Introduced by the Committee on Health and Human Services at the request of the South Dakota Board of Medicine and Osteopathic Examiners, SB 63, An act to adopt the Interstate Licensure Compact, was referred to the Senate Health & Human Services Committee where it received its initial hearing. SB 63 passed out of Committee by a vote of 6-0, and after a deferral, the Senate by a vote of 24-10. As proposed, the bill would allow the creation of an Interstate Medical Licensure Compact for the purpose of states working together to expedite the licensure process for physicians who seek licensure in multiple states. The SDSMA believes the Federation of State Medical Boards' Interstate Medical Licensure Compact represents an effort to develop a dynamic, self-regulatory system of expedited licensure in which member states can maintain control of their respective licensure requirements while providing the opportunity for a substantial reduction in the time and energy it takes for physicians to be issued a license in participating states. The SDSMA supports this legislation.

SDSMA Bill Tracker

[HB1015: An act to repeal certain provisions regarding the South Dakota Risk Pool.](#)

Passed House 66-0; read and referred to Senate Appropriations Committee.

SDSMA Position - monitor

[HB1045: An act to revise certain provisions regarding licensure of dentists, and dental hygienists and registration of dental auxiliaries.](#)

Passed both legislative branches; to be delivered to the governor.

SDSMA Position - monitor

[HB1052: An act to revise certain provisions regarding the regulation of insurance holding companies.](#)

Read; referred to House Commerce & Energy Committee; Jan 28 hearing - amended and passed 13-0

SDSMA Position - monitor

[HB1057: An act to make an appropriation to reimburse certain eligible health care professionals.](#)

Passed House 67-0; read and referred to Senate Appropriations Committee.

SDSMA Position - support

[HB1058: An act to revise certain provisions regarding contagious disease control quarantine measures.](#)

Passed House 41-27; read and referred to Senate Health & Human Services Committee.

SDSMA Position - support

[HB1059: An act to allow authorized entities to access immunization information in certain circumstances.](#)

Amended and passed House 45-24; read and referred to Senate Health & Human Services Committee.

SDSMA Position - support

[HB1060: An act to make an appropriation to reimburse certain family physicians, physician assistants and nurse practitioners.](#)

Passed House; read and referred to Senate Appropriations Committee.

SDSMA Position - support

[HB1067: An act to establish maximum reproduction costs for medical records.](#)

Read; referred to House Judiciary Committee; Jan. 28 hearing - deferred.

SDSMA Position - monitor

[HB1078: An act to adopt the South Dakota Nonprofit Corporation Act.](#)

Read; referred House State Affairs Committee; Jan. 28 hearing - deferred.

SDSMA Position - monitor

[HB1079: An act to revise the deadline for the Department of Health's annual report regarding abortions.](#)

Read; referred to House Health & Human Services Committee; Jan 29. Hearing - passed 13-0.

SDSMA Position - monitor

[HB1080: An act to authorize the use of investigational treatments for patients under certain conditions and to restrict certain causes of action arising from investigational treatment.](#)

Read; referred to House Health & Human Services Committee; Jan. 29 hearing - passed 11-2.

SDSMA Position - monitor

[HB1089: An act to ban the practice of female genital mutilation.](#)

Read; referred to House Health & Human Services Committee.

SDSMA Position - monitor

[HB1102: An act to revise certain provisions regarding the regulation of massage therapists.](#)

Read; referred to House Health & Human Services Committee; Feb. 3 scheduled for hearing.

SDSMA Position - monitor

[HB1103: An act to revise certain provisions relating to comparative negligence.](#)

Read; referred to House Judiciary Committee.

SDSMA Position - monitor

[HB1130: An act to prohibit an abortion provider from accepting payment for an abortion prior to the end of the required informed consent period.](#)

Read; referred to House Health & Human Services Committee; Feb. 3 scheduled for hearing.

SDSMA Position - monitor

[HB1133: An act to regulate vision care plans and vision discount plans.](#)

Read; referred to House Commerce & Energy Committee.

SDSMA Position - monitor

[HB1138: An act to revise the penalty for the failure to wear a properly adjusted and fastened safety belt in a passenger vehicle.](#)

Read; referred to House State Affairs Committee.

SDSMA Position - monitor

[HB1151: An act to improve public safety through confidential stress management services for emergency service providers.](#)

Read; referred to House Health & Human Services Committee; Feb. 3 scheduled for hearing.

SDSMA Position - monitor

[HB1155: An act to require that information be provided to a pregnant mother whose child tests positive for Down syndrome.](#)

Read; referred to House State Affairs Committee.

SDSMA Position - monitor

[HB1156: An act to prohibit the performance of abortions due to Down syndrome and to provide a penalty therefor.](#)

Read; referred to House State Affairs Committee.

SDSMA Position - monitor

[HB1158: An act to require that a victim's opposition to the death penalty be presented at a presentence hearing.](#)

Read; referred to House Judiciary Committee.

SDSMA Position - monitor

[HB1160: An act to require a defendant to undergo a mental examination prior to any sentence imposed after a defendant is found guilty but mentally ill.](#)

Read; referred to House Judiciary Committee.

SDSMA Position - monitor

[HB1166: An act to prohibit use of tanning devices by minors.](#)

Read; referred to House Health & Human Services Committee.

SDSMA Position - support

[HB1169: An act to accommodate legislation on medical services.](#)

Read; referred to House State Affairs Committee.

SDSMA Position - monitor

[SB14: An act to provide for the possession and administration of opioid antagonists by first responders for the treatment of drug overdoses.](#)

Passed Senate 33-0; read and referred to House Judiciary Committee; Jan. 30 scheduled for hearing.

SDSMA Position - support

[SB30: An act to revise the review process for rate and policy form filing denials for insurers.](#)

Passed Senate 35-0; read and referred to House Commerce & Energy Committee.

SDSMA Position - monitor

[SB31: An act to revise certain provisions regarding coordination of benefits between health plans.](#)

Passed both legislative branches; to be delivered to the governor.

SDSMA Position - monitor

[SB45: An act to revise certain provisions relating to the sale of unpasteurized raw milk.](#)

Passed Senate 30-4; referred to the House.

SDSMA position - oppose

[SB51: An act to repeal the contingency funds available for unanticipated costs related to medical services and to declare an emergency.](#)

Read; referred to Senate Appropriations Committee.

SDSMA position - monitor

[SB59: An act to establish a state debt collection office.](#)

Read; referred to Senate Commerce & Energy Committee.

SDSMA position - oppose

[SB60: An act to provide newborn screening of inherited and genetic disorders.](#)

Passed Senate 31-4; read and referred to House Health & Human Services Committee.

SDSMA position - support

[SB61: An act to place certain substances on the controlled substances schedule.](#)

Passed Senate 34-0; read and referred to House Health & Human Services Committee; Jan. 29 hearing - passed 13-0.

SDSMA position - monitor

[SB63: An act to adopt the Interstate Medical Licensure Compact.](#)

Passed Senate 24-10; referred to House.

SDSMA position - support

[SB70: An act to require that a mandatory child abuse reporter be present and available to answer questions.](#)

Read; referred to Senate State Affairs Committee; Jan. 28 hearing - passed 9-0.

SDSMA position - monitor

[SB78: An act to authorize counties or medical providers to recover inmate healthcare costs from third party insurers.](#)

Read; referred to Senate Local Government Committee; Jan. 28 hearing - passed 6-0.

SDSMA position - monitor

[SB99: An act to revise certain provisions of the Medicaid contingency fund due to federal legislation, to make an appropriation therefor, and to declare an emergency.](#)

Read; referred to Senate Appropriations Committee.

SDSMA Position - monitor

[SB101: An act to establish certain provisions regarding cancer treatment medication coverage by insurance companies.](#)

Read; referred to Senate Commerce & Energy Committee.

SDSMA Position - monitor

[SB116: An act to authorize the county coroner to charge a fee for certain autopsy reports.](#)

Read; referred to Senate Local Government Committee.

SDSMA Position - monitor

[SB118: An act to provide additional transparency for prescription drug plans.](#)

Read; referred to Senate Commerce & Energy Committee.

SDSMA Position - monitor

[SB121: An act to prospectively repeal the death penalty.](#)

Read; referred to Senate State Affairs Committee.

SDSMA Position - monitor

[SB122: An act to revise provisions related to the death penalty.](#)

Read; referred to Senate State Affairs Committee.

SDSMA Position - monitor

[SB141: An act to accommodate legislation on medical services.](#)

Read; referred to Senate State Affairs Committee.

SDSMA Position - monitor

[SB147: An act to expand Medicaid.](#)

Read; referred to Senate Appropriations Committee.

SDSMA Position - support

On Deck

The activities in Pierre certainly picked up this week as legislators scrambled to deliver legislation to the LRC for review and number assignment before the deadline. Tuesday, Feb. 3 is the final day to introduce individual bills and joint resolutions.

The next two weeks also promise to be busy as all bills must receive their initial hearing as well as floor action if they are to pass from their house of origin over to the “other side.” Crossover Day is Wednesday, Feb. 25.

House bills HB 1155, An act to require that information be provided to a pregnant mother whose child tests positive for Down syndrome, and HB 1156, An act to prohibit the performance of abortions due to Down syndrome and to provide a penalty therefor were introduced by Representative Latterell, District 6. These bills are similar in nature to legislation introduced by Representative Latterell last session. HB 1156 contains a provision within it that dictates that any person found guilty of performing an abortion based on the determination of Down syndrome is guilty of a Class 1 misdemeanor and subject to a civil action by the mother and/or survivors for the amount of \$10,000 each. The South Dakota State Medical Association (SDSMA) agrees with the American Medical Association (AMA) that the issue of support of or opposition to abortion is a matter for individuals to decide, based on personal values or beliefs. However, the SDSMA also agrees with the AMA in its position: (1) to strongly condemn interference by the government or other third parties that causes a physician to compromise his or her medical judgment as to what information or treatment is in the best interest of patients; (2) to work with other organizations, as appropriate, to vigorously pursue legislative relief from regulations or statutes that prevent physicians from freely discussing with or providing information to patients about medical care and procedures or which interfere with the physician-patient relationship; (3) to communicate its continued opposition to any regulation that proposes restrictions on physician-patient communications; and (4) to inform the public as to the dangers inherent in regulations or statutes restricting communication between physicians and their patients. House bills HB 1155 and HB 1156 will likely receive their initial hearings next week. The SDSMA opposes these pieces of legislation.

HB 1166, An act to prohibit the use of tanning devices by minors, was introduced by Senator Tidemann and Representative Munsterman on behalf of the SDSMA. As proposed, HB 1166 would prohibit the use of a tanning device by a minor. There is little doubt that ultraviolet radiation (UVR) is associated with development of skin cancer. The World Health Organization has estimated that in the year 2000, up to 71,000 deaths worldwide were attributed to excessive ultraviolet (UV/UVR) exposure. And in May 19, 2014, the U.S. Food and Drug Administration issued a final order reclassifying sunlamp products and ultraviolet lamps intended for use in sunlamp products from low-risk (Class I) to moderate-risk devices (Class II). The order also requires that sunlamp products carry a visible black-box warning on the device that explicitly states that the sunlamp product should not be used on persons under the age of 18 years. The SDSMA strongly supports this legislation.

SB 59, An act to establish a state debt collection office, was introduced by the Committee on State Affairs at the request of the SD Department of Revenue. As proposed, no person that owes a debt to the state may renew or obtain a professional license, registration, certification, or permit issued by any agency or board or entity of the state of South Dakota. The SDSMA joins a number of other professional organizations in opposing this legislation.

As proposed, SB 147, An act to expand Medicaid, shall expand the medical services program provided for in SDCL 28-6-1 in accordance with the provisions of Title XIX of the federal Social Security Act to include individuals with income up to one hundred thirty-three percent of the federal poverty level plus five percent for the applicable family size. Because South Dakota has not expanded Medicaid, we have the unfortunate situation in which those with incomes below 100 percent of the poverty level are left with no coverage. Thus, the SDSMA believes expanding Medicaid eligibility will provide much needed coverage for those who need it most while ensuring access to care and improving the health and well-being of the newly insured. The SDSMA supports this legislation.

SDSMA PAC – Get Involved

With the mission of promoting public policy that's friendly to health care, the South Dakota State Medical Association Political Action Committee (SDSMA PAC) acts as the political arm of the SDSMA. Joining the SDSMA PAC is important to the medical profession, as the monies raised enable the SDSMA PAC to provide support and help elect pro-medicine candidates at the state level.

The SDSMA PAC has been one of the most influential PACs in the state; however, the SDSMA PAC's continued success depends upon your financial support and personal involvement. [Click here](#) to join SDSMA PAC today to ensure the physician voice continues to be heard as decisions are made in Pierre both now and in the future that will impact how medicine is practiced.

SDSMA Doctor of the Day

The SDSMA Doctor of the Day (DOD) program is responsible for providing a service to legislators and their assistants, and attending any medical emergency situations that may occur at the Capitol in Pierre. The SDSMA DOD program not only provides needed medical services for our legislators, but it also provides for a positive image of physicians and organized medicine.

A special thank you to the following members for volunteering their services to the SDSMA DOD program.

January

- 13: Mary Milroy, MD
- 14: Stephan Schroeder, MD
- 15: Stephan Schroeder, MD
- 16: David Kleinberg, MD
- 20: Robert Allison, MD
- 21: Thomas Huber, MD
- 22: open
- 23: Mary Milroy, MD
- 26: David W. Bean, MD
- 27: Matthew McDougall, MD
- 28: Tom Dean, MD
- 29: Tony Berg, MD
- 30: Daniel Heinemann, MD

February

- 3: Annette Bosworth, MD
- 4: Sassen Kwasa, MD
- 5: Stephan Schroeder, MD
- 6: Benjamin Aaker, MD
- 9: Tad Jacobs, DO
- 10: Robert Nuss, MD and Shawn VanGerpen, MD
- 11: open

February (continued)

- 12: Patricia Peters, MD
- 17: Nicole Poppinga, MD
- 18: Matthew Owens, MD
- 19: Anora Henderson, MD
- 20: Tim Ridgway, MD
- 24: open
- 25: Lucio Margallo, MD
- 26: E. Paul Amundson, MD
- 27: Martin Christensen, MD

March

- 3: David Sandvik, MD, Fatima Kidwai, MD, Kwabena Kwakye, MD and Kerry Blackham, MD
- 4: Mary Jo Olson, MD
- 5: H. Thomas Hermann, MD
- 6: open
- 9: John Jones, MD
- 10: Mary Carpenter, MD
- 11: Keri Orstad, MD
- 12: Susan Anderson, MD
- 13: Amy Hogue, MD
- 30: Greg Wiedel, MD