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South Dakota State Medical Association

LEGISLATIVE ACCOMPLISHMENTS

2026 South Dakota Legislature

Overview

South Dakota's 2026 Legislative Session opened January 13 and continued through March 12, with the 38th legislative day held on March 30. Of the 580 pieces of legislation submitted, SDSMA closely followed 72 of them. In a sign of how busy the session was, the bill total was the largest number of bills in a single session since 1998. The SDSMA and its advocacy team began outreach to legislators and other health care stakeholders prior to the first legislative day, which is critical to establishing and developing relationships necessary to successfully navigate South Dakota's brief 38-day legislative session.

The session began with a flurry of activity and maintained a frenetic pace until the final days. During the nine-week session, the SDSMA worked on a wide range of issues to protect the practice of medicine and to enhance the delivery of medical care. As in recent years, the SDSMA advocated for the passage of multiple bills, but much effort was focused on defeating legislation that would have negatively impacted patients and physicians.

Promoting the art and science of medicine

The South Dakota State Legislature began its 2026 session with Governor Larry Rhoden's State of the State address. Governor Rhoden spoke about the opportunity to address health care challenges via the influx of federal dollars from the Rural Health Transformation Program. He spoke about bringing more services to

rural and remote areas and bolstering technology. He also emphasized the need for strengthening the health care workforce, and his plan to establish the Certified Community Behavioral Health Clinics statewide and create regional EMS hubs.

HB 1068 sought to authorize the dispensing of ivermectin and hydroxychloroquine under a written protocol developed by a physician. The House Health Committee passed the bill over SDSMA opposition, but it died in the House of Representatives, 28-40.

HB 1171 would have required blood donation collectors to ask whether donors have ever received a COVID-19 or mRNA vaccination, and if so, to label the blood bag to indicate as such. The SDSMA was one of many health care organizations that testified against the bill in committee, however, the bill advanced on a 7-5 vote. After aggressive advocacy by the SDSMA and others, the House of Representatives failed to pass the bill, with 23 voting in favor and 42 voting against.

Protecting and improving public health

HB 1056 directs the Department of Health to request a waiver from the US Department of Agriculture to exclude soft drinks from the definition of eligible foods for the Supplemental Nutrition Assistance Program, aligning with the Women, Infants and Children Program. The SDSMA supported incentivizing healthy eating by removing sugary drinks from the list of eligible foods, and the bill passed with wide margins.

HB 1082 removes the eligible charge amount from any student who receives reduced-price meals and shifts the financial responsibility to the state. The SDSMA supported the effort to help ensure children receive much-needed nutritious food for breakfast and lunch.

HB 1163 attempted to prohibit public and private employers, educational institutions, and public services from requiring an individual to receive a mRNA vaccine for treatment of a disease or condition that is the subject of a declared public health emergency. The bill advanced out of the House Health Committee over the opposition of the SDSMA and other health care groups, but failed to pass the House of Representatives, 32-35.

Ensuring access to and delivery of quality medical care

HB 1044 was the vehicle to appropriate \$402 million in federal fund expenditure authority to the Department of Health for implementing the Rural Health Transformation Program in the state. The negotiated amount authorizes the first two years of expenditures outlined in the five-year program. The SDSMA supported the bill, which was the first bill of the legislative session signed by Governor Rhoden.

HB 1081 was an effort to create an exemption from jury duty a licensed health care provider who is providing medical care to a pregnant woman or an individual with a serious medical condition under certain circumstances. The SDSMA was responsive to its physician members that brought the legislation through their representative and supported the bill, but unfortunately, the effort was not successful.

HB 1127 would have expanded the definition of "practitioner" regarding who may supervise a birth center to include certified professional midwives and remove from statute the requirement for birth centers to be located within 30 minutes from a licensed hospital that provides routine birth services. The SDSMA successfully thwarted a similar effort via the administrative rules process in 2024, and this time, the SDSMA provided committee testimony as to why both provisions were problematic and the bill was defeated.

HB 1153 sought to create a provision that a healthcare provider not be required to participate in a medical service that violates their conscience. Health care groups were united in opposition, predicated on the need to put patient care first, and the bill failed.

HB 1212 attempted to increase the penalty for unauthorized abortions by adding a new section to existing statute on homicide and remove criminal liability for pregnant women who receive an abortion. In addition to the health care groups who normally oppose the criminalization of the provision of health care services, many of the traditionally pro-life groups opposed the bill as well, and it was defeated.

SB 89 creates a task force to review the feasibility of designating Emergency Medical Services as an essential service with its associated expense, including the use of Rural Health Transformation Funds. The SDSMA supports finding additional ways to fund EMS and hopes the task force will identify such opportunities.

Advocating on other legislative priorities

HB 1183 extends immunity to a person requesting medical assistance for someone because of a drug-related overdose. Much like the original legislation that provided protections to the individual experiencing the drug-related overdose, the SDSMA supported this Good Samaritan legislation, which passed with broad support.

HB 1199 attempted to reform the preauthorization process for health care professionals by creating an exemption for those with a record of having at least 90 percent of their requests being approved by the insurer during a 12-month period. Discussions among the supporters, opponents, and legislators indicated the bill was unlikely to pass in that form. The bill was heavily amended to remove the "Gold Card" process and replace it with a framework requiring health insurers to create an annual utilization review and submit it to the state Division of Insurance to determine whether continued prior authorization for a service or procedure is warranted. The SDSMA testified in support of the bill, in its original and amended forms, which passed easily.

SB 233 was an effort brought by the SDSMA that aimed to protect independent physicians by prohibiting health carriers from assigning fees or penalties on facilities for care involving out-of-network physicians. Legislators were persuaded by health insurer testimony that premium rates would increase if the bill became law, and the bill failed the Senate Health Committee.

Want to learn more? Contact the SDSMA at 605.336.1965 or visit www.sdsma.org