

AN ACT

ENTITLED, An Act to make an appropriation to reimburse certain family physicians, dentists, physician assistants, and nurse practitioners who have complied with the requirements of the recruitment assistance program and to declare an emergency.

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

Section 1. There is hereby appropriated from the general fund the sum of three hundred eighty-one thousand seven hundred sixty-six dollars (\$381,766), or so much thereof as may be necessary, to the Department of Health for the purpose of reimbursing one family physician, two dentists, one physician assistant, and two nurse practitioners who have, in the determination of the department, met the requirements of § 34-12G-3.

Section 2. The secretary of the Department of Health shall approve vouchers and the state auditor shall draw warrants to pay expenditures authorized by this Act.

Section 3. Any amounts appropriated in this Act not lawfully expended or obligated shall revert in accordance with the procedures prescribed in chapter 4-8.

Section 4. Whereas, this Act is necessary for the support of the state government and its existing public institutions, an emergency is hereby declared to exist, and this Act shall be in full force and effect from and after its passage and approval.

An Act to make an appropriation to reimburse certain family physicians, dentists, physician assistants, and nurse practitioners who have complied with the requirements of the recruitment assistance program and to declare an emergency.

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I certify that the attached Act originated in the

HOUSE as Bill No. 1060

Chief Clerk

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Speaker of the House

Attest:

Chief Clerk

President of the Senate

Attest:

Secretary of the Senate

House Bill No. 1060
File No. _____
Chapter No. _____

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Received at this Executive Office this ____ day of _____ ,

20____ at _____ M.

By _____
for the Governor

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The attached Act is hereby approved this _____ day of _____ , A.D., 20__

Governor

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STATE OF SOUTH DAKOTA,
ss.

Office of the Secretary of State

Filed _____ , 20____
at _____ o'clock __ M.

Secretary of State

By _____
Asst. Secretary of State