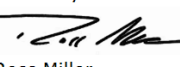


JN
FILED 04.01.2010

Office of the
Secretary of State

Ross Miller
Elections Division

Initiative Petition***State of Nevada***

The People of the State of Nevada do enact as follows:

Article 1 of the Constitution of the State of Nevada is amended BY THE ADDITION OF A NEW SECTION TO READ:

Section 23. Right to health care freedom.

- (1) This amendment shall be commonly referred to as the Nevada Health Care Freedom Act.
- (2) No statute, regulation, resolution or policy adopted or enforced by the State of Nevada, its departments and agencies independently or at the instance of the United States shall require any person to participate in any public or private health benefit plan or system, deny, restrict or penalize the right of any person to make or receive direct payments for lawful health benefit services, nor deny, restrict or penalize the right of any person to purchase and use health insurance products or other health benefit plans or systems legal for sale in any other state where such plans or systems are duly licensed or otherwise qualified and in good standing in the provider's home state.
- (3) This section shall not apply to, affect or prohibit: (a) emergency services required by law to be provided or performed by hospitals, health facilities or other health practitioners; or (b) health benefits provided in connection with worker's compensation or other similar insurance; or (c) any statute, regulation, resolution, or policy in effect as of January 1, 2010.
- (4) "Lawful health care services" means any service or treatment permitted or not prohibited by any provision of law.
- (5) This section is intended to reflect and affirm the powers reserved to the state by Article X of the Constitution of the United States and to implement the powers reserved to the People by Article IV of the Constitution of the State of Nevada.
- (6) This section shall become effective upon proclamation by the Governor, shall be self implementing in all respects and shall supersede any provision to the contrary in the Constitution of the State of Nevada or any other provision of law.
- (7) If any provision of this section or the application thereof to any person, entity or circumstances is held invalid, such invalidity shall not affect other provisions or applications of this section which can be given effect without the invalid provision or application, and to this end the provisions of this section are declared severable.

DESCRIPTION OF EFFECT

"If passed by the voters of Nevada in two successive elections, the Nevada Health Care Freedom Act would constitutionally guarantee the rights of the citizens of Nevada to seek legal health care services from the health care provider of their choice, while being free from forced participation in any government health care plan or system not of their choosing.

The Nevada Health Care Freedom Act would ensure the relationship between patients and the doctor of their choice. With the passage of the Nevada Health Care Freedom Act, a government program for health care could not mandate a Nevada citizen's health care treatments, choice of caregiver, or forced financial participation.

The Nevada Health Care Freedom Act would not apply to any statute, regulation, resolution, or policy in effect prior to January 1, 2010. It would have no impact on Nevada's workers compensation plan.

County of _____ (Only registered voters of this county may sign below)

			Petition District
1	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY
2	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY
3	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY
4	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY
5	PRINT YOUR NAME (first name, initial, last name)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY

DESCRIPTION OF EFFECT

(Insert 200 words or less description of the effect)

6	PRINT YOUR NAME (first name, last name, middle initial)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY
7	PRINT YOUR NAME (first name, last name, middle initial)	RESIDENCE ADDRESS ONLY	
	YOUR SIGNATURE DATE / /	CITY	COUNTY

Place Affidavit on last page of document.**THE FOLLOWING AFFIDAVIT MUST BE COMPLETED AND SIGNED.*****AFFIDAVIT OF CIRCULATOR***

(TO BE SIGNED BY CIRCULATOR)

STATE OF NEVADA)
)
COUNTY OF _____)

I, _____, (print name), being first duly sworn under penalty of perjury, depose and say: (1) that I reside at _____
(print street, city and state); (2) that I am 18 years of age or older; (3) that I personally circulated this document; (4) that all signatures were affixed in my presence; (5) that I believe each person who signed was at the time of signing a registered voter in the county of his residence; (6) that the number of signatures affixed thereon is _____; and (7) that each person who signed had an opportunity before signing to read the full text of the act or resolution on which the initiative or referendum is demanded.

Signature of Circulator

Subscribed and sworn to or affirmed before me this

_____ day of _____, _____, by _____.

Notary Public or person authorized to administer oath