

150th General Assembly
January 2019 to June 2020
Health Care Industry Related Legislation

To view the bill and the current status, click on the Bill#.

Delaware Senate Bills:

SB 8

Introduced on: 1/17/2019

An Act to amend Title 19 and Title 29 of the Delaware Code and Chapter 280, Volume 81 of the Laws of Delaware relating to **Collective Bargaining for State Employees**. This Act makes compensation a mandatory subject of bargaining for any group of employees who have joined together for purposes of collective bargaining and certified a labor organization to serve as the group's exclusive collective bargaining representative. This Act also eliminates any deadline for reaching an agreement pertaining to compensation. Finally, this Act repeals a portion of Section 8 of Chapter 280 of Volume 81 of the Laws of Delaware, the Fiscal Year 2019 Budget Act, that pertains to the collective bargaining process repealed by Section 2 of this Act.

Status: Substituted in Senate

DHA Position: No Position

SS 1 for SB 8

Introduced on: 3/26/2019

An Act to amend Title 19 and Title 29 of the Delaware Code and Chapter 280, Volume 81 of the Laws of Delaware relating to **Collective Bargaining for State Employees**. This Act eliminates the set bargaining unit classifications established in 19 Del. C. § 1311A(b) and allows exclusive representatives of bargaining units to work with the Secretary of the Department of Human Resources to organize or consolidate bargaining units in a manner in which they can agree for purposes of collective bargaining. It also eliminates the requirement that exclusive bargaining representatives of exclusive bargaining units form a coalition for collective bargaining. The Act eliminates the provision allowing for an employee organization to seek to be certified for unrepresented employees. The Act provides that parties may engage in collective bargaining for compensation in conjunction with or separately from collective bargaining for terms and conditions. It requires that the negotiation of collective bargaining agreements be staggered over time while providing that collective bargaining agreements currently in place remain in place until they expire by their own terms. While the Act allows for exclusive representatives to bargain for different pay rate increases, it prohibits the compensation of bargaining units from exceeding the pay ranges for each pay grade as established each year in the appropriations act. In addition, it retains the existing scope of bargaining contained in 19 Del.C. Section 1311A(a). Finally, this Act makes technical revisions to conform with the Delaware Legislative Drafting Manual.

Status: Signed into Law 5/30/19

DHA Position: No Position

SB 15 with SA 1**Introduced on: 1/24/2019**

An Act to amend Title 16 of the Delaware Code relating to the **Provision of Information about Lyme Disease**. This Act, modeled on similar laws in Virginia and Maryland, requires a health-care provider to provide notice to a patient at the time blood is drawn to perform a laboratory test for Lyme disease that explains the limitations of the test and instructs the patient to see their health-care provider if the patient continues to experience unexplained symptoms. This Act is consumer and patient friendly. **SA 1** revises the language in the notice provided to patients and sunsets this Act in 3 years, unless extended by the General Assembly.

Status: Signed into Law 8/21/19

DHA Position: Opposed

SB 17**Introduced on: 1/24/2019**

An Act to amend Title 18 of the Delaware Code relating to **Genetics Based Discrimination**. The use of genetic information in disqualifying coverage for non-health insurance products, such as disability insurance and longterm care insurance, is a gap in the protection provided by the federal Genetic Information Nondiscrimination Act. As a result, patients who seek genetic counseling to determine whether they may be at risk for certain diseases, such as genetic testing for the BRCA gene to determine predisposition for breast and prostate cancers, are cautioned that a positive result could result in the person being denied insurance. The potential denial of insurance has a chilling effect on patients seeking genetic testing, blocking them from being proactive by putting in place a preventative care plan that would reduce the likelihood of them getting the specific disease in the future. This Act follows the lead of other states and prohibits discrimination based upon genetic characteristics and information in the issuance or renewal of disability and longterm care insurance. This Act also provides a notice requirement if an insurer requires a genetic test. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1** which removes language that is not applicable in Delaware was placed with the Bill.

Status: Introduced and Assigned to Banking, Business & Insurance Committee in Senate

DHA Position: Support

SB 19**Introduced on: 1/24/2019**

An Act to amend Title 24 of the Delaware Code relating to the **Offer of an Ultrasound Before Terminating a Pregnancy**. This Act requires a physician to offer a patient ultrasound imaging and auscultation of fetal heart tone services before terminating a pregnancy and provides civil and criminal penalties for the failure of a physician to comply with this requirement. The patient is free to choose not to view the ultrasound or listen to the heartbeat. This Act is known as "The Woman's Ultrasound Right to Know Act."

Status: Introduced and Assigned to Sunset Committee in Senate

DHA Position: No Position

SB 21**Introduced on: 1/24/2019**

An Act to amend Title 24 of the Delaware Code relating to **Unborn Children**. The Act protects the life of the unborn child at a time when the potential for the child to survive outside the womb increases, especially with the advancement of medical procedures. Specifically, this Act repeals the current sections of the Delaware Code relating to termination of human pregnancy and enacts The Pain-Capable Unborn Child Protection Act. Substantial medical evidence exists that an unborn child is capable of experiencing pain by 20 weeks after fertilization. As set forth in this Act, the General Assembly has the constitutional authority to make this judgment under decisions by the U.S. Supreme Court decisions. In enacting The

Pain-Capable Unborn Child Protection Act, Delaware is not asking the U.S. Supreme Court to overturn or replace the holding in Roe v. Wade. Rather, it asserts a separate and independent compelling state interest in unborn human life that exists once the unborn child is capable of experiencing pain.

Status: Introduced and Assigned to Sunset Committee in Senate

DHA Position: No Position

SB 24

Introduced on: 3/6/2019

An Act to amend Title 16 of the Delaware Code relating to **Medical Marijuana**. This Act allows a patient to qualify for a valid registry identification card to purchase and use medical marijuana for any condition that a physician certifies that medical marijuana would likely provide a therapeutic or palliative benefit. This Act removes the requirement that only certain specialists may certify the use of medical marijuana if the patient is younger than 18 years old. This Act retains the requirement that qualifying patients younger than 18 years old may only receive marijuana oil.

Status: Substituted in Senate

DHA Position: Opposed

SS1 for SB 24 with SA 1

Introduced on: 6/4/2019

An Act to amend Title 16 of the Delaware Code relating to **Medical Marijuana**. This Substitute differs from Senate Bill No. 24 by requiring a patient to apply for a compassionate use medical marijuana card when a doctor recommends medical marijuana to a patient who does not have a qualifying debilitating medical condition. To apply for a compassionate use card, this Substitute requires: 1. The patient, or it under age 18, the patient's parent or legal guardian, submit a signed statement attesting to the patient's informed consent to try a treatment that does not have medical evidence of effectiveness. 2. The patient's physician certify that the patient has a severe and debilitating condition, current standard care practices and treatments have been exhausted, and there are grounds to support that the patient may benefit from this treatment. The physician must periodically re-evaluate the efficacy of the medical marijuana treatment. This Substitute also requires that a registry identification card state the type of card that is issued to clearly identify qualifying adult patients, qualifying pediatric patients, designated caregivers, and compassionate use patients. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1** clarifies that the Department of Health and Social Services may establish intervals of different lengths for re-evaluation of the conditions for which a patient receives a compassionate use registry identification card.

Status: Signed into Law 9/10/19

DHA Position: No Position

SB 25

Introduced on: 2/28/2019

An Act to amend Title 11, 16 and 30 of the Delaware Code relating to **Delivery & Sales of Tobacco Products**. This Act restricts access to tobacco products and tobacco substitutes to individuals under age 21 by doing all of the following: 1. Prohibits sales of tobacco products or tobacco substitutes to individuals who are under 21. 2. Imposes a civil penalty for sales to individuals between the ages of 18 and 21. 3. Repeals the ability of a parent or guardian to purchase tobacco products or tobacco substitutes for a minor. 4. Revises the framework by which an employer may use an affirmative defense to the improper sale of tobacco products or tobacco substitutes, aligning the affirmative defense with the minimum age increase. 5. Adopts best practices for enforcement measures by modifying the prohibition against the purchase of tobacco products by minors. 6. Prohibits individuals under age 21 from entering vapor establishments. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1** allows employees under age 21 who are employed by

a vapor establishment on the effective date of this Act to continue working at the vapor establishment if the vapor establishment provides the required documentation to the Division of Alcohol and Tobacco Enforcement. This Amendment also makes this Act effective 90 days after enactment. **SA 2** revises the definitions of "tobacco product" and "tobacco substitute" for clarity and makes corresponding changes to related statutes. **SA 1 and SA 2** were placed with the Bill.

Status: Substituted in Senate

DHA Position: No Position

SS1 for SB 25

Introduced on: 3/19/2019

An Act to amend Title 11, 16 and 30 of the Delaware Code relating to **Delivery & Sales of Tobacco Products**. This Act restricts access to tobacco products and tobacco substitutes to individuals under age 21 by doing all of the following: 1. Prohibits sales of tobacco products or tobacco substitutes to individuals who are under 21. 2. Imposes a civil penalty for sales to individuals between the ages of 18 and 21. 3. Repeals the ability of a parent or guardian to purchase tobacco products or tobacco substitutes for a minor. 4. Revises the framework by which an employer may use an affirmative defense to the improper sale of tobacco products or tobacco substitutes, aligning the affirmative defense with the minimum age increase. 5. Adopts best practices for enforcement measures by modifying the prohibition against the purchase of tobacco products by minors. 6. Prohibits individuals under age 21 from entering vapor establishments. This Substitute Bill differs from Senate Bill No. 25 as follows: 1. Revises the definitions of "tobacco product" and "tobacco substitute" for clarity and makes corresponding changes to related statutes. 2. Allows employees under age 21 who are employed by a vapor establishment on the effective date of this Act to continue working at the vapor establishment if the vapor establishment provides the required documentation to the Division of Alcohol and Tobacco Enforcement. 3. Makes this Act effective 90 days after enactment. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 4/17/19

DHA Position: Support

SB 27 with SA 1

Introduced on: 3/6/2019

An Act to amend Title 24 of the Delaware Code relating to **Nursing**. This Act, named the Share the Care Act, permits an individual employed by a personal assistance services agency to administer medications to an adult individual who resides in the individual's own home if a responsible caregiver does the following: 1. Authorizes the direct care worker to do so. 2. Prepackages the medication by date and time. 3. Provides written instructions regarding the administration procedure. 4. Enters into an agreement with a personal assistance services agency governing the administration of the medication by the direct care worker. **SA 1** (1) Exempts controlled substances listed on Schedule II and IV from medications that can be administered by a direct care worker under this Act. (2) Clarifies the packaging instructions and increases the information that must be on each medication the direct care worker is to administer. (3) Requires that before administering medication under this Act, a direct care worker must complete a training program on the administration of medications that is approved by the Secretary of the Department of Health and Social Services ("Department"). (4) Requires that a direct care worker provide the documentation the worker keeps regarding administered medications to the personal assistance services agency that employs the worker and that the agency retains the documentation and makes it available to the Secretary of the Department of Health and Social Services on request. (5) Delays the implementation of this Act until the earlier of 1 year from the date of the Act's enactment or the promulgation of final regulations to implement this Act by the Secretary and the publication of notice in the Register of Regulations that regulations required to implement this Act have been promulgated.

Status: Signed into Law 6/13/19

DHA Position: No Position

SB 28

Introduced on: 3/6/2019

An Act to amend Title 21 of the Delaware Code relating to **Penalties for Unlawfully Parking in an Area Designated for or Using the Privileges of an Individual with a Disability**. This Act increases the penalties for parking in an area designated for a vehicle being used by an individual with a disability. For a first offense this Act increases the monetary penalty from \$100 to \$200. For a subsequent offense, this Act increases the monetary penalty from \$200 to \$300. The offenses subject to these increased penalties are included without change in lines 4 through 27 to add context. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 6/5/19

DHA Position: No Position

SB 29

Introduced on: 3/6/2019

An Act to amend Title 21 of the Delaware Code relating to **Penalties for Unlawfully Parking in an Area Designated for or Using the Privileges of an Individual with a Disability**. This Act increases the penalties for parking in an area designated for a vehicle being used by an individual with a disability. For a subsequent offense, this Act increases the potential minimum imprisonment from 10 days to 15 days and the potential maximum imprisonment from 30 days to 35 days. The offenses subject to the increased penalty are included without change in lines 4 through 27 to add context. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Introduced and Assigned to Transportation Committee in Senate

DHA Position: No Position

SB 32 with SA 1

Introduced on: 3/14/2019

An Act to amend Title 6 of the Delaware Code relating to **Patient Brokering**. This Act prohibits the practice known as patient brokering, which is the practice where patient brokers are paid a fee to place insured people in treatment centers so that the treatment centers receive thousands of dollars in insurance claim payments for each patient. Increasingly, patient brokers fraudulently enroll patients in low-deductible health plans with out-of-network treatment benefits. Patient brokers target individuals with substance use disorders, who are told that they are receiving their treatment through a scholarship. Not only does this perpetrate fraud against insurers, when insurance plans are terminated for nonpayment of the premium, individuals are discharged from the treatment program with no services or housing and often in a state that is far from home. **SA 1** Identifies additional kinds of payments that are not prohibited, uses enforcement language that is consistent with other chapters in Title 6, and clarifies that this Act does not modify any requirements under State or federal mental health parity laws.

Status: Signed into Law 8/14/19

DHA Position: No Position

SB 33

Introduced on: 3/12/2019

An Act to amend Title 24 of the Delaware Code relating to **Professions and Occupations**. This Act authorizes a 1-time tax credit in the amount of a fee for a new license under Title 24 for an individual who is 25 years or younger, or whose income is equal to or less than 130% of the federal poverty guideline. The tax credit eases the financial burden on young and low-income workers entering licensed occupations. The tax credit applies only to initial, or first-time, licenses, and in the tax year in which the

fee is charged. It does not apply to other fees, such as license renewal, reciprocity, late payment, or a request for change of status.

Status: Stricken in Senate

DHA Position: No Position

SB 34 with SA 1

Introduced on: 3/12/2019

An Act to amend Title 16 of the Delaware Code relating to **Creating a Prescription Opioid Impact Fund**. This Act creates a Prescription Opioid Impact Fund (“Fund”) through a prescription opioid impact fee (“Fee”) that is paid by pharmaceutical manufacturer. The anticipated revenue from the Fee is \$2.8 million in 2020, \$2.7 million in 2021, and \$2.5 million in 2022.: 1. The fee is based on the total of the Morphine Milligram Equivalent (“MME”) in each manufacturer’s products dispensed in Delaware, based upon data already reported to the Prescription Monitoring Program (“PMP”). The PMP data contains the mandatory reports by pharmacists of every prescription opioid dispensed in the State. The PMP data does not include prescription opioids administered in hospitals, provided directly to patients by hospice, or dispensed by veterinarians. 2. The fee is assessed on manufacturers who exceed a threshold of 100,000 MMEs dispensed each quarter. 3. The Fee is calculated at a rate of either 1 penny per MME for a name brand prescription opioid dispensed and reported in the PMP or ¼ of a penny per MME for a prescription opioid that is a generic. The Act also provides that Secretary of the Department of Health and Social Services, after receiving recommendations from the Behavioral Health Consortium, the Addiction Action Committee, and the Overdose System of Care Committee, will award grants and contracts from the money in the Fund for the following activities: 1. Opioid addiction prevention. 2. Opioid addiction services, including the following: 3. Inpatient and outpatient treatment programs and facilities, including short-term and long-term residential treatment programs and sober living facilities. 4. Treating substance use disorder for the under-insured and uninsured. 5. Emergency assistance relating to prescription opioids, including purchasing Naloxone. 6. Administrative costs of implementing the Fee and Fund, up to 15% of the amount in the Fund. Finally, this Act expires in 5 years, unless terminated sooner or extended by the General Assembly, so that the Fee is only continued if it is effective and is not creating negative unintended consequences. **SA 1** corrects a typographical error and allows money deposited in the Prescription Opioid Impact Fund to be used to support peer support programs.

Status: Signed into Law 6/12/19

DHA Position: No Position

SB 35

Introduced on: 3/12/2019

An Act to amend Title 16 of the Delaware Code relating to **Health Insurance Contracts**. This Act revises Delaware Insurance Code provisions related to the individual and group health insurance markets to directly incorporate into Delaware law the Patient Protection and Affordable Care Act’s consumer protections related to the following: (1) The prohibition of preexisting condition provisions. (2) Guaranteed issue and availability of coverage. (3) Permissible rating factors. This Act also ties references in Delaware law to the Patient Protection and Affordable Care Act to that law as it was in effect on January 1, 2018. This ensures the ACA’s core consumer protection provisions will remain in place during the uncertainty surrounding the ACA in light of recent court challenges. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 8/6/19

DHA Position: Support

SB 37**Introduced on: 3/21/2019**

An Act to amend Title 4, 10, 11 and 16 of the Delaware Code relating to **Expungement of Records of Adult Arrest and Conviction**. At present, Delaware allows adults to petition to have a record expunged in only 2 circumstances: (1) for an arrest that did not lead to conviction and (2) after a pardon is granted – but for certain misdemeanor offenses only. Under this Act, a person may have a record expunged through a petition to the State Bureau of Identification (SBI) for (1) charges resolved in favor of the petitioner; (2) a record that includes violations only after the passage of 3 years; and (3) after 5 years for some misdemeanors.

Status: Substituted in Senate

DHA Position: No Position

SS 1 for SB 37 with SA 1**Introduced on: 4/15/2019**

An Act to amend Title 4, 10, 11 and 16 of the Delaware Code relating to **Expungement of Records of Adult Arrest and Conviction**. At present, Delaware allows adults to petition to have a record expunged in only 2 circumstances: (1) for an arrest that did not lead to conviction and (2) after a pardon is granted – but for certain misdemeanor offenses only. Under this Act, a person may have a record expunged through a petition to the State Bureau of Identification (SBI) for (1) charges resolved in favor of the petitioner; (2) a record that includes violations only after the passage of 3 years; and (3) some misdemeanors after 5 years. **SA 1** makes an individual ineligible for an expungement of a felony offense if the individual has previously had a felony conviction expunged; makes two misdemeanor offenses eligible for expungement only through the discretionary process, removes two misdemeanor offenses from the definition of misdemeanor crime of domestic violence, makes additional misdemeanor offenses eligible for expungement only through the discretionary expungement process, moves the Attorney General's responsibilities for notifying a victim of a discretionary expungement petition to the discretionary expungement provision.

Status: Signed into Law 6/30/19

DHA Position: No Position

SB 45 with SA 1**Introduced on: 3/20/2019**

An Act to amend Title 16 of the Delaware Code relating to **Marijuana**. Under current law, the possession, use, or consumption of a personal use quantity of marijuana remains a crime for those under the age of 21 despite being a civil violation for adults. This Act makes the possession, use, or consumption of a personal use quantity of marijuana a civil violation for juveniles. This Act also makes conforming amendments to subsection (i), regarding expungement of a single criminal offense under subsection (c), as, after the effective date of this Act, subsection (c) will no longer contain a criminal offense. **SA 1** makes the possession or private use or consumption of a personal use quantity of marijuana a civil offense for an individual who is under 21 years of age only for the first and second offense. A third offense would be an unclassified misdemeanor.

Status: Signed into Law 7/31/19

DHA Position: No Position

SB 55**Introduced on: 3/20/2019**

An Act to amend Title 29 and 30 of the Delaware Code relating to **Occupational License Fees**. This Act authorizes a 1-time tax credit in the amount of a fee for a new, initial license under Title 24 for an individual who is 25 years or younger, or whose income is equal to or less than 130% of the federal poverty guideline. The tax credit eases the financial burden on young and low-income workers entering licensed occupations. The tax credit applies only to initial, or first-time, licenses, and in the tax year in

which the fee is charged. It does not apply to other fees, such as license renewal, reciprocity, late payment, or a request for change of status. To ensure that new applicants are aware of the tax credit, the Division of Professional Regulations must provide a statement on application materials that new applicants may be eligible for this tax credit.

Status: Stricken in Senate

DHA Position: No Position

SB 58

Introduced on: 3/20/2019

An Act to amend Title 21 of the Delaware Code relating to the **Removal of Ice & Snow from Moving Vehicles**. This Act requires that accumulated snow and ice be removed from services of a vehicle before it is operated and imposes a civil penalty for a violation. This Act also creates a civil penalty for each instance where snow or ice dislodges from a moving vehicle and causes property damage or personal injury but this penalty is not an exclusive remedy for property damage or personal injury.

Status: Out of Committee in House

DHA Position: No Position

SB 59

Introduced on: 3/21/2019

An Act to amend Title 21 of the Delaware Code relating to **Medical Marijuana**. This Act allows nurse practitioners and physician assistants to recommend medical marijuana for patients. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1**, which restricts the ability of certified nurse practitioners and physician assistants to recommend medical marijuana to adults and maintains the current requirement that only physicians with specific specialties may recommend medical marijuana for patients under 18 was Placed with the Bill.

Status: Introduced and Assigned to Health & Social Services Committee in Senate

DHA Position: No Position

SB 62

Introduced on: 4/3/2019

An Act to amend Title 29 of the Delaware Code relating to the **State Employees' Pension Plan and Cost of Living Adjustment**. This bill provides an annual cost of living adjustment for qualified state pensioners equal to the cost of living adjustment provided by the National Consumer Price Index, which also serves as the annual adjustment for Social Security benefits.

Status: Reassigned to Finance Committee in Senate

DHA Position: No Position

SB 71 with SA 2, SA 3, SA 4, HA 1

Introduced on: 4/18/2019

An Act to amend Title 18 and Title 24 of the Delaware Code relating to Pharmacy Ownership and Pharmacy Benefits Managers. This Act protects consumers from paying high prices for prescription drugs by ensuring competition in the marketplace by doing the following: 1. Prohibiting a pharmacy benefit manager from requiring or providing an incentive for an insured individual to use a pharmacy in which the pharmacy benefit manager has an ownership interest. 2. Requiring that a pharmacy must be owned by a pharmacist or by a majority of pharmacists if owned by an artificial entity. This ownership requirement is modelled on the same requirement in North Dakota law, enacted in 1963, which has kept North Dakota prescription prices among the lowest in the country and provides North Dakotans with more pharmacies per capita than the national average and a high level of care from locally owned pharmacies. This ownership requirement does not apply to current holders of a permit to operate a pharmacy or to hospital pharmacies that furnishes services only to patients and employees. **SA 2** adds "3.

Exempts federally qualified health centers and other non-profit community health centers from the requirement that pharmacies must be owned by a pharmacist”. **SA 3** exempts pharmacies holding a permit on the effective date of this Act from the requirement that pharmacies must be owned by pharmacists if the pharmacy relocates the business or undergoes a restructuring of ownership. **SA 4** allows a pharmacy benefit manager (PBM) to require an insured to use a specialty pharmacy owned by the PBM and to provide incentives to an insured to use a specialty or mail-order pharmacy owned by the PBM. **HA 1** removes the requirement that a new permit to open a pharmacy may be approved only if the pharmacy is owned by a pharmacist.

Status: *Passed in House*

DHA Position: *Support with Amendment.*

SB 81

Introduced on: 4/16/2019

An Act to amend Title 24 of the Delaware Code relating to **License to Practice Dentistry**. This Act permits an individual to practice dentistry for the Division of Public Health (Division) under a provisional license. Delaware law provides several routes for entering practice on an interim basis until full licensure can be obtained, however, none of these routes specifically permit hiring by the Division with the intent to practice in a state-supported dental clinic. This Act will assist the Division in recruiting dentists to serve those in need. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: *Out of Committee in House*

DHA Position: *No Position*

SB 83

Introduced on: 5/7/2019

An Act to amend Title 24 of the Delaware Code relating to the **Physical Therapy Licensure Compact**. This Act adopts the Physical Therapy Licensure Compact (“Compact”). The Compact benefits the public by improving continuity of care, increasing license portability for military spouses, and increasing access to physical therapy providers. Under the Compact, physical therapists and physical therapist assistants licensed in a Compact member state may obtain an expedited license allowing licensees to practice in another Compact member state. In adopting the Compact, the state-based licensure system is preserved but communication between states is enhanced. The Compact will be administered by the Physical Therapy Compact Commission (“Commission”) which will process applications for Compact privilege. Physical therapists and physical therapist assistants licensed by the Delaware Examining Board of Physical Therapists and Athletic Trainers (“Board”) may be granted "compact privilege," which will allow them to practice in another member state under the laws and regulations of the remote state. To exercise the compact privilege, a licensee must meet all of the following requirements: 1. Hold a license in the home state with no encumbrances. 2. Be eligible for a compact privilege in any member state. 3. Have no adverse actions within the previous 2 years regarding their license or any Compact privilege. 4. Notify the Commission that compact privilege is being sought in a member state. 5. Pay applicable fees. 6. Be aware of and comply with the laws and rules governing the practice of physical therapy in the remote state. 7. Report adverse action taken by any non-member state within 30 days. The Compact also authorizes the Board to do all of the following: 1. Appoint a qualified delegate to serve on the Commission. 2. Participate fully in the Commission's data system. 3. Notify the Commission about adverse action taken against licensees by the Board.

Status: *Signed into Law 7/30/19*

DHA Position: *Support*

SB 92**Introduced on: 5/9/2019**

An Act to amend Title 31 of the Delaware Code relating to **Dental Care for Adult Medicaid Recipients**. Delaware is one of only 3 states that does not offer some form of adult dental coverage through Medicaid (alongside Tennessee and Alabama). Dental care is health care. And, studies have shown that poor dental health care can result in serious infections and abscess in the face, neck, and jaw areas requiring some individuals to go to the emergency room where they may spend days in intensive care or even die, ultimately costing states more money through their Medicaid program that could be saved if dental care were covered. This Act expands Delaware's Public Assistance Code to provide dental care to all eligible adult Medicaid recipients. Payments for dental care treatments are subject to a \$3 recipient copay and the total amount of dental care assistance provided to an eligible recipient may not exceed \$1,000 per year, except that an additional \$1,500 may be authorized on an emergency basis for dental care treatments through a review process established by the Department of Health and Social Services. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: *Substituted in Senate*

SS1 for SB 92**Introduced on: 5/20/2019**

An Act to amend Title 31 of the Delaware Code relating to **Dental Care for Adult Medicaid Recipients**. Delaware is one of only 3 states that does not offer some form of adult dental coverage through Medicaid (alongside Tennessee and Alabama). Dental care is health care. And, studies have shown that poor dental health care can result in serious infections and abscess in the face, neck, and jaw areas requiring some individuals to go to the emergency room where they may spend days in intensive care or even die. This ultimately costs states more money through their Medicaid program that could be saved if dental care were covered. This Act expands Delaware's Public Assistance Code to provide dental care to all eligible adult Medicaid recipients. Payments for dental care treatments are subject to a \$3 recipient copay and the total amount of dental care assistance provided to an eligible recipient may not exceed \$1,000 per year, except that an additional \$1,500 may be authorized on an emergency basis for dental care treatments through a review process established by the Department of Health and Social Services. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. This Substitute Act differs from Senate Bill No. 92 (150th General Assembly) because it changes the effective date of this Act to be April 1, 2020, and removes provisions made unnecessary by the change.

Status: *Signed into Law 8/16/19*

DHA Position: *No Position*

SB 101**Introduced on: 5/15/2019**

An Act to amend Title 16 of the Delaware Code relating to the **Uniform Controlled Substances Act**. This legislation will update the schedule for Fentanyl analogues, consistent with language used by the Drug Enforcement Administration (DEA). It is aimed to curb the manufacture and distribution of illicit Fentanyl analogues and has no impact on the legal manufacture of Fentanyl for medical use.

Status: *Signed into Law 7/17/19*

DHA Position: *No Position*

SB 105**Introduced on: 5/31/2019**

An Act to amend Title 19 of the Delaware Code relating to **Minimum Wage**. This bill increases the minimum wage to be paid in this State beginning in 2020.

Status: *Assigned to Finance Committee in Senate*

DHA Position: No Position

SB 108

Introduced on: 5/29/2019

An Act to amend Title 16 of the Delaware Code relating to the **Delaware Health Resources Board**. The Joint Legislative Oversight and Sunset Committee approved a project to work with the Governor's Office throughout 2018 and 2019 to identify antiquated boards, commissions, and councils that need statutory updates or outright repeals. The Delaware Health Resources Board was identified as needing 3 major changes: reducing the number of members to make it easier to make quorum and fill Board vacancies, updating language to provide for 3-year terms, and authorizing the Board to elect a vice chair. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Out of Committee in Senate

DHA Position: Support with Amendment.

SB 111

Introduced on: 5/30/2019

An Act to amend Title 29 of the Delaware Code relating to the **Advisory Council to the Division of Developmental Disabilities Services**. The Joint Legislative Oversight and Sunset Committee approved a project to work with the Governor's Office throughout 2018 and 2019 to identify antiquated boards, commissions, and councils that need statutory updates or outright repeals. The Advisory Council to the Division of Developmental Disabilities Services was identified as needing updates to change terms to “up to” 3 years, remove political party balance, and make it easier to fill vacancies. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 7/17/19

DHA Position: No Position

SB 114

Introduced on: 5/29/2019

An Act to amend Title 16 & 18 of the Delaware Code relating to the **Board of Social Work Examiners**. This Act corrects a technical error in House Bill No. 311 of the 149th General Assembly. HB 311 was intended to allow the grandfathering of licenses under Chapter 39, Title 24 to occur up to 2 years after HB 311 was enacted. In fact, however, HB 311's effective date allowed for only 1 year. Under this Act, the grandfathering period will be for the intended period of 2 years.

Status: Signed into Law 7/17/19

DHA Position: Support

SB 116

Introduced on: 5/17/2019

An Act to amend Title 16 & 18 of the Delaware Code relating to the **Primary Care Reform Collaborative and the creation of the Office of Value-Based Health Care Delivery**. This Act expands the membership of the Primary Care Reform Collaborative and creates an Office of Value-Based Health Care Delivery in the Department of Insurance to reduce health care costs by increasing the availability of high quality, cost-efficient health insurance products that have stable, predictable, and affordable rates. The Office of Value-Based Health Care Delivery will work with the Primary Care Reform Collaborative and the State benchmarking process.

Status: Substituted in Senate

DHA Position:

SS 1 for SB 116**Introduced on: 5/25/2019**

An Act to amend Title 16 & 18 of the Delaware Code relating to the **Primary Care Reform Collaborative and the creation of the Office of Value-Based Health Care Delivery**. This Act expands the membership of the Primary Care Reform Collaborative and creates an Office of Value-Based Health Care Delivery in the Department of Insurance to reduce health care costs by increasing the availability of high quality, cost-efficient health insurance products that have stable, predictable, and affordable rates. The Office of Value-Based Health Care Delivery will work with the Primary Care Reform Collaborative and the State benchmarking process. This Substitute Bill differs from Senate Bill No. 116 as follows: 1. Adds the Insurance Commissioner to the Primary Reform Collaborative. 2. Limits the definition of "carrier" to health insurers licensed under Title 18 or certified as a qualified health plan on the Delaware Health Insurance Marketplace. 3. Requires the Insurance Commissioner to promulgate regulations to implement Section 2 of this Act instead of adopting policies and procedures. 4. Removes the deadline to adopt the initial policies under this Act.

Status: Signed into Law 8/7/19***DHA Position: Support*****SB 122****Introduced on: 5/29/2019**

An Act to amend Title 16 of the Delaware Code relating to **Perinatal Quality Collaborative**. This Act creates the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement.

Status: Substituted in Senate***DHA Position:*****SS1 for SB 122****Introduced on: 6/5/2019**

An Act to amend Title 16 of the Delaware Code relating to **Perinatal Quality Collaborative**. This Act creates the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement. This Substitute differs from Senate Bill No. 122 by making technical corrections to conform to the standards of the Delaware Legislative Drafting Manual, including language regarding organizational structure and procedure.

Status: Vetoed by Governor***DHA Position:*****SB 132 with SA 1****Introduced on: 5/31/2019**

An Act to amend Title 18 of the Delaware Code relating to the **Life & Health Insurance Guarantee Association Act**. This Act updates the Delaware Life and Health Insurance Guaranty Association Act (Delaware Act) to conform Delaware law to revisions made to the National Association of Insurance Commissioners' (NAIC) Life and Health Insurance Guaranty Association Model Act (Model Act). The Model Act provides a framework for protecting policy or contract owners, insureds, beneficiaries, annuitants, payees, and assignees against losses due to the insolvency or impairment of an insurer. This Act revises the methodology for assessments relating to long-term care insurance written by an impaired or insolvent insurer and includes managed care organizations and health maintenance organizations within the scope of the Delaware Act to more fairly distribute the cost of long-term care insurance

insolvencies among insurers writing life, health, annuity, managed care organization, and health maintenance organization products and to ensure sufficient assessment capacity for all insolvencies. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1** makes technical correction to a Delaware Code citation.

Status: Signed into Law 7/17/19

DHA Position: No Position

SB 137 with SA 1

Introduced on: 6/5/2019

An Act to amend Title 18 of the Delaware Code relating to the **Unlawful Possession, Distribution, Delivery, or Sale of Drug Masking Products**. This Act creates the crimes of unlawful possession of a drug masking product, punishable as a class A misdemeanor, and unlawful distribution, delivery, or sale of a drug masking product, punishable as a class E felony. Drug masking products are designed to be added to human urine or human hair to defraud alcohol or drug urine screening tests. **SA 1** lowers the penalty for possessing a drug masking product from a class A misdemeanor to a class B misdemeanor.

Status: Signed into Law 7/23/19

DHA Position: No Position

SB 144

Introduced on: 6/11/2019

An Act to amend Title 18 of the Delaware Code relating to **Genetics Based Discrimination**. The use of genetic information in disqualifying coverage for non-health insurance products is a gap in the protection provided by the federal Genetic Information Nondiscrimination Act. This Act follows the lead of other states and prohibits discrimination based upon genetic information in the issuance or renewal of disability, long-term care, and life insurance. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Introduced and Assigned to Banking, Business & Insurance Committee in Senate

DHA Position:

SB 154 with SA 1

Introduced on: 6/12/2019

An Act to amend Title 29 of the Delaware Code relating to **Services for Adults with Intellectual and Developmental Disabilities**. This Act establishes the Quality Improvement Advisory Council (“Advisory Council”) to promote collaboration and problem-solving with stakeholders in the system of care administered by the Division of Developmental Disabilities Services (“the Division”). The Division, in consultation with the Advisory Council, must submit an annual report to the General Assembly and the Department of Health and Social Services on specific performance measures affecting services to adults with intellectual and developmental disabilities. Under this Act, the Joint Legislative Oversight and Sunset Committee will review the Advisory Council in 2022 to determine whether it has been an effective tool for collaboration between the Division of Developmental Disabilities Services and the provider community. **SA 1** changes the name of the advisory council and clarifies the advisory council’s role in advising the Division of Developmental Disabilities Services (“Division”); changes and simplifies the appointing authority of the advisory council’s membership, so that 1 member is appointed by the Division’s Secretary and the remaining 8 members are appointed by the chairs of the Joint Legislative Oversight and Sunset Committee; clarifies that the data required in the annual report may not include information that identifies a specific patient or provider. - Provides that the data that must be included in the annual report are not records and proceedings for the purposes of § 1768 of Title 24.

Status: Out of Committee in House

DHA Position: Support

SB 163**Introduced on: 6/20/2019**

An Act **Providing for a Strategic Review of the Department of Health and Social Services and Presentation of Recommendations Regarding a Comprehensive Restructuring Thereof to the Joint Committee**. The Department of Health and Human Services (“DHSS”) was established in 1970 by legislative enactment with a broad and crucial mandate: to supervise the health, wellbeing, and life of Delaware citizens. In the decades since, the population of Delaware has increased, and the needs of Delaware citizens have required increasingly complex and costly medical interventions, particularly for those most vulnerable among us, such as the elderly and those suffering from addiction. To serve this broad array of individual needs, DHSS has adapted to provide personalized and individualized services to citizens at a level of direct care. Additionally, the broad language of DHSS’ authorizing statute has required it to maintain focus on other policy initiatives, such as promoting public health and administering healthcare through Medicaid while maintaining compliance with state and Federal laws and regulations, which themselves have grown in complexity. Given the advancements in both individualized care and the policy landscape, the inevitable conclusion is that DHSS’ dual roles must be separated into two separate Departments with Cabinet-level representation. Doing so will ensure that Delawareans receive high-quality care on an individualized basis, and will recommit a separate agency to its important policy objectives, such as maximizing efficiency and reducing the cost associated with waste that arises when an agency’s functions become too manifold for the agency to be efficient and effective. This Bill establishes a committee of members from various state agencies, as well as the legislative and executive branches and individuals representing the healthcare industry and Delaware citizens. The strategic mission of this Committee is to implement a separation of DHSS’ current organizational structure into two separate cabinet-level Agencies. The Bill also establishes a timeline for action by the Committee that will encourage it to act quickly and with clear direction to maximize efficiency and reduce the costs associated with waste.

Status: Introduced and Assigned to Elections, Govt. & Community Affairs Committee in Senate

DHA Position: No Position

SB 169 with SA 1**Introduced on: 6/19/2019**

An Act to amend Title 10 of the Delaware Code relating to the **Delaware Uniform Civil Remedies for Unauthorized Disclosure of Intimate Images Act**. This Act addresses an increasingly common form of abuse that can cause severe and often irreversible harm: the disclosure of private, sexually explicit images without consent. Much of the abuse is carried out electronically through internet websites, social media, email, or text messages, making it an interstate problem that is particularly suited for treatment by uniform state laws. This Act provides a uniform, comprehensive, clear, fair, and constitutionally sound definition of this harmful conduct and remedies for the harm it causes. **SA 1** clarifies that interactive computer services are not liable under this Act for content provided by another person.

Note from Wayne: Line 65 of the Bill excludes Medical education or treatment, which I’m assuming works for us but wanted to draw your attention to it.

Status: Signed into Law 9/23/20

DHA Position: No Position

SB 170**Introduced on: 6/19/2019**

An Act to amend Title 16 of the Delaware Code relating to **Medical Marijuana**. This Act creates a CBD-Rich card medical marijuana card to **treat anxiety in adults**. This Act also requires that a registry identification card state the type of card that is issued to clearly identify qualifying adult patients, qualifying pediatric patients, designated caregivers, and CBD-Rich patients. This Act also makes

technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 7/7/20

DHA Position: No Position

SB 171 with SA 1

Introduced on: 6/20/2019

An Act to amend Title 16 of the Delaware Code relating to **Urgent Care Facilities**. This Act establishes a new subchapter of Title 16 regulating urgent care facilities. It requires such facilities, existing and new, to obtain a license from DHSS, which requires the urgent care facility to either be accredited by an approved accrediting body or be seeking such accreditation. If the urgent care facility is seeking accreditation, it can operate on a provisional license for nine months. If accreditation is not obtained, the urgent care facility can apply once for a renewal of a provisional license. Operating without a license or accreditation will subject urgent care facilities to fines. The Act grants DHSS the power to promulgate various regulations to enforce the Act. DHSS can also make and enforce orders to protect the public health and share information with the Division of Professional Regulation. The Act requires each urgent care facility in the State to enroll in the Delaware Health Information Network ("DHIN") and to notify a patient's primary care provider through DHIN to facilitate the coordination of care. **HA 1** makes amendments to Senate Bill 171 based upon feedback from DHSS. It changes "provisional" license to "initial" license and "regular" license to "biannual" license. It also provides that an initial license cannot be renewed. It limits the transfer of licenses among persons and entities and clarifies when separate licenses are needed for urgent care facilities operated by the same management. Finally, it clarifies language regarding certification for urgent cares owned and operated by hospitals who are approved by the Centers for Medicare and Medicaid.

Status: Out of Committee in Senate

DHA Position: Support

SB 200 with SA 1

Introduced on: 12/19/2019

An Act to amend the Delaware Code relating to the **Delaware Health Information Network**. This Act supports the ongoing work of the Primary Care Reform Collaborative to achieve better health for Delawareans at a lower cost by facilitating the sharing of de-identified health expenditure information and fostering transparency that is critical to the effective delivery of primary care in Delaware. Specifically, this Act requires the Delaware Health Information Network (DHIN) to provide access to the Delaware Health Care Claims Database to 2 additional state agencies, the Department of Insurance and Delaware Health Care Commission. In adding these state agencies to the existing list, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1** makes technical corrections, including to comply with the original intent of the law, Chapter 329, Volume 80 of the Laws of Delaware.

Status: Signed into Law 2/10/2020

DHA Position: Support

SB 201 with SA 1

Introduced on: 12/19/2019

An Act to amend Title 16 of the Delaware Code relating to **Perinatal Quality Collaborative**. This Act makes additional technical changes to Senate Bill No. 122 and Senate Substitute No. 1 for Senate Bill No. 122. The Senate Substitute unanimously passed both chambers during the 1st Session of the 150th General Assembly. Section 1 of this Act creates the Delaware Perinatal Quality Collaborative to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and

advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement. Section 2 of this Act establishes the Chair of the Delaware Healthy Mother and Infant Consortium as the temporary chair of the Collaborative to guide the Collaborative's initial organization. **SA 1** makes technical corrections.

Status: Signed into Law 7/17/20

DHA Position: Support

SB 202

Introduced on: 12/15/2019

An Act to amend Title 6 and Title 21 of the Delaware Code relating to **Equal Accommodations in Parking**. This Act clarifies that a person with a special license plate or permit for persons with disabilities which limit or impair the ability to walk may park for an unlimited period where the length of time is otherwise limited and must be able to park in a metered parking space for at least 1 hour. This Act clarifies that it is a violation of the state equal accommodations law to prohibit parking as authorized for a person with a special license plate or permit for persons with disabilities which limit or impair the ability to walk. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Introduced and Assigned to Transportation Committee in Senate

DHA Position: No Position

SB 206

Introduced on: 1/28/2020

An Act to amend Title 16 of the Delaware Code relating to **Membership of the Primary Care Reform Collaborative**. This Act revises the appointment process for members of the Primary Care Reform Collaborative who are not members by virtue of position. Under this Act, these members are appointed by a government official to comply with the requirements of the Delaware Constitution.

Status: Out of Committee in Senate

DHA Position: No Position

SB 217

Introduced on 6/10/2020

This Act limits the use of certain **Class B firefighting foams** ("Class B foams") in Delaware. Class B foams are used to put out fires caused by flammable liquids like gasoline, oil, and jet fuel, and can be divided into 2 categories: those with PFAS chemicals and those without. PFAS chemicals include a range of chemistries with differing properties, which have been widely-used for decades in products other than Class B foams, like food packaging, carpets, and other household items, and in firefighting foam. The use of firefighting foams containing PFAS chemicals, however, is an emerging public health challenge to avoid future contamination and reduce exposure to firefighters and Delawareans. Firefighting foam containing PFAS chemicals can get into water wells and drinking water supplies, and expose firefighters and others to the chemicals. More studies into the effects of PFAS chemicals are emerging; some of the health effects of exposure to certain PFAS chemicals include pregnancy complications, liver damage, and high cholesterol. The PFAS chemicals in firefighting foams must be weighed against their particularly-effective nature in fighting liquid fires when mixed with water. To that end, this Act prohibits the use of Class B foams containing intentionally-added PFAS chemicals unless the use is for fire prevention or emergency firefighting. Further, this Act permits the use of such foam for training and testing only if the facility in which the training or testing occurs has implemented containment, treatment, and disposal measures to prevent releases of Class B foams containing PFAS chemicals. This Act also makes technical changes to Part IV of Title 16, to more accurately reflect its current structure.

Status: Introduced and Laid on the Table in the Senate

DHA Position: No Position

SB 237

Introduced on 6/10/2020

This Act **delays to October 1, 2020, the expansion of dental care to all eligible adult Medicaid recipients** provided for under Senate Substitute No. 1 for Senate Bill No. 92 (150th General Assembly), Chapter 187 of Volume 82 of the Laws of Delaware.

Status: Signed into Law 9/28/20

DHA Position: No Position

SB 240

Introduced on 6/18/2020

AN ACT MAKING APPROPRIATIONS FOR THE EXPENSE OF THE STATE GOVERNMENT FOR THE FISCAL YEAR ENDING JUNE 30, 2021; SPECIFYING CERTAIN PROCEDURES, CONDITIONS AND LIMITATIONS FOR THE EXPENDITURE OF SUCH FUNDS; AND AMENDING CERTAIN PERTINENT STATUTORY PROVISIONS.

Status: Signed into law 6/30/202

DHA Position: No Position

SB 246

Introduced on 6/16/2020

Presently, a legal process does not exist for a Delaware hospital to **seek the appointment of a guardian for a non-acute patient** who has been a patient at the hospital for an extended period, after having been abandoned by family. This bill authorizes a hospital to petition for a court-appointed guardian for such a patient after providing two notices to the patient, the patient's surrogate, or the patient's family if there is no surrogate, of the need to seek a guardian for the patient.

Status: Signed into Law 8/6/20

DHA Position: Support

SB 247

Introduced on 6/16/2020

This Act **ensures that the protections put in place during the COVID-19 pandemic related to notarizations do not cease immediately upon the lifting of the COVID-19 State of Emergency, but instead continue until June 30, 2021.** The Act authorizes **remote notarization** and witnessing by Delaware attorneys via audio-visual technology and sets forth conditions under which they can be performed. The Delaware Governmental Offices' requirement for a wet signature is waived. The Recorder of Deeds is required to accept documents notarized and witnessed under specified procedures in the Eleventh Modification. This Act ensures that the General Assembly will have another opportunity to express its will on continuing this protection by including an internal sunset date.

Status: Signed into Law 7/16/20

DHA Position: No Position

SB 248

Introduced on 6/16/2020

The purpose of the Bill is to allow for the **modifications to the Disability Insurance Program for state employees** that were included in the Governor's Twelfth Modification to the COVID-19 State of Emergency to continue until December 30, 2020 in the event that the State of Emergency ends prior to that date.

Status: Signed into Law 7/23/20

DHA Position: No Position

SB 249

Introduced on 6/22/2020

This Act extends the Clean Air Act Title V Operating Permit Program annual fees for facilities in Delaware, which have historically expired and been reauthorized by the General Assembly every three years. Existing statutory authorization to collect fees sunsets December 31, 2020. This legislation updates the fee assessments based on the work of the Title V Operating Permit Program Advisory Committee and makes additional clarifying updates to the fee provisions. For 2021-2023, the total fee will be comprised of a base fee, user fee, and a program fee. Base fees are based on the number of staff hours spent on the source's permitting, compliance, and enforcement activities, while the user fee is based on the source's air emissions. The program fee will be assessed based on the total base and user fees. A fee credit implemented to reduce a prior fund balance is allowed to sunset as scheduled. This Act authorizes the Department of Natural Resources and Environmental Control to collect Title V annual fees for calendar years 2021 through 2023 at which point the authority sunsets and would need to be reauthorized.

Status: Signed into Law 8/6/20

DHA Position:

SB 250

Introduced 6/10/2020

This bill is intended to advance sustainable energy goals and initiatives in Delaware and to restore Delaware as a leader in renewable, sustainable energy. First, this Act builds on the Renewable Energy Portfolio Standards Act, which was first enacted into law in 2005, by setting new standards for the minimum percentage of electric energy sales from eligible energy resources and solar photovoltaics. Second, this bill contains the "Community Sustainable Energy Authorities Act," which authorizes incorporated municipalities, towns, and counties and the Delaware Sustainable Energy Utility to create authorities to develop, promote, and operate community sustainable energy projects.

Status: Laid on Table in Senate

DHA Position: No Position

SCR 6

Introduced on: 1/18/2019

Encouraging the State to apply for a State Relief and Empowerment Waiver under Section 1332 of the Patient Protection and Affordability Care Act to Create a State Reinsurance Program. This Concurrent Resolution recognizes that all Delawareans deserve affordable health care, only 1 commercial insurer currently sells health insurance plans on Delaware's Marketplace, and that premiums for health insurance plans sold on the Marketplace could be reduced if the State creates a reinsurance program under a State Relief and Empowerment Waiver under Section 1332 of the Patient Protection and Affordable Care Act ("Section 1332 Waiver"). This Concurrent Resolution also strongly urges the Governor and Secretary of the Department of Health and Social Services to apply for a Section 1332 Waiver and that a program fund be created if the Section 1332 Waiver is granted, to provide capital to operate and administer a reinsurance program.

Status: Passed in Senate & House

DHA Position: Support

SCR 11

Introduced on: 3/5/2019

This Senate Resolution designates March as "**Eating Disorders Awareness and Prevention Month**" in Delaware and encourages the Department of Health and Social Services to research methods to prevent and raise awareness of eating disorders.

Status: Passed in Senate & House

SCR 12**Introduced on: 3/14/2019**

Recognizing November 2019 as Autoimmune Disease Awareness Month in Delaware.

Status: Passed in Senate & House**SCR 13****Introduced on: 3/5/2019**

Recognizing February 12, 2019 as “World Cholangiocarcinoma Day” in Delaware.

Cholangiocarcinoma, also known as bile duct cancer, is a cancer that occurs in the bile ducts in or outside the liver. This Resolution recognizes February 12, 2019 as "World Cholangiocarcinoma Day" in Delaware.

Status: Passed in Senate & House**SCR 18****Introduced on: 3/20/2019**

This Resolution recognizes April 2019 as Child Abuse Prevention Month in Delaware.

Status: Passed in Senate & House**SCR 22****Introduced on: 3/20/2019**

This Concurrent Resolution recognizes March 2019 as Brain Injury Awareness Month.

Status: Passed in Senate & House**SCR 24****Introduced on: 5/7/2019**

This resolution proclaims May 2019 "Cystic Fibrosis Awareness Month" in Delaware.

Status: Passed in Senate & House**SCR 27****Introduced on: 3/26/2019**

This Senate concurrent resolution designates March 2019 as “Colorectal Cancer Awareness Month” in the State of Delaware.

Status: Passed in Senate & House**SCR 29****Introduced on: 5/7/2019**

This resolution designates the week of May 6-12 as "National Nurses Week" in Delaware.

Status: Passed in Senate & House**SCR 30****Introduced on: 4/11/2019**

This concurrent resolution **establishes the Non-Acute Patient Medical Guardianship Task Force to study and make findings and recommendations regarding the needs and options of non-acute hospital patients in need of medical guardianship services.** A recent study concluding in 2017 found that hospital patients who did not have acute medical needs were often abandoned in hospitals. These patients often lack financial means to pay for a guardian to make medical decisions. The Office of Public Guardian does not have sufficient resources to intervene to make timely medical decisions for such non-acute patients. In addition to harming these non-acute patients with prolonged hospital stays, patients with acute medical needs are not timely and adequately served because hospital beds are occupied by such non-acute patients. This concurrent resolution establishes a task force to study and make recommendations on these issues.

Status: Passed in Senate & House***DHA Position: Support***

SCR 31**Introduced on: 3/28/2019**

This resolution recognizes **March 28, 2019** as **Cerebral Palsy Awareness Day**.

Status: Passed in Senate & House

SCR 34**Introduced on: 4/11/2019**

Recognizing the Month of **April 2019** as **“National Donate Life Month” in Delaware**. This resolution supports designating the month of April 2019 as "National Donate Life Month" in the State of Delaware, thereby recognizing and acknowledging the generosity of donors who have donated organ, eye, and tissue and their families, as well as supporting and encouraging all Delawareans to become designated organ, eye, and tissue donors.

Status: Passed in Senate & House

SCR 36**Introduced on: 4/18/2019**

This Resolution recognizes April 2019 as "Parkinson's Disease Awareness Month" in the State of Delaware.

Status: Passed in Senate & House

SCR 40**Introduced on: 5/8/2019**

This concurrent resolution recognizes the month of **May 2019** as **"Healthy Vision Month" in the State of Delaware**.

Status: Passed in Senate & House

SCR 42**Introduced on: 5/16/2019**

This Senate Concurrent Resolution recognizes the month of **May 2019** as **“Mental Health Awareness Month”** in the State of Delaware.

Status: Passed in Senate & House

SCR 43**Introduced on: 5/16/2019**

This concurrent resolution designates the **week May 19-25, 2019** as **"Lyme Disease Awareness Week" in Delaware**.

Status: Passed in Senate & House

SCR 46**Introduced on: 6/4/2019**

This Senate Concurrent Resolution recognizes the **week of June 3-9, 2019** as **"Hidradenitis Suppurativa Awareness Week" in the State of Delaware**.

Status: Passed in Senate & House

SCR 52**Introduced on: 6/6/2019**

This Concurrent Resolution designates **May 2019** as **“ALS Awareness Month” in Delaware**.

Status: Passed in Senate & House

SCR 59**Introduced on: 6/26/2019**

This Concurrent Resolution recognizes September 2019 as "Prostate Cancer Awareness Month" in the State of Delaware.

Status: Passed in Senate & House

SCR 66**Introduced on: 1/21/2020**

This Senate Concurrent Resolution **requests that the Division of Medicaid and Medical Assistance study the extension of Medicaid coverage through the first year postpartum**. Insurance coverage is a critical factor in determining women's access to affordable postpartum care and is a key strategy for reducing preventable maternal mortality and to close the disparity in the maternal mortality rate among black women and women of other races.

Status: Passed in Senate & House

SCR 67**Introduced on: 1/22/2020**

Extending The Division of Developmental Disabilities Services Task Force. This Task Force was established under Senate Concurrent Resolution No. 62 of the 150th General Assembly. The Task Force has met regularly since August 2019, but needs additional time to complete its work. This Concurrent Resolution extends the due date of the Task Force's final report to July 31, 2020.

Status: Passed in Senate & House

SCR 70**Introduced on: 1/29/2020**

Cholangiocarcinoma, also known as bile duct cancer, is a cancer that occurs in the bile ducts in or outside the liver. This Resolution recognizes February 12, 2020 as "**World Cholangiocarcinoma Day**" in Delaware.

Status: Passed in Senate & House

Delaware House Bills:**HB 1****Introduced on: 12/13/2018**

An Act proposing an amendment to Article 1 of the Delaware Constitution relating to **Equal Rights**. This is the final leg of an amendment to the Delaware Constitution to provide equal rights on the basis of sex. This Amendment is necessary to correct a constitutional shortcoming, reduce sex-based disparities and to codify our State's value of equality. Section 1 makes clear the General Assembly's intent in proposing this Amendment to the Delaware Constitution.

Status: Became Law 1/16/19

DHA Position: No Position

HB 12**Introduced on: 12/13/2018**

An Act to amend Article 31 of the Delaware Code relating to **The Provider Advisory Board**. This Act strengthens the role and responsibilities of the Provider Advisory Board in regard to the implementation and enforcement of The Delaware Child Care Act.

Status: Signed into Law 7/31/19

DHA Position: No Position

HB 19 with HA 1**Introduced on: 12/13/2018**

An Act to amend Article 14 of the Delaware Code relating to **School Nurses**. This Act seeks to ensure that every public school in the State has a school nurse. This Act provides a mechanism to allow a district or a charter school that currently does not have a school nurse to receive State funds. This Act also permits a district to levy a tax under § 1902(b), Title 14, known as a "match tax", to assist those districts that hire a

school nurse as a result of this Act to pay for the local share of that school nurse. **HA 1** which requires each facility in a district or charter school to have at least 1 nurse. This amendment also requires districts and charter schools to have an appropriate number of registered nurses that matches the needs of the specific facility was placed with the Bill.

Status: Introduced and Assigned to Education Committee in House

DHA Position: No Position

HB 23 with HA 2

Introduced on: 1/4/2019

An Act to amend Article 30 of the Delaware Code relating to **Personal Income Tax**. This bill will add a new check-off donation box on the Delaware personal income tax return whereby individuals may choose to donate a portion of their tax refund, or designate an amount in addition to the tax they owe that will be transferred by the Division of Revenue to the Pediatric Cancer Research Fund held by the Delaware Community Foundation, who in turn will deposit the funds to the Andrew McDonough B+ Foundation. **HA 2** consolidates provisions to donate amounts on personal income tax returns to Habitat for Humanity for each county into a single statewide fund to be allocated to the counties by the Division of Revenue based on the residency of the donating individuals. This consolidation is necessary in order to add the Andrew McDonough B+ Foundation to the check-off donation box on the Delaware personal income tax return.

Status: Signed into Law 6/5/19

DHA Position: No Position

HB 24 with HA 1

Introduced on: 1/4/2019

An Act to amend Article 18 of the Delaware Code relating to **Copayment or Coinsurance for prescription drugs**. This Act would prohibit insurers and pharmacy benefit managers from engaging in the practice of "clawbacks". When the total cost of a prescription drug to an insurer or pharmacy benefits manager is less than a patient's co-pay, the insurer or pharmacy benefits manager keeps the difference in a practice known as a "clawback". According to a March 2018 report issued by the University of Southern California's Schaeffer Center for Health Policy & Economics based on the Center's analysis of 2013 data from a large commercial insurer combined with data on national average drug reimbursements, almost 25% of filled pharmacy prescriptions involved a patient co-payment that exceeded the average reimbursement paid by the insurer by more than \$2.00. The report further noted that overpayments were more likely to occur on claims for generic drugs than brand drugs and that the total overpayments in the Center's sample amounted to \$135 million. **HA 1** (1) Replaces "retail price" with language requiring that a carrier not impose a copayment or coinsurance requirement that exceeds the lesser of one of the following: (i) the applicable copayment or coinsurance that would apply for the prescription drug in the absence of this section; (ii) the amount an individual would pay for the prescription drug if the individual were paying the usual and customary price; or (iii) the contract price for the prescription drug. (2) Provides a definition of "contract price" in place of the definition of "retail price". (3) Adds a definition of "pharmacy" based on its use in the definition of "contract price".

Status: Signed into Law 6/19/19

DHA Position: No Position

HB 29

Introduced on: 1/4/2019

An Act to amend Article 29 of the Delaware Code relating to **DNA Analysis and Databank**. Currently the law requires that any person convicted of a crime identified under the section identifying sexual offenses, or offenses relating to children and incompetents must submit to DNA testing. The DNA testing is compiled and stored in the state DNA database. As many of these individuals are prone to repeat offenses, this database has proven to be a useful crime solving tool. This bill will provide that any person arrested [vs

convicted] for any of these specific crimes will now be subject to DNA testing. This bill will also require testing of any individual who is currently incarcerated and convicted of a violent felony under Title 11. Additional safeguards and protections have been included in the law to balance the state's interest in solving crimes against the rights of the arrested individuals, as discussed and approved by the U.S. Supreme Court in *Maryland v. King*, 133 S. Ct. 1958 (U.S. 2013). This act shall become effective upon the receipt of a federal grant to the State pursuant to the Katie Sepich Enhanced DNA Collection Act of 2012, or upon a specific annual appropriation in the Annual Appropriations Act. **HA 1** which makes a technical correction was placed with the bill.

Status: Substituted in House

DHA Position: No Position

HS 1 for HB 29

Introduced on: 4/11/2019

An Act to amend Article 29 of the Delaware Code relating to **DNA Analysis and Databank**. Establishing a suspect's identity is critical to their processing by law enforcement. DNA analysis provides unparalleled accuracy in establishing identity. The United States Supreme Court held that "DNA identification of arrestees is a reasonable search that can be considered part of a routine booking procedure". *Maryland v. King*, 569 U.S. 435, 465 (2013). The establishment of an individual's DNA may identify the perpetrator of "some heinous crime" and may free "a person wrongfully imprisoned for the same offense". *Id.* at 456. The collection of a DNA sample by buccal swab (cheek swab) of a person is a reasonable and legitimate police-booking procedure that should be available for identifying those arrested for serious crimes in Delaware. This Act creates a constitutionally sound procedure for collecting and analyzing arrestee DNA. First, the Act directs that biological samples only be obtained from those accused of committing designated serious felony offenses. Second, biological samples may only be taken from arrestees by the least intrusive method - a buccal swab. Third, samples may only be submitted for identification analysis after a determination of probable cause by a judge at a preliminary hearing or a grand jury by indictment. Finally, any DNA sample or analysis of a DNA sample shall be destroyed or expunged from a DNA database if probable cause is not determined or if all charges associated with the arrest of the individual are dismissed or the individual is found to be not guilty. This Act shall become effective upon the receipt of a federal grant to the State pursuant to the Katie Sepich Enhanced DNA Collection Act of 2012.

Status: Out of Committee in House

DHA Position: No Position

HB 43

Introduced on: 1/17/2019

An Act to amend Article 24 of the Delaware Code relating to **Professions and Occupations**. This bill eliminates the requirement under several provisions of Title 24 that applicants for professional licenses as well as adult entertainment establishments submit notarized applications. This bill would allow for a policy change at the Division of Professional Regulation to remove the notarization requirement for all licensing applications, which will make the application process more economically and logistically available.

Status: Signed into Law 4/9/19

DHA Position: No Position

HB 44 with HA 1

Introduced on: 1/17/2019

An Act to amend Article 24 of the Delaware Code relating to **Professions and Occupations**. This bill eliminates all references to physical paper copies of professional licenses for professions administrated by the Division of Professional Regulation. This bill would eliminate the need for the Division to print and mail over 80,000 paper licenses every two years thus cutting down on administrative and supply costs and eliminating unnecessary paper production and waste. **HA 1** corrects the Chapter number.

Status: Signed into Law 4/9/19

DHA Position: No Position

HB 47

Introduced on: 1/24/2019

An Act to amend Article 24 of the Delaware Code relating to **Minimum Wage**. This bill removes the training minimum wage, which takes effect 90 days after enactment, and youth minimum wage, which takes effect January 1, 2020.

Status: Introduced and Assigned to Economic Development/Banking/Insurance & Commerce Committee in House

DHA Position: No Position

HB 52

Introduced on: 1/24/2019

An Act to amend Article 24 of the Delaware Code relating to **Unborn Children**. The Act protects the life of the unborn child at a time when the potential for the child to survive outside the womb increases, especially with the advancement of medical procedures. Specifically, this Act repeals the current sections of the Delaware Code relating to termination of human pregnancy and enacts The Pain-Capable Unborn Child Protection Act. Substantial medical evidence exists that an unborn child is capable of experiencing pain by 20 weeks after fertilization. As set forth in this Act, the General Assembly has the constitutional authority to make this judgment under decisions by the U.S. Supreme Court decisions. In enacting The Pain-Capable Unborn Child Protection Act, Delaware is not asking the U.S. Supreme Court to overturn or replace the holding in Roe v. Wade. Rather, it asserts a separate and independent compelling state interest in unborn human life that exists once the unborn child is capable of experiencing pain.

Status: Introduced and Assigned to Health & Human Development Committee in House

DHA Position: No Position

HB 53

Introduced on: 1/24/2019

An Act to amend Article 24 of the Delaware Code relating to the Offer of an **Ultrasound Before Terminating a Pregnancy**. This Act requires a physician to offer a patient ultrasound imaging and auscultation of fetal heart tone services before terminating a pregnancy and provides civil and criminal penalties for the failure of a physician to comply with this requirement. The patient is free to choose not to view the ultrasound or listen to the heartbeat. This Act is known as "The Woman's Ultrasound Right to Know Act."

Status: Introduced and Assigned to Health & Human Development Committee in House

DHA Position: No Position

HB 58 with HA 1

Introduced on: 2/28/2019

An Act to amend Article 14 of the Delaware Code relating to the **Delaware Nursing Incentive Program**. This act will increase the numbers of Delaware nursing students eligible for the nursing incentive program by allowing Delawareans pursuing nursing careers at non-profit hospitals located in Delaware to be eligible for the program. **HA 1** clarifies the durational service requirement for the award leading to a Bachelor of Science in Nursing degree when the recipient is employed by a non-profit hospital located in Delaware.

Status: Signed into Law 7/31/19

DHA Position: Support

HB 61**Introduced on: 2/28/2019**

An Act to amend Article 14 of the Delaware Code relating to the **Uniform Controlled Substances Act**. Benzodiazepine drugs that are approved for medical use in the United States are classified by the federal Drug Enforcement Agency as Schedule IV. Fourteen benzodiazepine drugs are currently listed on Schedule IV of the Uniform Controlled Substances Act, § 4720 of Title 16. Benzodiazepine drugs have a serious potential for abuse. This Act adds both additional benzodiazepine drugs by name and the category of benzodiazepine drugs to Schedule IV of the Uniform Controlled Substances Act so that all current and future benzodiazepine drugs are included on Schedule IV in Delaware, whether or not the specific drug is approved for medical use in the United States.

Status: Signed into Law 6/19/19

DHA Position: Support

HB 62 with HA 1**Introduced on: 2/28/2019**

An Act to amend Article 29 of the Delaware Code relating to the **Delaware Nursing Home Residents Quality Assurance Commission**. This Act revises the Delaware Nursing Home Resident's Quality Assurance Commission by doing all of the following: 1. Restores language regarding staffing and support from the Department of Justice that was repealed in error by House Bill No. 225 as amended by House Amendment No. 1 in the 149th General Assembly. 2. Revises membership to decrease the number of vacancies. 3. Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **HA 1** provides that the advocate members of the Commission can be advocates for people with disabilities, in addition to advocates for the elderly.

Status: Signed into Law 6/5/19

DHA Position: No Position

HB 74 with HA 1**Introduced on: 5/16/2019**

An Act to amend Article 13 of the Delaware Code regarding **Dissemination of Personal Information**. This bill enables a key component of the Take Care Delaware program, a partnership between law enforcement and schools to adopt a trauma-informed approach to children who have been identified at the scene of a traumatic event. The Take Care Delaware program, which will start as a pilot, operates by a police officer or emergency-care provider alerting a child's school about the child's presence at a traumatic event that the police officer or emergency-care provider responded to. In order to avoid violations of the State Bureau of Investigation's dissemination statute and the Victim's Bill of Rights in Title 11, this bill creates a narrow exception to both statutes that allows police officers and emergency-care providers to send the child's name to their school district or charter school so that the child's teachers can ensure the child is handled in a trauma-informed way. The Take Care Delaware program is based on the national "Handle With Care" model and includes training and other best practices for law enforcement and schools to prevent and mitigate the negative impact of childhood exposure to trauma. **HA 1** makes minor changes for consistency by replacing "minor child" with "student" in the specified lines.

Status: Signed into Law 7/26/19

DHA Position:

HB 79 with HA 1, HA 2**Introduced on: 5/30/2019**

An Act to amend Title 16 of the Delaware Code regarding **Default Beverages in Childrens' Meals in Restaurants**. This bill requires the State food safety standards for restaurants to include a system for requiring healthy beverages to be offered as the default beverage with a combination children's meal inclusive of a drink, sold together at a unit price. It does not prohibit the restaurant's ability to sell, or a customer's ability to choose, a substitute or alternative beverage as-requested by a customer. This

effectively creates an “opt in” instead of an “opt out” for many sugar-rich drink choices for children. This bill also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **HA 1** clarifies that this bill will not lead to additional fines or penalties for restaurants. There will not be any special or additional fines levied for violation of this section. DPH can still perform re-inspections in the usual course of business with the food code. This is distinct from the Wilmington ordinance which specifically does have fines. **HA 2** adds 2% dairy milk to the list of items that may be offered as a default beverage for children’s meals that include a beverage. This amendment further corrects a typographical error in the Section 2 location.

Status: *Signed into Law 7/17/19*

DHA Position: *No Position*

HB 81

Introduced on: 3/12/2019

An Act to amend Article 13 of the Delaware Code relating to **Child Support**. This Bill clarifies language allowing for the direct deposit of child support owed and collected by employers from individuals under a support order from the Family Court. In addition, this Bill requires employers who have 50 or more employees to send payments to the Division of Child Support Services by electronic funds transfer and allows employers with less than 50 employees to do the same. Finally, the bill requires payments made via electronic transfer to be made before or at the time the employee is paid.

Status: *Signed into Law 6/19/19*

DHA Position: *No Position*

HB 82

Introduced on: 3/12/2019

An Act to amend Article 16 of the Delaware Code relating to **Health & Safety**. The bills eliminates the requirement that an institution provide notary services to parents of new born children for the purpose of executing an acknowledgment of paternity. This bill also eliminates the requirement that an acknowledgment of paternity be notarized and that it only be witnessed by someone who is not a parent or relative of either parent.

Status: *Stricken in House*

DHA Position: *Support*

HB 89

Introduced on: 3/14/2019

An Act to amend Article 16 of the Delaware Code relating to the **Childhood Lead Poisoning Prevention Act**. This bill updates the members of the Childhood Lead Poisoning Advisory Committee to include additional stakeholders, and directs the Committee to report to the General Assembly on the effectiveness of the Act, ways to improve the Act, and other measures that should be taken by the State of Delaware to prevent lead poisoning in children.

Status: *Signed into Law 5/15/19*

DHA Position: *No Position*

HB 91 with HA 1

Introduced on: 3/19/2019

An Act to amend Article 16 of the Delaware Code relating to **Hospitals**. This Act updates the definition of hospital, raises the fees associated with hospital licensing, and imposes an additional fee for plan reviews prior to construction or renovation of hospitals. **HA 1** makes clear that the Department of Health and Social Services has the authority to collect fees and fines, with such fees or fines being appropriated to the Department to defray operating expenses associated with implementation of the Chapter.

Status: *Signed into Law 6/26/19*

DHA Position: Support

HB 93

Introduced on: 3/19/2019

An Act to amend Article 29 of the Delaware Code relating to the **Division of Developmental Disabilities Services**. This Act tightens the role and responsibilities of the Division of Developmental Disabilities Services (DDDS) so that it more aptly aligns with the current state of the agency. This act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 6/5/19

DHA Position: No Position

HB 94

Introduced on: 3/26/2019

An Act to amend Article 13 of the Delaware Code relating to **Child Support Liens on Insurance Claim Payments**. This Act will increase payments of child support arrears or retroactive support from payments for settlements and awards from negligence, personal injury, and workers compensation cases by requiring that all insurers share information with an insurance claim data collection organization. The Division of Child Support Services ("Division") uses an insurance claim data collection organization to match individuals who are in arrears on child support or who owe retroactive child support with individuals with insurance claims based upon negligence, personal injury, or workers' compensation cases. The data collection organization performs a data match of the claimants provided by insurers and child support obligors provided by the Division. The data collection organization provides reports of matches to the Division so that the Division can issue a lien against the insurance claim to collect the child support arrears or retroactive support. Currently, some insurers voluntarily submit claim information to the insurance claim data collection organization and in 2018, \$424,977 in unpaid child support was collected through this process. This Act requires that all insurers submit claim information to the insurance claim data collection organization and is expected to collect an additional \$150,000 - \$200,000 in unpaid child support. This Act also allows written notice of a lien or action to perfect the lien to be sent by electronically or by first class mail to conform to industry practices. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 6/13/19

DHA Position: No Position

HB 98 with HA 1

Introduced on: 3/27/2019

An Act to amend Article 30 of the Delaware Code relating to **Tobacco Product Taxation and Licensing**. This act imposes a tax at the rate of 15% of the wholesale cost of a premium cigar. A premium cigar means any roll for smoking that is made entirely of tobacco with a wrapper, binder and filler that is 100 percent leaf tobacco, is hand rolled and contains no filter or tip or any mouthpiece consisting of material other than tobacco or additional tobacco flavoring. **HA 1** which makes clear that premium cigars falls within the definition of "Tobacco products" and makes the effective date October 1, 2019 was Placed with the Bill.

Status: Assigned to Appropriations Committee in House

DHA Position: No Position

HB 100

Introduced on: 3/19/2019

An Act to amend Article 30 of the Delaware Code relating to **Free Public Schools**. This Act establishes a mental health services unit for Delaware elementary schools. The unit is at a ratio of 250 full-time

equivalent students grades K-5 for a full-time school counselor, school social worker, or licensed clinical social worker. Additionally, a unit ratio of 700 full time equivalent students for grades K-5 for employment of a full-time school psychologist. This Act defines “mental health services” as prevention, response, and coordination services delivered to students in elementary schools. Mental Health disorders are the most common health problem for school aged youth. According to the National Institute of Mental Health (NIMH), one in five youth are affected by a mental health disorder. Additionally, 50% of lifetime mental illnesses begin by age 14. Untreated mental illness leads to negative outcomes including increased risk of dropout, homelessness, substance abuse, other chronic illnesses, incarceration, and possibly suicide. According to the National Alliance on Mental Health, ninety percent of people who have taken their own life have had an underlying mental health condition, and suicides are on the rise. According to the Center for Disease Control and Prevention, suicides are now the second leading cause of death for youth ages 10-14. Delaware schools need trained and experienced mental health professionals to provide prevention and support programs and services to students. Currently, as reported by Delaware school districts, 86% of elementary schools do not employ a school social worker, and ratios of students to school counselors and school psychologists far exceed national best practices. This bill will lower ratios and increase access to mental health services for elementary school students.

Status: Assigned to Appropriations Committee in House

DHA Position: No Position

HB 101

Introduced on: 3/19/2019

An Act to amend Article 14 of the Delaware Code relating to **Education**. This Act requires high needs elementary schools, including high needs elementary charter schools, to have school-based health centers. The State will pay the start-up costs for each school-based health center at 2 centers per year until each high needs elementary school has a center. High needs elementary schools are defined as any elementary school in the top quartile of 3 or more in percentage of low-income students, percentage of English learners, percentage of students with disabilities, percentage of minority students, or having 90% of its students classified as low-income, English learners, or minority. This act also allows high needs elementary schools having pre-existing school-based health centers to apply for reimbursement of previously expended funds necessary to establish said health center.

Status: Assigned to Appropriations Committee in House

DHA Position: No Position

HB 103

Introduced on: 3/21/2019

An Act to amend Article 29 of the Delaware Code relating to the **Division of Substance Abuse and Mental Health**. This bill reflects in greater detail the work performed by DSAMH and ensures that DSAMH has the appropriate authority to license and oversee community mental health providers as they do with SUD facilities. DSAMH essentially already does this when they draft their contracts, so providers are already required to meet their specific standards. This bill establishes uniform standards for providers.

Status: Signed into Law 6/19/19

DHA Position: No Position

HB 104 with HA 1

Introduced on: 3/21/2019

An Act to amend Article 16 of the Delaware Code relating to the **Behavioral and Mental Health Commission**. This bill addresses the Behavioral and Mental Health Commission and functionally narrows its scope to peer review responsibilities. This peer review function provides independent oversight to Delaware’s mental health system without authority to force changes on the State. Much of

the current broader responsibilities of the larger Commission overlap with the Governor's Advisory Committee to DSAMH. The proposed changes do not replace or eliminate the Addiction Action Committee. This is merely to ensure that all commissions and committees have their own discrete area in which to focus. **HA 1** adds a representative from the Delaware Healthcare Association to the Adult Mental Health Peer Review Commission and requires representatives of the mental health peer community to be certified in order to serve on the Commission.

Status: Signed into Law 6/5/19

DHA Position: No Position

HB 105

Introduced on: 3/21/2019

An Act to amend Article 18 of the Delaware Code relating to **Health Insurance Contracts**. Step therapy protocols are a mechanism by which health insurance companies require patients to try one or more prescriptions drugs before coverage is provided for the actual drug prescribed by the patient's health care provider. This Act creates a Step Therapy Exception Process whereby patients who are required by their insurance company to go through step therapy protocols can, under certain circumstances, bypass step therapy to obtain the initially-prescribed medication.

Status: Substituted in House

DHA Position: No Position

HS 1 for HB 105

Introduced on: 4/17/20129

An Act to amend Article 18 of the Delaware Code relating to **Health Insurance Contracts**. Step therapy protocols are a mechanism by which health insurance companies require patients to try one or more prescriptions drugs before coverage is provided for the actual drug prescribed by the patient's health care provider. This Act creates a Step Therapy Exception Process whereby patients who are required by their insurance company to go through step therapy protocols can, under certain circumstances, bypass step therapy to obtain the initially-prescribed medication. This Act does not apply to state or federal governmental plans.

Status: Signed into Law 6/18/19

DHA Position: No Position

HB 110

Introduced on: 5/16/2019

An Act to amend Article 4, 16 & 30 of the Delaware Code **Creating the Delaware Marijuana Control Act**. The Delaware Marijuana Control Act regulates and taxes marijuana in the same manner as alcohol. It allows adults over the age of 21 to legally possess and consume under 1 ounce of marijuana for personal use. It does not permit people to grow their own marijuana. This Act also contains definitions and general provisions, separate licensing requirements for retail marijuana stores, marijuana testing facilities, marijuana cultivation facilities, and marijuana product manufacturing facilities.

Status: Assigned to Appropriations Committee in House

DHA Position: Oppose

HB 115

Introduced on: 4/4/2019

An Act to amend Article 24 of the Delaware Code relating to **Prescriptions**. This Bill requires Podiatrists, Dentists, Doctors, Nurses and Optometrists who issue prescriptions to utilize electronic prescriptions except under certain exceptions.

Status: Signed into Law 6/27/19

DHA Position: No Position

HB 117

Introduced on: 4/11/2019

An Act to amend Article 6 of the Delaware Code relating to the **Prohibition of Harmful Flame Retardants**. This Act prohibits the manufacture, sale, or distribution of children's products, upholstered furniture used in residences, and mattresses that contain harmful flame retardant chemicals. This Act does not apply to the resale of these items. These flame retardants have been found to cause cancer, particularly to firefighters who are extinguishing fires that involve products that contain these chemicals. This Act takes effect on July 1, 2020.

Status: Substituted in House

DHA Position: No Position

HS 1 for HB 117

Introduced on: 5/2/2019

An Act to amend Article 6 of the Delaware Code relating to the **Prohibition of Harmful Flame Retardants**. This Act prohibits the manufacture, sale, or distribution of children's products, upholstered furniture used in residences, and mattresses that contain harmful flame retardant chemicals. This Act does not apply to the resale of these items. These flame retardants have been found to cause cancer, particularly to firefighters who are extinguishing fires that involve products that contain these chemicals. This Act takes effect on July 1, 2020. House Substitute No. 1 for House Bill No. 117 differs from House Bill No. 117 by making technical changes for internal consistency and for consistency with other provisions of the Code.

Status: Substituted in House

DHA Position: No Position

HS 2 for HB 117

Introduced on: 6/14/2019

An Act to amend Article 6 of the Delaware Code relating to the **Prohibition of Harmful Flame Retardants**. This Act prohibits the manufacture, sale, or distribution of children's products, upholstered furniture used in residences, and mattresses that contain harmful flame retardant chemicals. This Act does not apply to the resale of these items. These flame retardants have been found to cause cancer, particularly to firefighters who are extinguishing fires that involve products that contain these chemicals. This Act takes effect on July 1, 2020. Like House Substitute No. 1 for House Bill No. 117, this Act makes technical changes to House Bill No. 117 for internal consistency and for consistency with other provisions of the Code. This Substitute differs from House Substitute 1 for House Bill No. 117 as follows: 1. It allows the electronic components within children's products and upholstered furniture to contain the prohibited chemicals. 2. Revises the definition of "flame retardant chemical" to include only the harmful chemicals prohibited under this Act. 3. Makes additional technical corrections.

Status: Assigned to Economic Development/Banking/Insurance & Commerce Committee in House

DHA Position: No Position

HB 123

Introduced on: 4/18/2019

An Act to amend Article 12 of the Delaware Code relating to the **Appointment of Guardians and the Office of the Public Guardian**. This Act allows the Public Guardian to act as a representative payee for Social Security benefits or as a VA fiduciary for Department of Veterans Affairs benefits. This Act also allows the Court to appoint a guardian with limited powers, to act as guardian for specific areas of decision-making or for a specific term. By making these changes, this Act will allow the Public Guardian to serve in a more limited role where appropriate, and assist more Delawareans who need short-term

assistance, such as to qualify for Medicaid in order to arrange for long-term care or to handle routine financial matters but not make decisions about the care of the person. The ability to serve in a more limited role will increase the Public Guardian's capacity to assist people while the Non-Acute Patient Medical Guardianship Task Force studies options and develops recommendations to improve non-acute patient transitions from acute care settings to more appropriate locations. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Substituted in House

DHA Position: No Position

HS 1 for HB 123

Introduced on: 5/2/2019

An Act to amend Article 12 of the Delaware Code relating to the **Appointment of Guardians and the Office of the Public Guardian**. This Act allows the Public Guardian to act as a representative payee for Social Security benefits or as a VA fiduciary for Department of Veterans Affairs benefits. This Act also allows the Court to appoint a guardian with limited powers, to act as guardian for specific areas of decision-making or for a specific term. By making these changes, this Act will allow the Public Guardian to serve in a more limited role where appropriate, and assist more Delawareans who need short-term assistance, such as to qualify for Medicaid in order to arrange for long-term care or to handle routine financial matters but not make decisions about the care of the person. The ability to serve in a more limited role will increase the Public Guardian's capacity to assist people while the Non-Acute Patient Medical Guardianship Task Force studies options and develops recommendations to improve non-acute patient transitions from acute care settings to more appropriate locations. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. House Substitute No. 1 for House Bill No. 123 differs from House Bill No. 117 by clarifying that limited guardianships can be ordered for specific purposes, the process for terminating a limited guardianship, and that the Public Guardian serves as a representative payee or VA Fiduciary of last resort.

Status: Signed into Law 7/4/19

DHA Position: Support

HB 140

Introduced on: 5/2/2019

An Act to amend Article 16 of the Delaware Code relating to **End of Life Options**. This Act permits a terminally ill individual who is an adult resident of Delaware to request and self-administer medication to end the individual's life in a humane and dignified manner if both the individual's attending physician and a consulting physician agree on the individual's diagnosis and prognosis and believe the individual has decision-making capacity, is making an informed decision, and is acting voluntarily. This Act uses terms and definitions that are consistent with other Delaware laws in Title 16, specifically Chapter 25 (regarding advance health-care directives) and Chapter 25A (regarding Delaware Medical Orders for Scope of Treatment), and provides certain procedural safeguards. This Act is known as "The Ron Silverio/Heather Block End of Life Options Law" in memory of Ron Silverio and Heather Block, who were passionate advocates that passed away without this option becoming available to them.

Status: Introduced and Assigned to Health & Human Development Committee in House

DHA Position: Oppose

HB 141 with HA 1

Introduced on: 5/6/2019

An Act to amend Article 16 of the Delaware Code relating to the **Medical Marijuana Act**. New daily persistent headache (NDPH) is a rare headache disorder characterized by daily and unremitting headaches that can last up to 3 days. Headache onset is abrupt and the throbbing, pressure-like pain is usually on both sides of the head. In order to be diagnosed with this syndrome, a patient has chronic daily headaches

that are present more than 15 days a month for more than 3 months. The age of onset ranges from 6 to greater than 70 years old. It is found to be more common in females in both the adult and pediatric populations. Currently, there is no specific treatment for NDPH. Instead, most are treated similarly to migraines with prescriptions to opiates or narcotics such as gabapentin. In order to avoid the development of medication overuse or addiction, however, physicians do not advise patients to use pain relievers for more than 9 days a month even though the pain persists for many days more than that. Moreover, NDPH is an intractable headache disorder that is unresponsive to standard headache therapies. This bill adds new daily persistent headache and chronic debilitating migraines to the list of chronic or debilitating medical conditions for which a child under 18 may qualify as a patient to receive marijuana oil upon certification by a physician in accordance with the terms of the Delaware Medical Marijuana Act. This bill also adds new daily persistent headache to the list of chronic or debilitating medical conditions that qualifies an adult to be eligible for the use of medical marijuana. **HA 1** clarifies that in order for a child under the age of 18 who has chronic debilitating migraines and new daily persistent headache to qualify as a patient to receive marijuana oil upon certification by a physician, the headaches must be resistant to conventional treatment and interventions.

Status: Signed into Law 6/13/19

DHA Position: No Position

HB 142 with SA 1

Introduced on: 5/7/2019

An Act to amend Article 13 of the Delaware Code relating to the **Domestic Violence Coordinating Council**. This Act adds one more member, a licensed health care professional knowledgeable in the screening and identification of domestic violence cases appointed by the Council, to the Fatal Incident Review Team of the Domestic Violence Coordinating Council. The Act also updates language regarding victims of domestic violence to include survivors. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **SA 1** makes a technical correction.

Status: Signed into Law 7/17/19

DHA Position: No Position

HB 144

Introduced on: 5/7/2019

An Act to amend Article 11 of the Delaware Code relating to **Assault**. House Bill 212 enacted by the 148th General Assembly (80 Del. Laws c. 287) expanded the offense of Assault in the Second Degree to include the intentional assault of ambulance operators, rescue squad members, and nurses injured while performing work-related duties. As a result of increasing workplace violence directed against healthcare providers, this Act further defines Assault in the Second Degree to include other health care treatment providers and employees and hospital security personnel who are injured while performing their work related duties.

Status: Out of Committee in House

DHA Position: Support (DHA Initiative)

HB 146

Introduced on: 5/7/2019

An Act to amend Article 11 of the Delaware Code relating to **Health Insurance**. This bill makes three changes to health insurers and their relationships to providers. First, it limits the number of records that can be requested by a payer from a provider for post claim adjudication audits within a specific period of time. Second, it establishes a minimum filing standard for claims to be made. And third, it details requirements for electronic medical claim submissions and payment remittance. The goal is to reduce the

overall cost to collect and make the process of claims, payments, and post claim adjudication audits more efficient especially as more insurers require electronic claims.

Status: Signed into Law 7/17/19

DHA Position: No Position

HB 155

Introduced on: 5/14/2019

An Act proposing an amendment to Article VIII, # 6 of the **Delaware Constitution relating to Limitations on Appropriations**. This Act is the first leg of a Constitutional Amendment reflecting the recommendations of the Advisory Panel to the Delaware Economic and Financial Advisory Council (DEFAC) on Potential Fiscal Controls and Budget Smoothing Mechanisms established as per House Joint Resolution 8 of the 149th General Assembly (Panel). This Act would build upon the State's existing appropriation limit methodology by moving the Budget Reserve Account into a newly defined Budget Stabilization Fund, defining rules for deposits to and withdrawals from said Budget Stabilization Fund, and adding a check of the appropriation limit against an index comprised of relevant indicators of growth of the State's economy. The Panel further recommended that any final adoption of the structural budget reforms included in this Act be accompanied by statutory enactment of structural reforms to the Personal Income Tax by broadening the tax base as initially recommended by the DEFAC Advisory Council of Revenues report dated May 2015 and further detailed in the Panel's report dated June 1, 2018.

Status: Introduced and Assigned to Administration Committee in House

DHA Position: No Position

HB 166

Introduced on: 5/30/2019

An Act to amend Title 16 of the Delaware Code relating to **Childhood Lead Poisoning Prevention Act**. At this time, blood lead level screening and testing rates are well below what the Division of Public Health would expect them to be based upon the risk factors that determine when screening or testing is necessary. This bill simplifies the requirements and the process for healthcare providers and eliminates confusion that may be causing the low compliance rate for screening or testing, and defines terms used in the Act. This bill mandates screening, defined as capillary blood test, at 12 and 24 months of age. The bill clarifies insurance coverage for the costs of compliance with the Act. The Division of Public Health is also directed to report on elevated blood lead levels to the General Assembly annually and to develop regulations to implement and enforce the Act within 12 months of being enacted.

Status: Out of Committee in House

DHA Position: No Position

HB 169

Introduced on: 5/30/2019

An Act to amend Title 24 of the Delaware Code relating to **Physician Assistants**. This bill changes the relationship between physicians and physician assistants from supervisory to collaborative, in recognition of the evolving role of physician assistants and reflecting the education, training, and experience required for licensing, which emphasizes the team-based practice model. The bill retains a 1:4 ratio of physician assistants to physicians, unless a regulation of the Board increases or decreases the number. This limit of 1:4 does not apply to physicians and physician assistants who practice in the same physical office or facility building, such as an emergency department. This bill increases the number of Board of Medical Licensure and Discipline members from 16 to 18, to include two physician assistant members appointed by the Regulatory Council for Physician Assistants. The bill authorizes physician assistants to participate as uncompensated volunteers in public or community events.

Status: Out of Committee in House

DHA Position: Support

HB 171

Introduced on: 6/3/2019

An Act to amend Title 11 of the Delaware Code relating to the **Establishment of Certificates of Rehabilitation**. This bill creates certificates of rehabilitation, an essential resource states can offer to support reentry, and promote public safety, by lifting statutory bars to jobs, licenses or other necessities such as housing that result from a conviction history. Certificates may be used to provide a way for qualified people with criminal records to demonstrate rehabilitation or a commitment to rehabilitation. At least six states currently have laws authorizing certificates of rehabilitation or other similar means of removing legal barriers arising from a criminal record separate and apart from seeking a governor pardon. This bill creates certificates of rehabilitation to restore the rights of people with criminal records who have paid their debt to society.

Status: Introduced and Assigned to Judiciary Committee in House

DHA Position: No Position

HB 172

Introduced on: 6/3/2019

An Act to amend Title 24 of the Delaware Code relating to creating a **Psychology Interjurisdictional Compact (PSYPACT)**. This Act, the Psychology Interjurisdictional Compact (PSYPACT), is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. PSYPACT has become operational as at least seven states have enacted PSYPACT legislation. Through PSYPACT, licensed psychologists are able to apply for and use Association of State and Provincial Psychology Boards (ASPPB) certificates, which include the E.Passport to practice telepsychology and the Interjurisdictional Practice Certificate (IPC) to conduct temporary in-person, face-to-face practice in PSYPACT states.

Status: Signed into Law 6/27/19

DHA Position: Support

HB 174

Introduced on: 6/3/2019

An Act to amend Title 18 of the Delaware Code relating to the **Insurance Data Security Act**. This Act establishes standards for data security for Title 18 licensees and standards for the investigation of and notification to the Commissioner of a cybersecurity event affecting Title 18 licensees.

Status: Signed into Law 7/31/19

DHA Position: No Position

HB 176

Introduced on: 6/3/2019

An Act to amend Titles 16 & 18 of the Delaware Code relating to the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund (the "Program")**. The Program will be administered by the Delaware Health Care Commission in order to provide reinsurance to health insurance carriers that offer individual health benefit plans in Delaware. The Program will be funded with pass-through funds received from the federal government under the Affordable Care Act, funds provided by the Federal Government for reinsurance, and through a 2.75% annual assessment based on insurance carrier's premium tax liability.

Status: Stricken in House

DHA Position: No Position

HB 183**Introduced on: 6/6/2019**

An Act to amend Titles 19 of the Delaware Code relating to **Worker's Compensation Payments for Injuries or Death and Incidental Benefits**. This Act exempts healthcare provider services subject to the Federal Emergency Medical Treatment and Active Labor Act from the provisions of Subchapter II of Chapter 23 of Title 19 because these services are required by federal law and not elective under this subchapter. This exemption was removed by error in 2014 by House Bill No. 373, as amended by House Amendment Nos. 1 and 2, of the 147th General Assembly.

Status: Introduced and Assigned to Labor Committee in House

DHA Position: No Position

HB 193**Introduced on: 6/10/2019**

An Act to amend Titles 16 & 18 of the Delaware Code relating to the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program**. This Act creates the Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund (the "Program"). The Program will be administered by the Delaware Health Care Commission in order to provide reinsurance to health insurance carriers that offer individual health benefit plans in Delaware. The Program will be funded with passthrough funds received from the federal government under the Affordable Care Act, funds provided by the Federal Government for reinsurance, and through a 2.75% annual assessment based on insurance carrier's premium tax liability.

Status: Signed into Law 6/20/19

DHA Position: No Position

HB 194 with HA 1**Introduced on: 6/10/2019**

An Act to amend Titles 18 of the Delaware Code relating to **Pharmacy Benefit Managers**. Over 80% of pharmaceuticals in the United States are purchased through pharmacy benefits manager ("PBM") networks. PBMs serve as intermediaries between health plans, pharmaceutical manufacturers and pharmacies, and PBMs establish networks for consumers to receive reimbursement for drugs. Given the scope of PBMs in the healthcare delivery system, this Act is designed to provide enhanced oversight and transparency as it relates PBMs. Specifically, this Act does the following: (1) Requires PBMs to register with the Insurance Commissioner. (2) Permits the Insurance Commissioner to issue cease and desist orders based on fraudulent acts or violations of Chapter 33A of Title 18 committed by PBMs. (3) Requires PBMs to maintain certain records. (4) Permits the Insurance Commissioner to examine the affairs of PBMs. (5) Grants the Insurance Commissioner the authority to enforce Chapter 33A of Title 18 by imposing fines, requiring PBMs to take affirmative actions, and suspending, denying, or revoking a PBM's registration. In addition, this Act updates existing law regarding maximum allowable cost lists and establishes a more transparent appeals process for a pharmacy to rely on if a PBM does not reimburse the pharmacy the amount owed under their contract or the maximum allowable cost list. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **HA 1** (1) Clarifies that this Act does not apply to plans of health insurance or health benefits designed for issuance to persons eligible for coverage under Medicare, Medicaid, or any other similar coverage under a State or federal government plan. (2) Changes Delaware Code section designations in the Act due to conflicts with existing Code section designations in Chapter 33 of Title 18. This avoids the need for the Code Revisors to redesignate the conflicting Code sections.

Status: Signed into Law 7/17/19

DHA Position: No Position

HB 216**Introduced on: 6/13/2019**

An Act to amend Titles 18 of the Delaware Code relating to **Reimbursement for and Provision of Prescription Drugs or Pharmacy services**. This Act authorizes a pharmacist or pharmacy to decline to dispense a prescription drug or provide a pharmacy service to an “insured” if the amount reimbursed by an entity subject to the Act is less than the pharmacy acquisition cost. This Act also prohibits a pharmacy benefits manager from reimbursing a pharmacist or pharmacy for a prescription drug or pharmacy service in an amount less than the pharmacy benefits manager reimburses itself or an affiliate for the same prescription drug or pharmacy service.

Status: Out of Committee in House

DHA Position: No Position

HB 218**Introduced on: 6/13/2019**

An Act to amend Titles 18 of the Delaware Code relating to **Licensed Professional Art Therapists**. This Act, the Art Therapist Reimbursement Act, expands consumers' access to mental health care by designating licensed professional art therapists as reimbursement-eligible under health insurance contracts in this State. By assuring parity and equity in health care, this Act not only secures art therapy services for consumers, but operates to increase the number of licensed professional art therapists available in this State to advance the State's comprehensive behavioral health, trauma-responsive, early-intervention, and student success initiatives. This Act also allows licensed professional art therapists to provide art therapy services in various treatment settings to expand mental health access in this State.

Status: Out of Committee in House

DHA Position: No Position

HB 220 with HA 1, HA 2**Introduced on: 6/13/2019**

An Act to amend Titles 18 of the Delaware Code relating to **Insurance Coverage for Drug & Alcohol Dependency & Medication Assisted Treatment**. This Act adds coverage for Medication Assisted Treatment (“MAT”) for drug and alcohol dependencies to the mental health parity laws for health insurance. This Act requires health insurance carriers to provide coverage for prescription medications approved by the U.S. Food and Drug Administration for MAT at no greater financial burden than for prescription medication for other illness or disease, without step therapy requirements, and at the lowest tier of the drug formulary. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual. **HA 1** clarifies that under current law and as amended by this Act, § 3343 of Title 18 does not apply to State-sponsored insurance plans under Title 29. **HA 2** defines “medication assisted treatment”; uses the term “medication assisted treatment” to identify medication approved for the treatment of drug and alcohol dependencies; requires that at least 1 formulation of each prescription medication for medication assisted treatment on each tier of a drug formulary be available without a step therapy requirement; and adds an effective date for this Act.

Status: Signed into Law 8/13/2019

DHA Position: No Position

HB 230**Introduced on: 6/14/2019**

An Act to amend Titles 16 of the Delaware Code relating to the **Delaware Health Care Claims Database**. This Act allows the Delaware Health Information Network (“DHIN”) to enter into an appropriate agreement with the State Council for Persons with Disabilities (“SCPD”) to provide access to all claims data reported to the Delaware Health Care Claims Database. The SCPD’s Brain Injury Committee (“BIC”) has been discussing the BIC’s need for data with the DHIN for over a year and the DHIN and the SCPD found that utilizing existing data collection systems is more cost-effective and efficient than setting up a separate

registry for Delaware's Traumatic Brain Injury ("TBI") patients. Access to current and accurate TBI data from the Delaware Health Care Claims Database will assist the SCPD to do the following: 1. Enhance the ability to identify scope of service needs and gaps in services. 2. Enhance the ability to leverage federal funds because past grant opportunities were denied, in part, because of a lack of reliable and useful Delaware data. 3. Incorporate the use of the data into research studies on the effectiveness of services provided, return on efforts, and cost-effectiveness.

Status: Signed into Law 7/23/19

DHA Position: Support

HB 233

Introduced on: 6/18/2019

An Act to amend Titles 16 of the Delaware Code relating to the **Uniform Controlled Substances Act**. This Act expands the definition of "prescription drug order" to include electronic prescribing and makes Gabapentin a Schedule V controlled substance. Gabapentin is a prescription medication which is used to treat partial seizures and neuropathic pain. However, Gabapentin is also used to increase the effects of opioids, which potentially increases the risk of overdose death when used in combination with opioids. Gabapentin has become a drug of abuse with users reporting effects such as euphoria, a marijuana-like high, and other users describing their state after taking the medication to be zombie-like. The United States has seen substantial increases in the rate of Gabapentin prescribing and abuse. Several states, including Kentucky, Ohio, and West Virginia, have already classified Gabapentin as a Schedule V controlled substance. Classifying Gabapentin as a Schedule V controlled substance in Delaware will permit the State to monitor the prescription of the drug and address issues of abuse.

Status: Out of Committee in House

DHA Position: No Position

HB 234

Introduced on: 6/18/2019

An Act to amend Titles 16 of the Delaware Code relating to the **Uniform Controlled Substances Act**. This Act gives the Delaware Secretary of State the authority to promulgate rules and regulations for the implementation of this Act. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Signed into Law 7/23/10

DHA Position: No Position

HB 239 with HA 1

Introduced on: 6/18/2019

An Act to amend Titles 16 of the Delaware Code relating to **Informed Consent**. This Act prohibits a pelvic, rectal, or prostate examination by a health care practitioner or professional on an individual who is anesthetized or unconscious. This Act provides exceptions and they are if informed consent is provided, the examination is for diagnostic or treatment purposes, an emergency exists and the examination is necessary, or the examination is ordered by a court. The Act also defines informed consent as a signing of a consent form that is written in plain language, is dated, includes a description of the procedure to be performed and states that a medical student or resident may perform or be present during the examination. Finally, this Act provides that a health-care practitioner or professional who violates the section may be subject to discipline by the appropriate professional licensing board. **HA 1** clarifies the procedures that must be followed to obtain a court order for an examination for the collection of evidence when the patient is unconscious or anesthetized. This Amendment also provides an effective date which is 60 days after its enactment into law.

Status: Signed into Law 9/10/19

DHA Position: No Position

HB 243**Introduced on: 6/20/2019**

An Act to amend Titles 16 of the Delaware Code relating to the **Cultivation of Medical Marijuana by Registered Qualifying Patients and Designated Caregivers**. This Act allows registered qualifying patients and registered designated caregivers to grow limited amounts of medical marijuana if the certain requirements are met. This Act also gives the Department the authority to perform random inspections of home cultivation facilities and to require the production of the detailed monthly records. Unless there is credible reason to suspect a violation of this Act, the Department may only perform 2 inspections of the same location in a 12 month period. This Act also allows a landlord, homeowners association, or common interest communities to prohibit the cultivation of marijuana and requires that the annual report from the Medical Marijuana Act Oversight Committee provide data and recommendations regarding home cultivation of marijuana. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Introduced and Assigned to Public Safety & Homeland Security Committee in House

DHA Position:

HB 256**Introduced on: 6/27/2019**

An Act to amend Title 19 of the Delaware Code relating to **Background Checks for Employees, Contractors, and Volunteers of the Department of Health & Social Services**. This bill requires criminal background checks for any current or prospective employees, contractors, and volunteers of the Division of Health and Social Services that visit families in their homes and in the community or have regular, direct access to children or adolescents under the age of 18. This background check includes fingerprinting for Delaware and national background checks as well as a check of the Child Protection Registry.

Status: Introduced and Assigned to Health & Human Development Committee in House

DHA Position: No Position

HS 1 for HB 257**Introduced on: 1/16/2020**

An Act to amend Title 16 of the Delaware Code relating to the **Delaware Healthcare Commission**. This substitute act establishes a Health Care Provider Loan Repayment Program for new primary care providers to be administered by the Delaware Health Care Commission. Under the loan repayment program, the Health Care Commission may award education loan repayment grants to new primary care providers of up to \$50,000 per year for a maximum of 4 years. Priority consideration may be given to DIMER-participating students and participants in Delaware-based residency programs. Sites eligible to apply for grants on behalf of their new primary care providers must be located in underserved areas or areas of need and must accept Medicare and Medicaid participants. Grants to hospital sites must be matched on a dollar-for-dollar basis by the applicant hospital and the disbursement of grants from the program is contingent upon an initial, one-time contribution to the Health Care Provider Loan Repayment Program, in an amount Fiscal Year 21 appropriation of State funds up to a maximum of \$1 million, from Delaware health insurers.

Status: Assigned to Appropriations Committee in House

DHA Position: Support (DHA Initiative)

HB 263 with HA 1**Introduced on: 1/9/2020**

An Act to amend Title 18 and Title 29 of the Delaware Code relating to **Cost Sharing in Prescription Insulin Drugs**. This Act requires that individual, group, and State employee insurance plans cap the amount an individual must pay for insulin prescriptions at \$100 a month and must include at least 1 formulation of insulin on the lowest tier of the drug formulary developed and maintained by the carrier.

Status: Signed into Law 7/16/20

DHA Position: No Position

HB 266

Introduced on: 1/9/2020

An Act to amend Title 31 of the Delaware Code relating to **Background Checks for Child-Serving Entities**. This bill addresses an on-going problem relating to background checks for employees, volunteers, and contractors of child-serving entities. Currently, a person working a child-serving entity who obtains the required background check must undergo another background check when that person obtains employment at another child-serving entity even if that background check had recently been completed. This put an undue burden on the employee and the State Bureau of Identification who run the background checks. This bill would allow an employee, volunteer, or contractor who is required to obtain a background check to authorize a child-serving entity to share the results of a background check with another child-serving entity so long as the authorization is in writing and provided to the Office of Child Care Licensing. This bill also requires the Department of Education to establish a procedure to allow employees, volunteers and contractors to authorize the sharing of background checks between child-serving entities.

Status: Introduced and Assigned to Public Safety & Homeland Security Committee in House

DHA Position: No Position

HB 268

Introduced on: 1/9/2020

An Act to amend Title 18 and Title 29 of the Delaware Code relating to Insurance **Coverage of Epinephrine Autoinjectors**. This Act requires that individual, group, State employee, and public assistance insurance plans provide coverage for epinephrine autoinjectors for individuals who are 18 years of age or under and must include at least 1 formulation of epinephrine autoinjectors on the lowest tier of the drug formulary developed and maintained by the carrier if the insurance plan has tiers.

Status: Out of Committee in House

DHA Position: No Position

HB 285

Introduced on: 1/15/2020

An Act to amend Title 18 and Title 29 of the Delaware Code relating to the **Provision of Free Feminine Hygiene Products**. This bill requires all public and charter schools which have students in grades 6-12 to provide free feminine hygiene products in 50% of the bathrooms used by students who can have a menstrual cycle. This bill also requires schools to publish on its website and post in its common areas the locations of the bathrooms where the hygiene products are provided. Finally, this bill provides that each school must consult with its school nurse regarding the products to be provided.

Status: Passed in House. Assigned to Health and Social Services in the Senate.

DHA Position: No Position

HB 286

Introduced on: 1/23/2020

An Act to amend Title 18 of the Delaware Code relating to **Health Insurance**. This bill requires that inadvertent out-of-network services be included in individual and group health insurance policies as well as group and blank health insurance policies. This bill defines inadvertent out-of-network services are those services that are covered under a policy or contract of health insurances, but are provided by an out-of-network provider in an in-network facility, or when in-network health care services are unavailable or not made available to the insured in the facility. Inadvertent out-of-network services also includes laboratory testing ordered by an in-network provider but performed by an out-of-network laboratory.

Status: Out of Committee in House

DHA Position: Support (DHA Initiative)

HB 287

Introduced on: 1/29/2020

An Act to amend Title 29 of the Delaware Code relating to **Pharmaceutical Purchasing**. This Act implements recommendations of the Interagency Pharmaceuticals Purchasing Study Group created by House Concurrent Resolution No. 35. First, this Act creates the Interagency Pharmaceutical Purchasing Collaborative (“Collaborative”) to leverage the total volume of State pharmaceutical purchases to negotiate lower prices. The Collaborative must conduct a data analysis of current pharmaceutical purchasing prices paid by State agencies to create a data analytic profile. After building the data analytic profile, the Collaborative must build a market database by assessing the value, as determined by cost and patient outcome, of individual drugs and calculating the volume of individual drug purchases by all State agencies. The Collaborative must use the market database to identify opportunities to leverage the total volume of State pharmaceutical purchases to negotiate lower prices which may include a group purchasing agreement or a consortium with other states. Second, this Act requires that State agency contracts to purchase pharmaceuticals must contain specific transparency provisions. These transparency provisions will allow the State to monitor and control the cost of pharmaceutical purchases. Finally, this Act clearly provides that information received or generated by the Collaborative or under contract transparency provisions is not public information under the Freedom of Information Act. However, the Collaborative must provide an annual report that summarizes the Collaborative's work. **HA 1**, which addresses a concern that arose after the Interagency Pharmaceuticals Purchasing Study Group completed its work, provides the Department of Health and Social Services with more flexibility in implementing this Act, was placed with the Bill.

Status: Substituted in House

DHA Position: No Position

HS 1 for HB 287

Introduced 3/12/2020

An Act to amend Title 29 of the Delaware Code relating to Pharmaceutical Purchasing. This Act implements recommendations of the Interagency Pharmaceuticals Purchasing Study Group created by House Concurrent Resolution No. 35. House Substitute No. 1 for House Bill No. 287 differs from House Bill No. 287 as follows: 1. In § 6317A(e)(2)a. of Title 29, requires the Interagency Pharmaceutical Purchasing Collaborative to assess the value of individual drugs using evidence-based cost and patient outcomes instead of by the simple cost and patient outcomes. 2. Changes “pharmacy benefit manager” to “wholesaler” in § 6937(a)(1) of Title 29, because the acquisition cost is negotiated between a wholesaler and manufacturer not between a pharmacy benefit manager and manufacturer. 3. Requires the Secretary of the Department of Health and Social Services to provide and purchase the data analytics required under § 6317A(e)(1) of Title 29 by March 31, 2021.

Status: Assigned to Health & Human Development Committee in House

DHA Position: No Position

HB 306

Introduced 3/12/2020

An Act to amend Title 29 of the Delaware Code relating to the **Behavioral Health Professional of the Year**. This Act establishes a Behavioral Health Professional of the year award program throughout the State. Through this legislation, the state will formally honor and recognize the work behavioral health professionals, such as, school counselors, social workers, licensed clinical social workers, school psychologists, and school nurses.

Status: Introduced and Assigned to Administration Committee in House

DHA Position: Support

HB 307

Introduced 3/12/2020

An Act to amend Titles 18, 29 and 31 of the Delaware Code relating to **Mental Health**. This bill amends Chapter 33, Title 18 of the Delaware Code by adding a new § 3370D to require coverage of an annual behavioral health well check. This bill also amends Chapter 35, Title 18 of the Delaware Code by adding a new § 3571X to require coverage of an annual behavioral health well check. This bill also amends Chapter 5, Title 31 of the Delaware Code by adding a new § 528 to require coverage of an annual behavioral health well check. This bill also amends Chapter 52, Title 29 of the Delaware Code by adding a new § 5212 to require coverage of an annual behavioral health well check.

Status: Introduced and Assigned to Administration Committee in House

DHA Position: Support

HB 329

Introduced 4/17/2020

An Act to amend Titles 18 of the Delaware Code relating to Insurance Discrimination Based on Pre-Exposure Prophylaxis Medication to Prevent HIV Infection. Individuals who are at very high risk of getting HIV can take pre-exposure prophylaxis (“PrEP”) medication to reduce the risk of HIV transmission. PrEP medication reduces the risk of HIV transmission by up to 99% if taken daily. This Act prohibits discrimination because an individual takes PrEP medication in the issuance or renewal of disability, long-term care, and life insurance.

Status: Introduced and Assigned to Economic Development/Banking/Insurance & Commerce Committee in House.

DHA Position: Support

HB 330

Introduced on: 2/24/2020

An Act to amend Title 20 of the Delaware Code relating to **Emergency Management**. This bill limits the Governor's authority to continue a state of emergency by requiring the General Assembly to adopt and set the time period for continuing the state of emergency. If the Speaker of the House of Representatives and President Pro Tempore of the Senate agree that it is not reasonably possible for the General Assembly to conduct a meeting and the Governor determines that it is necessary to continue the state of emergency, then and only then may the Governor continue the state of emergency without approval of the General Assembly.

Status: Introduced and Assigned to Administration Committee in House.

DHA Position: No Position

HB 339

Introduced on: 6/16/2020

Over 80% of pharmaceuticals in the United States are purchased through pharmacy benefits manager (“PBM”) networks. PBMs serve as intermediaries between health plans, pharmaceutical manufacturers and pharmacies, and PBMs establish networks for consumers to receive reimbursement for drugs. Given the scope of PBMs in the healthcare delivery system, this Act is designed to provide **enhanced oversight and transparency as it relates to PBMs**. Specifically, this Act does the following: (1) If a PBM denies an appeal for a reimbursement subject to maximum allowable cost pricing, requires the PBM to provide the national drug code number of wholesalers in Delaware that have the drug in stock below maximum allowable cost. (2) Authorizes a pharmacist or pharmacy to decline to dispense a prescription drug or provide a pharmacy service to an insured if the amount reimbursed by a PBM is less than the pharmacy acquisition cost. If a pharmacist declines to provide a drug or service, the pharmacist must inform the insured that the pharmacist did this because of the

costs of providing the drug or service and provide the insured with a list of pharmacies in the area that may provide the drug or service. (3) Requires PBMs to provide a reasonably adequate and accessible pharmacy benefits manager network. (4) Increases transparency by requiring PBMs to provide reports to the Insurance Commissioner on network adequacy and the amount of rebates received by PBMs and distributed to insurers or insured. (5) Prohibits PBMs from engaging in certain conduct, such as spread pricing, false advertising, and reimbursing a pharmacist or pharmacy in an amount less than the PBM reimburses itself or an affiliate for the same drug or service. If a PBM engages in prohibited conduct, the Insurance Commissioner is authorized to deny, suspend, or revoke the PBM's registration under § 3355A of Title 18 or impose penalties or take other enforcement action under § 3359A of Title 18. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

Status: Introduced and Assigned to Economic Development/Banking/Insurance & Commerce Committee in House

DHA Position: No Position

HB 345

Introduced on 6/12/2020

Due to the public health emergency caused by COVID-19, several legislative task forces and committees have not been able to fulfill the reporting requirements of the task force's or committee's enabling legislation and need additional time to complete the necessary work to prepare a report. This Act **extends the following legislative task forces and committees:** (1) The Pharmacy Reimbursement Task Force. (2) The Local Service Functions Task Force. (3) The Division of Developmental Disabilities Services Task Force. (4) The Department of Health and Social Services Reorganization Committee. (5) The Non-Acute Patient Medical Guardianship Task Force. (6) The task force created to study volunteer firefighter recruitment and retention. (7) The Gun Violence Prevention Task Force.

Status: Signed into Law 7/23/20

DHA Position: Support

HB 348

Introduced on: 6/12/2020

This Act **continues certain provisions in the Declaration of a State of Emergency for the State of Delaware dated March 12, 2020 due to a Public Health Threat as a result of the COVID-19 pandemic as modified related to telemedicine.** The Second Modification of the State of Emergency suspended all Title 24 statutory requirements that patients present in-person before telemedicine services may be provided and the requirement that a patient must be in Delaware at the time the telemedicine services are provided; this Act continues the suspension of those requirements, but specifies that the requirement that a patient present in-person prior to the delivery of telemedicine services is excused only during the pendency of emergency conditions which make in-person presentation impractical. The Tenth Modification of the State of Emergency suspended any requirement in regulation that required both audio and visual technology; this Act prohibits any regulation pertaining to telemedicine requiring visual communication so as to permit telemedicine services via non-smart phones or land line connections. Professions not covered by this Act include those professionals who require direct supervision by the nature of the work such as licensed associate counselors of mental health. Such professionals may engage in telemedicine and telehealth as provided by existing law. This Act requires that telemedicine services permitted under this Act receive the same insurance coverage as under existing law.

Status: Substituted in House

DHA Position: Support

HS 1 for HB 348 with HA 1

Introduced on: 6/23/2020

House Substitute No. 1 for House Bill No. 348 differs from HB 348 in the following ways: 1. In Paragraph 2 of the Preamble, the exact language from Governor Carney's Second Modification of the March 12, 2020 Declaration of a State of Emergency pertaining to suspension of the Delaware Board of Medical Licensure and Discipline Regulation 19 is incorporated to support Section 4 of the bill which specifies that physicians may prescribe opioids via telemedicine. 2. A new Paragraph 3 has been added to the Preamble to reference a Joint Order of Health and Social Services and the Delaware Emergency Management Agency dated March 24, 2020 specifying categories of out-of-state health care practitioners who will be authorized to practice in Delaware during the state of emergency occasioned by COVID-19. 3. The Substitute adds a requirement that out-of-state practitioners must complete a Medical Request Form and comply with any other regulations established by the Division of Professional Regulation. 4. The Substitute eliminates language limiting the practice of telemedicine by both physicians and APRNs without a practitioner-patient relationship to the existence of COVID-19. 5. The Substitute specifies that prescribing controlled substances including opioids prescribed via telemedicine is subject to the same standards of practice and includes a paragraph under existing law pertaining to authorization for APRNs to prescribe controlled substances and adds the authority to prescribe opioids by electronic means. 6. The Synopsis has been changed to reflect that practitioners covered include respiratory therapists and physician assistants and the other changes in the Substitute bill. **HA 1** eliminates authorization for out-of-state practitioners to practice telemedicine and telehealth in Delaware with the exception of mental health care providers. It retains the suspension of any Delaware Board of Medical Licensure and Discipline Regulations which limit the practice of telemedicine. The authorization to use audio-only communication devices and to dispense with a pre-existing patient provider relationship if it is impractical to have an in-person encounter prior to the delivery of telehealth services is maintained.

Status: Signed into Law 7/17/2020

DHA Position: Support

HB 350

Introduced on: 6/17/2020

This Act creates the crime of Aggravated Strangulation. A person is guilty of Aggravated Strangulation if the person is a law-enforcement officer, and while acting within the person's official capacity as a law-enforcement officer, knowingly or intentionally uses a chokehold on another person. Under this Act, a chokehold is only justifiable when the person reasonably believes deadly force is warranted in order to protect the life of a civilian or law-enforcement officer. Aggravated Strangulation is a Class D felony unless the law-enforcement officer using a chokehold causes serious physical injury or death to another person thereby elevating the crime to a Class C felony. This Act also makes clear that if a person is charged under this section, such a charge shall not preclude or limit the State or any other prosecuting agency from bringing other criminal charges against the person.

Status: Signed into Law 8/13/20

DHA Position: Support

HB 353

Introduced on: 6/17/2020

This Act would **ensure that employers are not charged for the benefit wages of employees who they had to terminate, furlough, or lay off due to the economic shutdown needed to respond to the COVID-19** public health crisis. The intention of the Department of Labor is to use other sources of federal funds to repay the Unemployment Insurance Trust Fund for the COVID-19 related benefits paid to these claimants, instead of charging the employers. It is not the intention to increase taxes on employers, and for most employers, this Act will avoid a significant increase in their unemployment tax assessment rates from COVID-19 related charges.

Status: Signed into Law 8/25/20

DHA Position: No Position

HB 354**Introduced on: 6/17/2020**

This Act requires statutorily designated health providers to **provide medical certifications of death, for death certificates, electronically** and for the death certificates to be electronically filed with the Delaware Vital Events Registration System (DelVers). This Act sunsets on March 30, 2021.

Status: Signed into Law 7/23/20

DHA Position: No Position

HB 355**Introduced on: 6/17/2020**

This Act **creates the 17-person Behavioral Health Planning and Advisory Council to the Division of Substance Abuse and Mental Health** and ensures the Council will satisfy the requirements of Title XIX of the Public Health Service Act (42 U.S.C. 300x-4(a)). The Act designates the Council as Delaware's State Mental Health Planning Council under Title XIX of the Public Health Services Act (42 U.S.C. 300x). The Act also makes clear that the Council is a public body for the purposes of the Freedom of Information Act.

Status: Signed into Law 8/6/20

DHA Position: Support

HB 358**Introduced on: 6/26/2020**

Delaware received significant funding from the federal government under the CARES Act to address economic harm caused by the Covid-19 public health emergency. This Act recognizes the undue economic harm small businesses faced during the State of Emergency closures in Delaware and specifically **instructs that 100,000,000.00 of the CARES Act money be directed to small business** through an application process overseen by the Secretary of State and the Delaware Economic Development Authority.

Introduced and Assigned to Administration Committee in House.

DHA Position:

HCR 3**Introduced on: 1/23/2019**

This concurrent resolution **designates the week of February 10-16, 2019, as "Children of Alcoholics Week"** and calls upon Delawareans to break the silence and talk to their family and friends about alcoholism.

Status: Passed in House & Senate

HCR 6**Introduced on: 1/23/2019**

This Concurrent Resolution **recognizes January, 2019 as Human Trafficking Awareness Month in Delaware.**

Status: Passed in House & Senate

HCR 14**Introduced on: 3/20/2019**

This House Concurrent Resolution designates the **21st day of the Month of March, 2019 as "Rock Your Socks for World Down Syndrome Day"** and celebrates the beauty and contributions that people with Down syndrome make in Delaware.

Status: Passed in House & Senate

HCR 19**Introduced on: 3/26/2019**

This House Concurrent Resolution recognizes **March 26, 2019, as "Rare Disease Day" in Delaware.**

Status: Passed in House & Senate

HCR 24**Introduced on: 4/11/2019**

This House Concurrent Resolution recognizes **April 2019** as “**Autism Awareness Month**” and **Autism Delaware's 20 years of service to the people of Delaware.**

Status: Passed in House & Senate

HCR 26**Introduced on: 4/9/2019**

This House Concurrent Resolution designates **April 2, 2019 AS "EQUAL PAY DAY" in the State of Delaware.**

Status: Passed in House & Senate

HCR 31**Introduced on: 4/16/2019**

This resolution recognizes **March 30, 2019 as Endometriosis Awareness Day in Delaware** to help raise awareness, gain research, and show support to its sufferers.

Status: Passed in House & Senate

HCR 32**Introduced on: 4/16/2019**

This resolution designates the month of **May 2019, as “Trauma Awareness Month”** and calls upon Delawareans to educate themselves on the impact of trauma and promote awareness and resiliency in their families and communities.

Status: Passed in House & Senate

HCR 35**Introduced on: 4/18/2019**

This House Concurrent Resolution establishes an **Interagency Pharmaceuticals Purchasing Study Group ("Study Group")** to coordinate the existing efforts to leverage bulk purchasing to negotiate lower prices and make recommendations to maximize the opportunities to coordinate State-funded pharmaceutical purchases.

Status: Passed in House & Senate

HCR 43**Introduced on: 5/9/2019**

This resolution encourages State of Delaware employees to make informed decisions about their health care during **Open Enrollment** and throughout the year as an important step to help control rising health care costs and to maintain high quality, affordable benefit options now and in the future.

Status: Passed in House & Senate

HCR 52**Introduced on: 6/20/2019**

This resolution urges the **Director of the Delaware Division of Public Health to designate Alzheimer's Disease and other dementias as public health issues.**

Status: Passed in House & Senate

HCR 57**Introduced on: 6/25/2019**

This resolution urges the **Director of the Delaware Division of Public Health to designate Alzheimer's Disease and other dementias as public health issues.**

Status: Passed in House & Senate

HJR 6**Introduced on: 6/13/2019**

This Joint Resolution calls on the **Behavioral Health Consortium to issue legislative and regulatory recommendations which would increase access to the total number of Medication Assisted Treatment prescribers among all providers.**

Status: Signed into Law 8/13/19

DHA Position: No Position