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Sens. Ennis, Hansen, Pettyjohn, Sokola; Reps. Baumbach,
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DELAWARE STATE SENATE
149th GENERAL ASSEMBLY

SENATE BILL NO. 161

AN ACT TO AMEND TITLE 21 OF THE DELAWARE CODE RELATING TO PERSONAL INJURY PROTECTION PAYMENTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1 Section 1. Amend Subchapter I, Chapter 21, Title 21 of the Delaware Code by making deletions as shown by
2 strikethrough and insertions as shown by underline as follows:

3 § 2118C. Limit on charges by providers of services.

4 (a) A provider of services under § 2118(a)(2)a.1. and 3. of this title may not exceed the charges permissible under
5 the fee schedules established by the Workers' Compensation Oversight Panel under § 2322B of Title 19 for injury, unless
6 the insurer determines that unusual procedures or unique circumstances justify an additional charge.

7 (b)(1) A provider of services under § 2118(a)(2)a.1. and 3. of this title may not demand or request from anyone
8 payment in addition to the charges authorized under this section.

9 (2) An insurer shall report to the Division of Professional Regulation any pattern of overcharging, excessive
10 treatment, or other improper actions by a provider of services within 30 days after the insurer has knowledge of such
11 pattern.

12 (c) This section does not prohibit an insurer from making an agreement with a provider of services under §
13 2118(a)(2)a.1. and 3. of this title that governs the fees for services provided under § 2118(a)(2)a.1. and 3. of this title.

14 (d) A provider of services under § 2118(a)(2)a.1. and 3. of this title shall adhere to the health care practice
15 guidelines under § 2322C of Title 19 and utilization review requirements under § 6417 of Title 18.

16 Section 2. This Act takes effect on January 1, 2019.

SYNOPSIS

Under this Act, a provider of services under § 2118(a)(2)a.1. and 3. of Title 21 may not exceed the charges permissible under the fee schedule established by the Workers' Compensation Oversight Panel for work-related injuries. And, this Act prohibits these providers of services from demanding or requesting any payments in addition to the charges authorized by this Act. It also requires these providers of services to adhere to health care practice guidelines and be subject to utilization review.

In addition, this Act requires insurers to report any pattern of overcharging, excessive treatment, or other improper actions by a healthcare provider to the Division of Professional Regulation.

Finally, this Act provides that if an insurer has a contractual arrangement with a medical provider governing the fees for medical services, the contract fees would apply. The fee schedule would apply only in the absence of any such contractual arrangement.

Author: Senator Bushweller