



SPONSOR: Rep. Kowalko & Rep. Jaques Rep. Osienski

HOUSE OF REPRESENTATIVES  
146th GENERAL ASSEMBLY

HOUSE BILL NO. 392

AN ACT TO AMEND TITLE 31 OF THE DELAWARE CODE RELATING TO HEALTH INSURANCE.

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

1 Section 1. Amend Title 31 of the Delaware Code by making insertions as shown by underlining as follows:

2 Chapter 16. DELAWARE HEALTH SECURITY ACT

3 §1601. Findings and Declarations.

4 (a) The General Assembly finds and declares that the current system of health care coverage for Delaware citizens  
5 is both program and cost ineffective based on the following evidence:

6 (1) Approximately 125,000 Delawareans have no health care coverage insurance and many more than  
7 that number have inadequate health care coverage;

8 (2) Most Delawareans without health care insurance are workers and their families, and that number of  
9 working uninsured and their family members is expected to increase over the next decade;

10 (3) The present health care insurance system is increasingly unresponsive to health care needs and has  
11 taken important medical and other health care decisions away from physicians and other health care  
12 professionals and patients and placed them in the hands of profit-protecting insurance company  
13 administrators;

14 (4) The current health care insurance system is increasingly bureaucratic and wastefully expensive, with  
15 a significant proportion of our state's health care funds going to insurance company profits and to  
16 corporate overhead and administrative costs, including high salaries, massive advertising, lobbying  
17 expenses and multiple and needlessly complex claims processing procedures;

18 (5) With the continued projection of double-digit percent annual cost increases in health care premiums,  
19 managed care has not proven to be the cure for escalating health care costs, and this Act will eliminate  
20 these large annual increases;

21 (6) Narrowly targeted reform activities such as a Patient's Bill of Rights will not fundamentally change a  
22 structurally flawed system;

23 (7) This program and cost effective Act will serve as a magnet to both attract and retain private  
24 businesses competing in the global economy;

25 (8) This Delaware Health Security Act will be implemented in full compliance with the federal Patient  
26 Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and  
27 Education Reconciliation Act of 2010 (Public Law 111-152) and as further amended. The current  
28 President and federal Secretary of Health and Human Services have informed state Governors that they  
29 will approve all waivers and requests needed to implement state health care reform acts if the state acts  
30 provide better program and cost effective health care benefits than the federal health care reform act. Two  
31 statewide Delaware research studies on single payer health care program and cost effectiveness provide  
32 documented evidence supporting the need for this single payer Delaware Health Security Act. A strategy  
33 and process will be developed to seek necessary waivers and other requests, such as having all federal  
34 funds given our state and local governments for health care purposes deposited in an Authority Health  
35 Care Fund, in order to fully implement the Delaware Health Security Act;

36 (9) The Delaware Health Security Coalition has demonstrated that Delawareans strongly support  
37 significant, comprehensive single payer reform of our state's costly and inadequate health care system.  
38 Poll after poll. at state and national levels, show that two-thirds of citizens polled want a single payer  
39 health care system.

40 (b) The General Assembly finds and declares that enacting a single payer, non-government run Delaware Health  
41 Security Act will guarantee comprehensive, quality health care coverage for all Delawareans from the moment of  
42 conception until one's last breath is taken. Statewide studies in Delaware, many other states and national studies have  
43 documented the program and cost effectiveness of a single payer health care system at the state level. This Act will be  
44 governed by and financed through an independent Delaware Health Security Authority within the State Department of  
45 Health and Social Services. The Authority's Board will have representatives from health professions, consumer groups,  
46 health committees from the State Senate and House of Representatives and the Secretary of the Department of Health and  
47 Social Services representing the Governor's office. This Delaware Health Security legislation will guarantee all Delaware  
48 citizens and out-of-state citizens who have coverage through Delaware employers the following:

49 (1) Continued access to comprehensive, quality health care without regard to income, employment  
50 (except for out-of-state citizens who lose Delaware employment) or health status;

51 (2) Freedom to choose their health care professionals and all health care providers and services;

- 52                   (3) A comprehensive benefits package covering all health care needs without any supplemental insurance,  
53                   co-payments or deductibles;
- 54                   (4) Health care providers who will practice according to professional standards, without interference from  
55                   third-party decision-makers;
- 56                   (5) Significant overall cost savings by streamlining health care financing, improving efficiency; and  
57                   expanding preventive care and eliminating costly private insurance industry profits and practices.

58                   §1602. Definitions.

59                   The following words and phrases as used in this Chapter shall have the following meanings, except where the  
60                   context clearly requires otherwise:

61                   (1) "Advisory Council" means the three advisory councils that represent each of our state's three counties  
62                   established pursuant to 1608 of this Chapter;

63                   (2) "Board" means the appointed members of the Delaware Health Security Authority, which is to administer the  
64                   Delaware Health Security Act;

65                   (3) "Executive Director" means the Executive Director of the Delaware Health Security Authority;

66                   (4) "Health Care" means care provided to an individual by a licensed health care professional to promote physical  
67                   or mental health, to prevent illness and injury and to treat illness and injury;

68                   (5) "Health Care Authority" means the Delaware Health Security Authority established in §1604 of this Chapter;

69                   (6) "Health Care Facility" means any facility or institution, whether private or public, nonprofit or proprietary,  
70                   which offers diagnosis, treatment, inpatient or ambulatory care to two or more unrelated persons;

71                   (7) "Health Care Provider" means a person, partnership, corporation or other business organization, other than a  
72                   facility or institution, licensed, certified or authorized by law to provide professional health care services in the  
73                   state to an individual;

74                   (8) "Professional Advisory Committee" means a committee of advisors appointed by a Director of a Division of  
75                   the Delaware Health Security Authority;

76                   (9) "Resident" means a person who lives in Delaware as evidenced by an intent to continue to live in Delaware and  
77                   to return to Delaware if temporarily absent, coupled with an act or acts consistent with that intent. The Authority  
78                   shall adopt standards and procedures for determining whether a person is a resident and for determining out-of-  
79                   state citizens' eligibility based on receiving health care coverage through their Delaware employers. Such rules and  
80                   standards shall include:

81 (i) A provision requiring that the person seeking resident status has the burden of proof in such  
82 determination;  
83 (ii) Reasonable durational domicile requirements not to exceed two years for long term care and 90 days  
84 for all other covered services;  
85 (iii) A provision that a residence established for the purpose of seeking health care shall not by itself  
86 establish that a person is a resident of the state; and  
87 (iv) A provision that, for the purposes of this Chapter, the terms "domicile" and "dwelling place" are not  
88 limited to any particular structure or in real property and specifically includes homeless individuals with  
89 the intent to live and return to Delaware if temporarily absent coupled with an act or acts consistent with  
90 that intent.

91 (10) "Secretary" shall mean the Secretary of the State Department of Health And Social Services; and

92 (11) "Authority Fund" means the Delaware Health Security Authority Fund established in 1619 of this Chapter.

93 §1603. Compliance with Federal Laws 111-148 and 111-152 as Amended

94 (a) After the Delaware Health Security Act is passed and signed into law, the following leadership  
95 persons will be appointed and employed: Fifteen members of the ruling Delaware Health Security Authority will  
96 be appointed as specified in §1607; Fifteen members of each county's Advisory Council appointed from the same  
97 sources as the state Health Security Authority; Hiring the Executive Director by the Health Security Authority; and  
98 hiring Directors and staff for the Health Authority's Administrative, Planning, Benefits and Quality Assurance  
99 Divisions. After developing an orchestrated program and cost effective single payer reform system, as spelled out  
100 in the contents of this Delaware Health Security Act, waivers and other required requests will be made to  
101 appropriate offices in our federal government. This single payer act will initially be placed in the Delaware Health  
102 Insurance Exchange as a Qualified Health Plan as the beginning step in accomplishing full implementation of this  
103 very program and cost effective single payer Delaware Health Security Act.

104 §1604. Establishment of the Delaware Health Security Authority.

105 (a) There is hereby created a body corporate and politic to be known as the Delaware Health Security  
106 Authority hereinafter referred to as the Authority. The Authority is hereby constituted a public instrumentality of  
107 the state and the exercise by the Authority of the powers conferred by this Act shall be deemed and held the  
108 performance of an essential governmental function. The Authority is placed in the Department of Health and  
109 Social Services but shall not be subject to the supervision or control of said Department or of any Board, Bureau,  
110 Department or other agency of the state except as specifically provided by this Act.

111           (b) The Authority may purchase from, contract with or otherwise deal with any organization in which any  
112           Authority board member is interested or involved; provided, however, that such interest or involvement is  
113           disclosed in advance to the Authority's board members and recorded in the minutes of the proceedings of the  
114           Authority; and provided, further, that any board member having such an interest or involvement may not  
115           participate in any debate or decision relating to such organization.

116           (c) All officers and employees of the Authority having access to its cash or negotiable securities shall  
117           give bond to the Authority at its expense, in such amount and with such surety as the Authority's board shall  
118           prescribe. The persons required to give bond may be included in one or more blanket or schedules' bonds.

119           (d) Board members, officers and advisors who are not regular, compensated employees of the Authority  
120           shall not be liable to the State, to the Authority or to any other person as a result of their activities, whether  
121           ministerial or discretionary, as such board members, officers or advisors except for willful dishonesty or  
122           intentional violations of law. The Board of the Authority may purchase liability insurance for board members,  
123           officers, advisors or employees and may indemnify said persons against the claims of others.

124           §1605 Powers of the Delaware Health Security Authority.

125           (a) The Authority shall have the following powers:

126                   (1) To make, amend and repeal by-laws, rules and regulations for the management of its affairs;

127                   (2) To adopt an official seal;

128                   (3) To sue and be sued in its own name;

129                   (4) To make contracts and execute all instruments necessary or convenient for carrying out the purposes  
130                   of this Act;

131                   (5) To acquire, own, hold, dispose of and encumber personal, real or intellectual property of any nature of  
132                   any interest therein;

133                   (6) To enter into agreements or transactions with any federal, state or municipal agency or other public  
134                   institution or with any private individual, partnership, firm, corporation, association or other entity;

135                   (7) To appear on its own behalf before boards, commissions, departments or other agencies of federal,  
136                   state or municipal government;

137                   (8) To appoint officers and to engage and employ employees, including legal counsel, consultants, agents  
138                   and advisors and prescribe their duties and fix their compensation;

139                   (9) To establish advisory boards and councils;

- 140 (10) To procure insurance against any losses in connection with its property in such amounts, and from  
141 such insurers, as may be necessary or desirable;
- 142 (11) To invest any funds held in reserves or sinking funds or any funds not required for immediate  
143 disbursement, in such investments as may be lawful for fiduciaries in the state;
- 144 (12) To accept, hold, use, apply and dispose of any and all donations, grants, bequests and devises,  
145 conditional or otherwise, of money, property, services or other things of value, which may be received  
146 from the United States or other agency thereof, any governmental agency, any institution, person, firm or  
147 corporation, private or public. Such donations, grants, bequests and devises may be held, used, applied or  
148 disposed for any and all of the purposes specified in this Act and shall be used in accordance with the  
149 terms and conditions of any such grant. Receipt of each such donation or grant shall be detailed in the  
150 annual report of the Authority, which shall include the identity of the donor, lender, the nature of each  
151 transaction and any conditions attached thereto; and
- 152 (13) To do any and all other things necessary to carry out the purposes of the Delaware Health Security  
153 Act.

154 §1606. Purpose of the Delaware Health Security Act.

155 The purposes of this Chapter are to:

- 156 (1) Guarantee every Delaware citizen, and out-of-state citizens who receive health care coverage from  
157 Delaware employers, all necessary health care services offered by the provider of each citizen's choice;
- 158 (2) Replace the current mixture of private and public health care plans with a comprehensive single payer  
159 health care system available to every Delaware citizen;
- 160 (3) Replace the redundant, costly private and public bureaucracies required to support the current system  
161 with a single administrative and payment mechanism for covered health care services;
- 162 (4) Use administrative and other savings to:
- 163 (a) Expand covered health care services;
- 164 (b) Contain health care cost increases; and
- 165 (c) Create provider incentives to innovate and compete by improving health care service quality  
166 and delivery to patients.
- 167 (5) Approve and coordinate capital improvements in excess of \$500,000 to qualified Health Care  
168 Facilities to:
- 169 (a) Avoid unnecessary duplication of health care facilities and resources; and

170 (b) Encourage expansion of location of health care facilities and health care providers in under  
171 served communities.

172 (6) Supplement, when needed, private and other public financing for approved capital improvements of  
173 qualified Health Care Facilities in excess of \$500,000;

174 (7) Assure the continuing excellence of professional training and research at Delaware Health Care  
175 Facilities;

176 (8) To fund training, re-training and economic assistance programs for professional and non-professional  
177 workers in the health care sector displaced as a direct result of implementation of this Act and who  
178 choose to stay in health care work to help fill the approximately five percent additional health care service  
179 workers needed in the reformed health care system; and

180 (9) Fully fund, install and utilize the seven components of the health care fraud-control strategy explained  
181 by Dr. Malcolm Sparrow in his publication titled "License to Steal: How Fraud Bleeds America's Health  
182 Care System" and a minimum of ten percent of our state's health care funds will be saved from fraud. Dr.  
183 Sparrow, Professor in the School of Government at Harvard University, is our nation's recognized  
184 authority on health care fraud.

185 §1607. Board of the Authority; Composition, Powers and Duties.

186 (a) There is hereby created a statewide Board that will govern the Delaware Health Security Authority. The Board  
187 will be comprised of fifteen members as follows:

- 188 (i) Two members from the State Senate, each of whom shall be a member of the Senate Committee  
189 concerned with health care to be appointed by the President Pro Tem;
- 190 (ii) Two members of the House of Representatives, each of whom shall be a member of the House  
191 Committee concerned with health care to be appointed by the Speaker of the House;
- 192 (iii) The Secretary of the Department of Health and Social Services;
- 193 (iv) Five representatives from different statewide Delaware health care professional organizations to be  
194 appointed on a rotating basis by the Governor and confirmed by the Senate with the requirement that two  
195 of these five appointed representatives will always be from the Medical Society of Delaware and the  
196 Delaware Nurses Association; and
- 197 (v) Five members from statewide Delaware consumer groups on a rotating basis that have endorsed a  
198 single payer health care system at least five years prior to the enactment of this Chapter, to be appointed  
199 by the Governor and confirmed by the Senate.

200           (b) The Governor shall make appointments to the Board from nominations submitted by eligible organizations.  
201 Eligible organizations shall submit nominees to the Governor within one month of enactment of this Act. The Governor  
202 shall make Board appointments within two months of receiving these nominations. In making appointments, the Governor  
203 shall consider geographic and demographic diversity.

204           (c) Each Board member shall serve a term of five years; provided, however, that in making the initial  
205 appointments, five members shall serve three-year terms, five members shall serve four-year terms and five members shall  
206 serve five-year terms. Any person appointed to fill a vacancy on the Board shall serve for the unexpired term of the  
207 predecessor Board member. Any Board member shall be eligible for reappointment. Any Board member may be removed  
208 from her/his appointment by the Governor for cause. Eight Board members shall constitute a quorum and the affirmative  
209 vote of a majority of the members present and eligible to vote at a meeting shall be necessary for any action to be taken by  
210 the Board. The Authority's Board shall meet at least ten times each year and have the final authority over the activities of  
211 the Delaware Health Security Authority. The Board appointees shall annually elect a Chair and Vice-Chair from among  
212 their membership. Board members shall serve without compensation, but each Board member shall be entitled to  
213 reimbursement for actual and necessary expenses incurred in the performance of official duties.

214           §1608. County Advisory Councils.

215           (a) There shall be a Health Security Advisory Council in each of the three counties, led by an Advisory Council  
216 Director, that shall work closely with all aspects of the Delaware Health Security Authority and its four Divisions in  
217 planning, implementation and evaluation of the Delaware Health Security Act. Each County Advisory Council office will  
218 be funded from the Authority Fund. Each office shall be appropriately professionally staffed to respond to questions,  
219 suggestions and complaints from consumers and providers; to perform local outreach, research and informational functions;  
220 and to hold hearings to determine unmet health care needs. Each office shall include a consumer advocacy unit.

221           (b) Each of the three County Advisory Councils shall have fifteen members as follows:

222                   (i) Two members of the State Senate, each of whom shall reside within the county of the Advisory  
223 Council on which he or she serves, to be appointed by the President Pro Tem;

224                   (ii) Two members of the State House of Representatives, each of whom shall reside within the county of  
225 the Advisory Council on which he or she serves, to be appointed by the Speaker of the House;

226                   (iii) One member to be appointed by the Governor, who shall reside in the county of the Advisory  
227 Council on which he or she serves;

228                   (iv) Five representatives of different statewide health care professional organizations to be appointed on a  
229 rotating basis by the Governor and confirmed by the Senate with the requirement that two of these five



230 appointed representatives will always be from the Medical Society of Delaware and the Delaware Nurses  
231 Association, and each of whom shall be a resident of the county of the Advisory Council on which he or  
232 she serves; and

233 (v) Five members from consumer groups that have endorsed a single payer health care system at least five  
234 years prior to the enactment of this Chapter, to be appointed by the Governor and confirmed by the  
235 Senate, each of whom shall be a resident within the county of the Advisory Council on which he or she  
236 serves.

237 §1609. Executive Director, Health Security Authority; Purpose and Duties.

238 (a) The Board of the Delaware Health Security Authority shall hire an Executive Director who shall be the  
239 executive and administrative head of the Authority and shall be responsible for administering and enforcing the provisions  
240 of law relative to the Authority.

241 (b) The Executive Director may as he or she deems necessary or suitable for the effective administration and  
242 proper performance of the duties of the Authority and subject to the approval of the Board of the Authority, do the  
243 following:

244 (1) Adopt, amend, alter, repeal and enforce, all such reasonable rules, regulations and orders as may be necessary;  
245 and

246 (2) Appoint and remove employees and consultants; provided, however, that, subject to the availability of funds in  
247 the Authority, at least one employee shall be hired to serve as Director of each of the Divisions created in 1610  
248 through §1613 of this Chapter.

249 (c) The Executive Director shall:

250 (1) Negotiate or establish terms and conditions for the provision of health care services and rates of reimbursement  
251 for such services on behalf of the citizens of the state;

252 (2) Negotiate or establish manufacturer discounts and rebates for covered prescription drugs and other health care  
253 products;

254 (3) Develop prospective and retrospective reimbursement systems for covered services to provide prompt and fair  
255 payment to eligible providers;

256 (4) Oversee preparation of annual operating and capital budgets for the statewide delivery of health care services;

257 (5) Oversee preparation of annual benefits reviews to determine the adequacy of covered services; and

258 (6) Prepare an annual report to be submitted to the Governor, the Senate Pro Tempore and Speaker of the House of  
259 Representatives and to be easily accessible to every participating member and citizen in our state.

260           §1610. Administrative Division; Purpose and Duties.

261           (a) There shall be an Administrative Division within the Health Security Authority, which shall be under the  
262 supervision and control of a Director. The powers and duties given the Director in this Act and in any other general or  
263 special law shall be exercised and discharged subject to the direction, control and supervision of the Executive Director of  
264 the Authority. The Director of the Administrative Division shall be appointed by the Executive Director of the Authority,  
265 with the approval of the Board of the Health Security Authority, and may, with like approval be removed. The Director  
266 may, at her or his discretion, establish a professional advisory committee to provide expert advice; provided, however, that  
267 the committee shall have at least 33 percent consumer representation.

268           (b) The Administrative Division shall have day-to-day responsibility for:

269                   (1) Making prompt payments to providers for covered services;

270                   (2) Collecting reimbursement from non-eligible patients;

271                   (3) Developing information management systems needed for provider payment, rebate collection and  
272 utilization review;

273                   (4) Investing Authority Fund assets consistent with state laws and §1619 of this Act;

274                   (5) Developing operational budgets for the Authority; and

275                   (6) Assisting the Planning Division develop capital budgets for the Authority.

276           §1611. Planning Division; Director; Purpose and Duties.

277           (a) There shall be a Planning Division within the Authority, which shall be under the supervision and control of a  
278 Director. The powers and duties given the Director in this Act and in any other general or special law shall be exercised and  
279 discharged subject to the direction, control and supervision of the Executive Director of the Authority. The Director of the  
280 Planning Division shall be appointed by the Executive Director of the Authority, with the approval of the Board of the  
281 Health Security Authority, and may, with like approval, be removed. The Director may, at her or his discretion, establish a  
282 professional advisory committee to provide expert advice; provided, however, that such committee shall have at least 33  
283 percent consumer representation.

284           (b) The Planning Division shall have day-to-day responsibility for coordinating health care resources to ensure all  
285 eligible participants reasonable access to covered services, including, but not limited to:

286                   (1) Identifying under served populations and geographic areas; and

287                   (2) Approving capital expenditures in excess of \$500,000.

288           (c) The Planning Division shall review annually the adequacy of health care resources throughout the State and  
289 recommend changes as may from time to time be required. In making its review, the Planning Division shall consult with  
290 all three County Advisory Council offices and hold statewide hearings on proposed recommendations.

291           (d) The Planning Division shall submit to the Board of of the Authority its final review and recommendations by  
292 October 1 of each year. Subject to Authority Board approval, the Authority shall adopt the recommendations.

293           §1612. Quality Assurance Division; Director; Purpose and Duties.

294           (a) There shall be a Quality Assurance Division within the Authority, which shall be under the supervision and  
295 control of a Director. The powers and duties given the Director in this Act and in any other general or special law shall be  
296 exercised and discharged subject to the direction, control and supervision of the Executive Director of the Authority. The  
297 Director of the Quality Assurance Division shall be appointed by the Executive Director of the Authority, with the approval  
298 of the Board of the Health Security Authority, and may, with like approval be removed. The Director may, at her or his  
299 discretion, establish a professional advisory committee to provide expert advice; provided, however, that this committee  
300 shall have at least 33 percent consumer representation.

301           (b) The Quality Assurance Division shall review annually the quality of health care services and outcomes  
302 throughout the state and submit such recommendations as may from time to time be required to maintain and improve the  
303 quality of health care delivery and the overall health of Delaware citizens. In making its review, the Quality Assurance  
304 Division shall consult with all three County Advisory Council Offices and hold statewide hearings on its recommendations.  
305 The Division shall submit to the Board of the Authority its final review and recommendations by October 1 of each year.  
306 Subject to Advisory Board approval, the Authority shall adopt the recommendations.

307           §1613. Benefits Division; Director; Purpose and Duties.

308           (a) There shall be a Benefits Division within the Authority, which shall be under the supervision and control of a  
309 Director. The powers and duties given the Director in this Act and in any other general or special law shall be exercised and  
310 discharged subject to the direction, control and supervision of the Executive Director of the Authority. The Director of the  
311 Benefits Division shall be appointed by the Executive Director of the Authority, with the approval of the Authority's Board,  
312 and may, with like approval, be removed. The Director may, at her or his discretion, establish a professional advisory  
313 committee to provide expert advice; provided, however, that such committee shall have at least 33 percent consumer  
314 representation.

315           (b) The Benefits Division shall review annually the adequacy of covered benefits and recommend changes in  
316 covered benefits as from time to time be required. In making its review, the Benefits Division shall consult with all three  
317 County Advisory Council Offices and hold statewide hearings on proposed changes in covered services. The Division shall

318 submit to the Board of the Authority its final review and recommended changes by October 1 of each year. Subject to  
319 Board approval, the Authority shall adopt the recommended changes.

320 §1614. Eligible Participants.

321 The following persons shall be entitled to benefits under this Chapter:

322 (1) All Delaware citizens;

323 (2) All non-residents who:

324 (a) Work 20 hours or more per week in Delaware, including legal non-resident aliens;

325 (b) Pay all applicable Delaware personal income and payroll taxes;

326 (c) Pay any additional premiums established by the Authority; and

327 (d) Have complied with requirements of this paragraph for at least 90 days; and

328 (3) All patients requiring emergency treatment for illness or injury; provided, however, that the Authority  
329 shall recoup expenses for such patients whenever possible.

330 §1615. Eligible Health Care Providers and Facilities.

331 (a) Eligible health care providers and facilities shall include an agency, facility, corporation, individual or other  
332 entity directly rendering any covered benefit to an eligible patient; provided, however, that it:

333 (1) Is licensed to operate or practice in the state;

334 (2) Furnishes a signed agreement that:

335 (a) All health care services will be provided without discrimination on the basis of age, sex, race,  
336 national origin, sexual orientation, income status or pre-existing condition;

337 (b) The provider will comply with all state and federal laws regarding the confidentiality of  
338 patient records and information;

339 (c) No balance billing or out-of-pocket charges will be required for covered services unless  
340 otherwise provided in this Act; and

341 (d) The provider will furnish such information as may be reasonably required by the Authority  
342 for making payment, verifying reimbursement and rebate information, utilization review  
343 analyzes, statistical and fiscal studies of operations and compliance with state and federal law.

344 All such disclosures, however, should meet the strictest standards of privacy protection, as set  
345 forth in state or federal legislation or in the standards of professional practice associations,  
346 whichever is more protective of patient confidentiality and non-identifiable; and

347 (3) Meets whatever additional requirements that may be established by the Authority.

348           §1616. Prospective Payments to Eligible Health Care Providers and Facilities.

349           (a) The Authority shall negotiate with eligible health care providers, health care facilities, or groups of providers or  
350 facilities, or establish prospective reimbursement schedules or rates for covered services. Such reimbursement schedules or  
351 rates may be made on a capitated or fee-for-service basis and shall remain in effect for a period of 12 months unless sooner  
352 modified by the Authority. Except as provided in §1617 of this Chapter, reimbursement for covered services by the  
353 Authority shall constitute full payment for the services.

354           (b) Prospective payment rates and schedules shall be adjusted annually to incorporate retrospective adjustments.

355           §1617. Retrospective Payments to Eligible Health Care Providers and Facilities.

356           (a) The Authority shall provide for retrospective adjustments of payments to eligible health care providers and  
357 facilities to:

358                   (1) Assure that payments to such providers and facilities reflect the difference between actual and  
359 projected utilization and expenditures for covered services; and protect health care providers and facilities  
360 who serve a disproportionate share of eligible participants whose expected utilization of covered health  
361 care services and expected health care expenditures for such services are greater than the average  
362 utilization and expenditure rates for eligible participants statewide.

363           §1618. Covered Services.

364           (a) The Health Security Authority shall reimburse all professional services provided by eligible providers to  
365 eligible participants to:

- 366                   (1) Provide appropriate and necessary health care services;  
367                   (2) Encourage reductions in health risks and increase use of preventive and primary care services; and  
368                   (3) Attempt to integrate physical health, mental health, emotional health and substance abuse services.

369           (b) Covered services shall include all health care determined to be necessary or appropriate by the Authority  
370 including, but not limited to the following:

- 371                   (1) The prevention, diagnosis and treatment of illness and injury, including laboratory, diagnostic  
372 imaging, inpatient, ambulatory and emergency medical care, blood, dialysis, mental health services,  
373 dental care, acupuncture, optometric, chiropractic and pediatric services;  
374                   (2) The rehabilitation of sick and disabled persons (including addiction to all drugs), providing physical,  
375 psychological and other specialized therapies, and long term services in community-based and  
376 institutional settings;

- 377                   (3) The provision of prescription drugs, therapeutic devices, prosthetics, eyeglasses, hearing aids and  
378                   other health care supplies;
- 379                   (4) The promotion and maintenance of individual good health through appropriate screening, counseling  
380                   and health education;
- 381                   (5) The provision of home health, personal care, hospice and service of nurse practitioners, nurse  
382                   midwives, language interpretation and such other medical and remedial services as the Authority shall  
383                   determine;
- 384                   (6) Emergency and other medically necessary transportation; and
- 385                   (7) Prenatal, perinatal and maternity care, family planning, fertility and reproductive health care.

386                   §1619. Establishment of the Authority Health Care Fund.

387                   There is hereby established the Authority Health Care Fund, hereinafter known as the Authority Fund, which shall  
388                   be administered and expended by the Authority without further appropriation. The Fund shall consist of all revenue sources  
389                   defined in §1621, and all properties and securities acquired by and through the use of monies deposited to the Authority  
390                   Fund and all interest therein less payments therefrom to meet liabilities incurred by the Authority in the exercise of its  
391                   powers and the performance of its duties under this Act. The Executive Director shall from time to time requisition from  
392                   said Authority Fund such amounts as the Executive Director deems necessary to meet the current obligations for a  
393                   reasonable period.

394                   §1620. Purpose of the Authority Health Care Fund.

395                   (a) Amounts credited to the Authority Fund shall be used for the following purposes:

- 396                   (1) To reimburse eligible health care providers and facilities for covered services rendered to eligible  
397                   patients;
- 398                   (2) To pay for preventive care, educational and outreach programs and related health care activities;
- 399                   (3) To supplement other sources of financing for approved capital investments in excess of \$500,000, for  
400                   eligible health care providers and facilities;
- 401                   (4) To supplement other sources of financing for health care education and research;
- 402                   (5) To fund training programs and provide economic assistance for professional and non-professional  
403                   workers in the health care sector displaced as a result of administrative streamlining gained by moving  
404                   from a multi-payer to a single payer system and who choose to remain in the health care field to fill  
405                   additional needed health care service positions; provided, however, that such funding shall end June 30 of  
406                   the third year following full implementation of this Act;

407                   (6) To fund a reserve account to finance anticipated long-term cost increases due to demographic  
408                   changes, inflation or other foreseeable trends that would increase Authority Fund liabilities, and, for  
409                   budgetary shortfalls, epidemics and other extraordinary events;

410                   (7) To pay the administrative costs of the Health Care Authority; and

411                   (8) To pay the administrative costs of the three County Advisory Council offices.

412                   (b) Unexpended Authority assets shall not be deemed to be "surplus" funds.

413                   §1621. Health Security Authority's Funding Sources.

414                   (a) The Authority Fund shall be a repository for all health care funds and related administrative funds from the  
415                   following sources:

416                   (1) All monies the state currently appropriates to pay for health care services or health insurance premiums,  
417                   including, but not limited to, all current state programs which provide covered benefits and appropriations to cities,  
418                   towns, counties and other government subdivisions to pay for health care services or health insurance premiums;  
419                   provided, however, that the Authority shall then assume responsibility for all benefits and services previously paid  
420                   for by the state with these funds. All current state health care programs which provide covered benefits shall be  
421                   included in this requirement;

422                   (2) All monies the state receives from the federal government to pay for health care services or insurance  
423                   premiums; provided, however, that the Authority shall assume the responsibility for all benefits and services  
424                   previously paid by the federal government with these funds. The Authority shall seek to maximize all sources of  
425                   federal financial support for health care services in Delaware. Accordingly, the Executive Director of the  
426                   Authority shall obtain waivers, exemptions, or litigation if needed, so that all current federal payments for health  
427                   care shall, consistent with federal law, be paid directly to the Authority Fund;

428                   (3) Private individual and employer health insurance payments and out-of-pocket health care expenses will be  
429                   replaced in this single payer Delaware Health Security Act as follows:

430                   (A) All employers shall pay a graduated payroll tax as follows:

431                                   (i) 4 percent for employers with less than ten employees;

432                                   (ii) 5 percent for employers with 10 to 24 employees;

433                                   (iii) 7 percent for employers with 25 to 49 employees; and

434                                   (iv) 9 percent for employers with 50 or more employees.

435                                   This payroll tax may be shared by employers and employees.

436 Single employers shall pay no payroll tax as each will pay according to paragraphs (B) or (C) of  
437 this subsection that applies.

438 (B) All heads of households and persons subject to Delaware's income tax return shall pay an additional  
439 Health Security income tax of 2.5 percent of taxable income.

440 (C) Persons filing a Delaware income tax return shall pay an additional Health Security income surtax of  
441 2.5 percent on net taxable income in excess of \$250,000. Married couples filing a Delaware joint income tax return  
442 shall pay an additional income surtax of 2.5 percent on net taxable income in excess of \$500,000.

443 (b) The Authority Fund shall retain:

444 (1) Any charity donations, gifts, grants or bequests made to it from whatever source consistent with state  
445 and federal law;

446 (2) Any rebates negotiated or established; and

447 (3) Income from the investment of Authority assets, consistent with state and federal law.

448 §1622. Insurance Reforms.

449 Insurers regulated by the Delaware Insurance Department are prohibited from charging premiums to eligible  
450 participants for coverage of services already covered by the Health Security Authority. The State Insurance Commissioner  
451 shall adopt, amend, alter, repeal and enforce all such rules and regulations and orders as may be necessary to implement this  
452 section.

#### SYNOPSIS

This Delaware Health Security Act will provide all current and future Delaware citizens, our state's budget and future economy and job development a non-government run program and cost effective single payer health care system.

This system eliminates unnecessary multi-payer brokers and will save approximately 40 percent of total funds now wasted by a 30 percent loss to administrative/overhead costs (costly paperwork, profits, advertising, lobbying, etc.) and a minimum of 10 percent to unchecked health care fraud. These savings are research-documented by single payer health care systems used by our military services, Veterans Administration's health care system and our Medicare system. A typical research study by a Harvard University team showed a 33 percent administrative/overhead waste of our health care funds by insurance company brokers compared to 1.5 percent administrative/overhead cost of our single payer Medicare system. These Delaware annual savings and a stabilized funding structure with accountable budgets will enable our state to provide the following health care benefits to all citizens, our state's budget and future economic/job development:

- (1) Comprehensive health care coverage (physicians and specialists, hospital needs, long-term care, pharmaceutical drugs, dental care, mental health, drug rehabilitation, special equipment and aids, etc.) from conception until death without any extra health insurance or out-of-pocket expense;
- (2) Eliminate the huge double-digit annual increases in health care costs; only the smaller rate of inflation will apply;
- (3) Will return all health care decision-making to physicians, dentists and other professional health care professional staff;



- (4) Eliminates the pauper requirement that one must give up all savings and property before receiving Medicare/Medicaid funds for long-term care;
- (5) Will eliminate all health care debts, major cause of personal bankruptcies and the ability to buy or keep one's home;
- (6) Will eliminate the destructive, debilitating effects of chronic stress on our uninsured, under insured and their families;
- (7) Will serve as a magnet to both attract and retain private businesses competing in the global economy. This was the key reason we lost the Chrysler and General Motors automobile manufacturing plants;
- (8) In addition to providing comprehensive health care coverage for all citizens, this Act will save millions each year for our state's budget;
- (9) Personal health care savings by our state's citizens will add hundreds of millions to our state's annual economy; and
- (10) Will significantly elevate our state's ranking of from 40th or lower among all states on health care challenges such as well babies, women's health care status, cancer, etc.

This Act will provide funds for three years for training and economic assistance for displaced paperwork employees who choose to fill additional needed health care service jobs created by approximately a five percent increase in health care utilization caused by this reformed health care system.

This Act will be administered by a 15-member Delaware Health Security Board comprised as follows: State Secretary of Health And Social Services, appointed by the Governor; Two members from both the State House of Representatives and State Senate Committees concerned with health care issues; Five members from state health professional organizations and five members from eligible consumer organizations in our state.

There will be a County Advisory Council in each of our state's three counties. The appointments and membership will be from the same sources as the State Health Security Board with the requirement that all Council members must be residents of the county they serve. These County Advisory Councils will work with and through the State's Board and four Divisions in more effectively implementing the planning, operation and evaluation of the Delaware Health Security Act.

Funding for the Delaware Health Security Act will be as follows:

- (1) All state and federal funds available for health and health care costs in Delaware;
- (2) Employer and employee graduated payroll tax from 4 percent for employers with less than ten employees to 9 percent for employers with 50 or more employees;
- (3) A Health Security tax of 2.5 percent on net taxable income (after deductions) for all heads of households and persons subject to Delaware's income tax; and
- (4) An additional Health Security income surtax on net taxable income of 2.5 percent for persons filing a Delaware income tax return in excess of \$250,000. Married couples filing a joint Delaware income tax return shall pay an additional income surtax of 2.5 percent on net taxable income in excess of \$500,000.

A very important overall result from enacting and implementing this program and cost effective single payer system is that initial and continuous funding will be available to halt the deterioration of our current health care situation. Ample funds will be available for additional health care facilities, staffing, program improvement and both pre-service and continuing education investments in both professional and non-professional health care staff.