

LAWS OF DELAWARE
VOLUME 83
CHAPTER 136
151st GENERAL ASSEMBLY
FORMERLY
SENATE BILL NO. 25

AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO INSURANCE COVERAGE AND REIMBURSEMENT FOR SERVICES PROVIDED BY A CHIROPRACTOR.

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

Section 1. Amend § 716, Title 24 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 716. Chiropractic practitioners eligible for compensation from ~~insurance~~: insurance; reimbursement at Medicare rate or comparable.

(a) For purposes of disability insurance, standard health and accident, sickness, and all other such insurance plans, whether or not they be considered insurance policies, and contracts issued by health service corporations and health maintenance organizations, if the chiropractor is authorized by law to perform a particular service, the chiropractor is entitled to compensation for that chiropractor's services under such plans and contracts, and such plans and contracts may not have annual or lifetime numerical limits on chiropractic visits for the treatment of back pain.

(b) Nothing in this section shall prevent the operation of reasonable and nondiscriminatory cost containment or managed care provisions, including but not limited to, deductibles, coinsurance, allowable charge limitations, coordination of benefits and utilization review. Any copayment or coinsurance amount shall be equal to or less than 25% of the fee due or to be paid to the doctor of chiropractic under the policy, contract, or certificate for the treatment, therapy, or service provided.

(c) The Insurance Commissioner shall issue and administer regulations to aid the administration, effectuation, ~~investigation~~ investigation, and enforcement of this section.

(d)(1) For purposes of this subsection:

a.1. “Carrier” means any entity that provides health insurance in this State.

2. “Carrier” includes an insurance company, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation under Title 18.

3. “Carrier” also includes any third-party administrator, as defined under § 102 of Title 18, or other entity that adjusts, administers, or settles claims in connection with health benefit plans.

4. “Carrier” does not mean a plan of health insurance or health benefits designed for issuance to persons eligible for coverage under Titles XVIII, XIX, and XXI of the Social Security Act (42 U.S.C. §§ 1395 et seq., 1396 et seq. and 1397aa. et seq.), known as Medicare, Medicaid, or any other similar coverage under state or federal governmental plans.

b. “Medicare” means the federal Medicare Program (U.S. Public Law 89-97, as amended) (42 U.S.C. § 1395 et seq.).

(2) A carrier shall reimburse services provided by a chiropractor at a reimbursement rate that is not less than the Medicare reimbursement rate for comparable services.

(3) If a comparable Medicare reimbursement rate is not available, a carrier shall reimburse for services provided by a chiropractor at the rates generally available under Medicare for services such as office visits or prolonged preventive services.

(4) The Medicare reimbursement rate provisions under paragraphs (d)(2) and (d)(3) of this section do not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policies.

(5) This subsection may not be waived by contract. A contractual arrangement in conflict with this subsection or that purports to waive any requirements of this subsection is void.

(6) This subsection applies to an individual or group health insurance policy, plan, or contract that is delivered, issued for delivery, or renewed by a carrier on or after January 1, 2022.

Section 2. This Act takes effect on January 1, 2022.

Approved September 10, 2021