



SPONSOR: Rep. Lambert & Sen. Hoffner

HOUSE OF REPRESENTATIVES  
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 441

AN ACT TO AMEND TITLE 18, TITLE 24, TITLE 29, AND TITLE 31 OF THE DELAWARE CODE RELATING TO INSURANCE COVERAGE FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND NEUROMUSCULAR MASSAGE THERAPY.

1 WHEREAS, Delaware has the nation's third highest drug overdose death rate; and

2 WHEREAS, over 50% of Delaware's overdose deaths involve prescription opioids; and

3 WHEREAS, Delaware's current efforts to combat the opioid epidemic primarily focus on interventions for  
4 individuals who are already addicted to opioids; and

5 WHEREAS, since 2018, Delaware law has prohibited annual or lifetime numerical limits on physical therapy  
6 visits for the treatment of back pain in health insurance because physical therapy is a proven non-opioid method of treating  
7 back pain; and

8 WHEREAS, early access to physical therapy also reduces the likelihood that opioids will be prescribed or reduces  
9 the likelihood of long-term opioid use; and

10 WHEREAS, physical therapy addresses the root causes of pain; and

11 WHEREAS, individuals with pain choose opioids because physical therapy has significantly higher cost-sharing  
12 responsibilities; and

13 WHEREAS, capping cost sharing responsibilities allows individuals with pain to treat their acute and chronic pain  
14 with physical therapy as a safe and effective alternative to prescription opioids.

15 NOW THEREFORE:

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

17 Section 1. Amend Subchapter I, Chapter 33, Title 18 of the Delaware Code by making deletions as shown by  
18 strike through and insertions as shown by underline as follows:

19 § 3370G. Coverage for physical therapy, occupational therapy, or neuromuscular massage therapy services.

20 (a)(1) All individual health insurance policies, contracts, or certificates that are delivered, issued for delivery,  
21 renewed, extended, or modified in this State shall provide coverage for medically necessary physical therapy, occupational  
22 therapy, or neuromuscular massage therapy.

23 (2) The coverage under paragraph (a)(1) of this section must be provided at no cost to a covered individual,  
24 including deductible payments and cost-sharing amounts charged once a deductible is met.

25 (b) Except as provided under subsection (a) of this section, nothing in this section prevents the operation of a  
26 policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits,  
27 or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

28 (c)(1) This section does not apply to accident-only, specified disease, hospital indemnity, Medicare supplement,  
29 long-term care, disability income, or other limited benefit health insurance policies.

30 (2) The cost-sharing limitation under paragraph (a)(2) of this section does not apply to a catastrophic health  
31 plan to the extent this cost-sharing limitation would cause the plan to fail to be treated as a catastrophic plan under §  
32 1302(e) of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18022(e).

33 (3)a. The cost-sharing limitation under paragraph (a)(2) of this section does not apply to a high deductible  
34 health plan to the extent this cost-sharing limitation would cause the plan to fail to be treated as a high-deductible plan  
35 under § 223(c)(2) of the Internal Revenue Code.

36 b. If the cost-sharing limitation under paragraph (a)(2) of this section would result in an enrollee  
37 becoming ineligible for a health savings account under federal law, then this cost-sharing limitation only applies to  
38 a qualified high deductible health plan after the enrollee's deductible is met.

39 Section 2. Amend Subchapter III, Chapter 35, Title 18 of the Delaware Code by making deletions as shown by  
40 strike through and insertions as shown by underline as follows:

41 §3571AA. Coverage for physical therapy, occupational therapy, or neuromuscular massage therapy services.

42 (a)(1) All group and blanket health insurance policies, contracts, or certificates that are delivered, issued for  
43 delivery, renewed, extended, or modified in this State shall provide coverage for medically necessary physical therapy,  
44 occupational therapy, or neuromuscular massage therapy.

45 (2) The coverage under paragraph (a)(1) of this section must be provided at no cost to a covered individual,  
46 including deductible payments and cost-sharing amounts charged once a deductible is met.

47 (b) Except as provided under subsection (a) of this section, nothing in this section prevents the operation of a  
48 policy provision required by this section as a deductible, coinsurance, allowable charge limitation, coordination of benefits,  
49 or a provision restricting coverage to services by a licensed, certified, or carrier-approved provider or facility.

50 (c)(1) This section does not apply to accident-only, specified disease, hospital indemnity, Medicare supplement,  
51 long-term care, disability income, or other limited benefit health insurance policies.

52           (2)a. The cost-sharing limitation under paragraph (a)(2) of this section does not apply to a high deductible  
53 health plan to the extent this cost-sharing limitation would cause the plan to fail to be treated as a high-deductible plan  
54 under § 223(c)(2) of the Internal Revenue Code.

55           b. If the cost-sharing limitation under paragraph (a)(2) of this section would result in an enrollee  
56 becoming ineligible for a health savings account under federal law, then this cost-sharing limitation only applies to  
57 a qualified high deductible health plan after the enrollee's deductible is met.

58           Section 3. Amend § 2621, Title 24 of the Delaware Code by making deletions as shown by strike through and  
59 insertions as shown by underline as follows:

60           § 2621. Physical therapists eligible for compensation from insurance.

61           (a) For purposes of disability insurance, standard health and accident, sickness, and all other such insurance plans,  
62 whether or not they are considered insurance policies, and contracts issued by health service corporations and health  
63 maintenance organizations, if a physical therapist is authorized by law to perform a particular service, the physical therapist  
64 is entitled to compensation for that physical therapist's services under such plans and contracts, and such plans and  
65 contracts may not have annual or lifetime numerical limits on physical therapy visits for the treatment of ~~back pain.~~ chronic  
66 or acute musculoskeletal pain or post-surgical therapy.

67           (b) Nothing in this section prevents the operation of reasonable and nondiscriminatory cost containment or  
68 managed care provisions, including deductibles, coinsurance, allowable charge limitations, coordination of benefits, and  
69 utilization review. ~~Any copayment or coinsurance amount must be equal to or less than 25% of the fee due or to be paid to~~  
70 ~~the physical therapist under the policy, contract, or certificate for the treatment, therapy, or service provided.~~ review in  
71 accordance with § 3370G and § 3571AA of Title 18, § 5203 of Title 29, or § 533 of Title 31.

72           Section 4. Amend § 5203, Title 29 of the Delaware Code by making deletions as shown by strike through and  
73 insertions as shown by underline as follows:

74           § 5203. Specifications of the coverage.

75           (d) The plan may not place any annual or lifetime numerical limitations on ~~physical therapy or chiropractic~~ any of  
76 the following:

77           (1) Chiropractic care visits for the purpose of treating back ~~pain.~~ pain.

78           (2) Physical therapy, occupation therapy, or neuromuscular massage therapy visits for the purpose of treating  
79 chronic or acute musculoskeletal pain or post-surgical therapy.

80           Section 5. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and  
81 insertions as shown by underline as follows:

82           § 5218. Coverage for physical therapy, occupational therapy, or neuromuscular massage therapy services.

83           (a)(1) The plan shall provide coverage for medically necessary physical therapy, occupational therapy, or  
84 neuromuscular massage therapy.

85           (2) The coverage under paragraph (a)(1) of this section must be provided at no cost to a covered individual,  
86 including deductible payments and cost-sharing amounts charged once a deductible is met.

87           Section 6. Amend § 503, Title 31 of the Delaware Code by making deletions as shown by strike through and  
88 insertions as shown by underline as follows:

89           § 503. Eligibility for assistance; amount; method of payment.

90           (b) Medicaid. — (1) Medical assistance may be granted to medically and financially eligible persons in accordance  
91 with Titles IV-A, IV-E, XVI, and XIX of the Social Security Act (42 U.S.C. §§ 601 et seq., 1381 et seq., and 1396 et seq.),  
92 federally approved waivers of these sections of the act, and rules and regulations established by the Department of Health  
93 and Social Services. Eligibility for and payment of medical assistance must be determined under policies and regulations  
94 established by the Department of Health and Social Services. Eligibility standards, recipient copay, and provider  
95 reimbursement must be set in accordance with state and federal mandates, state and federal funding levels, approved  
96 waivers, and rules and regulations established by the Department. The amount of assistance in each case of medical care  
97 must not duplicate any other coverage or payment made or available for the costs of such health services and supplies. ~~To~~  
98 ~~the extent permitted by federal requirements, no annual or lifetime numerical limitations may be placed on physical therapy~~  
99 ~~or chiropractic care visits that are for the purpose of treating back pain.~~

100           (4) To the extent permitted by federal requirements, no annual or lifetime numerical limitations may be placed  
101 on any of the following:

102           a. Chiropractic care visits that are for the purpose of treating back pain.

103           b. Physical therapy, occupational therapy, or neuromuscular massage therapy visits that are for the  
104 purpose of treating chronic or acute musculoskeletal pain or post-surgical therapy.

105           Section 7. Amend Chapter 5, Title 31 of the Delaware Code by making deletions as shown by strike through and  
106 insertions as shown by underline as follows:

107           § 533. Coverage for physical therapy, occupational therapy, or neuromuscular massage therapy services.

108           (a)(1) Carriers shall provide coverage for medically necessary physical therapy, occupational therapy, or  
109 neuromuscular massage therapy.

110           (2) The coverage under paragraph (a)(1) of this section must be provided at no cost to a covered individual,  
111 including deductible payments and cost-sharing amounts charged once a deductible is met.

112 Section. 8. This Act applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended,  
113 or reissued after December 31, 2025.

114 Section. 9. This Act expires December 31, 2030, unless extended by subsequent action of the General Assembly.

#### SYNOPSIS

This Act encourages patients to choose physical therapy, occupational therapy, and neuromuscular massage therapy as a safe alternative to opioid use for managing acute and chronic pain by doing the following:

1. Eliminating cost-sharing for physical therapy, occupational therapy, and neuromuscular massage therapy services.
2. Expanding the prohibition on annual or lifetime numerical limits on physical therapy, occupational therapy, and neuromuscular massage therapy services to the treatment of any chronic or acute musculoskeletal pain or post-surgical therapy.

This Act applies to individual health insurance policies under Chapter 33 of Title 18, group and blanket health insurance policies under Chapter 35 of Title 18, the State employee health plan under Chapter 52 of Title 29, and Medicaid under Chapter 5 of Title 31.

This Act applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or reissued after December 31, 2025.

This Act expires December 31, 2030.

This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.