



SPONSOR: Rep. K. Williams & Rep. Dorsey Walker &
Sen. Mantzavinos
Reps. Baumbach, Heffernan, Lambert, Morrison,
Osienski; Sens. Gay, Hansen, Hoffner, Pinkney

HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 90

AN ACT TO AMEND TITLE 6 OF THE DELAWARE CODE RELATING TO MEDICAL DEBT.

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

Section 1. Amend Chapter 25I, Title 6 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

Chapter 25I. Medical Debt Protection Act.

§2511I. Mandatory screening for medical assistance.

(a) For purposes of this section:

(1) "Large health-care facility" means any of the following:

a. A hospital licensed under Chapter 10 of Title 16.

b. A licensed freestanding emergency department as defined in § 122 of Title 16.

c. A licensed freestanding surgical enter as defined in § 122 of Title 16.

(2) "Medical assistance" means any public program that assists patients with healthcare costs and includes Medicaid assistance as defined in § 505 of Title 31.

(b) All large health-care facilities shall provide uninsured patients with a written notice containing information regarding eligibility and the application process for medical assistance at the time of service. The "time of service" means before the patient leaves or is discharged from the large health-care facility, or within 5 days of discharge if the patient receives emergency care. This requirement only applies to those patients seen in an emergency department, admitted to a hospital, or receiving surgery in a large health-care facility.

(c) Each billing statement that a large health-care facility sends to an uninsured patient must include a written notice containing information regarding medical assistance and the application process for medical assistance.

(d) The written notice required by subsections (b) and (c) shall include the following:

(1) A statement that the patient may qualify for medical assistance.

(2) A statement indicating how patients may apply for medical assistance, including a website and telephone number where information on an application may be obtained.

23 (3) A referral to a local legal services agency or local consumer assistance agency.

24 (4) A person to contact at the large health care facility who can assist the patient with an application for
25 medical assistance.

26 (e) The written notice required by subsections (b) and (c) shall be provided in the patient's primary language.

27 (f) The Department of Health and Social Services shall adopt regulations to implement this section, which shall
28 include specific guidance and language to be included in the written notice required by this section.

29 Section 2. This Act is effective immediately and is to be implemented the earlier of the following:

30 (1) One year from the date of the Act's enactment.

31 (2) Notice by the Secretary of Health and Social Services published in the Register of Regulations that
32 final regulations to implement this Act have been adopted.

SYNOPSIS

This Act requires large health-care facilities to provide information to uninsured patients regarding eligibility and the application process for medical assistance. Information must be provided at the time of service or prior to discharge, and again with each billing statement. When patients receive emergency care, information must be provided within 5 days of discharge.

This Act becomes effective 1 year from the date of its enactment or when final regulations are adopted by the Secretary, whichever occurs first.