



SPONSOR: Sen. Townsend

DELAWARE STATE SENATE
149th GENERAL ASSEMBLY

SENATE AMENDMENT NO. 1
TO
SENATE BILL NO. 227

AMEND Senate Bill No. 227 by deleting line 20 in its entirety and inserting in lieu thereof the following:

“(b) The Collaborative is comprised of the following members, or a designee appointed by the member.”.

FURTHER AMEND Senate Bill No. 227 on line 25 by inserting “to the extent permitted under federal law,” after “18,” and before “and” therein.

FURTHER AMEND Senate Bill No. 227 on line 39 by deleting “except as prohibited” after “entities,” and before “under” inserting in lieu thereof “to the extent permitted”.

FURTHER AMEND Senate Bill No. 227 on line 56 by inserting “a.” after “(1)” and before “Carrier” therein.

FURTHER AMEND Senate Bill No. 227 between lines 59 and 60 by inserting the following:

“b. “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.”.

FURTHER AMEND Senate Bill No. 227 by deleting lines 68 through 69 in their entirety and inserting in lieu thereof the following:

“(b)(1) A carrier shall provide coverage for chronic care management and primary care at a reimbursement rate that is not less than the Medicare reimbursement for comparable services.

(2) This subsection applies to an individual health insurance policy, plan, or contract that is delivered, issued for delivery, or renewed by a carrier on or after [the effective date of this Act].”.

FURTHER AMEND Senate Bill No. 227 by deleting lines 74 through 77 in their entirety and inserting in lieu thereof the following:

“(e)(1) The Department shall arbitrate disagreements regarding rates under this section. The parties must pay the cost of the arbitration.

(2) The Department shall adopt regulations to implement the requirements of this subsection no later than [90 days after the effective date of this Act].”.

FURTHER AMEND Senate Bill No. 227 on line 78 by deleting “(g)” before “The” and inserting in lieu thereof “(f)”.

FURTHER AMEND Senate Bill No. 227 on line 84 by inserting “a.” after “(1)” and before “Carrier” therein.

FURTHER AMEND Senate Bill No. 227 between lines 87 and 88 by inserting the following:

“b. “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.”.

FURTHER AMEND Senate Bill No. 227 by deleting lines 96 through 98 in their entirety and inserting in lieu thereof the following:

“(b)(1) A carrier shall provide coverage for chronic care management and primary care at a reimbursement rate that is not less than the Medicare reimbursement for comparable services.

(2) This subsection applies to a group health insurance policy, plan, or contract that is delivered, issued for delivery, or renewed by a carrier on or after [the effective date of this Act].”.

FURTHER AMEND Senate Bill No. 227 by deleting lines 102 through 105 in their entirety and inserting in lieu thereof the following:

“(e)(1) The Department shall arbitrate disagreements regarding rates under this section. The parties must pay the cost of the arbitration.

(2) The Department shall adopt regulations to implement the requirements of this subsection no later than [90 days after the effective date of this Act].”.

FURTHER AMEND Senate Bill No. 227 on line 106 by deleting “(g)” before “The” and inserting in lieu thereof “(f)”.

FURTHER AMEND Senate Bill No. 227 after line 135 by inserting the following:

“Section 12. The applicability of the Medicare coverage rate under Section 5 and Section 6 of this Act must be narrowly construed to apply only to reimbursement rates for primary care practice and nothing in this Act extends to incorporating other federal coverage rate structures or other distinctions between licensees.”.

SYNOPSIS

This Amendment does all of the following:

1. Permits members of the Primary Care Collaborative to appoint a designee.
2. Clarifies that information may be provided to the Commission only to the extent permitted under federal law.
3. Clarifies that this Act does not apply to Medicaid.
4. Requires that chronic care management and primary care be reimbursed at a rate that is not less than the Medicare reimbursement for comparable services for policies, plans, or contracts entered or renewed on or after the effective date of this Act.

5. It limits the requirement to promulgate regulations to only the requirement that disputes under this Act be arbitrated by the Department of Insurance.

6. Clarifies the extent of the application of Medicare rate structures.

Author: Senator Townsend