SPONSOR: Sen. Hansen & Rep. Keeley
Sens. Ennis, Walsh; Reps. Baumbach, Bentz,
Briggs King, Collins, Kowalko, K. Williams

DELAWARE STATE SENATE
149th GENERAL ASSEMBLY

SENATE BILL NO. 225
AS AMENDED BY
SENATE AMENDMENT NO. 1
AND
SENATE AMENDMENT NO. 2

AN ACT TO AMEND TITLE 16, TITLE 24, TITLE 29, AND TITLE 31 OF THE DELAWARE CODE RELATING TO INSURANCE COVERAGE FOR THE TREATMENT OF BACK PAIN.

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

Section 1. Amend § 4732, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows and by redesignating Delaware Code subsections and internal references accordingly:

§ 4732. Registration requirements; exemptions; inspections.

(a) Any pharmacy, distributor, manufacturer, practitioner, researcher or other controlled substance registrant who has or proposes to engage in activities accordingly within this State must obtain biennially a registration issued by the Secretary in accordance with the Secretary's rules.

(h) As a condition of biennial renewal of registration, an applicant shall demonstrate, in such a form and by such evidence as the Secretary deems appropriate, that the applicant, if a licensed practitioner, as defined in this chapter, or such officer or employee of the applicant, if a corporation, partnership, or other business entity, as is required to be registered as an individual, has completed continuing professional education relating ~~to:~~ all of the following:

(1) The prescribing, distributing, dispensing or delivery of controlled substances, as defined in this ~~chapter; or~~ chapter.

(2) The detection and recognition of symptoms, patterns of behavior, or other characteristics of impairment and dependency resulting from the abusive or illegal use of controlled ~~substances; and~~ substances.

(3) The risks of using opioids and effective alternatives to the use of opioids.

(4) Other topics as the Secretary deems appropriate.

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Section 2. 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.

(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 ~~shall be~~ is entitled to compensation for that chiropractor's services under such plans and ~~contracts.~~ contracts, and such plans and contracts may not have annual or lifetime numerical limits on chiropractic visits for the treatment of back pain.

Section 3. Amend Chapter 26, Title 24 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2621. Physical therapists eligible for compensation from insurance.

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

(b) Nothing in this section prevents the operation of reasonable and nondiscriminatory cost containment or managed care provisions, including deductibles, coinsurance, allowable charge limitations, coordination of benefits, and utilization review. Any copayment or coinsurance amount must be equal to or less than 25% of the fee due or to be paid to the physical therapist 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, and enforcement of this section.

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

§ 5203. Specifications of the coverage.

(a) The basic health care insurance plan for state employees shall be equivalent to the "minimum creditable coverage" as defined by applicable federal law.

(b) The plan shall be for regular employees and eligible pensioners under 65 years of age and for employees and eligible pensioners over 65 years of age who are not entitled to services, rights or benefits under the federal Medicare Program (U.S. Public Law 89-97, as amended) [42 U.S.C. § 1395 et seq.]; and a plan which is supplemental to Medicare parts A and B, or constructed as a plan under Medicare part C, for eligible pensioners entitled to services, rights or benefits under the federal Medicare Program.

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(c) The plan may not place any annual or lifetime numerical limitations on physical therapy or chiropractic care visits for the purpose of treating back pain.

Section 5. Amend § 503, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

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

(b) Medicaid — Medical assistance may be granted to medically and financially eligible persons in accordance with Titles IV-A, IV-E, XVI, and XIX of the Social Security Act [42 U.S.C. §§ 601 et seq., 670 et seq., 1381 et seq., and 1396 et seq.], federally approved waivers of these sections of the act, and rules and regulations established by the Department of Health and Social Services. Eligibility for and payment of medical assistance shall be determined under policies and regulations established by the Department of Health and Social Services. Eligibility standards, recipient copay and provider reimbursement shall be set in accordance with state and federal mandates, state and federal funding levels, approved waivers and rules and regulations established by the Department. The amount of assistance in each case of medical care ~~shall~~ must not duplicate any other coverage or payment made or available for the costs of such health services and supplies. To the extent permitted by federal requirements, no annual or lifetime numerical limitations may be placed on physical therapy or chiropractic care visits that are for the purpose of treating back pain.

Section 6. Section 1 through Section 3 of this Act take effect 180 days from [the date of enactment].

Section 7. Section 4 and Section 5 of this Act take effect 10 days following the date of publication in the Register of Regulations of a notice that both of the following have occurred:

(1) Funds have been appropriated to implement the provisions of this Act.

(2) The Director of the Office of Management and Budget has provided notice to the Registrar of Regulations that the contingency in (1) has been fulfilled.