SPONSOR: Sen. Poore & Rep. Minor-Brown
Sens. Brown, Buckson, Gay, Hansen, Hocker, Hoffner, Huxtable, Lawson, Lockman, Mantzavinos, S. McBride, Paradee, Pettyjohn, Pinkney, Richardson, Sokola, Sturgeon, Townsend, Walsh, Wilson; Reps. Baumbach, Chukwuocha, Dorsey Walker, S. Moore, Morrison, Spiegelman, K. Williams

DELAWARE STATE SENATE
152nd GENERAL ASSEMBLY

SENATE BILL NO. 272
AS AMENDED BY
SENATE AMENDMENT NO. 1

AN ACT TO AMEND TITLES 18 AND 29 OF THE DELAWARE CODE RELATING TO HEALTH INSURANCE, AND TITLE 31 OF THE DELAWARE CODE RELATING TO PHARMACIST CARE.

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

Section 1. Amend Chapter 23, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2321. Provider types, generally. Pharmacists.

(a) No health insurer, health service corporation, managed care organization, or health maintenance organization may deny benefits for eligible services based on the type of provider performing the service as long as the provider is acting within the provider's scope of practice.

(b) No contract of insurance delivered or issued for delivery in this State by a health insurer, health service corporation, managed care organization, or health maintenance organization may exclude pharmacists as providers of services covered in the contract.

Section 2. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§3370G. Pharmacist services reimbursement.

(a) For purposes of this section, "carrier" means any entity that provides health insurance in this State. "Carrier" includes any insurance company, managed care organization, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation. "Carrier" also includes any third-party administrator or other entity that adjusts, administers, or settles claims in connection with health benefit plans.

(b) For any individual insurance policy, contract, or certificate that is delivered, issued for delivery, renewed, extended, or modified in this State after [the effective date of this Act], a carrier must provide reimbursement to a

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LC : HVW : CBM : 5081520203

pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure is all of the following:

(1) Within the scope of practice of a pharmacist.

(2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant.

(c) Whenever a service is performed by a licensed pharmacist and reimbursed by a carrier, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by the carrier to any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant performing such a service.

Section 3. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3571AA. Pharmacist Services Reimbursement.

(a) For purposes of this section, "carrier" means any entity that provides health insurance in this State. "Carrier" includes any insurance company, managed care organization, health service corporation, health maintenance organization, and any other entity providing a plan of health insurance or health benefits subject to state insurance regulation. "Carrier" also includes any third-party administrator or other entity that adjusts, administers, or settles claims in connection with health benefit plans.

(b) For all group and blanket insurance policies, contracts, or certificates that are delivered, issued for delivery, renewed, extended, or modified in this State after [the effective date of this Act], a carrier must provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure is all of the following:

(1) Within the scope of practice of a pharmacist.

(2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant.

(c) Whenever a service is performed by a licensed pharmacist and reimbursed by a carrier, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by the carrier to any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant performing such a service.

Section 4. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5218. Pharmacist Services Reimbursement.

(a) The plan must provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure is all of the following:

(1) Within the scope of practice of a pharmacist.

(2) Would otherwise be covered under the policy, plan, or contract if the service or procedure is provided by any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant.

(b) Whenever a service is performed by a licensed pharmacist and reimbursed by the plan, the licensed pharmacist must be granted such rights of participation, plan admission, and registration as may be granted by the plan to any health care service provider or practitioner, including a physician, advance practice registered nurse, or physician assistant performing such a service.

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

§ 502. Definitions.

As used in this chapter:

(7) "Medical care" means payment of all or part of the costs on behalf of eligible recipients; provided, that such payments are within the limitations of the funds appropriated by the General Assembly and the United States Congress for this purpose, for any of the following:

a. Inpatient hospital ~~services;~~ services.

b. Outpatient hospital ~~services;~~ services.

c. Other laboratory and X-ray ~~services;~~ services.

d. Nursing ~~services;~~ services.

e. Physician's services, whether furnished in the office, the patient's house, a hospital, a skilled nursing home or ~~elsewhere;~~ elsewhere.

f. Pharmacist's services, whether furnished in the office, the patient's house, a hospital, a skilled nursing facility, an assisted living facility, a pharmacy, a federally qualified health center, a rural health clinic, or elsewhere.

~~f.~~ g. Drugs and ~~medicine; or~~ medicine.

~~g.~~ h. Such other health services and supplies as specified by the Department on recommendation by the Medical Advisory Committee.

Such payments ~~shall~~ may be made only to persons, ~~institutions~~ institutions, and entities which meet the standards as established by the Department of Health and Social Services and which promote safe and adequate treatment of individuals in the interest of public health and safety.

Section 6. The Department of Health and Social Services shall apply to the United States Department of Health and Human Services for any amendment to the state Medicaid plan or for any Medicaid waiver necessary to implement Section 5 of this Act. The office shall submit the Medicaid state plan amendment by December 31, 2024.

Section 7. This Act takes effect on January 1, 2025.