149th GENERAL ASSEMBLY
FISCAL NOTE

BILL:	**SENATE BILL NO. 225**
AS AMENDED BY:	**SA 1**
SPONSOR:	**Senator Hansen**
DESCRIPTION:	**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.**

Assumptions:

1. This Act shall take effect 180 days from the date of enactment.
2. This Act seeks to amend Title 16, Title 24, Title 29 and Title 31 of the Delaware Code related to insurance coverage for the treatment of back pain.
3. This Act encourages prescribers and patients to use proven non-opioid methods of treating back pain by prohibiting numerical limitations on physical therapy and chiropractic services and increases the continuing education requirements for prescribers related to the risks of opioids and alternative care.
    - The Department of Health and Social Services' Division of Medicaid and Medical Assistance reported an estimated cost of $1.00 per member per month for adults, a total cost of $1,500,000 annually, for the removal of limitations on physical therapy and chiropractic services. The State Share of this Medicaid cost totals $600,000 annually. The Statewide Benefits Office reported an estimated, annual cost to the Group Health Insurance Plan of $175,000 for the removal of these limitations for all state employees, and non-Medicare retiree members.

Cost: General Fund (State share of Medicaid)

Fiscal Year 2019:	$300,000
Fiscal Year 2020:	$600,000
Fiscal Year 2021:	$600,000

Cost: Group Health Insurance Plan

Fiscal Year 2019:	$87,500
Fiscal Year 2020:	$175,000
Fiscal Year 2021:	$175,000

Prepared by Victoria Brennan
Office of the Controller General