

DAVID S. BENTZ
STATE REPRESENTATIVE
18th District



**HOUSE OF REPRESENTATIVES
STATE OF DELAWARE
411 LEGISLATIVE AVENUE
DOVER, DELAWARE 19901**

COMMITTEES
Health & Human Development, Chair
Energy, Vice-Chair
Appropriations
Joint Finance
Labor
Natural Resources

House Health and Human Development Committee Meeting Minutes
June 16, 2021

Chair Bentz called the virtual meeting to order at 11:00 a.m. He stated that the meeting was planned in accordance with HCR 1 and took the roll call of the committee's members. Members present included Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Johnson, Baumbach, Heffernan, Morrison, Kowalko, Postles, Smith, Briggs King, Hensley, and Collins. For a list of guests present, please see the attendance list below.

Chair Bentz introduced **SB 107, AN ACT TO AMEND TITLE 18, TITLE 29, AND TITLE 31 OF THE DELAWARE CODE RELATING TO INSURANCE COVERAGE OF INSULIN PUMPS.**

Chair Bentz, a co-prime sponsor, explained that this bill requires insulin pumps be covered by all state regulated and small group plans such as Medicaid.

Rep. Collins asked how much insulin pumps cost. Chair Bentz responded that he is unsure of the individual cost of each pump, but the bill's fiscal note indicates a cost of \$83,000 to the State.

Chair Bentz introduced the witness for the bill, Stephen Habbe of the American Diabetes Association, who explained that the price of insulin pumps depends on the type, ones with tubes normally have a list price of \$6,000-\$7,000 and ones without tubes also known as patch pumps are replaced and cost about \$2,600-\$3,600 a year. He mentioned that people may also have supply costs, but this bill focuses on the pumps specifically.

Rep. Collins inquired about how insurance companies currently deal with insulin pumps. Mr. Habbe explained that there are a variety of reimbursement levels with regards to cost sharing such as 50 / 50 cost sharing, 80 / 20, or fully paid for. Of particular concern are people with high deductible plans who may have to take on a significant amount of the cost to acquire an insulin pump. Mr. Habbe stated that the cost exposure varies for the patient, but cost can be a major impediment to accessing an insulin pump.

Rep. Collins expressed his concern about government putting mandates on health insurance companies that result in consumers having to pay the costs and asked how this bill would impact the health insurance industry and its customers. Mr. Habbe responded that his understanding is that these costs are not very significant, and highlighted the fact that diabetes patients are already paying premiums and have other cost-sharing mechanisms for managing their diabetes so while there is some initial expense, if people have the tools they need to better self-manage their diabetes they can avoid a litany of very expensive complications that can result from diabetes such as hospital visits, blindness, and lower-limb amputations. Mr. Habbe stated that unfortunately diabetes is one of the primary drivers of healthcare costs in the United States due to all these complications, and society can take on additional costs as well as individuals may need to take more sick days or more individuals may become disabled.

Rep. Kowalko emphasized the point that the costs to the insurance industry of complications due to diabetes are astronomical, which make this bill very economically beneficial.

Rep. Morrison shared that he has worked in the health insurance industry and that regardless of this legislation we have seen deductibles and premiums continue to rise.

Chris Haas of the Department of Insurance (DOI) explained that they have worked closely with the sponsors in developing this bill which included reviewing scenarios with insurers. She said that it was found there would be minimal impact on insurers, generally less than \$0.50 per member per month.

Chair Bentz opened the floor to public comment, there was none.

A motion was made by Rep. Kowalko and Rep. Johnson and seconded by Rep. Baumbach to release SB 107 from committee, the motion carried. Yes = 12 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Morrison, Kowalko, Postles, Smith, Hensley, Collins); No = 0; Absent = 3 (Reps. Lynn, Shupe, Briggs King). The bill was released from committee with a F=8, M=3, U=0 vote.

Chair Bentz introduced **SB 105, AN ACT TO AMEND TITLE 16 AND TITLE 24 OF THE DELAWARE CODE RELATING TO PHARMACISTS DISPENSING AND ADMINISTERING CONTRACEPTIVES.**

Rep. Johnson, the co-prime sponsor, explained that the bill would allow pharmacists to dispense contraceptives and administer injectable contraceptives under a standing order from the Delaware Department of Health and Human Services. She stated that currently only health care practitioners have the ability to prescribe these medications in Delaware which creates an unnecessary hurdle for many women, particularly in parts of the state where there are primary care doctor shortages like Kent and Sussex County where there is fewer than 1 primary care doctor for every 1,000 residents. She shared that a 2018 study commissioned by the Department of Health and Human Services found that the number of primary care doctors providing direct patient care is on the decline in Delaware. Rep. Johnson stated that since the FDA approved the pill, nearly 7 out of 10 women over the age of 15 regularly use some form of birth control to prevent unwanted pregnancies, regulate menstrual cycles, manage endometriosis, and reduce the risk of uterine cancer and ovarian cysts. She said that this bill will address a healthcare gap for those who do not have easy access to a primary care practitioner by being able to discuss and receive contraceptives from their local pharmacist.

Chair Bentz expressed support for the bill and appreciation for finding creative solutions to primary care shortages in the State.

Rep. Baumbach shared his enthusiasm and support for the bill.

Rep. Heffernan asked for clarification on whether the bill covers long-lasting birth control. Rep. Johnson introduced a witness for the bill, Geoffrey Christ from the Department of Professional Regulation, who explained that the bill covers any form of pharmaceutical birth control, including the long-acting shot which lasts for three months and is a preferred contraceptive for many women.

Rep. Heffernan asked about what kind of health information warnings are in place to ensure people are aware of potential contraindications with these medications. Mr. Christ shared his background as a community pharmacist and explained that the Department of Health and Human Services is developing a screening tool that the pharmacist will sit down and go through the screening tool with the patient to enable the pharmacist to glean what is most medically appropriate to dispense. He highlighted that the bill indicates that if there are any medical questions or concerns that come up during screening the pharmacist is obligated to refer that patient to a practitioner with more expertise.

Chair Bentz opened the floor to public comment.

Kim Robbins of the Delaware Pharmacist Society spoke in support and highlighted that 16 other states have this in practice currently and 13 other states have pending legislation. She shared that the Delaware Pharmacist Society is ready and willing provide the training needed for pharmacists to be certified by the state board to dispense these contraceptives. She provided additional data that showed pharmacists involvement in patient care improves outcomes, increases adherence, and decreases costs.

Melanie Ross Levin, Director of the Office of Women's Advancement and Advocacy, spoke in support of the bill. She stated that Delaware has made significant progress in reducing the number of unwanted pregnancies which this bill would build on. She shared that a national survey indicated that 68 percent of women were interested in directly accessing contraceptives through a pharmacy. She further stated that similar policies have been shown to reduce unwanted pregnancies and increase the use of contraceptives and that while 1 out of 3 US adults have difficulty accessing contraceptives, access to a pharmacy is one of the least common barriers.

Dr. Shaneshaz Hooshang, the DHSS Director of Pharmacy, shared that Delaware had one of the highest rates of unintended pregnancy in 2010 at 57 percent. Between 2012-2015, 83 percent of the unintended pregnancies happened among women and girls under 20. He explained that women who have children prior to being ready are less likely to achieve their educational and career goals, and the child is more likely to grow up in poverty. He highlighted that pharmacists are always required to talk about any medication they disburse.

Linda Barnett spoke in support on behalf of the League of Women Voters.

A motion was made by Rep. Baumbach and seconded by Rep. Heffernan to release SB 105 from committee, the motion carried. Yes = 12 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Morrison, Kowalko, Postles, Smith, Hensley, Collins); No = 0; Absent = 3 (Reps. Lynn, Shupe, Briggs King). The bill was released from committee with a F=6, M=5, U=0 vote.

Chair Bentz introduced **SJR 4, DESIGNATING AUGUST 31, 2021, AS "INTERNATIONAL OVERDOSE AWARENESS DAY" IN THE STATE OF DELAWARE.**

Chair Bentz stated that this resolution established August 31, 2021, as International Overdose Awareness Day and introduced witness Mary Beth Cichocki to speak further.

Ms. Cichocki shared that she is one of the hundreds of Delaware parents who has lost a child to addiction, and that by recognizing International Overdose Awareness Day, the State is sending a clear message to parents that their children's lives mattered, and helps diminish stigmatization around the disease. She stated that this day will show the State's support of those who have struggled with or lost someone to an overdose.

Rep. Smith shared a personal story of loss to overdose in his family and his support of the resolution.

Chair Bentz opened the floor to public comment, there was none.

A motion was made by Rep. Hensley and seconded by Rep. Baumbach to release SJR 4 from committee, the motion carried. Yes = 11 (Chair Bentz, Vice Chair Minor-Brown, Reps. Johnson, Baumbach, Heffernan, Morrison, Kowalko, Postles, Smith, Hensley, Collins); No = 0; Absent = 4 (Reps. Chukwuocha, Lynn, Shupe, Briggs King). The bill was released from committee with a F=8, M=3, U=0 vote.

Chair Bentz introduced **HB 234. AN ACT TO AMEND TITLE 31 RELATED TO EXTENSION OF MEDICAID COVERAGE THROUGH THE FIRST YEAR POSTPARTUM.**

Vice Chair Minor-Brown explained that this bill requires the DHSS Division of Medicaid and Medical Assistance to take the necessary steps to expand Medicaid coverage to pregnant women from the current coverage of sixty days from the end of pregnancy to 12 months from the end of pregnancy. She highlighted the importance of the bill as having a change in insurance shortly after having a baby is a very disruptive and stressful experience for a new mom or a woman who has had a still birth or post-partum infant death. She explained that not having access to this can lead to negative factors including depression, suicide, job loss, and homelessness, as well as cases of unmanaged postpartum depression that have led to a mother taking the life of her child. She shared that the Black infant mortality rate is two times higher than the white infant mortality rate, and that Delaware ranks fourteenth in the nation for infant mortality. She stated that women cannot effectively care for their child if their own health needs are not met.

Vice Chair Minor-Brown further explained that Black women in the US suffer from life threatening pregnancy complications twice as often as white women and die from pregnancy complications four times as often as white women. She recognized the efforts of the Delaware Healthy Mother and Infant Consortium, Delaware Perinatal Quality Collaborative, Black Mothers in Power, Kingswood Community Center, and other stakeholders for their efforts to address these issues. She emphasized that this legislation is an important step of many as insurance is a critical factor in determining women's access to affordable post-partum care and a key strategy in preventing preventable maternal mortalities.

Rep. Johnson expressed strong support for the bill.

Rep. Baumbach also expressed support and appreciation for the bill.

Chair Bentz opened the floor to public comment.

Nicole Freedman spoke on behalf of the American Heart Association in support of the bill. She explained that cardiovascular disease is the leading cause of death in women as well as the leading cause of maternal death. She stated that despite the decrease of maternal mortality rate worldwide, the rate in the US continues to rise and is the highest in the developed world. The metabolic demands on the woman's heart can often expose underlying or silent cardiac issues and the early identification of cardiovascular disease could prevent a quarter of maternal deaths. She stated that to improve maternal health outcomes work must be done to equitably expand women's access to affordable, high quality, patient centered care before, during, and after pregnancy.

Dr. Meghan Walls of Nemours Children’s Health System spoke in support, explaining that this legislation is imperative to help the wellness of mothers and children as the relationship between the two is well documented. She said that many women go without basic needs for themselves during this critical period after birth including behavioral health, family planning, and related pregnancy and post-partum health conditions. Dr. Walls explained that a mother with unmet health needs may be unable to optimally care for her children and that in understanding the health outcomes and resiliency of children the most important factor is having one consistent, caring adult. She emphasized the alarming infant mortality rate in Delaware which is higher than all neighboring states and that public health insurance is known to play an important role in improving health outcomes for low-income women.

April Lyons-Alls of the Delaware Healthy Mother and Infant Consortium explained that the post-partum period is also known as the fourth trimester and is an often-underutilized opportunity for prevention. She noted that in Delaware, 65 percent of maternal deaths occur in the first 42 days post-partum, but that greater than 53 percent of these deaths are preventable. She stated that HB 234 will extend the opportunity to intervene where needed and provided the necessary care.

Linda Barnett of the League of Women Voters of Delaware spoke in support and added that relying on Medicaid is a great approach as it leverages federal funding that matches state contributions.

Melanie Ross Levin, Director of the Office of Women’s Advancement and Advocacy, spoke in support of the bill. She commented that the American Rescue Plan Act of 2021 gives states a new option to extend Medicaid post-partum to twelve months via a state plan amendment which takes effect April 2022 and is available to states for five years. She also mentioned that sixteen states including Maryland and New Jersey have sought to expand post-partum coverage for longer than sixty days and highlighted the research her office has produced illustrating the maternal mortality gap between Black women and white women and other races which has been largely the same for decades.

Brenda Wise of the Office of Management and Budget noted for the record that the significant fiscal impact of this bill was not included in the operating budget during Joint Finance Committee meetings as it was introduced after markup.

Shané Darby, Founder and Executive Director of Black Mothers in Power, spoke in support of the bill and highlighted that Black women are more likely to have post-partum anxiety and/or depression although least likely to be screened for it and if they are screened, least likely to be treated.

Kiki Evinger of the Department of Health and Human Services expressed support for the bill and its impact on the health of women and babies. She also echoed the comments made by Brenda Wise and stated that DHSS would not be able to implement this program without state financial assistance.

Dr. Nancy Fan spoke in support and emphasized the importance of the bill. She also shared that Medicaid coverage within the state of Delaware covers greater than 50 percent of all pregnancies and therefore provides significant care for women during their pregnancy and post-partum period.

After the conclusion of public comment, Rep. Lambert also expressed support for the bill.

Rep. Collins expressed support for the legislation and asked if there is a method in place to check on the effectiveness of the program. Vice Chair Minor-Brown responded that the Delaware Healthy Mother and Infant Consortium and Delaware Perinatal Quality Collaborative are constantly looking at the maternal and infant mortality data and will continue to watch this after the passage of the legislation. She stated that the hope is that as mothers gain access to the care, they will see these numbers decrease over the next few years.

Rep. Collins stated that he would be happy to be a part of an effort to monitor how this effort works in addressing the issue.

A motion was made by Rep. Collins and seconded by Rep. Baumbach to release HB 234 from committee, the motion carried. Yes = 12 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Morrison, Kowalko, Postles, Smith, Hensley, Collins); No = 0; Absent = 3 (Reps. Lynn, Shupe, Briggs King). The bill was released from committee with a F=7, M=4, U=0 vote.

Chair Bentz introduced SB 25, AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO INSURANCE COVERAGE AND REIMBURSEMENT FOR SERVICES PROVIDED BY A CHIROPRACTOR.

Chair Bentz, a co-prime sponsor, explained that this bill raises reimbursement rates for chiropractic services to Medicare levels. He highlighted the value of chiropractic care as a pain management method that serves as an alternative to opioid

medications and the intent of this bill to ensure that these services are available.

Rep. Heffernan, also a co-prime sponsor, emphasized the potential of increased chiropractic services to cut down on prescriptions for opioids and potential addictions.

Rep. Johnson expressed her support and shared that she sees a chiropractor in state.

Rep. Morrison spoke in support and highlighted the desperate need for alternative therapies that can provide an alternative to opioids.

Chair Bentz opened the floor to public comment.

Roger Roy spoke in support of the bill and encouraged all legislators to add themselves as co-sponsors if they have not done so already.

Pamela Price spoke on behalf of Highmark Delaware and expressed concerns that the legislation causes a rate increase for one specialty group that bolsters the fee-for-service model that healthcare is moving away from which would weaken the recent efforts to increased value-based care. She stated that while they support the use of chiropractic services for pain management, they do not see how this bill would impact opioid addictions as they have not seen a shortage of chiropractors in the State. She said that what the legislature did do on this front was enact SB 225 which removed the caps on chiropractic and physical therapy visits for the treatment of lower-back pain, and while there have been some issues with the implementation of this legislation, Sen. Townsend has agreed to work them to address.

Scott Rosenthal of the Delaware Chiropractic Society explained that the bill is needed due to years of abuse from certain insurance carriers. He referred to why SB 227 established the Medicare fee schedule for primary care due to the commercial market reimbursing independent primary care at rates as low as between 65 and 85 percent which failed to support an adequate primary care infrastructure. Mr. Rosenthal stated that chiropractors are paid significantly less on average, providing the example of two major carriers in the state paying 38 and 35 percent of Medicare rate. This results in more Delawareans in rural parts of the state having to travel very far in order to find a chiropractor willing to treat them with their insurer. He said that if his practice had more than 15 percent of patients on these low-reimbursement plans, he would have to lay people off, it is not a sustainable rate. He responded to earlier comments from Highmark saying that Highmark is not seeing a problem because they already reimburse chiropractors at comparable rates to Medicare, so they have an adequate network. Mr. Rosenthal emphasized that this is a long-needed change as some carriers have not changed their reimbursement rates in 15 years. He also shared that those patients who utilize chiropractic services use opioids up to 90 percent less than patients who go elsewhere.

Chris Haas spoke on behalf of the Department of Insurance in support of the bill, emphasizing chiropractic services as a way to care for residents by solving problems and not by medicating them. She stated that as the State moves towards a value-based care system, prescriptions for pain are a key area of low value care, and that chiropractic care can reduce the need for these medications, as well as expensive surgeries and emergency care. She explained that the bill creates a floor and not a mandated fee so high-value care can still be rewarded. Transitioning to value-based care and alternative payment models will take time, but just as they feel they can make the payment parity for primary care providers permeant while enacting value-based care tenants, they feel this can occur in this space as well and will be able to monitor the situation firsthand as the department that monitors the Office of Value-Based Healthcare Delivery.

Christine Schiltz spoke on behalf of America's Health Insurance Plans, sharing that they recognize the importance of chiropractic care and previously supported SB 225. She expressed concerns s regarding the provisions that statutorily mandate a fee-for-service reimbursement rate when health plans, providers, and others are making steps to move away from the fee-for-service model. She stated that they welcome the opportunity to participate in future discussions on how to incorporate value-based care and chiropractic services.

Rep. Johnson shared her personal experience with significant back and sciatica pain where here physicians were offering many opioids so that she could function, but chiropractic services worked and enabled her to avoid taking opioids.

A motion was made by Rep. Johnson and seconded by Rep. Baumbach to release SB 25 from committee, the motion carried. Yes = 11 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Morrison, Kowalko, Postles, Smith, Collins); No = 0; Absent = 4 (Reps. Lynn, Shupe, Briggs King, Hensley). The bill was released from committee with a F=8, M=3, U=0 vote.

Chair Bentz introduced **SB 161, AN ACT TO AMEND TITLE 11 AND TITLE 16 OF THE DELAWARE CODE RELATING**

TO SAFE ARMS FOR BABIES.

Rep. Lambert, a prime sponsor of the bill, explained that according to the Children's Bureau within the Administration for Children and Families, all fifty states, DC, and Puerto Rico have enacted newborn safe haven laws to allow parents to surrender a newborn without fear of persecution with varying laws of where an infant can be surrendered. Delaware is among sixteen states to only permit a baby to be surrendered to a hospital, while 25 states permit surrender at a fire station and 25 states permit surrender at a police station or other law enforcement agency. He stated that this bill adds police stations to the locations that newborns can be surrendered in Delaware and makes conforming amendments to other laws in the state based on this addition, and codifies a portion of the original Safe Arms for Babies law that requires the Department of Health and Social Services to take certain actions related to the law.

Rep. Lambert shared that he worked closely with Sen. Pinkney to discuss the legislation with the Delaware State Police and New Castle County Police where they gained their support. He explained that they did try to extend to fire stations as well, however, were unable to due to concerns about there being adequate staffing as a majority of fire stations are volunteer organizations in the State. He stated that they do not expect this law to be utilized frequently as there has only been one case of it utilized at a hospital in recent memory. However, he referenced the case in Delaware in 1996 when a baby was disposed of in a dumpster and emphasized the importance of increasing safe options for the surrender of babies.

Rep. Kowalko spoke in support of the bill and emphasized the importance of the protecting infants.

Vice Chair Minor-Brown spoke in support and highlighted the need to not criminalize these parents as mental health plays a significant role in these situations.

Rep. Collins expressed support for the bill.

Rep. Baumbach shared support and enthusiasm for the bill.

Chair Bentz opened the floor to public comment.

Melanie Ross Levin of the Office of Women's Advancement and Advocacy spoke in support, explaining that nationally 3,500 newborns have been surrendered since 1999 through safe haven laws, but 1,400 were found abandoned. She said that this law provides immunity from criminal prosecution provided the baby is alive and unharmed, and that adding police stations to the locations a baby can be surrendered provides more options to parents in distress and save infant lives. She highlighted that it is smart to proactively add additional options as the recent pandemic illustrated how hospital access can be restricted.

A motion was made by Vice Chair Minor-Brown and seconded by Rep. Johnson to release SB 161 from committee, the motion carried. Yes = 10 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Kowalko, Postles, Smith, Collins); No = 0; Absent = 5 (Reps. Morrison, Lynn, Shupe, Briggs King, Hensley). The bill was released from committee with a F=8, M=3, U=0 vote.

Chair Bentz introduced SB 164, AN ACT TO AMEND CHAPTER 95, VOLUME 82 OF THE LAWS OF DELAWARE RELATING TO MARRIAGES.

Rep. Wilson-Anton, a prime sponsor for the bill, explained that this bill postpones the effective date of SB 67 enacted in 2019 which was to become effective of January 1, 2020, however the Clerks of the Peace for all three counties indicated they need more time to implement the requirements and work with faith leaders in the communities. Therefore, this postponement is to allow more time for engagement with leaders of faith communities and to identify any additional changes to the marriage registry structure relating to its implementation or enforcement.

Chair Bentz opened the floor to public comment, there was none.

A motion was made by Rep. Baumbach and seconded by Vice Chair Minor-Brown to release SB 164 from committee, the motion carried. Yes = 11 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Kowalko, Postles, Smith, Briggs King, Collins); No = 0; Absent = 4 (Reps. Morrison, Lynn, Shupe, Hensley). The bill was released from committee with a F=5, M=6, U=0 vote.

Chair Bentz introduced SB 138, AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO RADIATION CONTROL

Chair Bentz, a prime sponsor of the bill, explained that this bill would change the requirements for members to be appointed to the Authority on Radiation Protection, allow for removal of a member by the Governor in certain limited circumstances, and clarifies the number of members needed to constitute a quorum.

Chair Bentz opened the floor to public comment, there was none.

A motion was made by Rep. Baumbach and seconded by Vice Chair Minor-Brown to release SB 138 from committee, the motion carried. Yes = 11 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Kowalko, Postles, Smith, Briggs King, Collins); No = 0; Absent = 4 (Reps. Morrison, Lynn, Shupe, Hensley). The bill was released from committee with a F=4, M=7, U=0 vote.

Chair Bentz introduced **SB 139, AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE DELAWARE EMERGENCY MEDICAL SERVICES OVERSIGHT COUNCIL.**

Chair Bentz, a prime sponsor of the bill, explained that this bill changes the requirements for members to be appointed to the Delaware Emergency Medical Services Oversight Council, and clarifies that a member may serve for a term of up to three years and is eligible for reappointment, and the number of members needed to constitute a quorum.

Chair Bentz opened the floor to public comment, there was none.

A motion was made by Rep. Baumbach and seconded by Vice Chair Minor-Brown to release SB 139 from committee, the motion carried. Yes = 11 (Chair Bentz, Vice Chair Minor-Brown, Reps. Chukwuocha, Johnson, Baumbach, Heffernan, Kowalko, Postles, Smith, Briggs King, Collins); No = 0; Absent = 4 (Reps. Morrison, Lynn, Shupe, Hensley). The bill was released from committee with a F=5, M=6, U=0 vote.

Chair Bentz adjourned the meeting at 12:31 p.m.

Respectfully submitted,
Chelsea Chatterton

Speaker List:

- Rep. Lambert
- Rep. Wilson-Anton
- Stephen Habbe (American Diabetes Association)
- Chris Haas (Department of Insurance)
- Geoffrey Christ (Department of Professional Regulation)
- Kim Robbins (Delaware Pharmacist Society)
- Dr. Shaneshaz Hooshang (Department of Health and Human Services)
- Linda Barnett (League of Women Voters)
- MaryBeth Cichocki
- Nicole Freedman (American Heart Association)
- Dr. Meghan Walls (Neumors Children's Health System)
- April Lyons-Alls (Delaware Healthy Mother and Infant Consortium)
- Brenda Wise (Office of Management and Budget)
- Shané Darby (Black Mothers in Power)
- Kiki Evinger (Department of Health and Human Services)
- Dr. Nancy Fan
- Roger Roy
- Pamela Price (Highmark Delaware)
- Scott Rosenthal (Delaware Chiropractic Society)
- Christine Schiltz (America's Health Insurance Plans)
- Melanie Ross Levin (Office of Women's Advancement and Advocacy)



LEAGUE OF WOMEN VOTERS OF DELAWARE
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TESTIMONY FROM
THE LEAGUE OF WOMEN VOTERS OF DELAWARE
IN SUPPORT OF HB 234

June 2021

I speak today representing the League of Women Voters of Delaware to express our support of HB 234, which aligns with our public policy position to ensure access to health care.

It presents a valuable way to help reduce Delaware's high incidence of postpartum mortality and morbidity. Extending Medicaid coverage for this population to 12 months is a common sense and basic step in addressing this problem, which can have long lasting effects on the families and society, as well as the health of the women.

We urge you to support this initiative. In addition to helping individual patients now, we see it is a long term investment in Delaware's future by preventing problems in the long run. Thank you.

Dear House Health and Human Development Committee,

I am Nick Beard writing on behalf of the Delaware United Policy Committee and I hope you will pass HB234 out of committee. Maternal mortality, especially among [Black women](#), is an incredibly pressing issue [in Delaware](#). As the mother of a young child, I know the long recovery which can occur postpartum. By extending Medicaid for the year after giving birth, we can work to reduce maternal mortality in Delaware and ensure that new parents have access to medical support for anything from pregnancy complications which continue to postpartum depression. Representative Minor Brown should be commended for her excellent representation and working to solve this essential issue. Please do vote to pass this bill out of committee.



June 9, 2021

The Honorable David Bentz
Chair, House Health and Human Development
Delaware General Assembly
411 Legislative Avenue
Dover, DE 19901

Re: Letter of Support for Senate Bill 105

Dear Representative Bentz,

I write to express support on behalf of ChristianaCare for Senate Bill 105, which will allow pharmacists to administer and dispense contraceptives without a prescription in Delaware. As a national leader in women's health, delivering more than 6,000 babies each year, ChristianaCare has a long history of supporting healthy babies and healthy families. The Centers for Disease Control and Prevention (CDC) cites contraception as one of the 10 great public health achievements of the 20th century, resulting in improved health and well-being, reduced maternal mortality, decreased preterm birth, and socio-economic benefits for women and families.

ChristianaCare fully supports increased access to contraceptives in Delaware. Unfortunately, far too many women still encounter barriers to access of contraceptives, which often results in inconsistent or non-use of contraception. Further, a recent survey showed that 62% of women favored either over-the-counter or pharmacist-prescribed contraceptives. Senate Bill 105 will help meet that need, and help reduce disparities, and unnecessary provider visits that increase healthcare costs.

Senate Bill 105 provides a safe effective approach that increases access, improves maternal health, lowers healthcare costs, and decreases disparities. We strongly support Senate Bill 105 and appreciate your efforts and advocacy on this bill.

Sincerely,

Meredith Stewart Tweedie, Esq.
Vice President Government Affairs & Policy, Senior Counsel



April 22, 2021

Dear Delaware State Senate,

I'm Nick Beard, testifying on behalf of Delaware United Policy Committee in favor of SB 105.

I wanted to begin by saying that this bill shows the importance of having legislators with a diversity of experience; Senator Pickney's work in reproductive health has been invaluable in drafting this bill.

Delaware's unplanned pregnancy rate has dropped greatly do the work of Delaware CAN and other groups to increase access to contraceptives. But there is still work to be done and this bill is an important part of that work. Access to contraception is incredibly important to reduce

For many women, the high price of a regular doctors visit may prove to be an insurmountable barrier to accessing birth control.

We need to allow pharmacists to use their professional expertise to support patients, deal with common concerns and fears for side effects, encouraging patients to see a doctor when necessary. This bill takes advantage of the expert work of pharmacists and as the American College of Obstetricians and Gynecologists notes, continues to provide excellent services for patients.

By passing this measure we can ensure that there is more equity in the ability to access birth control, especially in areas of the state that have a decreased access to primary and specialty care. What's more, we can do it in a fashion that is safe, proven, and effective.

As a young mother who relies on family planning to space my own pregnancies, I applaud this bill and hope you will pass it out of committee.

Sincerely,

Nick Beard
Delaware United

Dear House Health and Human Services Committee,

Hello, my name is Dustyn Thompson and I serve on the Delaware United Steering Committee. We are here to testify in favor of Senate Bill 107.

There are countless problems with our country's insurance system. Many of which will never be solved until we move towards a universal plan for all on the Federal level. With the mashup of federal and state regulations, it is nearly impossible to effectively reign in the greed and mismanagement of health insurance wreaking havoc on Delawareans.

However, that does not mean we should stop trying. Senate Bill 107 would require nearly all insurance companies selling coverage in Delaware to cover insulin pumps at no cost to patients.

We still have a ton of issues around what plans will be impacted by this bill. The synopsis states that all individual, group, State employee, and public assistance insurance plans will be covered under this bill. However, that leaves out one of the state's largest employers, Christiana Care, which uses their own self-insured plan and, thus, do not seem to be covered by this bill.

To continue to ensure that all Delawareans have access to these life saving medical devices and the real insurance coverage that all Delawareans, indeed all Americans need and deserve, we should be pressuring our federal delegation to support a Medicare for All system. At the very least we should be pressuring them to put more regulations around Self-Insured plans like those offered by Christian Hospital and others in Delaware.

In the meantime, the state could take the first step towards creating a state-level public option to encourage more competition in the marketplace.

By making these types of advances, we can help level the playing field and ensure that all our citizens are able to get the care they need without facing bankruptcy or navigating a myriad of confusing regulations and red tape that stand between them, their doctors, and the care they need.

Thank you for the opportunity to comment today. I hope you support SB 107 and continue to take strides towards improving access to real, comprehensive healthcare for all.