



MELISSA MINOR-BROWN  
STATE REPRESENTATIVE  
17th District

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

COMMITTEES  
Health and Human Development, Chair  
Administration, Vice Chair  
Ethics, Vice Chair  
Rules, Vice Chair  
Veterans Affairs

## House Health & Human Development Committee Meeting Minutes

6.21.23

*This committee meeting has been recorded and may be accessed via [legis.delaware.gov](http://legis.delaware.gov)*

Vice Chair Harris called the meeting to order at 11:15 a.m. Members present included Reps. Harris, Baumbach, Briggs King, Hilovsky, Johnson, Minor-Brown, Morrison, Neal, Postles, and Romer. For a list of guests present, please see the attendance list below.

Vice Chair Harris introduced **SB 152, AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO THE RIGHTS OF LONG-TERM CARE FACILITY RESIDENTS.**

Rep. Johnson said that the bill is the result of work done by the Long-Term Care and Memory Care Task Force, which met for over a year. She added that this legislation is one of eighteen recommendations put forth by the task force. She explained that the bill would ensure that long-term care facility residents are entitled to care that recognizes cultural differences and preferences. She emphasized the importance of addressing racial disparities in long term care facilities. The legislation would require that long-term care facility residents are made aware of their rights in a language and format that is accessible to the resident. It also requires the Department of Health and Social Services to prepare a standardized notice listing all these rights in a language and format that is accessible to each resident or their authorized representative. She thanked the members of the task force for their hard work and dedication.

Chair Minor-Brown thanked Rep. Johnson for introducing this legislation.

Rep. Hilovsky asked how a long term care facility operates when they receive a new patient who speaks a different language.

With permission from the chair, Rep. Johnson invited expert witness Cheryl Heiks to respond.

Cheryl Heiks, executive director of the Delaware Health Care Facilities Association, said that there are a number of translation services currently utilized if the person processing a new patient does not speak their language. She added that there are generally staff members in the facilities who are multilingual.

Rep. Hilovsky asked whether a patient's insurance covers translation services.

Cheryl Heiks responded that it depends on the facility and the language being translated, but that sixty-five percent of patients have these services covered by Medicaid.

Rep. Hilovsky noted that his practice utilizes a translator for patients who speak a different language, and that this is not covered by insurance.

Cheryl Heiks emphasized that the task force did extensive research on the implementation of their recommendations. She invited committee members to tour a long term care facility to witness the process in person and receive answers to technical questions about specific operations. She explained that there are already federal cultural competency standards and that the legislation is just adding these to the Delaware Code.

Rep. Morrison thanked Rep. Johnson for her work on this issue. He asked if the bill would include LGBTQ+ patients, who can face stigma in long term care facilities.

Rep. Johnson confirmed that LGBTQ+ patients would be included in the bill because it addresses both cultural differences and preferences.

Chair Minor-Brown opened the floor to public comment.

Sean Dwyer, representing the Alzheimer's Association, noted that nineteen thousand Delawareans have Alzheimer's and that one out of three will die due to Alzheimer's in some capacity. He said that his organization supports the legislation because it affirms that long term care patients are entitled to basic respect and dignity.

Cheryl Heiks, executive director of the Delaware Health Care Facilities Association, said that there should be an accommodation for patients whose caretakers do not sign the required form stating that they have received a copy of the notice of residents' rights. She pointed out that they had difficulty getting signatures from caretakers during the COVID-19 pandemic for approval of vaccinations.

Christopher Otto, executive director of the Delaware Nurses Association, expressed his support for the legislation. He added that respecting cultural differences and preferences is already included in his organization's code of ethics.

Rep. Johnson recognized Cheryl Heiks' concern about obtaining signatures from the patient's caretaker to affirm that they understand their rights as specified in this bill. She said that she would amend the legislation to address this.

A motion was made by Rep. Briggs King and seconded by Rep. Harris to release SB 152 from committee; motion carried. Yes = 10 (Minor-Brown, Harris, Baumbach, Briggs King, Hilovsky, Johnson, Morrison, Neal, Postles, Romer); No = 0; Absent = 6 (Chukwuocha, Heffernan,

Hensley, Parker Selby, Shupe, Smith). The bill was released from committee with a F=6, M=4, U=0 vote.

Chair Minor-Brown introduced **HB 227 w/ HA 2, AN ACT TO AMEND TITLES 16 AND 24 OF THE DELAWARE CODE RELATING TO LEAD POISONING PREVENTION.**

Rep. Lambert said that childhood lead poisoning is a problem in Delaware, especially in his district. He noted that lead poisoning can cause neurological issues in children, and even result in death. He added that the long term impacts of lead poisoning can extend into adulthood. He noted that HB 227 is a companion bill to HB 222 from the 151st General Assembly, which established lead screening of kids when they are two years old. He emphasized that, at two years old, children are more mobile and therefore more likely to come into contact with lead. HB 227 would require health care providers involved in blood lead level analysis, including screening and testing, to participate in a universal reporting system as established by the Division of Public Health. The universal reporting system would include the lead screening and testing results of all children, regardless of age. Health care providers would also report the results of lead poisoning screening on electronic forms to be developed by the Division of Public Health. He noted that this would allow health care providers to verify that the required screening took place and communicate this to the Division of Public Health in a way that can easily be incorporated into the state database. The Division of Public Health will then ensure that all school nurses have access to data that confirms or denies whether each enrolled child has been screened for lead poisoning. He mentioned that he has heard concerns from physicians about the required training and has drafted an amendment to remove the training and licensing provisions entirely.

Rep. Briggs King expressed her support for the amendment to remove training requirements. She added that schools should be able to conduct lead testing on-site for children who have not received it.

Rep. Lambert said that an amendment would require schools to report which children did not have their caregivers provide proof of lead screening.

Rep. Briggs King emphasized the importance of following up with those children and their families to make sure they receive lead screening.

Rep. Hilovsky noticed that there was a typo in the list of zip codes with elevated risk for lead poisoning. He encouraged Rep. Lambert to consider implementing lead screening periodically instead of just at ages one and two. He noted that lead has been found in the water of multiple Delaware schools.

With permission from the chair, Rep. Lambert invited expert witness Amy Roe to respond.

Amy Roe, co-founder of Lead-Free Delaware, said that periodic screening after age two is common in many other states. She noted that Massachusetts requires lead screening for kids up

to age three and again before entering kindergarten. She pointed out that HB 222 in the previous general assembly, which established lead screening for kids up to age two, was difficult to pass due to opposition from pediatricians and some organizations of medical professionals. She added that the regulations set by HB 222 have yet to be implemented.

Rep. Hilovsky summarized Amy Roe's point that extending age for lead screening is pointless because the lead screening of kids up to age two has yet to be implemented. He asked if there are any relevant statistics related to this issue.

Amy Roe replied that there has not been enough data collected about lead poisoning in Delaware to provide relevant statistics.

Rep. Hilovsky expressed his shock at the extent of this issue and commended Rep. Lambert for his work. He thanked Amy Roe for her honest testimony.

Rep. Romer informed the committee members about Lead-Free Delaware's open meetings and encouraged them to attend.

Rep. Harris thanked Rep. Lambert for introducing this legislation. She noted that every zip code in her district is on the list of areas with elevated risk of lead poisoning.

Rep. Johnson thanked Rep. Lambert for being open to the concerns of the community regarding the training provision in the bill.

Chair Minor-Brown opened the floor to public comment.

Megan McNamara Williams, interim president of the Delaware Healthcare Association, expressed her support for the bill with the addition of the amendment removing the training requirement.

Dawn Alexander, representing the Colonial Education Association, noted that her district has one of the highest levels of lead poisoning in Delaware. She said that they have seen the long term negative impacts of lead poisoning on their students, adding that marginalized communities are disproportionately impacted by the issue. She emphasized the importance of providing school nurses with information about which children have received screening for lead poisoning.

Selvam Mascarenhas, representing ChristianaCare, said that the organization supports the legislation after the removal of the training requirement.

Prayus Tailor, a practicing kidney specialist, thanked Rep. Lambert for amending the language of the bill to address concerns about the training requirement. He said that mandating additional training will lead to physician burnout and increase the shortage of healthcare professionals, which affects two-thirds of the state. He noted that Delaware is consistently ranked as one of the worst states to practice medicine in, which he claimed was the result of the punitive nature of the

state's medical board. He added that new patients usually have to wait six months or more to make an appointment.

Denise Buffin, president-elect of the Delaware School Nurse Association, said that children with lead poisoning have irreversible brain damage and experience lifelong challenges. She noted that children experiencing lead poisoning can have symptoms similar to children with ADHD. She emphasized that school nurses need to know whether a student has a history of lead poisoning so that they can provide the proper support and resources to help them succeed.

Amy Roe, co-founder of Lead-Free Delaware, noted that when she first began researching lead poisoning she found that the state was out of compliance with CDC reporting laws. She added that while the situation has improved in some regards, it has also deteriorated in other areas. School nurses were previously tasked with verifying whether a child had received a lead screening upon kindergarten enrollment, and as a result identified over one thousand children per year who had yet to be tested for lead poisoning. She added that school nurses are sometimes unable to verify whether a child has been screened due to physicians leaving the record blank.

Kristin Dwyer, representing Nemours Children's Health, thanked Rep. Lambert for working with them to draft the amendment to remove training requirements. She emphasized the importance of making lead screenings more accessible to underprivileged communities.

Taylor Hawk, representing the Delaware State Education Association, expressed her support for the bill due to the provisions making lead screening data available to school nurses. She added that lead poisoning can set children back years in their education. Children exposed to lead may experience learning disabilities as well as behavioral, hearing, and speech problems.

Theodore Saad, a practicing kidney specialist, echoed the testimony of Prayus Tailor. He thanked the bill sponsors for being receptive to criticism from the medical community and amending the legislation. He emphasized the importance of collaboration between legislators and medical professionals on health-related issues.

Christopher Otto, executive director of the Delaware Nurses Association, said that they are in favor of the bill after the incorporation of the amendment removing training requirements. He thanked Rep. Lambert for including provisions that ensure school nurses have access to lead screening data.

Jakim Mohammed said that he was disappointed by the decision to remove the training requirements from the legislation. He added that periodic screenings are an essential component of a comprehensive plan to address lead poisoning.

Donald Farrell said that he lives in one of the zip codes with an elevated risk of lead poisoning. He expressed frustration with the medical organizations that are opposed to implementing training requirements, but said that he supports the amendment if it is necessary to pass the bill.

He highlighted the important role that school nurses play in identifying and providing early interventions for children with lead poisoning.

Chair Minor-Brown thanked Rep. Lambert for introducing this legislation. She emphasized that exposure to lead can have devastating lifelong consequences for children.

Rep. Neal said that they would be interested to know how ingesting lead impacts a person's reproductive health, and whether their children would be affected as a result.

Rep. Briggs King mentioned that getting licensed to practice medicine in Delaware is already more difficult than in other states, and stated that the legislature should not create additional training requirements.

A motion was made by Rep. Briggs King and seconded by Rep. Neal to release HB 227 w/ HA 2 from committee; motion carried. Yes = 9 (Minor-Brown, Harris, Baumbach, Briggs King, Hilovsky, Johnson, Morrison, Neal, Postles); No = 0; Absent = 7 (Chukwuocha, Heffernan, Hensley, Parker Selby, Romer, Shupe, Smith). The bill was released from committee with a F=3, M=6, U=0 vote.

Chair Minor-Brown introduced **SB 165 w/ SA 1, SA 2, AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO PHARMACY.**

Chair Minor-Brown explained that the legislation would allow pharmacists to enter physician and nurse practitioner approved treatment protocols in order to provide comprehensive medication management services. She noted that fifty percent of people with chronic conditions do not take their medicines correctly and that involving pharmacists in the medical support network can address this issue. She added that Delaware spent two point forty-two billion on Medicaid in 2021. She also noted that sixty-one percent of state residents over the age of sixty-five reported experiencing high blood pressure, which can lead to more serious cardiovascular illnesses. She said that collaborative pharmacy practices cut costs by consolidating patient care. She shared that she had difficulty obtaining a specific medication from a pharmacy for her son when he was ill. She could not seek an alternative form of the medication because the pharmacist was not permitted to issue a new prescription without consent from her doctor. She added that she went days without necessary medication, and pointed out that many families make costly trips to the ER if they are unable to obtain medicine for their child in a timely fashion.

Rep. Briggs King asked if pharmacists would need to make a collaborative pharmacy practice agreement with every physician or nurse practitioner they would like to work with.

Chair Minor-Brown invited expert witness Kevin Musto to respond.

Kevin Musto, representing the Delaware Pharmacists Society, said that each agreement is tailored to the preferences of the individual pharmacists and physicians.

Rep. Briggs King followed up with a question about how pharmacists would react if a patient with an injectable medication had an adverse reaction.

Kevin Musto replied that if such a situation were to occur, the pharmacists have already received training on how to respond. He noted that an adverse reaction could occur in a physician's office as well.

Rep. Briggs King expressed concern that pharmacy technicians have not received this training.

Kevin Musto pointed out that the bill specifies that pharmacy technicians must be nationally certified to administer immunizations. He added that this became common practice during the COVID-19 pandemic and yielded positive results.

Rep. Briggs King asked if pharmacists could be involved in providing lead screenings.

Kevin Musto responded that he is enthusiastic about the prospect of extending their screening services if possible.

Rep. Briggs King requested further information on how pharmacists are educated about new types of screenings.

Kevin Musto emphasized that pharmacists go through six years of schooling and complete thirty hours of continuing education per year.

Rep. Briggs King said that providing pharmacists with an additional task could lead to burnout and fewer professionals coming to and staying in Delaware to practice medicine.

Kevin Musto replied that independent pharmacies are primed for collaborative pharmacy practices. He added that chain pharmacies are more likely to make agreements for specific stores.

Rep. Briggs King requested for clarification on whether the legislation is a mandate.

Kevin Musto clarified that the legislation does not include a mandate. He confirmed that it is up to individual physicians and pharmacists to decide if they want to enter into a collaborative pharmacy agreement.

Rep. Briggs King asked if pharmacists would consider working with physicians to provide medication assisted treatment.

Kevin Musto responded that medication assisted treatment is not addressed in this bill. He noted that medication assisted treatment is a very successful technique

Rep. Baumbach asked Kevin Musto to confirm that Delaware is the only state without collaborative pharmacy practice agreements.

Kevin Musto affirmed that Delaware would be the fiftieth state to implement collaborative pharmacy practice agreements.

Rep. Baumbach noted that twenty-one states require pharmacists and sometimes physicians to submit the collaborative pharmacy agreement to the board of pharmacy or medicine for approval and verification purposes.

Kevin Musto replied that most of these requirements were implemented when collaborative pharmacy practices were first introduced in 2007. He added that a strict structure is not necessary for pharmacists to effectively utilize collaborative pharmacy practices.

Rep. Baumbach asked if there is reporting about collaborative pharmacy practices in other states and if this data is reviewed to ensure the program is still effective.

Kevin Musto confirmed that this information is reviewed to identify any issues related to collaborative pharmacy agreements.

Rep. Baumbach said that he was initially concerned that the legislation was monopolistic and would allow physicians to send patients to certain pharmacists, but added that he has come to the realization that this is not true and the intent of the bill is to expand access to care

Kevin Musto agreed with Rep. Baumbach's assessment.

Rep. Hilovsky asked how liability carriers in Delaware will be impacted by this legislation.

Kevin Musto replied that pharmacies and individual pharmacists already have liability coverage.

Rep. Hilovsky questioned if this coverage would extend to their new responsibilities.

Kevin Musto confirmed that liability coverage would extend to adverse reactions as the result of collaborative pharmacy practices. He added that the other states have already demonstrated how this would work.

Rep. Hilovsky noted that there is a common theme of Delaware being the last state to address healthcare issues.

Kevin Musto assured Rep. Hilovsky that the pharmacists and physicians in the room are doing their best to meet the healthcare needs of Delawareans.

Rep. Hilovsky thanked Kevin Musto for his work.

Rep. Johnson said that she would like to be added as a co-sponsor of the legislation and thanked Chair Minor-Brown for bringing the bill forward. She also thanked all of the medical professionals in attendance.



Rep. Neal said that they have benefitted from a good relationship with the pharmacists in their district. They shared that they left a practice and were worried about obtaining their medicine, and it was a pharmacist who informed them that the practice was responsible for filling their medication until they found another practitioner. They added that they have injectable medicine and that their pharmacist always calls them to see if they're experiencing adverse reactions. They asked to be added as a co-sponsor of the bill.

Chair Minor-Brown shared that she witnessed a pharmacist sit down and talk with a person who came to them with a script from the ER but was already on a number of psychotropic medications and experiencing adverse reactions. Chair Minor-Brown added that the pharmacist then called emergency services, possibly saving the person's life. She thanked Kevin Musto for his work.

Chair Minor-Brown opened the floor to public comment.

Cheri Briggs, representing Bayhealth and the Delaware Society of Health-System Pharmacists, noted that this legislation is not only applicable to community pharmacists but also impacts pharmacists working in physician practices, ambulatory practices, and hospitals. She emphasized that these pharmacists are qualified to provide the comprehensive care that is necessary for patients who would otherwise not receive it.

Jennifer Brandt, a clinical and opioid stewardship pharmacist at Beebe Healthcare, expressed her support for the legislation. She noted that Delaware would be the last state to implement collaborative pharmacy practices. She quoted a popular phrase stating that physicians diagnose and pharmacists treat. She added that there is data that indicates that pharmacist driven care produces better outcomes for patients.

Kim Robbins, executive director of the Delaware Pharmacists Society, said that her organization supports the bill. She shared that she has been a smoking cessation counselor for over twenty years and has helped approximately three thousand patients quit smoking. She added that she could have treated twice as many patients if the state had collaborative pharmacy agreements in place. She noted that she had to wait until her patients saw their primary care physicians to provide them with necessary smoking cessation and nicotine replacement medications.

Kevin Musto, representing the Delaware Pharmacists Society, emphasized that this legislation would enable pharmacists to provide better care to their patients.

Megan McNamara Williams, interim president of the Delaware Healthcare Association, thanked everyone who shared their personal experiences. She said that research indicates that collaborative pharmacy agreements improve health outcomes while reducing health care costs.

Selvam Mascarenhas, representing ChristianaCare, said that collaborative pharmacy agreements and the use of electronic records have both been shown to create better health outcomes for patients.

Pooja Dogra, representing ChristianaCare, emphasized that pharmacists play a critical role in ensuring that patients receive the best possible care. She explained that pharmacy collaborative practice is an interdisciplinary model of care between physicians and pharmacists. This results in more comprehensive patient care and has been shown to have positive health outcomes. She added that collaborative pharmacy agreements drastically reduce costs per patient per year, and that it increases patient access to care.

Keena Smith, a population health pharmacist at Bayhealth and a member of the Delaware Society of Health-System Pharmacists, encouraged legislators to review a publication from the American Medical Society that suggested utilizing pharmacists to optimize therapy and provide higher quality team-based care. She added that pharmacists have met quality metrics and benchmarks related to medication adherence, controlling high blood pressure and diabetic care, and managing medication therapy during transitions of care. She mentioned that a pilot program at Bayhealth demonstrated that having a pharmacist involved in transitions of care resulted in a thirty-two percent reduction in remissions in only ten months.

Shannon Chan, representing Nemours Children's Health, thanked the sponsors of the legislation for their work on this issue. She said that patient care for people with chronic conditions has become increasingly, and that collaborative pharmacy practices will remove barriers and allow pharmacists to provide necessary treatment.

Julie Wenger, executive director of the Delaware Association of Chain Drug Stores, expressed her support for the legislation.

Pamela Price, representing Highmark Blue Cross Blue Shield Delaware, said that her organization is in favor of the legislation.

Chris DiPietro, representing Epic Pharmacies, thanked Chair Minor-Brown for her leadership on this issue.

Rep. Briggs King asked how community pharmacists will securely access patient information from hospital pharmacists.

Chair Minor-Brown invited expert witness Cheri Briggs to respond.

Cheri Briggs, representing Bayhealth and the Delaware Society of Health-System Pharmacists, said that pharmacists will have access to patient data through their electronic health records once they have established a collaborative pharmacy agreement with their providers. She emphasized that access is restricted by the IT department, adding that corporate compliance monitors access as well.

Rep. Briggs King reiterated the importance of patient privacy.

Vice Chair Harris applauded the Black pharmacists present at the committee hearing, adding that only five to seven percent of all pharmacists are Black. She noted that Bayhealth is staffed by an impressive number of women and people of color.

A motion was made by Vice Chair Harris and seconded by Rep. Johnson to release SB 165 w/ SA 1, SA 2 from committee; motion carried. Yes = 10 (Minor-Brown, Harris, Baumbach, Briggs King, Hilovsky, Johnson, Morrison, Neal, Postles, Romer); No = 0; Absent = 6 (Chukwuocha, Heffernan, Hensley, Parker Selby, Shupe, Smith). The bill was released from committee with a F=5, M=5, U=0 vote.

Chair Minor-Brown introduced **SB 158, AN ACT TO AMEND TITLE 11 OF THE DELAWARE CODE RELATING TO ADDRESS CONFIDENTIALITY.**

Chair Minor-Brown explained that the legislation proposes a narrow expansion of the Delaware's Address Confidentiality Program by permitting an individual who is a reproductive health care services provider or employee to apply for participation.

Chair Minor-Brown opened the floor to public comment.

Sarah Stowens, representing ChristianaCare, thanked the sponsors of the bill for their dedication to the safety of health care providers. She shared multiple stories from reproductive health care providers and employees who received threatening messages and feared for their safety due to their occupation.

Lisa Goodman, representing Planned Parenthood of Delaware, pointed out that their Newark location was firebombed in 2020. She added that this is only one example of the risks that reproductive health care workers face.

Helen Salita, representing the ACLU of Delaware, mentioned that the one year anniversary of the Supreme Court decision that overturned Roe v. Wade would occur in the following week. She noted that while Delaware has safeguards in place to protect the right to abortion services, that does not prevent people from menacing the people who provide these services. She emphasized the importance of allowing reproductive health care providers the option to participate in Delaware's Address Confidentiality Program to protect themselves and their families from harm.

Rep. Neal shared that they were doxed after advocating for transgender and nonbinary youth in the Red Clay school district, and received numerous threats as a result. They added that they feared for the safety of their four children, two of whom walk to their bus stops. They expressed their desire to be a co-sponsor of the legislation.

Rep. Morrison said regardless of differing views on abortion, everyone should agree on the importance of protecting health care providers.

A motion was made by Rep. Johnson and seconded by Vice Chair Harris to release SB 158 from committee; motion carried. Yes = 9 (Minor-Brown, Harris, Baumbach, Hilovsky, Johnson, Morrison, Neal, Postles, Romer); No = 0; Absent = 7 (Briggs King, Chukwuocha, Heffernan, Hensley, Parker Selby, Shupe, Smith). The bill was released from committee with a F=8, M=1, U=0 vote.

Chair Minor-Brown adjourned the meeting at 1:15 p.m.

Respectfully submitted by:

Wyatt Patterson

## Attendance List

- Cheryl Heiks
- Sean Dwyer
- Amy Roe
- Megan McNamara Williams
- Dawn Alexander
- Selvam Mascarenhas
- Prayus Tailor
- Denise Buffin
- Kristin Dwyer
- Taylor Hawk
- Theodore Saad
- Christopher Otto
- Jakim Mohammed
- Donald Farrell
- Cheri Briggs
- Jennifer Brandt
- Kim Robbins
- Pooja Dogra
- Keena Smith
- Shannon Chan
- Julie Wenger
- Pamela Price
- Chris DiPietro
- Sarah Stowens
- Lisa Goodman
- Helen Salita

Dear House Health & Human Development Committee Members,

My name is Denise Buffin, and I am the president-elect of the Delaware School Nurse Association and I live in Claymont. Thank you for the opportunity to provide public comment today. I have been a public school nurse for 25 years in Delaware, and I have seen firsthand the impact of lead poisoning. Children who are poisoned by lead have irreversible brain damage and face a lifetime of challenges. Not only does lead poisoning impact the child, but it also impacts the family, the school system, the health care system, and the social service system.

Because I work in a public school, I know that children may be hyperactive or have developmental delays due to lead exposure. I participated in an IEP meeting for a student new to our school who had significant learning delays, and behavior issues consistent with ADHD that include impulsivity, hyperactivity, and inability to concentrate on academics. The student's mother was economically challenged, working, and single-handedly raising her children. They lived in an older home in the city of Wilmington where her infant son would not stop eating the paint chips falling off the window sills. The chips taste sweet and he can't help himself. His 1-year-old lead level was elevated and he had lead poisoning.

It is critical for families, school nurses, and school special education teams to know if children have been poisoned by lead so we can work collaboratively to provide appropriate support and services for children. In Delaware, children must receive lead screening at 12 and 24 months of age. Therefore, physicians must be trained to understand the importance of lead screening and the protocols for treating children who have been poisoned by lead. School nurses need to have access to the public health lead level registry so we may concentrate on having students with no history of blood lead level tested. These children are losing access to early interventions they are entitled.

For these and many other reasons, the Delaware School Nurse Association supports HB227 and respectfully requests that you voted it out of committee today and that your support this bill as it moves to the House for a vote on the House floor.

## One area of Concern on HB 227

Jayshree Tailor <jayshreetailor@gmail.com>

Wed 6/21/2023 7:43 AM

To: Smith, Michael (LegHall) <Michael.F.Smith@delaware.gov>; Sturgeon, Laura (LegHall) <Laura.Sturgeon@delaware.gov>; HouseCommitteeComment (Mailbox Resources) <HouseCommitteeComment@delaware.gov>; Gay, Kyle E (LegHall) <Kyle.Gay@delaware.gov>; DorseyWalker, Sherry (LegHall) <Sherry.DorseyWalker@delaware.gov>; Morrison, Eric (LegHall) <Eric.Morrison@delaware.gov>; Hoffner, Kyra (LegHall) <kyra.hoffner@delaware.gov>; Huxtable, Russell (LegHall) <russell.huxtable@delaware.gov>; Lockman, Elizabeth (LegHall) <Elizabeth.Lockman@delaware.gov>; Mantzavinos, Spiros (LegHall) <Spiros.Mantzavinos@delaware.gov>; McBride, Sarah (LegHall) <Sarah.McBride@delaware.gov>; Sokola, David (LegHall) <David.Sokola@delaware.gov>; Walsh, John (LegHall) <John.Walsh@delaware.gov>; Baumbach, Paul (LegHall) <Paul.Baumbach@delaware.gov>; Bolden, StephanieT (LegHall) <StephanieT.Bolden@delaware.gov>; Gray, Ronald (LegHall) <Ronald.Gray@delaware.gov>; Griffith, Krista (LegHall) <Krista.Griffith@delaware.gov>; Johnson, Kendra (LegHall) <Kendra.Johnson@delaware.gov>; Romer, Cyndie (LegHall) <cyndie.romer@delaware.gov>; Williams, Kimberly (LegHall) <Kimberly.Williams@delaware.gov>

Dear Legislators,

My name is Dr. Jayshree Tailor and I am a primary care physician in Wilmington, Delaware. I wish I could read this letter in person at today's legislative session, but I am seeing patients today.

I am writing to you about one area of concern in HB 227, namely the section that mandates physician training every 2 years on the subject of lead poisoning. As a physician, I certainly applaud the active approach that your team is taking to ensure that we prevent our at-risk population's exposure to lead. However, I feel that the required CME in the bill is not the best way to engage physicians to help your cause to protect our population from lead poisoning.

I recognize that you may believe that asking us to complete only 2 hours of CME may not seem like a big request. However, I'd like you to consider that physicians work best when we recognize our own gaps in learning on issues that affect our individual patient populations. As an internist, I care for patients 18 and older, most of whom are actually Medicare patients and lead poisoning will not affect the outcomes of my patient population. I am constantly reading medical literature on my own about the conditions that I treat to optimize care of my patients.

This is NOT to say that I do not care about the lead issue. In fact, I am chair of the School Health Subcommittee with the Medical Society of Delaware and would be happy to collaborate with you about LEAD EDUCATION programs for the community. I think a better way to engage physicians is to work with us to advocate for programs that we can implement together to educate doctors and patients alike.

Recently, Delaware passed a bill requiring mandatory Alzheimer's education, and I worry that this requirement of lead education is leading to a trend towards advising

self-driven physicians what to spend our time studying. I can list an endless amount of important topics that I feel every physician should educate themselves on including nutrition, chronic kidney disease, diabetes prevention or management, obesity prevention, depression and anxiety management, drug use, alcohol use, hypertension prevention and management....the list is endless. I think physicians know best where their gaps of learning are and I hope you recognize that we are a self-driven group of professionals who love to learn and expand our knowledge based on what we need to know for our unique populations of patients.

Lastly, I want to emphasize that the more that is being asked of physicians without our input, the more physicians are feeling the strains of our work. Burnout is a big issue. Primary care is experiencing the brunt of it. The practice I work for struggles to recruit primary care doctors to Delaware and we are already experiencing a shortage in our state. External demands like mandated CME topics only add to our loss of autonomy.

I am happy to discuss this topic in more detail with anyone. My cell phone is 302-353-9497. I do hope you reach out to me to collaborate with my School Health Committee at MSD on LEAD education programs. Thank you for your tireless work for our community.

Graciously submitted,  
Jayshree Tailor, MD, FACP



## Lead Documentation

Megan Fioravanti <meganfioravanti@gmail.com>

Wed 6/21/2023 8:28 PM

To:HouseCommitteeComment (Mailbox Resources) <HouseCommitteeComment@delaware.gov>

Please support the passing of HB 227. It is imperative to the health of Delaware's children that school nurses have access to records on lead testing. School nurses are the front-line public health professionals who monitor vaccine and lead level compliance. It is in the best interest of the children and their families that school nurses have the needed information and that if compliance has been achieved, it is beneficial to parents that the school nurse has access to the record by aiding the family in compliance and assurance of needed documentation. Please notify me if you would like any additional information or input.

Thank you,  
Megan S. Fioravanti, RN, NCSN  
302.540.4175

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Megan S. Fioravanti  
[meganfioravanti@gmail.com](mailto:meganfioravanti@gmail.com)



June 20, 2023

*Megan Williams, DNP,  
FNP-C, FAANP  
Interim CEO*

The Honorable Larry Lambert  
411 Legislative Ave.  
Dover, DE 19901

The Honorable Kyle Evans Gay  
411 Legislative Ave.  
Dover, DE 19901

**RE: Concerns with HB 227, regarding Health-Care Provider Lead Training Mandate**

Dear Representative Lambert and Senator Gay,

*Nemours Children's  
Health*

Mark Mumford,  
Executive Vice President  
Chief Executive,  
Nemours Delaware  
Valley Operations

While the Delaware Healthcare Association supports the intent of HB 227 to encourage compliance with lead testing and reporting requirements, we respectfully oppose HB 227 as currently written. **Specifically, we oppose the provision that mandates health-care providers to take a lead training program every two years.**

*Bayhealth*

Terry Murphy,  
President & CEO

Due to an increasing amount of legislation that seeks to mandate education and training on health care providers, the Delaware Healthcare Association earlier this year adopted a policy statement outlining that we are in general not in favor of such training mandates. The full statement (attached) has been submitted for the committee record, but in summary, health care providers undergo extensive hours of continuing education annually as determined by various regulatory boards. Hospitals additionally require education and training for staff to address any number of clinical and social issues. For the various training and educational mandates introduced by legislation, we find that hospitals already provide systems that prepare employees and clinicians to render appropriate and high-quality care to patients.

*Beebe Healthcare*

David A. Tam,  
MD, MBA,  
President & CEO

We are always happy to work with legislators to discuss ways in which our existing training programs address specific areas of interest.

*ChristianaCare*

Janice E. Nevin,  
MD, MPH  
President & CEO

We respectfully request that you consider removing the training requirement from HB 227 before moving forward with the bill.

*TidalHealth Nanticoke*

Penny Short, MSM, BSN,  
RN  
President & CEO

*Saint Francis Hospital*

Christopher Cullom,  
MSHA, MBA  
President, Saint Francis  
Hospital

Sincerely,

*Delaware Healthcare  
Association*

Megan Williams, DNP,  
FNP-C, FAANP  
Interim CEO

A handwritten signature in blue ink that reads 'Megan Williams'.

Megan Williams, DNP, FNP-C, FAANP  
Interim CEO

*Enclosed please find DHA's Policy Statement on Training Mandates*

*CC: Members of the House Health & Human Development Committee*



## **DHA Policy Statement Raising Concerns with Training/Education Legislative Requirements** ***Adopted January 2023***

The Delaware Healthcare Association shares the goals of legislators regarding the need for caregivers to comply with lead testing and reporting requirements. However, we in general are not in favor of legislation seeking to mandate specific education or training requirements for medical providers and hospital employees.

Health care providers undergo extensive hours of continuing education annually as determined by various regulatory boards. Hospitals additionally require education and training for staff to address any number of clinical and social issues. For the various training and educational mandates introduced by legislation, we find that hospitals already provide systems that prepare employees and clinicians to render appropriate and high-quality care to patients.

Hospitals have designed extensive training and educational platforms with considerable effort and thought. These platforms are regularly reviewed to adjust reflecting best practices, adequacy feedback, and developing areas of need. The cumulative effect of various mandates creates unnecessary redundancy and reduces the overall flexibility needed by hospitals to prioritize and target educational resources for our workforce.

We are always happy to work with individual legislators or committee members on specific issues to discuss ways in which our existing training programs address areas of interest.

## SB 158 comments

Bittle, Matthew <mbittle@ppde.org>

Wed 6/21/2023 12:21 PM

To:HouseCommitteeComment (Mailbox Resources) <HouseCommitteeComment@delaware.gov>

Good afternoon,

Please see my submitted comments on SB 158.

Planned Parenthood of Delaware strongly supports this bill. We have protesters outside our clinics every week. Sometimes they take photos of us and yell our names. It's not out of the question to think they could attempt to go to our homes. This is an issue unique to reproductive rights and not something faced by other health care entities. Our Newark clinic was firebombed in 2020 – just another sign of the problems we have to contend with. It would be nice for our providers to have the option to shield their addresses even if they don't use it. We thank Sen. Gay and the bill's sponsors for filing this legislation and hope to see it passed into law.

**Matt Bittle**

[\(he/him/his\)](#)

**Public affairs manager**

**Planned Parenthood of Delaware**

**625 N Shipley St, Wilmington, DE 19801**

**302-643-2715 (desk)**

**302-655-1907 (fax)**

[mbittle@ppde.org](mailto:mbittle@ppde.org)

**Abortion remains legal in Delaware. Visit our [website](#) or contact us directly for more information. PPDE will continue to be there for your reproductive and sexual health care needs. If you want to support our work providing care to all, you can donate [here](#).**

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June 20, 2023

House Health & Human Development Committee  
Delaware General Assembly  
411 Legislative Avenue  
Dover, DE 19901

**RE: ASHP Supports SB 165 Relating to Collaborative Pharmacy Practice**

Dear Chair Minor-Brown, Vice Chair Harris and Members of the Committee,

The American Society of Health-System Pharmacists (ASHP) **strongly supports SB 165**, which amends the Delaware Code to authorize practitioners and pharmacists to jointly establish collaborative practice agreements (CPAs). Patient care services provided by a pharmacist through collaborative practice can reduce fragmentation of care, lower healthcare costs and improve health outcomes.<sup>1</sup> Multiple peer-reviewed studies have found that patient health outcomes improve significantly when pharmacists work collaboratively with physicians and other practitioners to manage care.<sup>2</sup>

ASHP is the largest association of pharmacy professionals in the United States, representing 60,000 pharmacists, student pharmacists, and pharmacy technicians in all patient care settings, including hospitals, ambulatory clinics, and health-system community pharmacies. For over 80 years, ASHP has championed innovation in pharmacy practice, advanced education and professional development, and served as a steadfast advocate for members and patients. In addition, ASHP is the accrediting body for pharmacy residency and technician training programs, and provides comprehensive resources to support pharmacy professionals through every stage of their careers.

Collaborative practice agreements are voluntary arrangements establishing a formal relationship between pharmacists and other health care practitioners who are authorized to prescribe medications. CPAs allow pharmacists to perform specific patient care functions that may be outside of the traditional scope of practice for pharmacists – such as patient assessments; ordering laboratory tests; administering medications; and selecting, initiating, monitoring, modifying or discontinuing drug therapy regimens – in accordance with patient care protocols that are defined within the agreement. Across the United States, CPAs are utilized in all patient care settings and for a wide variety of disease states and patient populations. 49 states currently have laws formally authorizing pharmacist-practitioner CPAs.

Practitioners who choose to enter into a CPA with a pharmacist define the details of each agreement. Practitioners have discretion to modify, customize or dissolve CPAs as necessary to ensure patient needs are met. Professional standards, such as pharmacist advance education requirements, patient documentation and reporting standards, or professional liability insurance requirements can be mandated in a CPA. Practitioners are not professionally liable for actions taken by a pharmacist outside the bounds of CPA protocols.

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<sup>1</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Rockville, MD: Office of the Chief Pharmacist, US Public Health Service; 2011.

<sup>2</sup> Chisholm-Burns MA, Kim Lee J, Spivey CA, Slack M, Herrier RN, Hall-Lipsy E, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care*. 2010;48:923–33

Without CPAs, pharmacist-practitioner collaboration in Delaware is limited to the provisions governing physician delegation of tasks to unlicensed personnel. Current Delaware statute does not permit physicians to delegate prescribing of medications or therapeutics to pharmacists.<sup>3</sup> Current law also requires delegating physicians to conduct an in-person patient evaluation before any changes are made to the patient's medication regimen.<sup>4</sup> These provisions severely inhibit the ability for physicians and other practitioners to collaborate with pharmacists to optimize patients' therapeutic drug regimens and/or outsource routine medication management services.

As healthcare delivery systems evolve to meet patients' changing needs and expectations so must laws governing healthcare practice. Enabling collaborative pharmacy practice will provide practitioners more flexibility in establishing team-based care models that improve patient outcomes and broaden access to high quality care, while also boosting satisfaction of both patients and practitioners alike. ASHP applauds the introduction of SB 165 and urges the Committee to report this bill favorably to the full House for consideration and a final vote as currently written. Further we urge all members of the Delaware House of Representatives to **vote YES** and enact this measure into law.

Thank you for the opportunity to testify in support of this bill. If you have any additional questions or would like further information please contact Kyle Robb ([krobb@ashp.org](mailto:krobb@ashp.org))

Respectfully,

A handwritten signature in black ink that reads "Kyle Robb". The signature is written in a cursive, flowing style.

Kyle Robb, PharmD  
ASHP Director of State Policy & Advocacy

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<sup>3</sup> 24 Del. C. § 1700, 11.1.2

<sup>4</sup> 24 Del. C. § 1700, 11.1.3-4