

## 150<sup>TH</sup> GENERAL ASSEMBLY – HEALTH CARE RELATED BILLS (2019 and 2020 Legislative Years)

The information below is provided regarding legislative activities of interest in the 150th General Assembly in Dover. The Legislative Session spans two years and this session will end on June 30, 2020. At that time, all pending legislation that has not passed both chambers to be signed by the Governor must be reintroduced if it is to be considered in the 151<sup>st</sup> General Assembly which will convene in January 2021. The following bills affect the practice of medicine in Delaware. MSD will continuously update the status of the bills as the ones that await action of the Governor are signed or vetoed.

<b>HOUSE BILLS</b>		
BILL NUMBER	SUMMARY	STATUS
<b>HB 19 (Jaques)</b>	This Act seeks to ensure that <b>every public school in the State has a school nurse</b> . This Act provides a mechanism to allow a district or a charter school that currently does not have a school nurse to receive State funds. This Act also permits a district to levy a tax under § 1902(b), Title 14, known as a "match tax", to assist those districts that hire a school nurse as a result of this Act to pay for the local share of that school nurse.	3.20.19 – Tabled in Committee
<b>HB 24 w/HA 1 (Bennett)</b>  <b>*Society Supports*</b>	This Act would <b>prohibit insurers and pharmacy benefit managers from engaging in the practice of "clawbacks"</b> . When the total cost of a prescription drug to an insurer or pharmacy benefits manager is less than a patient's co-pay, the insurer or pharmacy benefits manager keeps the difference in a practice known as a "clawback". According to a March 2018 report issued by the University of Southern California's Schaeffer Center for Health Policy & Economics based on the Center's analysis of 2013 data from a large commercial insurer combined with data on national average drug reimbursements, almost 25% of filled pharmacy prescriptions involved a patient co-payment that exceeded the average reimbursement paid by the insurer by more than \$2.00. The report further noted that overpayments were more likely to occur on claims for generic drugs than brand drugs and that the total overpayments in the Center's sample amounted to \$135 million.	6.19.19 – Signed by Governor
<b>HB 44 w/HA 1 (Griffith)</b>	This bill <b>eliminates all references to physical paper copies of professional licenses</b> for professions administrated by the Division of Professional Regulation. This bill would eliminate the need for the Division to print and mail over 80,000 paper licenses every two years thus cutting down on administrative and supply costs and eliminating unnecessary paper production and waste.	4.9.19 – Signed by Governor
<b>HB 52 (Collins)</b>  <b>*Society Opposes*</b>	The Act protects the life of the unborn child at a time when the potential for the child to survive outside the womb increases, especially with the advancement of medical procedures. Specifically, this <b>Act repeals the current sections of the Delaware Code relating to termination of human pregnancy and enacts The Pain-Capable Unborn Child Protection Act</b> . Substantial medical evidence exists that an unborn child is capable of experiencing pain by 20 weeks after fertilization. As set forth in this Act, the General Assembly has the constitutional authority to make this judgment under decisions by the U.S. Supreme Court decisions. In enacting The Pain-Capable Unborn Child Protection Act, Delaware is not asking the U.S. Supreme Court to overturn or replace the holding in Roe v. Wade. Rather, it asserts a separate and independent compelling state interest in unborn human life that exists once the unborn child is capable of experiencing pain.	4.17.19 – Tabled in Committee

<p><b>HB 53 (Collins)</b></p> <p><b>*Society Opposes*</b></p>	<p>This Act requires a physician to offer a patient ultrasound imaging and auscultation of fetal heart tone services before terminating a pregnancy and provides civil and criminal penalties for the failure of a physician to comply with this requirement. The patient is free to choose not to view the ultrasound or listen to the heartbeat. This Act is known as <b>"The Woman's Ultrasound Right to Know Act."</b></p>	<p>1.24.19 – Introduced and Assigned to Health &amp; Human Development Committee in House</p>
<p><b>HB 58 w/HA 1 (Shupe)</b></p>	<p>This act will increase the numbers of Delaware nursing students eligible for the <b>nursing incentive program</b> by allowing Delawareans pursuing nursing careers at non-profit hospitals located in Delaware to be eligible for the program.</p>	<p>6.6.19 – Passed by Senate</p>
<p><b>HB 61 (Baumbach)</b></p>	<p>Benzodiazepine drugs that are approved for medical use in the United States are classified by the federal Drug Enforcement Agency as Schedule IV. Fourteen benzodiazepine drugs are currently listed on Schedule IV of the Uniform Controlled Substances Act, § 4720 of Title 16. Benzodiazepine drugs have a serious potential for abuse. This Act <b>adds both additional benzodiazepine drugs by name and the category of benzodiazepine drugs to Schedule IV of the Uniform Controlled Substances Act</b> so that all current and future benzodiazepine drugs are included on Schedule IV in Delaware, whether or not the specific drug is approved for medical use in the United States.</p>	<p>6.19.19 – Signed by Governor</p>
<p><b>HB 63 w/SA 2 (Lynn)</b></p>	<p>This Act <b>revises the crime of "unlawfully permitting a child access to a firearm," an existing class A misdemeanor under Delaware law.</b> The offense is renamed "unsafe storage of a firearm" to place emphasis on firearm safety and proper storage. Under the revised statute, a crime is committed when a person intentionally or recklessly stores or leaves a loaded firearm where a minor or other person prohibited by law, or "unauthorized person," can access the firearm, and the unauthorized person obtains the firearm. The unauthorized person's use of the firearm to inflict serious physical injury or death is not an element of the offense, but is an aggravating factor. For the purposes of this offense, "stores and leaves" does not include when firearm is carried by or under the control of the owner or another lawfully-authorized user. Under this Act, the offense is a class B misdemeanor if there are no aggravating circumstances. If, however, the unauthorized person uses the firearm to commit a crime, uses the firearm to inflict serious physical injury or death upon anyone, or transfers the firearm to another unauthorized person, the offense is a class A misdemeanor. It is an affirmative defense that the person stored the firearm in a locked container, disabled it with a tamper-resistant trigger lock, or stored it in a location a reasonable person would have thought was safe from access by unauthorized persons. This Act provides an exception for firearms manufactured in or before 1899, or a replica to such firearms, if the replica is not designed or redesigned for using rimfire or conventional centerfire fixed ammunition. This Act also makes technical changes to conform existing law to the standards of the Delaware Legislative Drafting Manual.</p>	<p>6.6.19 – Signed by Governor</p>
<p><b>HB 70 (Bush)</b></p>	<p>This Act would add a <b>fee schedule specific to requests made by insurance companies to the Department of Insurance for expedited service of charter documents, copies of documents on file in the Department, certification and affixing of official seals, and certified copies of insurer certificates of authority or of any license issued under Title 18.</b> This Act also requires the Insurance Commissioner to promulgate a rule to establish the timeframe during which requests must be received in order to receive expedited service. The Department of Insurance's Bureau of Examination, Rehabilitation and Guaranty routinely processes</p>	<p>3.13.19 – Reported Out of Economic Development/Banking/Insurance &amp; Commerce Committee</p>

	expedited requests to satisfy insurers' timelines. Currently, the Department of Insurance receives approximately 20 such requests per month. Implementing this fee schedule would help prioritize these kinds of requests, while adding an additional revenue to the General Fund.	
<b>HB 79 (Minor-Brown)</b>  <b>*Society Supports*</b>	This bill requires the State food safety standards for restaurants to include a system for <b>requiring healthy beverages to be offered as the default beverage with a combination children's meal inclusive of a drink, sold together at a unit price.</b> It does not prohibit the restaurant's ability to sell, or a customer's ability to choose, a substitute or alternative beverage as-requested by a customer. This effectively creates an "opt in" instead of an "opt out" for many sugar-rich drink choices for children. This bill also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.27.19 – Passed by Senate
<b>HB 82 (Bentz)</b>	The bills <b>eliminates the requirement that an institution provide notary services to parents of new born children for the purpose of executing an acknowledgment of paternity.</b> This bill also eliminates the requirement that an acknowledgment of paternity be notarized and that it only be witnessed by someone who is not a parent or relative of either parent.	5.14.19 – Stricken
<b>HB 89 (Matthews)</b>	This bill updates the members of the <b>Childhood Lead Poisoning Advisory Committee</b> to include additional stakeholders, and directs the Committee to report to the General Assembly on the effectiveness of the Act, ways to improve the Act, and other measures that should be taken by the State of Delaware to prevent lead poisoning in children	5.15.19 – Signed by Governor
<b>HB 91 w/HA 1 (Bentz)</b>	This Act <b>updates the definition of hospital, raises the fees associated with hospital licensing, and imposes an additional fee for plan reviews prior to construction or renovation of hospitals.</b>	6.26.19 - Signed by Governor
<b>HB 101 (K.Williams)</b>	This Act <b>requires high needs elementary schools, including high needs elementary charter schools, to have school-based health centers.</b> The State will pay the start-up costs for each school-based health center at 2 centers per year until each high needs elementary school has a center. High needs elementary schools are defined as any elementary school in the top quartile of 3 or more in percentage of low-income students, percentage of English learners, percentage of students with disabilities, percentage of minority students, or having 90% of its students classified as low-income, English learners, or minority. This act also allows high needs elementary schools having pre-existing school-based health centers to apply for reimbursement of previously expended funds necessary to establish said health center	3.28.19 - Assigned to Appropriations Committee in House
<b>HB 103 (Bentz)</b>	This <b>bill reflects in greater detail the work performed by DSAMH and ensures that DSAMH has the appropriate authority to license and oversee community mental health providers</b> as they do with SUD facilities. DSAMH essentially already does this when they draft their contracts, so providers are already required to meet their specific standards. This bill establishes uniform standards for providers.	6.19.19 – Signed by Governor
<b>HB 104 w/HA 1 (Bentz)</b>	This bill addresses the <b>Behavioral and Mental Health Commission</b> and functionally narrows its scope to peer review responsibilities. This <b>peer review function provides independent oversight to Delaware's mental health system</b> without authority to force changes on the State. Much of the current broader responsibilities of the larger Commission overlap with the Governor's Advisory Committee to DSAMH. The proposed changes do not replace or eliminate the Addiction Action Committee. This is merely to ensure that all commissions and committees have their own discrete area in which to focus.	6.5.19 – Signed by Governor

<p><b>HS 1 for HB 105 (Minor-Brown)</b></p> <p><b>*Society Supports*</b></p>	<p>Step therapy protocols are a mechanism by which health insurance companies require patients to try one or more prescriptions drugs before coverage is provided for the actual drug prescribed by the patient's health care provider. <b>This Act creates a Step Therapy Exception Process whereby patients who are required by their insurance company to go through step therapy protocols can, under certain circumstances, bypass step therapy to obtain the initially-prescribed medication.</b></p>	<p>6.18.19 – Signed by Governor</p>
<p><b>HB 115 (Heffernan)</b></p>	<p>This Bill requires Podiatrists, Dentists, Doctors, Nurses and Optometrists who issue prescriptions to utilize <b>electronic prescriptions</b> except under certain exceptions.</p>	<p>6.11.19 – Passed by Senate</p>
<p><b>HB 140 (Baumbach)</b></p> <p><b>*Society Opposes*</b></p>	<p>This Act <b>permits a terminally ill individual who is an adult resident of Delaware to request and self-administer medication to end the individual's life</b> in a humane and dignified manner if both the individual's attending physician and a consulting physician agree on the individual's diagnosis and prognosis and believe the individual has decision-making capacity, is making an informed decision, and is acting voluntarily.</p>	<p>5.2.19 – Introduced and assigned to Health &amp; Human Development in House</p>
<p><b>HB 141 w/HA 1 (Minor-Brown)</b></p> <p><b>*Society Neutral with Amendments*</b></p>	<p>This bill <b>adds new daily persistent headache and chronic debilitating migraines to the list of chronic or debilitating medical conditions for which a child under 18 may qualify as a patient to receive marijuana oil</b> upon certification by a physician in accordance with the terms of the Delaware Medical Marijuana Act. This bill also adds new daily persistent headache to the list of chronic or debilitating medical conditions that qualifies an adult to be eligible for the use of medical marijuana.</p>	<p>6.13.19 – Signed by Governor</p>
<p><b>HB 146 (Bush)</b></p>	<p>This bill makes three changes to health insurers and their relationships to providers. First, it <b>limits the number of records that can be requested by a payer from a provider for post claim adjudication audits within a specific period of time.</b> Second, it establishes a minimum filing standard for claims to be made. And third, it details requirements for electronic medical claim submissions and payment remittance. The goal is to reduce the overall cost to collect and make the process of claims, payments, and post claim adjudication audits more efficient especially as more insurers require electronic claims.</p>	<p>6.18.19 - Passed By Senate</p>
<p><b>HB 164 (K.Johnson)</b></p>	<p>This Act <b>codifies the Delaware Developmental Disabilities Council ("DDC")</b>, which was created through Executive Order No. 123 in 1982 and placed in the Department of Safety and Homeland Security in the FY 2007 Budget Act. The DDC is established to undertake advocacy, capacity building, and systemic change activities that contribute to a coordinated, consumer- and family-centered, consumer- and family-directed, comprehensive system of community services, and individualized supports for Delawareans with developmental disabilities. The DDC is required by the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 and this Act incorporates the requirements of this federal law in establishing the requirements for DDC membership, the responsibilities of the DDC, and protections to avoid conflicts of interest in the awarding of funds.</p>	<p>5.30.19 - Introduced and Assigned to Public Safety &amp; Homeland Security Committee in House</p>
<p><b>HB 166 (Matthews)</b></p> <p><b>*Society Opposes*</b></p>	<p>At this time, blood lead level screening and testing rates are well below what the Division of Public Health would expect them to be based upon the risk factors that determine when screening or testing is necessary. This bill simplifies the requirements and the process for healthcare providers and eliminates confusion that may be causing the low compliance rate for screening or testing, and defines terms used in the Act. This <b>bill mandates screening, defined as capillary blood test, at 12 and 24 months of age.</b> The bill clarifies insurance coverage for the costs of compliance with the Act. The Division of Public Health is also directed to report on elevated blood lead levels to the General</p>	<p>6.5.19 - Reported Out of Committee (Health &amp; Human Development) in House</p>

	Assembly annually and to develop regulations to implement and enforce the Act within 12 months of being enacted.	
<b>HB 169 (K. Johnson)</b>	This bill <b>changes the relationship between physicians and physician assistants from supervisory to collaborative</b> , in recognition of the evolving role of physician assistants and reflecting the education, training, and experience required for licensing, which emphasizes the team-based practice model. The bill retains a 1:4 ratio of physician assistants to physicians, unless a regulation of the Board increases or decreases the number. This limit of 1:4 does not apply to physicians and physician assistants who practice in the same physical office or facility building, such as an emergency department. This bill increases the number of Board of Medical Licensure and Discipline members from 16 to 18, to include two physician assistant members appointed by the Regulatory Council for Physician Assistants. The bill authorizes physician assistants to participate as uncompensated volunteers in public or community events.	5.30.19 - Introduced and Assigned to Sunset Committee (Policy Analysis & Government Accountability) Committee in House
<b>HB 172 (Bentz)</b>	This Act, the Psychology Interjurisdictional Compact (PSYPACT), is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. PSYPACT has become operational as at least seven states have enacted PSYPACT legislation. <b>Through PSYPACT, licensed psychologists are able to apply for and use Association of State and Provincial Psychology Boards (ASPPB) certificates, which include the E.Passport to practice telepsychology and the Interjurisdictional Practice Certificate (IPC) to conduct temporary in-person, face-to-face practice in PSYPACT states.</b>	6.27.19 – Signed by Governor
<b>HB 174 (Bush)</b>	This Act establishes standards for data security for Title 18 licensees and standards for the <b>investigation of and notification to the Commissioner of a cybersecurity event affecting Title 18 licensees.</b>	6.26.19 – Passed by Senate
<b>HB 176 (Schwartzkopf)</b>  <b>*See HB 193*</b>	This Act creates the Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund (the "Program"). The Program will be administered by the Delaware Health Care Commission in order to provide reinsurance to health insurance carriers that offer individual health benefit plans in Delaware. The Program will be funded with pass-through funds received from the federal government under the Affordable Care Act, funds provided by the Federal Government for reinsurance, and through a 2.75% annual assessment based on insurance carrier's premium tax liability.	6.11.19 - Stricken in House
<b>HB 193 (Seigfried)</b>	This Act <b>creates the Delaware Health Insurance Individual Market Stabilization Reinsurance Program &amp; Fund</b> (the "Program"). The Program will be administered by the Delaware Health Care Commission in order to provide reinsurance to health insurance carriers that offer individual health benefit plans in Delaware. The Program will be funded with passthrough funds received from the federal government under the Affordable Care Act, funds provided by the Federal Government for reinsurance, and through a 2.75% annual assessment based on insurance carrier's premium tax liability.	6.20.19 - Passed By Senate

<p><b>HB 194 w/HA 1</b></p> <p><b>*Society Supports*</b></p>	<p>Over 80% of pharmaceuticals in the United States are purchased through pharmacy benefits manager ("PBM") networks. PBMs serve as intermediaries between health plans, pharmaceutical manufacturers and pharmacies, and PBMs establish networks for consumers to receive reimbursement for drugs. Given the scope of PBMs in the healthcare delivery system, this <b>Act is designed to provide enhanced oversight and transparency as it relates PBMs.</b> Specifically, this Act does the following: (1) Requires PBMs to register with the Insurance Commissioner. (2) Permits the Insurance Commissioner to issue cease and desist orders based on fraudulent acts or violations of Chapter 33A of Title 18 committed by PBMs. (3) Requires PBMs to maintain certain records. (4) Permits the Insurance Commissioner to examine the affairs of PBMs. (5) Grants the Insurance Commissioner the authority to enforce Chapter 33A of Title 18 by imposing fines, requiring PBMs to take affirmative actions, and suspending, denying, or revoking a PBM's registration. In addition, this Act updates existing law regarding maximum allowable cost lists and establishes a more transparent appeals process for a pharmacy to rely on if a PBM does not reimburse the pharmacy the amount owed under their contract or the maximum allowable cost list. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.</p>	<p>6.30.19 – Passed by Senate</p>
<p><b>HB 201</b> <b>(K. Williams)</b></p>	<p>This Act <b>requires the Department of Education ("Department") to administer the statewide program for services for students with autism spectrum disorder</b> ("program") and that the Department must hire the Director of the program.</p>	<p>6.19.19 - Reported Out of Committee (Education) in House</p>
<p><b>HB 205 w/ HA 1 &amp; SA 1</b></p> <p><b>*Society Neutral with Amendments*</b></p>	<p>This bill <b>clarifies the options for becoming licensed as a master barber.</b> In particular, a cosmetologist will be able to become licensed as a master barber after one year of post-licensure work experience and a 35-hour course in shaving. The reciprocity provision requires that an applicant from a state with less stringent licensure requirements than those of Delaware have work experience. The provision has been amended to require one continuous year of licensed experience obtained within the 5 years immediately preceding application. This amendment will address the ongoing challenge where applicants from neighboring states have difficulty becoming licensed in Delaware. The limitation on daily work hours has been stricken. Part-time applicants at times need to work more than 10 hours per day to meet licensure requirements. The 40 hours per week cap remains. The apprenticeship provision has been amended to permit a licensed instructor to supervise up to 5 apprentices. Revisions clarify that only temporary hair removal is within the scope of practice for cosmetologists and aestheticians. Finally, the reinstatement provision has been revised to provide that, if a licensee has not renewed his or her license within 5 years, that licensee can apply for reinstatement by taking the practical examination again.</p>	<p>6.27.19 – Signed by Governor</p>
<p><b>HB 216</b> <b>(Bennett)</b></p>	<p>This Act <b>authorizes a pharmacist or pharmacy to decline to dispense a prescription drug or provide a pharmacy service to an "insured" if the amount reimbursed by an entity subject to the Act is less than the pharmacy acquisition cost.</b> This Act also prohibits a pharmacy benefits manager from reimbursing a pharmacist or pharmacy for a prescription drug or pharmacy service in an amount less than the pharmacy benefits manager reimburses itself or an affiliate for the same prescription drug or pharmacy service.</p>	<p>6.19.19 - Reported Out of Committee (Economic Development/Banking/Insurance &amp; Commerce) in House</p>



<p><b>HB 220 w/HA 1, HA 2 (Bentz)</b></p> <p><b>*Society Supports*</b></p>	<p>This Act <b>adds coverage for Medication Assisted Treatment ("MAT") for drug and alcohol dependencies to the mental health parity laws for health insurance.</b> This Act requires health insurance carriers to provide coverage for prescription medications approved by the U.S. Food and Drug Administration for MAT at no greater financial burden than for prescription medication for other illness or disease, without step therapy requirements, and at the lowest tier of the drug formulary. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.</p>	<p>6.30.19 – Passed by Senate</p>
<p><b>HB 230 (Bennett)</b></p>	<p>This Act <b>allows the Delaware Health Information Network ("DHIN") to enter into an appropriate agreement with the State Council for Persons with Disabilities ("SCPD") to provide access to all claims data reported to the Delaware Health Care Claims Database.</b> The SCPD's Brain Injury Committee ("BIC") has been discussing the BIC's need for data with the DHIN for over a year and the DHIN and the SCPD found that utilizing existing data collection systems is more cost-effective and efficient than setting up a separate registry for Delaware's Traumatic Brain Injury ("TBI") patients. Access to current and accurate TBI data from the Delaware Health Care Claims Database will assist the SCPD to do the following: 1. Enhance the ability to identify scope of service needs and gaps in services. 2. Enhance the ability to leverage federal funds because past grant opportunities were denied, in part, because of a lack of reliable and useful Delaware data. 3. Incorporate the use of the data into research studies on the effectiveness of services provided, return on efforts, and cost-effectiveness.</p>	<p>6.30.19 – Passed by Senate</p>
<p><b>HB 233 (Heffernan)</b></p>	<p>This Act <b>expands the definition of "prescription drug order" to include electronic prescribing and makes Gabapentin a Schedule V controlled substance.</b> Gabapentin is a prescription medication which is used to treat partial seizures and neuropathic pain. However, Gabapentin is also used to increase the effects of opioids, which potentially increases the risk of overdose death when used in combination with opioids. Gabapentin has become a drug of abuse with users reporting effects such as euphoria, a marijuana-like high, and other users describing their state after taking the medication to be zombie-like. The United States has seen substantial increases in the rate of Gabapentin prescribing and abuse. Several states, including Kentucky, Ohio, and West Virginia, have already classified Gabapentin as a Schedule V controlled substance. Classifying Gabapentin as a Schedule V controlled substance in Delaware will permit the State to monitor the prescription of the drug and address issues of abuse.</p>	<p>6.19.19 - Reported Out of Committee (Health &amp; Human Development) in House</p>
<p><b>HB 234 (Heffernan)</b></p>	<p>This Act <b>gives the Delaware Secretary of State the authority to promulgate rules and regulations for the implementation of [the tamper proof prescription paper act].</b> This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.</p>	<p>6.30.19 – Passed by Senate</p>
<p><b>HB 239 w/HA 1 (Griffith)</b></p> <p><b>*Society Supports w/ Amendments*</b></p>	<p>This Act <b>prohibits a pelvic, rectal, or prostate examination by a health care practitioner or professional on an individual who is anesthetized or unconscious.</b> This Act provides exceptions and they are if informed consent is provided, the examination is for diagnostic or treatment purposes, an emergency exists and the examination is necessary, or the examination is ordered by a court. The Act also defines informed consent as a signing of a consent form that is written in plain language, is dated, includes a description of the procedure to be performed and states that a medical student or resident may perform or be present during the examination. Finally, this Act provides that</p>	<p>6.30.19 – Passed by Senate</p>

	a health-care practitioner or professional who violates the section may be subject to discipline by the appropriate professional licensing board.	
<b>HB 243 (Smith)</b>	This Act <b>allows registered qualifying patients and registered designated caregivers to grow limited amounts of medical marijuana</b> if the following requirements are met: 1. The Department of Health and Social Services approves an application to cultivate and manufacture medical marijuana. This application must include an affidavit attesting to the applicant’s ability to meet all of the requirements under this Act. 2. Only 6 mature plants and 6 immature plants may be cultivated for each registered qualifying patient and a designated caregiver can cultivate marijuana for no more than 3 registered qualifying patients. 3. Marijuana must be cultivated at the home address of record for the registered qualifying patient or designated caregiver. 4. Each marijuana plant must have a tag containing the registered qualifying patient’s name, address, and registry identification number. This Act is known as “The Delaware Patient Right to Grow Act”. 5. Marijuana must be cultivated in an enclosed, locked facility with an electrical system that is compliant with all State and local codes and waste must be disposed of safely, in the manner required by regulations for compassion centers. 6. Marijuana may not be cultivated using pesticides or manufactured using compressed, flammable gas as a solvent. 7. Detailed monthly records must be maintained regarding the amount of marijuana being cultivated. This Act also gives the Department the authority to perform random inspections of home cultivation facilities and to require the production of the detailed monthly records. Unless there is credible reason to suspect a violation of this Act, the Department may only perform 2 inspections of the same location in a 12 month period. The Department must provide at least 5 days to correct a violation and the opportunity for a hearing on a decision to revoke approval to cultivate and manufacture marijuana. A registered patient or qualified caregiver has at least 5 days after the Secretary’s final decision to revoke approval to cultivate and manufacture marijuana to properly dispose of the marijuana plants. This Act also allows a landlord, homeowners association, or common interest communities to prohibit the cultivation of marijuana and requires that the annual report from the Medical Marijuana Act Oversight Committee provide data and recommendations regarding home cultivation of marijuana. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.20.19 - Introduced and Assigned to Public Safety & Homeland Security Committee in House
<b>HB 257 (Bentz)</b>	This <b>bill establishes a health care provider loan repayment program for qualifying primary care clinicians to be administered by the Delaware Health Care Commission.</b> Under the loan repayment program, the Health Care Commission may grant education loan repayment grants to primary care clinicians of up to \$50,000 per year for a minimum of 4 years. The Commission may give priority consideration to DIMER-participating students and participants in Delaware-based residency programs. Funding for the education loan repayment grants is contingent on and subject to an annual \$1 million appropriation from the General Assembly, to be matched in an equal amount by Delaware’s health insurers. Hospitals that apply for grants on behalf of their qualifying clinicians must match the grant on a dollar-for-dollar basis. Eligible sites must be located in Health Professional Shortage Areas and must accept Medicare and Medicaid participants, and private practice sites must participate in the Department of Health and Social Services’ Voluntary Initiative Program.	6.30.19 - Introduced in House and Assigned to Health & Human Development Committee



SENATE BILLS		
BILL NUMBER	SUMMARY	CURRENT STATUS
<b>SB 15 w/SA 1</b> <b>(Lopez)</b>  <b>*Society Neutral with Amendments*</b>	This Act, modeled on similar laws in Virginia and Maryland, <b>requires a health-care provider to provide notice to a patient at the time blood is drawn to perform a laboratory test for Lyme disease that explains the limitations of the test and instructs the patient to see their health-care provider if the patient continues to experience unexplained symptoms.</b> This Act is consumer and patient friendly.	5.16.19 – Passed By House
<b>SB 19</b> <b>(Richardson)</b>  <b>*Society Opposes*</b>	This Act requires a physician to offer a patient ultrasound imaging and auscultation of fetal heart tone services before terminating a pregnancy and provides civil and criminal penalties for the failure of a physician to comply with this requirement. The patient is free to choose not to view the ultrasound or listen to the heartbeat. This Act is known as "The Woman's Ultrasound Right to Know Act."	1.24.19 - Introduced and Assigned to Sunset Committee in Senate
<b>SB 21</b> <b>(Richardson)</b>  <b>*Society Opposes*</b>	The Act protects the life of the unborn child at a time when the potential for the child to survive outside the womb increases, especially with the advancement of medical procedures. Specifically, this Act <b>repeals the current sections of the Delaware Code relating to termination of human pregnancy and enacts The Pain-Capable Unborn Child Protection Act.</b> Substantial medical evidence exists that an unborn child is capable of experiencing pain by 20 weeks after fertilization. As set forth in this Act, the General Assembly has the constitutional authority to make this judgment under decisions by the U.S. Supreme Court decisions. In enacting The Pain-Capable Unborn Child Protection Act, Delaware is not asking the U.S. Supreme Court to overturn or replace the holding in Roe v. Wade. Rather, it asserts a separate and independent compelling state interest in unborn human life that exists once the unborn child is capable of experiencing pain.	1.24.19 - Introduced and Assigned to Sunset Committee in Senate
<b>SB 24</b> <b>(Delcollo)</b>  <b>*Society Opposes*</b>	This Act <b>allows a patient to qualify for a valid registry identification card to purchase and use medical marijuana for any condition that a physician certifies that medical marijuana would likely provide a therapeutic or palliative benefit.</b> This Act removes the requirement that only certain specialists may certify the use of medical marijuana if the patient is younger than 18 years old. This Act retains the requirement that qualifying patients younger than 18 years old may only receive marijuana oil.	3.6.19 - Introduced and Assigned to Health & Social Services Committee in Senate
<b>SS1 to SB 24</b>  <b>*Society Neutral with Amendments*</b>	This Substitute differs from Senate Bill No. 24 by <b>requiring a patient to apply for a compassionate use medical marijuana card when a doctor recommends medical marijuana to a patient who does not have a qualifying debilitating medical condition.</b> To apply for a compassionate use card, this Substitute requires: 1. The patient, or it under age 18, the patient's parent or legal guardian, submit a signed statement attesting to the patient's informed consent to try a treatment that does not have medical evidence of effectiveness. 2. The patient's physician certify that the patient has a severe and debilitating condition, current standard care practices and treatments have been exhausted, and there are grounds to support that the patient may benefit from this treatment. The physician must periodically re-evaluate the efficacy of the medical marijuana treatment. This Substitute also requires that a registry identification card state the type of card that is issued to clearly identify qualifying adult patients, qualifying pediatric	6.30.19 – Passed by House

	patients, designated caregivers, and compassionate use patients. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	
<b>SS1 for SB 25 (Townsend)</b>  <b>*Society Supports*</b>	This Act <b>restricts access to tobacco products and tobacco substitutes to individuals under age 21</b> by doing all of the following: 1. Prohibits sales of tobacco products or tobacco substitutes to individuals who are under 21. 2. Imposes a civil penalty for sales to individuals between the ages of 18 and 21. 3. Repeals the ability of a parent or guardian to purchase tobacco products or tobacco substitutes for a minor. 4. Revises the framework by which an employer may use an affirmative defense to the improper sale of tobacco products or tobacco substitutes, aligning the affirmative defense with the minimum age increase. 5. Adopts best practices for enforcement measures by modifying the prohibition against the purchase of tobacco products by minors. 6. Prohibits individuals under age 21 from entering vapor establishments. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	4.17.19 – Signed by Governor
<b>SB 27 w/SA 1 (Walsh)</b>	This Act, named the <b>Share the Care Act</b> , permits an individual employed by a personal assistance services agency to administer medications to an adult individual who resides in the individual’s own home if a responsible caregiver does the following: 1. Authorizes the direct care worker to do so. 2. Prepackages the medication by date and time. 3. Provides written instructions regarding the administration procedure. 4. Enters into an agreement with a personal assistance services agency governing the administration of the medication by the direct care worker.	6.13.19 – Signed by Governor
<b>SB 32 w/SA 1</b>  <b>*Society Supports*</b>	This Act <b>prohibits the practice known as patient brokering, which is the practice where patient brokers are paid a fee to place insured people in treatment centers so that the treatment centers receive thousands of dollars in insurance claim payments for each patient.</b> Increasingly, patient brokers fraudulently enroll patients in low-deductible health plans with out-of-network treatment benefits. Patient brokers target individuals with substance use disorders, who are told that they are receiving their treatment through a scholarship. Not only does this perpetrate fraud against insurers, when insurance plans are terminated for nonpayment of the premium, individuals are discharged from the treatment program with no services or housing and often in a state that is far from home.	6.30.19 – Passed by House
<b>SB 34 w/SA 1 (Hansh)</b>	This Act creates a <b>Prescription Opioid Impact Fund (“Fund”)</b> through a prescription opioid impact fee (“Fee”) that is paid by pharmaceutical manufacturer. The anticipated revenue from the Fee is \$2.8 million in 2020, \$2.7 million in 2021, and \$2.5 million in 2022.: 1. The fee is based on the total of the Morphine Milligram Equivalent (“MME”) in each manufacturer’s products dispensed in Delaware, based upon data already reported to the Prescription Monitoring Program (“PMP”). The PMP data contains the mandatory reports by pharmacists of every prescription opioid dispensed in the State. The PMP data does not include prescription opioids administered in hospitals, provided directly to patients by hospice, or dispensed by veterinarians. 2. The fee is assessed on manufacturers who exceed a threshold of 100,000 MMEs dispensed each quarter. 3. The Fee is calculated at a rate of either 1 penny per MME for a name brand prescription opioid dispensed and reported in the PMP or ¼ of a penny per MME for a prescription opioid that is a generic. The Act also provides that Secretary of the Department of Health and Social Services, after receiving recommendations from the Behavioral Health Consortium, the Addiction Action Committee, and the Overdose System of Care Committee, will award grants and contracts from the money in the Fund for the following activities: 1. Opioid addiction prevention. 2. Opioid addiction	6.12.19 – Signed by Governor

	services, including the following: 3. Inpatient and outpatient treatment programs and facilities, including short-term and long-term residential treatment programs and sober living facilities. 4. Treating substance use disorder for the under-insured and uninsured. 5. Emergency assistance relating to prescription opioids, including purchasing Naloxone. 6. Administrative costs of implementing the Fee and Fund, up to 15% of the amount in the Fund. Finally, this Act expires in 5 years, unless terminated sooner or extended by the General Assembly, so that the Fee is only continued if it is effective and is not creating negative unintended consequences.	
<b>SB 35 (Paradee)</b>  <b>*Society Supports*</b>	This Act revises Delaware Insurance Code provisions related to the individual and group health insurance markets to <b>directly incorporate into Delaware law the Patient Protection and Affordable Care Act's consumer protections</b> related to the following: (1) The prohibition of preexisting condition provisions. (2) Guaranteed issue and availability of coverage. (3) Permissible rating factors. This Act also ties references in Delaware law to the Patient Protection and Affordable Care Act to that law as it was in effect on January 1, 2018. This ensures the ACA's core consumer protection provisions will remain in place during the uncertainty surrounding the ACA in light of recent court challenges. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.27.19 – Passed by House
<b>SB 59 w/ SA 1 (Delcollo)</b>  <b>*Society Neutral with Amendments*</b>	This Act <b>allows nurse practitioners and physician assistants to recommend medical marijuana for patients</b> . This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	3.21.19 - Introduced and Assigned to Senate Health & Social Services Committee
<b>SB 71 w/SA 2 &amp; SA 3, SA 4, HA 1 (DelCollo)</b>  <b>*Society Supports*</b>	This Act protects consumers from paying high prices for prescription drugs by ensuring competition in the marketplace by doing the following: 1. <b>Prohibiting a pharmacy benefit manager from requiring or providing an incentive for an insured individual to use a pharmacy in which the pharmacy benefit manager has an ownership interest</b> . 2. Requiring that a pharmacy must be owned by a pharmacist or by a majority of pharmacists if owned by an artificial entity. This ownership requirement is modelled on the same requirement in North Dakota law, enacted in 1963, which has kept North Dakota prescription prices among the lowest in the country and provides North Dakotans with more pharmacies per capita than the national average and a high level of care from locally owned pharmacies. This ownership requirement does not apply to current holders of a permit to operate a pharmacy or to hospital pharmacies that furnishes services only to patients and employees.	6.30.19 – Passed by House (requires Senate Passage)
<b>SB 79 (Delcollo)</b>	This Act clarifies existing law so that an individual is <b>not disqualified from possessing or purchasing a firearm because the individual is a registered qualifying patient</b> under the Delaware Medical Marijuana Act. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.30.19 – Passed by Senate
<b>SB 83 (Walsh)</b>	<b>This Act adopts the Physical Therapy Licensure Compact</b> ("Compact"). The Compact benefits the public by improving continuity of care, increasing license portability for military spouses, and increasing access to physical therapy providers. Under the Compact, physical therapists and physical therapist assistants licensed in a Compact member state may obtain an expedited license allowing licensees to practice in another Compact member state. In adopting the	6.30.19 – Passed by House

	<p>Compact, the state-based licensure system is preserved but communication between states is enhanced. The Compact will be administered by the Physical Therapy Compact Commission ("Commission") which will process applications for Compact privilege. Physical therapists and physical therapist assistants licensed by the Delaware Examining Board of Physical Therapists and Athletic Trainers ("Board") may be granted "compact privilege," which will allow them to practice in another member state under the laws and regulations of the remote state. To exercise the compact privilege, a licensee must meet all of the following requirements: 1. Hold a license in the home state with no encumbrances. 2. Be eligible for a compact privilege in any member state. 3. Have no adverse actions within the previous 2 years regarding their license or any Compact privilege. 4. Notify the Commission that compact privilege is being sought in a member state. 5. Pay applicable fees. 6. Be aware of and comply with the laws and rules governing the practice of physical therapy in the remote state. 7. Report adverse action taken by any non-member state within 30 days. The Compact also authorizes the Board to do all of the following: 1. Appoint a qualified delegate to serve on the Commission. 2. Participate fully in the Commission's data system. 3. Notify the Commission about adverse action taken against licensees by the Board.</p>	
<p><b>SS1 for SB 92 (Townsend)</b></p> <p><b>*Society Supports*</b></p>	<p>Delaware is one of only 3 states that does not offer some form of adult dental coverage through Medicaid (alongside Tennessee and Alabama). Dental care is health care. And, studies have shown that poor dental health care can result in serious infections and abscess in the face, neck, and jaw areas requiring some individuals to go to the emergency room where they may spend days in intensive care or even die, ultimately costing states more money through their Medicaid program that could be saved if dental care were covered. <b>This Act expands Delaware's Public Assistance Code to provide dental care to all eligible adult Medicaid recipients.</b> Payments for dental care treatments are subject to a \$3 recipient copay and the total amount of dental care assistance provided to an eligible recipient may not exceed \$1,000 per year, except that an additional \$1,500 may be authorized on an emergency basis for dental care treatments through a review process established by the Department of Health and Social Services. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.</p>	6.27.19 – Passed by House
<p><b>SB 101 (Poore)</b></p> <p><b>*Society Supports*</b></p>	<p>The opioid epidemic spreading through Delaware has reached critical levels, with 210 fentanyl-related deaths in 2017. This legislation will <b>update the schedule for Fentanyl analogues, consistent with language used by the Drug Enforcement Administration (DEA).</b> The Forensic Chemistry Unit at the Division of Forensic Science has confirmed the presence of these analogues in Delaware, but some of which are not currently scheduled under Title 16. This is directly related to continuous structural modifications of Fentanyl by illicit manufacturers. This legislation will close that gap and provide clarity to Title 16, consistent with federal law, by addressing ever-changing structural modifications being made in the illicit manufacture of Fentanyl. This legislative is aimed to curb the manufacture and distribution of illicit Fentanyl analogues and has no impact on the legal manufacture of Fentanyl for medical use.</p>	6.30.19 – Passed by House
<p><b>SB 116 (Townsend)</b></p>	<p>This Act expands the membership of the Primary Care Reform Collaborative and <b>creates an Office of Value-Based Health Care Delivery in the Department of Insurance to reduce health care costs by increasing the availability of high quality, cost-efficient health insurance products that have stable, predictable, and affordable rates.</b> The Office of</p>	5.17.19 - Introduced and Assigned to Health & Social Services Committee in Senate

*Society Supports*	Value-Based Health Care Delivery will work with the Primary Care Reform Collaborative and the State benchmarking process.	
SS1 for SB122 (Townsend)  *Society Supports*	This Act <b>creates the Delaware Perinatal Quality Collaborative</b> to improve pregnancy outcomes for women and newborns and such issues as obstetrical blood loss management, pregnant women with substance use disorder, infants impacted by neonatal abstinence syndrome, and advancing evidence-based clinical practices and processes through quality care review, audit, and continuous quality improvement. This Substitute differs from Senate Bill No. 122 by making technical corrections to conform to the standards of the Delaware Legislative Drafting Manual, including language regarding organizational structure and procedure.	6.30.19 – Passed by House
SB 132 w/ SA 1 (Paradee)	This Act updates the Delaware Life and Health Insurance Guaranty Association Act (Delaware Act) to conform Delaware law to revisions made to the National Association of Insurance Commissioners' (NAIC) Life and Health Insurance Guaranty Association Model Act (Model Act). The Model Act <b>provides a framework for protecting policy or contract owners, insureds, beneficiaries, annuitants, payees, and assignees against losses due to the insolvency or impairment of an insurer.</b> This Act revises the methodology for assessments relating to long-term care insurance written by an impaired or insolvent insurer and includes managed care organizations and health maintenance organizations within the scope of the Delaware Act to more fairly distribute the cost of long-term care insurance insolvencies among insurers writing life, health, annuity, managed care organization, and health maintenance organization products and to ensure sufficient assessment capacity for all insolvencies. Finally, this Act makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.30.19 – Passed by House
SB 137 w/SA 1 (Ennis)	This Act creates <b>the crimes of unlawful possession of a drug masking product</b> , punishable as a class A misdemeanor, and unlawful distribution, delivery, or sale of a drug masking product, punishable as a class E felony. Drug masking products are designed to be added to human urine or human hair to defraud alcohol or drug urine screening tests.	6.30.19 – Passed by House
SB 144 (Hansen)  *Society Supports*	The use of <b>genetic information in disqualifying coverage for non-health insurance products is a gap in the protection provided by the federal Genetic Information Nondiscrimination Act.</b> As a result, patients who seek genetic counseling to determine whether they may be at risk for certain diseases, such as genetic testing for the BRCA gene to determine predisposition for breast and prostate cancers, are cautioned that a positive result could result in the person being denied insurance. The potential denial of insurance has a chilling effect on patients seeking genetic testing, blocking them from being proactive by putting in place a preventative care plan that would reduce the likelihood of them getting the specific disease in the future. This Act follows the lead of other states and prohibits discrimination based upon genetic information in the issuance or renewal of disability, long-term care, and life insurance by doing the following: 1. Clearly explains what constitutes discrimination under this Act. 2. Allows the results of genetic information approved by the Insurance Commissioner to be used for disability or long-term care insurance in a manner that is reasonably related to anticipated claims experience. 3. Prohibits sharing the results of direct-to-consumer genetic tests with insurers. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.11.19 - Introduced and Assigned to Banking, Business & Insurance Committee in Senate
SB 154 w/SA 1 (Lockman)	This <b>Act establishes the Quality Improvement Advisory Council ("Advisory Council") to promote collaboration and problem-solving with stakeholders in the system of care</b>	6.27.19 - Reported Out of Committee (Sunset)

	<b>administered by the Division of Developmental Disabilities Services</b> (“the Division”). The Division, in consultation with the Advisory Council, must submit an annual report to the General Assembly and the Department of Health and Social Services on specific performance measures affecting services to adults with intellectual and developmental disabilities. Under this Act, the Joint Legislative Oversight and Sunset Committee will review the Advisory Council in 2022 to determine whether it has been an effective tool for collaboration between the Division of Developmental Disabilities Services and the provider community.	Committee (Policy Analysis & Government Accountability)) in House
<b>SB 161 (Hansen)</b>	This Act <b>allows law-enforcement officers to share an individual's identifying information with the Division of Substance Abuse and Mental Health ("DSAMH") if the officer suspects the individual is suffering from an overdose or a mental health crisis</b> , allowing DSAMH to connect the individual with behavioral health treatment services.	6.30.19 – Passed by House
<b>SB 163 (Poore)</b>	The Department of Health and Human Services (“DHSS”) was established in 1970 by legislative enactment with a broad and crucial mandate: to supervise the health, wellbeing, and life of Delaware citizens. In the decades since, the population of Delaware has increased, and the needs of Delaware citizens have required increasingly complex and costly medical interventions, particularly for those most vulnerable among us, such as the elderly and those suffering from addiction. To serve this broad array of individual needs, DHSS has adapted to provide personalized and individualized services to citizens at a level of direct care. Additionally, the broad language of DHSS’ authorizing statute has required it to maintain focus on other policy initiatives, such as promoting public health and administering healthcare through Medicaid while maintaining compliance with state and Federal laws and regulations, which themselves have grown in complexity. Given the advancements in both individualized care and the policy landscape, the inevitable conclusion is that DHSS’ dual roles must be separated into two separate Departments with Cabinet-level representation. Doing so will ensure that Delawareans receive high-quality care on an individualized basis, and will recommit a separate agency to its important policy objectives, such as maximizing efficiency and reducing the cost associated with waste that arises when an agency’s functions become too manifold for the agency to be efficient and effective. This Bill establishes a committee of members from various state agencies, as well as the legislative and executive branches and individuals representing the healthcare industry and Delaware citizens. <b>The strategic mission of this Committee is to implement a separation of DHSS’ current organizational structure into two separate cabinet-level Agencies. The Bill also establishes a timeline for action by the Committee that will encourage it to act quickly and with clear direction to maximize efficiency and reduce the costs associated with waste.</b>	6.20.19 - Introduced and Assigned to Elections, Govt. & Community Affairs Committee in Senate
<b>SB 170 (Townsend)</b>	This <b>Act creates a CBD-Rich card medical marijuana card to treat anxiety in adults</b> . This Act also requires that a registry identification card state the type of card that is issued to clearly identify qualifying adult patients, qualifying pediatric patients, designated caregivers, and CBD-Rich patients. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	6.27.19 - Reported Out of Committee (Health & Human Development) in House
<b>SB 171 (Poore)</b>	This Act establishes a new subchapter of Title 16 <b>regulating urgent care facilities</b> . It requires such facilities, existing and new, to obtain a license from DHSS, which requires the urgent care facility to either be accredited by an approved accrediting body or be seeking such accreditation. If	6.27.19 - Reported Out of Committee (Elections, Govt.



	<p>the urgent care facility is seeking accreditation, it can operate on a provisional license for nine months. If accreditation is not obtained, the urgent care facility can apply once for a renewal of a provisional license. Operating without a license or accreditation will subject urgent care facilities to fines. The Act grants DHSS the power to promulgate various regulations to enforce the Act. DHSS can also make and enforce orders to protect the public health and share information with the Division of Professional Regulation. The Act requires each urgent care facility in the State to enroll in the Delaware Health Information Network ("DHIN") and to notify a patient's primary care provider through DHIN to facilitate the coordination of care.</p>	<p>&amp; Community Affairs) in Senate</p>
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<b>Resolutions</b>		
<b>BILL NUMBER</b>	<b>SUMMARY</b>	<b>CURRENT STATUS</b>
<b>HCR 3</b>	DESIGNATING THE WEEK OF FEBRUARY 10 - 16, 2019 AS "CHILDREN OF ALCOHOLICS WEEK".	Passed
<b>HCR 4</b>	RECOGNIZING THE IMPORTANCE OF IMPROVING THE HEALTH AND SAFETY OF STUDENT ATHLETES.	Passed
<b>HCR 6</b>	RECOGNIZING THE MONTH OF JANUARY 2019 AS "HUMAN TRAFFICKING AWARENESS MONTH" IN DELAWARE.	Passed
<b>HCR 20</b>	RECOGNIZING THE MONTH OF APRIL 2017 AS "ALCOHOLISM AWARENESS MONTH" IN DELAWARE.	Passed
<b>HCR 23</b>	RECOGNIZING THE CONTRIBUTIONS TO THE QUALITY OF LIFE AND SYSTEM OF HEALTHCARE BY THE HENRIETTA JOHNSON MEDICAL CENTER AND THE LARED MEDICAL HEALTH CENTER.	Passed
<b>HCR 24</b>	RECOGNIZING APRIL 2019 AS "AUTISM AWARENESS MONTH" AND RECOGNIZING AUTISM DELAWARE'S 20 YEARS OF SERVICE TO THE PEOPLE OF DELAWARE.	Passed
<b>HCR 29</b>	RECOGNIZING APRIL 11-17, 2019 AS BLACK MATERNAL HEALTH AWARENESS WEEK IN DELAWARE.	Passed
<b>HCR 31</b>	RECOGNIZING MARCH 30, 2019 AS "ENDOMETRIOSIS AWARENESS DAY" IN DELAWARE	Passed
<b>HCR 32</b>	RECOGNIZING MAY, 2019 AS "TRAUMA AWARENESS MONTH" IN THE STATE OF DELAWARE.	Passed
<b>HCR 43</b>	ENCOURAGING STATE OF DELAWARE EMPLOYEES TO MAKE INFORMED DECISIONS ABOUT THEIR HEALTH CARE DURING OPEN ENROLLMENT AND THROUGHOUT THE YEAR.	Passed
<b>HCR 45</b>	RECOGNIZING MAY 23, 2019, AS "STOP THE BLEED DAY" IN THE STATE OF DELAWARE.	Passed
<b>HJR 6</b>	DIRECTING THE BEHAVIORAL HEALTH CONSORTIUM TO ISSUE LEGISLATIVE AND REGULATORY RECOMMENDATIONS TO INCREASE THE TOTAL NUMBER OF BUPRENORPHINE PRESCRIBERS.	6.19.19 - Reported Out of Committee (Health & Human Development) in House with 8 On Its Merits
<b>SCR 6</b>	ENCOURAGING THE STATE TO APPLY FOR A STATE RELIEF AND EMPOWERMENT WAIVER UNDER SECTION 1332 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT TO CREATE A STATE REINSURANCE PROGRAM.	Passed
<b>SCR 11</b>	DESIGNATING THE MONTH OF MARCH AS "EATING DISORDERS AWARENESS AND PREVENTION MONTH" IN DELAWARE	Passed

<b>SCR 13</b>	RECOGNIZING FEBRUARY 12, 2019 AS "WORLD CHOLANGIOCARCINOMA DAY" IN DELAWARE.	Passed
<b>SCR 18</b>	RECOGNIZING APRIL 2019 AS CHILD ABUSE PREVENTION MONTH IN DELAWARE.	Passed
<b>SCR 22</b>	RECOGNIZING MARCH 2019 AS BRAIN INJURY AWARENESS MONTH IN DELAWARE.	Passed
<b>SCR 24</b>	PROCLAIMING MAY 2019 "CYSTIC FIBROSIS AWARENESS MONTH" IN DELAWARE.	Passed
<b>SCR 25</b>	HONORING THE DELAWARE BIOTECHNOLOGY INSTITUTE AND THE DELAWARE BIOSCIENCE CENTER FOR ADVANCED TECHNOLOGY (BIOSCIENCE CAT) FOR THEIR OUTSTANDING EFFORTS TO STRENGTHEN DELAWARE'S ECONOMY THROUGH THE SUPPORT OF ACADEMIC-INDUSTRIAL LIFE SCIENCE RESEARCH COLLABORATIONS.	Passed
<b>SCR 27</b>	RECOGNIZING THE MONTH OF MARCH 2019 AS "COLORECTAL CANCER AWARENESS MONTH" IN THE STATE OF DELAWARE.	Passed
<b>SCR 29</b>	DESIGNATING THE WEEK OF MAY 6-12 AS "NATIONAL NURSES WEEK" IN THE STATE OF DELAWARE.	Passed
<b>SCR 30</b>	ESTABLISHING THE NON-ACUTE PATIENT MEDICAL GUARDIANSHIP TASK FORCE TO STUDY AND MAKE FINDINGS AND RECOMMENDATIONS REGARDING THE NEEDS AND OPTIONS OF NON-ACUTE HOSPITAL PATIENTS IN NEED OF MEDICAL GUARDIANSHIP SERVICES.	Passed
<b>SCR 31</b>	RECOGNIZING MARCH 28, 2019 AS CEREBRAL PALSY AWARENESS DAY.	Passed
<b>SCR 34</b>	RECOGNIZING THE MONTH OF APRIL 2019 AS "NATIONAL DONATE LIFE MONTH" IN DELAWARE.	Passed
<b>SCR 36</b>	RECOGNIZING THE MONTH OF APRIL 2019 AS "PARKINSON'S DISEASE AWARENESS MONTH" IN THE STATE OF THE DELAWARE.	Passed
<b>SCR 40</b>	RECOGNIZING THE MONTH OF MAY 2019 AS "HEALTHY VISION MONTH" IN THE STATE OF DELAWARE.	Passed
<b>SCR 42</b>	PROCLAIMING THE MONTH OF MAY 2019 AS "MENTAL HEALTH AWARENESS MONTH" IN THE STATE OF DELAWARE.	Passed
<b>SCR 43</b>	DESIGNATING THE WEEK OF MAY 19-25, 2019 AS "LYME DISEASE AWARENESS WEEK" IN THE STATE OF DELAWARE.	Passed
<b>SCR 65</b>	PROVIDING FOR A STRATEGIC REVIEW OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES AND PRESENTATION OF RECOMMENDATIONS REGARDING A COMPREHENSIVE RESTRUCTURING THEREOF TO THE JOINT FINANCE COMMITTEE.	Passed

If you have any questions, please contact Mark B. Thompson, Executive Director, [Mark.Thompson@medsocdel.org](mailto:Mark.Thompson@medsocdel.org), 302-444-6958, or Drew Wilson, [awilson@morrisjames.com](mailto:awilson@morrisjames.com), 302-888-6878. Version: July 1, 2019