

148TH GENERAL ASSEMBLY – HEALTH CARE RELATED BILLS (2015 and 2016 Legislative Years)

The information below is provided regarding legislative activities of interest in the 148th General Assembly in Dover. The Legislative Session spans two years and this session ended on June 30, 2016. All pending legislation that has not passed both chambers to be signed by the Governor at the end of the Session in 2016 must be reintroduced to be considered in the 149th General Assembly, which will convene in January 2017. 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.

HOUSE BILLS		
BILL NUMBER	SUMMARY	STATUS
HB 5 w/ HA 4 (Heffernan)	This Act adds electronic smoking devices to the Clean Indoor Air Act and prohibits the use of electronic smoking devices in all public places where smoking is prohibited under current law.	June 11, 2015 – Passed by Senate
HB 8 (Barbieri)	During the 147th General Assembly, House Bill 346 was signed into law. House Bill 346, which codified the work of the HJR 17 Study Group to comprehensively update the state civil mental health laws, created a definition of psychiatrist which specifically names one accredited residency program. There is at least one psychiatrist in Delaware who completed a different accredited residency program. This legislation amends the definition of psychiatrist to include a doctor who has completed an accredited residency training program in psychiatry so that all psychiatrists can act under this statute. Also, the statute limits credentialed mental health screeners to physicians licensed by the State of Delaware. Doctors at the United States Department of Veterans Affairs Medical Center in Delaware often are licensed in other states but permitted by federal law to practice at a Veterans Affairs facility. This legislation amends the definition of credentialed mental health screener to include Veterans Affairs doctors working in Delaware. This will allow Veterans Affairs doctors to hold patients for involuntary observation and treatment of mental conditions.	Apr 23, 2015 – Signed by Governor
HB 64 (Barbieri)	<p>This Act authorizes the use of Medical Orders for Scope of Treatment in Delaware. This document, a "DMOST form," will allow Delawareans to plan ahead for health-care decisions, express their wishes in writing, and both enable and obligate health care professionals to act in accordance with a patient's expressed preferences.</p> <p>Section 1 of this Bill adds a new chapter outlining the scope and requirements of a DMOST. The statute authorizes a medical order which is transportable, standardized, and implements a patient's end-of-life care preferences. In order to implement that statute, adjustments are made in Section 2 to the existing advance-care directive statute, and in Section 3 to the statute governing Emergency Medical Services. Section 3 also makes a technical name change within Chapter 97 that was overlooked in a 2003 change to Chapter 97 and adds reference to DMOST in Public Health's rule writing authority. Section 4 adds language to the Advance Health Care Directive statute to give agents the authority to act pursuant to this new Chapter 25A.</p>	May 28, 2015 – Signed by Governor
HB 69 w/HA 1 + SA 1 (B. Short)	The advancements and continued development of medical and communications technology have had a profound impact on the practice of medicine and offer opportunities for improving the	July 07, 2015 – Signed by Governor

	<p>delivery and accessibility of health care in and across the many professions responsible for the wellbeing of Delawareans. Geography, weather, availability of specialists, transportation, and other factors can create barriers to accessing appropriate health care, including behavioral health care, and one way to provide, ensure, or enhance access to care given these barriers is through the appropriate use of technology to allow health care consumers access to qualified health care providers. Delaware is well-positioned to embrace efforts that will encourage health insurers and health care providers to support the use of telemedicine and that will also encourage all state agencies to evaluate and amend their policies and rules to foster and promote telemedicine services.</p>	
<p>HB 70 w/HA 1 + SA 2 (Baumbach)</p>	<p>This bill creates two types of licensure for the newly created Midwifery Advisory Council, licensed Certified Professional Midwives and licensed Certified Midwives. The bill clarifies that a licensee of the same licensure type should serve on the Panel conducting any disciplinary hearing or temporary suspension hearing of a licensee, clarifies that the Council will promulgate regulations governing the scope of practice of each licensure type with the approval of the Board of Medical Licensure and Discipline, and indicates a preference that the 4 Midwife Council members consist of 2 members of each licensure type whenever possible.</p> <p>Also, the bill requires that, when minors are treated by midwives licensed under this chapter, they are provided with safeguards in similar sections of the Delaware Code such as those for nurses, chiropractors, and physical therapists. There is also revocation of the license upon conviction of a felony sexual offense and disqualification from licensure for someone convicted of a felony sexual offense.</p>	<p>June 09, 2015 – Signed by Governor</p>
<p>HB 90 w/HA 1 (Longhurst)</p>	<p>This bill requires all public school employees to receive 90 minutes of training each year on suicide prevention. The bill also requires all public schools to establish a suicide prevention committee. Furthermore, the bill requires local education agencies to create a suicide prevention policy.</p>	<p>June 08, 2015 – Signed by Governor</p>
<p>HB 91 (Matthews)</p>	<p>This bill involves the public school immunization program. Currently, the Affidavit of Religious Belief does not expressly alert parents or guardians who file for the religious exemption from the program that the child will be temporarily excluded from school in the event of an epidemic of a vaccine preventable disease. This bill amends the required affidavit so parents or guardians are directly made aware of the possibility of the child’s temporary exclusion from school. The bill also adds that the asserted cause of a medical exemption may be subject to review and approval by the Division of Public Health. Additionally, the bill would require the Division of Public Health to declare an outbreak, rather than the current language of an epidemic throughout the State or a particular region.</p>	<p>July 15, 2015 – Signed by Governor</p>
<p>HB 111, w/HA 1, HA 2 + SA 1 (Barbieri)</p>	<p>As more healthcare services continue to move into the community, it is necessary to clearly define the scope of services offered in community settings. This legislation will update the Delaware Code to clearly define the level of medication administration permitted by unlicensed personnel and the settings in which they can administer medications.</p>	<p>July 10, 2015 – Signed by Governor</p>
<p>HB 130 (Williams)</p>	<p>This bill creates a felony level offense for a person that is a health professional and in the course of providing professional health services to the victim, intentionally has sexual contact with the victim. This bill adds to the existing crime of unlawful sexual contact in the second degree and</p>	<p>Aug 17, 2015 – Vetoed</p>

	<p>makes the conduct described therein as a felony offense, rather than a misdemeanor, due to the vulnerability of the victim as a patient seeking services from a health professional.</p>	
<p>HB 136 w/HA 1 (Smith)</p>	<p>The Delaware Child Death, Near Death and Stillbirth Commission ("CDNDSC") is charged with the responsibility to review all cases in which a child dies in Delaware, as part of Delaware's ongoing effort to reduce child mortality. CDNDSC is engaged in this effort through a number of review panels that examine health related issues, medical and legal issues, accidental deaths, and incidents arising from child abuse and neglect. The latter category of cases is assigned to CDNDSC's Child Abuse and Neglect ("CAN") Panel.</p> <p>The Child Protection Accountability Commission ("CPAC") has statutory responsibility to monitor Delaware's child protection system to best ensure the health, safety, and welfare of Delaware's abused and neglected children. CPAC has been designated as Delaware's "citizen review panel" under the federal Child Abuse Prevention and Treatment Act, 42 U.S.C. § 5106a(c) ("CAPTA"). As Delaware's "citizen review panel" CPAC is required to provide for the investigation and review of child death and near death incidents due to child abuse and neglect, for the purpose of developing recommendations for system improvement.</p> <p>This Act provides for the transfer of the "CAN" Panel from CDNDSC to CPAC. The transfer will ensure that Delaware remains in compliance with the requirements of federal law, providing greater assurance of continued federal funding under CAPTA. Further, CPAC is staffed by the Office of Child Advocate ("OCA"). Many, if not most, of the cases that fall within the jurisdiction of the CAN panel also already fall under the purview of the OCA, thus ensuring greater efficiency in the investigation of these cases. Finally, OCA has experienced attorneys on staff, and as volunteers, who are better equipped to ensure compliance with subpoenas and other investigative requests than the non-legal staff assigned to CDNDSC.</p> <p>This Act also changes the name of CDNDSC to the Child Death Review Commission, addresses the subpoena process for both CDNDSC and CPAC, creates a mechanism for CDNDSC to hire and supervise employees, and makes various technical corrections intended to conform existing law to the guidelines of the Delaware Legislative Drafting Manual.</p>	<p>June 30, 2015 – Passed House and Senate</p>
<p>HB 139 w/HA 1 (Barbieri)</p>	<p>This Act provides for prudent flexibility in the ownership of professional corporations, in particular as it relates to certain medical professionals, and is intended to promote synergies in the delivery of healthcare statewide as professional corporations expand their existing ownership to collaborate with those complementary professions permitted by the Act, and specifically defined therein as "qualified related professional services." In addition, this bill addresses long overdue technical corrections to The Professional Service Corporation Act in Delaware, which has not been substantively updated since shortly after its enactment in 1969.</p>	<p>September 03, 2015 – Signed by Governor</p>
<p>HB 150 (Baumbach)</p>	<p>This act will allow a competent terminally ill patient the ability to request medication to end the patient's life. The bill clarifies the procedures necessary for making the request, such as but not limited to: the receipt of counseling, a physician's evaluation, the passage of a waiting period, and the completion of a formally witnessed request for such medication. The bill further provides the</p>	<p>May 28, 2015 - Laid on the Table in Committee</p>

	right to rescind any request for such medication; as well as immunity for persons participating in good faith compliance with the procedures.	
HB 157 w/HA 1 (Matthews)	As more services move outside of hospital walls, it is necessary to clearly define the scope of services offered in outpatient settings. Citizens of Delaware cannot be expected to discern the differences in levels of care offered in outpatient facilities. The levels of care and scope of practice must be clearly defined so that citizens seek care at a facility offering the services needed. Current literature makes it clear that any freestanding emergency department must be required to meet the same standards as a hospital emergency department. This legislation will update the Delaware Code and provide a level of protection for the public that would seek services in a freestanding emergency department by clearly defining the scope of practice.	July 27, 2015 – Signed by Governor
HB 159 (Barbieri)	This Act lowers the required number of affirmative votes necessary to waive a disqualifying event for a new applicant for licensure with the Delaware Board of Medical Licensure and Discipline from twelve members to nine members. Nine members constitute a quorum of the Board. The Board has had to table numerous applications in 2013 and 2014 due to not having twelve members present at a given meeting to consider pending applications.	July 10, 2015 – Signed by Governor
HB 166 (B. Short)	The purpose of this bill is to allow injured workers who seek medical care from out-of-state, non-certified health care providers, in the payment of their medical expenses. This revision will correct a flaw in the current statute that was exposed by the Delaware Supreme Court in the case of Wyatt v. Rescare Home Care, 81 A. 3d 1253 (Del. 2013) and Vanvliet v. D&B Transportation, 105 A.3d 390 (Del. 2014.). This bill removes the certification requirement for health care providers who are not licensed in Delaware, but licensed in another state; changes the allowable payment for these non-certified, out-of-state providers to the lesser of the usual and customary, the other state's maximum reimbursement, Delaware's maximum reimbursement, or a negotiated contract; and adds utilization review as a payer recourse for non-certified, out-of-state providers. This bill also allows the Workers' Compensation Oversight Panel to realize the 2016 and 2017 mandated medical cost savings in the Delaware workers' compensation system through any component of the health care payment system and not just the fee schedule. This bill also allows the Workers' Compensation Oversight Panel to create regulations pertaining to the use of electronic billing in the workers' compensation healthcare payment system.	July 27, 2015 – Signed by Governor
HB 205 (Barbieri)	The bill updates the provisions of existing Delaware law under the Uniform Anatomical Gift Act to provide consistency with federal law, ensure clinical best practices and to facilitate increased donor designation rates.	September 03, 2015 – Signed by Governor
HB 219 (M. Smith)	This bill requires that health insurance offered in this state provide coverage for in vitro fertilization for persons who, along with their partner, are genetic carriers for spinal muscular atrophy or cystic fibrosis. Coverage must be offered to the same extent as all other pregnancy related benefits.	Jan 26, 2016 – Laid on Table in House
HB 239 (Dukes)	This bill creates the crime of Drug Dealing – Resulting in death. This purpose of this bill is to address the recent spike in deaths resulting from substances such as heroin and fentanyl.	April 29, 2016 – Passed by Senate
HB 267 (B. Short)	This Bill limits a health insurer's right to overpayment recovery to two years from the date of the original payment. The time limit does not apply where there is fraud or other intentional misconduct, when overpayment recovery is initiated by a self-insured plan, or where required by a federal or state plan. The bill also requires 30 days' notice to healthcare providers regarding an	June 28, 2016 – Reported out of Senate Committee

	attempt to recover overpayment as well as requiring insurers to have policies and procedures allowing challenge to the alleged overpayment.	
HB 268 (M. Smith)	This non-punitive, public health-oriented bill seeks to codify certain sections of the federal law known as the Child Abuse Prevention and Treatment Act ("CAPTA") that requires States to have policies and procedures in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that healthcare providers involved in the delivery or care of such infants notify the child protective services system.	April 14, 2016 - Stricken
HB 291 w/HA 1, HA 2 + SA 2 (Schwartzkopf)	This Act is the result of the findings of the Lyme Disease Task Force ("the Task Force"). On June 1, 2015, the Task Force issued a report that made several recommendations to address this critical health threat which is unique to Delawareans, including the creation of the Lyme Disease Education Oversight Board ("the Board"), which is tasked with the following: <ul style="list-style-type: none"> • Educating health care professionals to develop a high index of suspicion for Lyme disease, because Delaware is in an endemic area for the disease. • Educating health care professionals that Lyme disease can be diagnosed clinically based on history and physical examination, and serologic antibody testing can confirm, but is not required to make, a clinical diagnosis. • Encouraging continuing medical education credits and nursing continuing education units regarding Lyme disease and make the topic enticing to encourage health care professionals to attend such courses as soon as they are available. 	June 29, 2016 – Passed by House after Senate Amendment
HB 308 w/SA 1 (Mitchell)	This bill is in response to the recent Delaware Superior Court decision of Simpson v. State of Delaware and Government Employees Insurance Company, 2016 WL 425010 (Del. Super. Ct. Jan. 28, 2016). In the Simpson decision, the Court noted the need for clarification, as the exclusivity provision in 19 Del. C. § 2304 could operate to unfairly deprive an employee of much-needed benefits.	June 29, 2016 – Passed by House after Senate Amendment
HB 315 w/HA 1 (Baumbach)	This bill makes a few changes to the midwifery licensure. Specifically, Section 1 adds a definition for a midwifery student who is under direct supervision. Section 2 then provides an exemption for midwifery students to practice midwifery. Section 3 provides for the Midwifery Advisory Council to receive compensation and travel-related reimbursement. Section 4 provides that the Board of Medical Licensure and Discipline shall adopt regulations granting limited prescriptive authority to a midwife licensee. Sections 5 and 6 add requirements of a course in pharmacology and IV therapy. Sections 7 and 8 delete portions of Title 16 that have been rendered moot by the creation of the Midwifery Advisory Council.	June 9, 2016 - Signed by Governor
HB 316 w/HA 1 (Heffernan)	This bill prohibits discrimination in employment based upon an individual's reproductive health decisions. Delaware laws currently prohibit discrimination on the basis of sex or pregnancy; however, this legislation makes it clear that an employer is expressly prohibited from taking adverse employment action against an individual based on his or her reproductive health care decisions. This bill does not create any new obligations or change any existing obligations related to insurance coverage of reproductive health care. This bill seeks to ensure that all workers should be judged on their performance at work, as opposed to their personal reproductive health care decisions.	June 30, 2016 – Signed by Governor

<p>HB 319 (M. Smith)</p>	<p>This non-punitive, public health-oriented bill seeks to codify certain sections of the federal law known as the Child Abuse Prevention and Treatment Act ("CAPTA") that requires States to have policies and procedures in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder, including a requirement that healthcare providers involved in the delivery or care of such infants notify the child protective services system.</p> <p>Furthermore, CAPTA requires the development of a "plan of safe care" for these infants. This bill clarifies and formalizes a uniform, collaborative response protocol in accordance with CAPTA that will require Delaware's child protection system partners to work together to ensure the safety of substance exposed infants and to provide support and services to the mothers and families of substance exposed infants.</p> <p>Section 2 of the bill makes a conforming change to Section 929 of Title 16 to reflect updated cross-references.</p>	<p>June 23, 2016 – Reported out of Committee</p>
<p>HB 321 (Bentz)</p>	<p>This Act clarifies the authority of the Division of Public Health to release sexually transmitted disease reports to medical personnel for the purpose of providing health care to the subject of those reports, and that such reports may be distributed for this purpose through an electronic health information exchange, such as the Delaware Health Information Network (DHIN).</p>	<p>April 14, 2016 – Tabled in Committee</p>
<p>HB 329 (Bentz)</p>	<p>This bill will ban the sale of dextromethorphan (DXM) to those under 18 years of age without a prescription to help combat the small number of teens who abuse DXM. Every year, millions of Americans use over-the-counter (OTC) medicines containing DXM to relieve cough symptoms. Cough medicine with DXM has been available over the counter in the United States for more than 50 years and is safe and effective when taken as recommended. This would maintain access to effective OTC cough medicine for Delawareans who use it to treat cough symptoms associated with colds and the flu while limiting access to the adolescents who might abuse it.</p>	<p>June 16, 2016 – Signed by Governor</p>
<p>HB 366 w/HA 1</p>	<p>This bill endeavors to reconcile patients' rights to know all their health care options with the desire of some health care providers to not provide certain care based on religious or philosophical beliefs. This act balances the religious liberty of health care providers with the basic health care rights of their patients. This act requires that any health care provider who uses religious beliefs to determine patient care instead of standard medical guidelines and practices, subsequently resulting in any health care options being omitted or favored based on these religious beliefs, to inform patients in writing of health care services that are not available to the patients through this particular provider. Patients must provide signed consent acknowledging they have received this information. Additionally, this act requires health care providers who use religious beliefs to determine patient care to inform health insurance companies of specific health care options that are not provided; health insurance companies will share that information with their enrollees and insured participants. The bill also requires disclosure to state and federal agencies involved with health care administration, and a subsequent relay of that information by state agencies to affected clients.</p>	<p>June 28, 2016 – Defeated by House of Representatives</p>
<p>HB 381 w/HA 1 (Baumbach)</p>	<p>Patients struggle every day to receive necessary care, suffering symptoms longer than appropriate and encountering unnecessary stress factors as they engage in the complicated system of health</p>	<p>June 30, 2016 – Passed by Senate</p>

	<p>insurance. One such factor is Pre-Authorization, a tool designed to save the money by making sure that care is necessary. For years patients and clinicians have been put through arduous appeals processes being told that they are necessary to keep costs down or worse, told after the fact that their care won't be paid for even when previously told otherwise. Yet, anecdotally, appeals to these decisions are nearly always granted after hours of staff and clinician time. Reliable data is difficult, if not impossible, to come by to evaluate if programs are worth the costs of time that they shift to the patient and clinician. This legislation requires greater transparency, efficiency, and fairness in pre-authorization programs.</p>	
HB 400 w/HA 1 (Baumbach)	<p>This bill expands upon Senate Bill No. 90 of this General Assembly, known as "Rylie's Law," by classifying pain, anxiety, or depression, if related to a terminal illness, as a qualifying condition in the Delaware Medical Marijuana Act for patients under the age 18, who will still be restricted to using CBD and oil products. The bill also classifies terminal illness in adults as a qualifying condition. This Act shall be known as "Bob's Bill."</p>	July 1, 2016 – Passed by House after Senate Amendment
HB 413 (Gray)	<p>This bill prohibits the purchase, acquisition, receipt, or transfer of any human fetal tissue or the solicitation of such fetal tissue for certain purposes.</p> <p>Federal law 42 U.S.C.A. § 289g-2 prohibits such actions if they affect interstate commerce and has similar penalties.</p> <p>A violation shall be a class C felony.</p>	June 8, 2016 – Assigned to House Health Committee
HB 426 (Brady)	<p>This Act is the result of the recommendation made by the Joint Sunset Committee in its review of the Board of Medical Licensure and Discipline ("the Board") that the Division of Professional Regulation amend applicable statutes that are outdated and unnecessary, to provide for consistency with § 8735, Title 29 of the Delaware Code, relating to administrative procedures.</p> <p>Specifically, this Act permits the Board to utilize non-board member medical licensees as coinvestigators when specialties are required to opine on disciplinary cases, as long as the co-investigator is licensed in the specialty at issue; creates administrative licensure for medical professionals who do not wish to practice medicine but serve as administrators in the state to applicants who meet all qualifications for licensure except active practice hours; removes antiquated language from Title 17 regarding hearing procedures and instead reiterates hearings are conducted pursuant to the Administrative Procedures Act; and deletes references to the removed language.</p> <p>Finally, this Act makes minor modifications to each of the sub-councils organized under the Board, to standardize procedures across each of the five councils. Specifically, the Act adds a duty to report unprofessional conduct to the Respiratory Care Practitioners, permits the Genetic Counselor Advisory Council and the Regulatory Council for Physician Assistants to waive their quarterly meeting requirement with the approval of the Board; clarifies that temporary licenses may be granted by each of the councils under the signature of the Executive Director and the council chair; and permits council members appointed to fill vacancies to serve out those vacancies, along with two three-year terms.</p>	June 15, 2016 – Reported out of Committee

<p>HS 1 for HB 439 w/HA 1 (B. Short)</p>	<p>This legislation provides for network disclosure and transparency for insured individuals who may be provided non-emergency health care services from an out-of-network provider. The legislation states that an insured must be notified that a provider or facility may be an out-of-network provided or facility and given notice that the services may not be covered by an insured’s health insurance plan. The legislation also requires health insurance companies maintain up to date and comprehensive provider directories. This legislation is modeled after the out-of-network language set forth National Association of Insurance Commissioner’s Health Benefit Plan Network Access and Adequacy Model Act.</p>	<p>July 1, 2016 – Passed by Senate</p>
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<p>SENATE BILLS</p>		
<p>BILL NUMBER</p>	<p>SUMMARY</p>	<p>CURRENT STATUS</p>
<p>SB 8 (Hall-Long)</p>	<p>Senate Bill 119 which passed the 147th General Assembly inadvertently omitted the exception for veterinarians and methadone clinics from dispensing more than 72 hours of a controlled substance.</p>	<p>April 02, 2015 - Signed by Governor</p>
<p>SB 37 w/SA 3 (Peterson)</p>	<p>This bill requires a mammography service provider to provide specific notice to a patient if that patient presents with dense breast tissue.</p>	<p>June 24, 2015 – Signed by Governor</p>
<p>SB 38 (Bonini)</p>	<p>This legislation is modeled after “Right to Try” legislation, which has been enacted in Colorado and Louisiana, awaiting gubernatorial action in Missouri, introduced in Minnesota, New Jersey and in the U.S. Congress government, and included on a ballot referendum in November in Arizona. The Bill allows a terminally ill patient, and his or her treating physician, to decide if they will pursue treatment with an investigational drug, biological product or device, which has successfully completed Phase One of a clinical trial. This Bill does not obligate manufacturers to provide an investigational drug, biological product or device upon the patient’s request. It also does not obligate health insurance providers to cover the expenses of, or associated with, the use of an investigational drug, biological product or device. The Bill also protects all involved parties from being held liable for any loss, damage or injury that results from the use of investigational drug, biological product or device, and prevents state interference in the implementation of this policy.</p>	<p>March 24, 2015 - Assigned to Senate Health & Social Services Committee</p>
<p>SB 52 w/SA 1, SA 2 + HA 4, HA 1 to HA 4 (Hall-Long)</p>	<p>An estimated 123,000 Delawareans provide varying degrees of unreimbursed care to adults with limitations in daily activities. Based on 2013 data, the total value of the unpaid care provided to Delawareans in need of long-term services and supports amounts to an estimated \$1.58 billion every year. These “lay caregivers” are often members of the individual’s immediate family, but friends and other community members also serve as lay caregivers. While most lay caregivers are asked to assist an individual with basic activities of daily living, such as mobility, eating, and dressing, many are expected to perform complex medical tasks, such as administering medications, providing wound care, and operating medical equipment.</p> <p>Section 1 of this Act requires the Delaware Health Information Network (“DHIN”) to develop and maintain a process to enable a hospital to record in the patient’s electronic health record contained in the DHIN the patient’s designation of a lay caregiver and the lay caregiver’s contact information, as required by § 3002J(b) of Title 16, and if the hospital attempted to or did interface with the lay caregiver, as required by § 3004J(b) of Title 16. Section 2 of this Act requires that a hospital</p>	<p>June 30, 2016 - Passed by Senate after House Amendment</p>

	provide a patient or the patient's agent an opportunity to designate a lay caregiver prior to the patient's discharge. If a lay caregiver is designated, the hospital is required to document the designation in the patient's medical record, notify the lay caregiver, and to interface with the lay caregiver related to the patient's discharge plan. Section 3 of this Act delays the effective date of Section 2 of this Act until January 1, 2017.	
SB 57 w/SA 1 (Hall-Long)	This bill modernizes the abbreviated title of Advanced Practice Nurse (APN) to Advanced Practice Registered Nurse (APRN), it updates the renewal and reinstatement requirements for advanced practice nursing licensure, and clarifies prescription requirements.	September 01, 2015 – Signed by Governor
SB 58 w/SA 1 + HA 1 (Hall-Long)	The bill will codify the Newborn Screening Program, which screens infants for a number of metabolic, hematologic, endocrinologic, immunologic and certain structural disorders. This bill also clarifies that genetic information disclosed and obtained pursuant to the Newborn Screening Program may be retained.	July 15, 2015 – Signed by Governor
SB 90 w/SA 2 (Lopez)	This Act adds intractable epilepsy to the list of debilitating medical conditions for which a physician may supply a written certification for medical marijuana. It also specifically adds disorders such as dystonia which are characterized by involuntary muscle contractions that cause slow, repetitive movements or abnormal postures. This Act shall be known as Rylie's Law.	June 23, 2015 – Signed by Governor
SS 1 to SB 101 (Hall-Long)	This Act creates a new Advanced Practice Registered Nurse ("APRN") Committee to assist the Board of Nursing in the regulation of nursing practice consistent with the national Consensus Model for APRN regulation. Included in the Act are provisions regarding the scope of practice for APRNs and the requirement of collaborative agreements between APRNs and licensed physicians, podiatrists, or licensed Delaware health care delivery systems. This Act is one of three pieces of legislation which update Chapter 19, Title 24 during the First Session of the 148th General Assembly and is intended to amend Chapter 19 in congruence with Senate Bill 57 and House Bill 69.	September 01, 2015 – Signed by Governor
SB 107 w/SA 1 (Hall-Long)	This Act enables the Department of Health and Social Services to promulgate regulations allowing home health agencies and personal assistance services agencies to provide services in nursing facilities and hospitals. This change will allow consumers to receive the services necessary to safely achieve their highest level of independence and optimal quality of life while residing in their own home or during a necessary hospitalization.	July 27, 2015 – Signed by Governor
SB 131 w/SA 1 (Hall-Long)	This bill resolves technical issues that arise from passage of House Bill 360 of the 147th General Assembly. This bill will ensure that the Department of Health and Social Services the tools and regulatory oversight tailored to ensure Delawareans have access to dialysis services.	June 30, 2015 – Signed by Governor
SS1 for SB 143 (Bushweller)	This Act clarifies certain practices, procedures and pharmacology performed by Optometrists and those prohibited. In addition, Optometrists must meet all applicable requirements to prescribe controlled substances.	June 17, 2015 – Assigned to Sunset Committee in Senate
SB 151 (Hall-Long)	This bill addresses informed consent for disclosing genetic information by adding those individuals authorized to access EMR and DHIN.	July 27, 2015 – Signed by Governor
SB 162 (Poore)	This bill allows for a public place where allergens are present (i.e. restaurant, sports arena, camps, shopping malls, etc.) to get a prescription for and then have emergency medicine on hand to administer. There must be designated employees who are trained in the storage and	July 15, 2015 – Assigned to Committee

	administration of such medicines as well as the signs of an allergic emergency. All uses of emergency medication must be reported to the Department of Health and Social Services.	
SB 174 w/SA 2 (Hall-Long)	This legislation creates a Drug Overdose Fatality Review Commission, similar to commissions that the state has in place to review child deaths and the deaths of domestic violence victims. The purpose of the Commission is to examine the facts and circumstances of deaths resulting from prescription opioid, fentanyl and heroin overdoses and make recommendations to the state based on those examinations as to how to prevent future overdose deaths.	April 21, 2016 – Signed by Governor
SB 181 w/SA 1 (Lopez)	This Act allows designated caregivers to possess and administer, and minor qualifying patients to use, medical marijuana oil for minor qualifying patients on school busses and on the grounds of the preschool, primary, or secondary school in which the minor qualifying patient is enrolled.	June 16, 2016 – Passed by House
SB 197 w/SA 1 (Hall-Long)	After the delivery of a child, major mental and public health issues which need to be addressed may arise, including the occurrence of postpartum depression or feelings of depression, anger, anxiety, and guilt. This presents problems not only for the mother, but also for the child, because the mental health of a mother of a young child affects the child’s physical and emotional development. The development of strategies and distribution of materials and information are crucial to help combat the lack of awareness and education regarding maternal depression. This Act requires the Department of Health and Social Services to make available current information to health care providers regarding the signs and symptoms of maternal depression, screening tools, and available community resources. This Act also requires that health care providers and facilities provide the maternal depression information to women who present with signs of maternal depression, and to encourage the women to share that information with their family members or caregivers, and the family members and caregivers of the baby.	June 30, 2016 – Signed by Governor
SB 226 (Hall-Long)	The work of the Behavioral and Mental Health Task Force indicated a greater need for psychiatric services statewide. This Act meets this need by eliminating the need for additional review by the Delaware Health Resources Board for a 90 bed psychiatric hospital in Georgetown, which previously received a certificate of public review by the Board. Under Section 2 of this Act, the Act sunsets on December 31, 2020.	June 8, 2016 – Signed by Governor
SB 230 w/SA 1 (Hall-Long)	This Act creates the option of a supported decision-making agreement for adults who do not need a guardian but who need assistance in gathering information, making decisions, and communicating those decisions. The Act allows these adults, called “principals” in this Act, to select and appoint one or more trusted friends or relatives or a paid provider to act as a supporter. The supporter can provide assistance and guidance on issues affecting the principal, such as coordinating health care and services; making health and service-related decisions; and dealing with housing issues, daily living activities, and routine financial matters. The supporter is not empowered to make decisions for the principal or to substitute the supporter’s judgment for the principal’s. This Act includes safeguards such as limiting who can act as a supporter and requiring a written document with disinterested witnesses. This Act gives the supporter legal status to participate in the decision-making process by gathering information and assisting the principal in making and communicating decisions. A decision or a request communicated by the supporter must be honored on the same basis as a decision or request of the principal.	July 1, 2016 – Passed by House

<p>SB 238 w/SA 1 (Hall-Long)</p>	<p>This Act establishes a Delaware Health Care Claims Database to be administered and operated within the existing framework of the Delaware Health Information Network. Sixteen states have enacted legislation to create health care claims databases which are generally referred to as an “All Payer Claims Database” or a “Multi Payer Claims Database.”</p> <p>In short, this Act will help Delaware answer the following questions:</p> <ol style="list-style-type: none"> (1) How much does Delaware spend on health care? (2) How much does a service cost at a specific facility? (3) How have health care prices changed over time? (4) Are Delaware’s efforts to establish value-based alternatives to the traditional “fee for service” health care system effective? <p>The Delaware Health Care Claims Database will help advance the ongoing work to transform the State’s health care system from a fee-for-service system to a value-based system that rewards health care providers for quality and efficiency of care. To complete that transformation, health care providers and other health care entities accepting financial risk for a population must have an appropriate level of access to health care claims data—particularly data that provides some transparency into health care pricing. Centralized and standardized access to claims data is also critical to maximizing population health initiatives, including the study of occurrences of injury or illness across the continuum of care in Delaware or in specific neighborhoods. This Act sets forth the basic structure and parameters of the Health Care Claims Database, subject to further guidance to be set forth in rules and regulations to be promulgated by the DHIN, in continued consultation with the Department of Health and Social Services, the Health Care Commission, and stakeholders in the health care community.</p> <p>Specific Requirements for Claims Data Reporting</p> <p>This Act requires certain types of claims data defined as “required claims data” to be reported by the entities specified as “mandatory reporting entities” in the Act. The Act only mandates reporting of claims data for the Medicaid Program, the State Group Health Insurance Program, and any qualified health plan in the Delaware Health Insurance Marketplace for plan year 2017 and any subsequent plan year. This Act also authorizes health insurers and providers who are not required to participate in the Health Care Claims Database to voluntarily report “claims data” pursuant to appropriate data submission and use agreements between the voluntary reporting entity and the DHIN. In both mandatory and voluntary claims data reporting, the Delaware Health Care Claims Database will maintain the privacy and confidentiality of individually identifiable health information in accordance with all federal and state privacy and security laws, including compliance with guidance found in Statement 6 of the Department of Justice and Federal Trade Commission Enforcement Policy regarding the exchange of price and cost information, and with appropriate limits on the disclosure of potentially proprietary contracted unit price information. In order to comply with a recent decision of the United States Supreme Court, the mandatory reporting requirements of this Act do not apply to self-insured commercial health plans that are regulated pursuant to the Employee Retirement Income Security Act of 1974 (ERISA).</p>	<p>June 30, 2016 – Passed by House</p>
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	<p>The Delaware Health Care Claims Database will be administered and operated by the DHIN Board of Directors, whose membership consists of a broad coalition of health care stakeholder representatives, including representatives of hospitals, physicians, providers, insurers, the business community, and government officials. This Act authorizes the DHIN Board, or a subcommittee established by the DHIN Board to administer the APCD, to review a request for claims data to determine if the requesting party or entity should have access to the requested claims data for a legitimate purpose in accordance with the goals of the statute. The determination by the DHIN Board shall be made in accordance with its bylaws, including those pertaining to conflict of interest recusal, and is not subject to appeal or to any other private right of action. This Act is revenue-neutral; it will be funded with grant money and other independent funding sources to be identified by the DHIN, in accordance with the DHIN's existing statutory authority.</p>	
<p>SB 245 w/SA 1 (Hall-Long)</p>	<p>This Act adopts the recommendation of the Behavioral and Mental Health Task Force, established in 2015 by Senate Concurrent Resolution No. 29, to establish a Behavioral and Mental Health Commission to provide oversight and monitoring of the provision of behavioral and mental healthcare in this State.</p> <p>This Act also establishes a Peer Review Subcommittee of the Commission that will serve as a peer review committee to review critical incident reports and treatment records of adult individuals with serious and persistent mental illness who meet the criteria for the target population of the ongoing settlement agreement between the United States and this State regarding the provision of adult institutional psychiatric care. The purpose of the Peer Review Subcommittee is to provide a system of ongoing oversight of the adult behavioral health system to achieve sustained, long-term compliance with the settlement agreement.</p>	<p>June 30, 2016 – Passed by House</p>
<p>SB 251 (Peterson)</p>	<p>Mandatory reporting laws are a crucial protection for children; every state has a version of such laws and they have been an effective tool. As Delaware's mandatory reporting law matures, it is important to recognize necessary balances to ensure that those at risk also receive necessary care. This Act enables adult patients to seek the mental health care that they need by exempting mental health professionals from the reporting requirements under § 903 of Title 16. However, this Act balances that exemption by maintaining mandatory reporting responsibility if a mental health professional knows or has reason to know a child is being abused or neglected or that the abuser is in a position of trust, authority, or supervision over a child.</p> <p>In addition, this Act constructs a definition subsection for § 903 of Title 16, creating a definition of "mental health professional" and "person". The definition of "person" is intended to continue the mandatory reporting statute's broad application while remaining consistent with the guidelines of the Delaware Legislative Drafting Manual by removing an exemplary list of individuals and entities that has become unwieldy.</p> <p>Finally, this Act removes the reference to "the Division of Family Services" and replaces it with a reference to § 904 of Title 16 for internal consistency.</p>	<p>May 19, 2016 – Reported out of Committee</p>

SB 259 (Henry)	The bill authorizes the Division of Public Health (DPH) to provide a Syringe Exchange Program (SEP) statewide. The bill lifts the geographic restriction on the program which is currently limited to the City of Wilmington, and expands the membership of the Oversight Committee to include statewide representation. The goal is to increase the program's flexibility in serving different areas of need as the challenge of managing heroin use and HIV transmission in Delaware is ever evolving.	June 30, 2016 – Passed by House
SB 265 w/SA 2 (Hall-Long)	This bill establishes an Inclusive Statewide Stroke Care System to improve stroke care and survival in the State of Delaware. This bill requires the Secretary of Health and Social Services to designate acute health care facilities that meet certain accreditation requirements as comprehensive stroke centers, primary stroke centers, acute stroke ready centers, and other distinct categories of stroke center certification. The bill also establishes a standing Stroke System Committee to assist in the oversight of the Inclusive Statewide Stroke Care System and provide recommendations for its implementation and maintenance.	June 23, 2016 – Passed by House
SB 281 w/SA 1 (Blevins)	This Bill codifies the Delaware Suicide Prevention Coalition.	July 1, 2016 – Passed by House

If you have any questions, please contact Mark B. Thompson, External Affairs Officer, Mark.Thompson@medsocdel.org, 302-444-6958, or Drew Wilson, External Affairs Manager, Andrew.Wilson@medsocdel.org, 302-366-1694.

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