

## 149<sup>TH</sup> GENERAL ASSEMBLY – HEALTH CARE RELATED BILLS (2017 and 2018 Legislative Years)

The information below is provided regarding legislative activities of interest in the 149th General Assembly in Dover. The Legislative Session spans two years and this session will end on June 30, 2018. 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 150<sup>th</sup> General Assembly which will convene in January 2019. 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
<b>HB 3 w/HA 4 (Heffernan)</b>  <b>*Society Supports*</b>	This legislation <b>requires that all full-time employees of the State, including employees of school districts, continuously in the employ of the state for at least one year, shall be eligible for 12 weeks of paid leave upon the birth or adoption of a child 6 years of age or younger. Both parents would be eligible for such leave.</b> Employees shall continue to have the right, as they do under current law, to use accrued sick leave for maternity and paternity purposes. This legislation leaves intact the rights of persons adopting a child over 6 years of age to take unpaid leave. Due to lack of adequate paid family leave policies, many parents must return to work sooner than is optimal for the health of mothers (in the case of biological birth) and children. Granting paid leave will contribute to the establishment of parent-child bonds, breastfeeding establishment, and allow infants to receive vaccines and develop stronger immune systems prior to entering daycare. Further, a more generous leave policy will increase the productivity of workers and reduce employee turnover.	6.30.18 – Signed by Governor
<b>HB 14 (Lynn)</b>	Under current Delaware law, every adult operating or riding a motorcycle is required to have a helmet in his or her possession while operating or riding a motorcycle and every person up to 19 years of age must wear a helmet. <b>This Act requires that every person, regardless of age, who operates or rides a motorcycle wear a helmet while doing so.</b>	3.15.17 – Tabled in Committee
<b>HB 21 w/HA 2 (Heffernan)</b>  <b>*Society Supports*</b>	This Act takes steps to <b>ensure that individuals with disabilities are not denied access to organ transplant procedures based solely on their disability.</b> Historically, individuals with disabilities have sometimes been denied access to life-saving organ transplants based on assumptions that people with disabilities are less worthy of care, or assumptions that they lack support services and/or the ability to follow post-transplant treatment plans. This bill prohibits denying a person with a disability a referral, evaluation and recommendation for transplantation solely on the basis of a non-medically significant disability and notes that persons who have the necessary support system to comply with post-transplant medical requirements should not have the inability to independently comply with those requirements held against them. The Act does not require referrals, recommendations or performance of medically inappropriate organ transplants. It affirms the state's commitment to the elimination of discrimination on the basis of disability.	9.13.17 – Signed by Governor
<b>HB 28 (Briggs-King)</b>	According to the American Dental Association, approximately 1/3 of Americans face challenges accessing dental care, where access challenges include difficulty getting to a dental office and overcoming financial barriers. In order to increase access to basic dental services, this bill will	1.5.17 – Introduced and Assigned to House

	<b>allow for dental hygienists to travel to certain facilities and provide dental hygiene services.</b> Under existing law, a dental hygienist may only act under the general supervision of a dentist in the dental office, state institutions, or schools. Prior to offering these services, the facility owner/operator and the patient/legal guardian must approve of the dental services to be provided, and adequate safeguards must be provided, including the referral to a licensed dentist for consultation. This bill <b>also updates the definition of the practice of dental hygiene services.</b>	Administration Committee in House
<b>HB 35 w/Amendments (B. Short)</b>	This bill sets forth a framework for the <b>licensing, regulation and inspection of business establishments that provide massage and bodywork services.</b> This bill places oversight of any business offering massage services in the hands of the Board of Massage and Bodywork. Specifically, it defines "massage establishment," and grants authority to the Board of Massage and Bodywork to grant or deny licensure of such establishments and adopt regulations pertaining to the licensure, maintenance and standards to be applied to such establishments. It provides authority for the Division of Professional Regulation to inspect such establishments without any advance notice or concurrent criminal investigation. This bill imposes criminal and civil penalties, including injunctive relief, fines, and imprisonment, for the unlicensed practice of massage and bodywork and the operation of an unlicensed massage establishment.	7.26.17 – Signed by Governor
<b>HS 1 for HB 36 (Ramone)</b>	Although minors are prohibited from purchasing tobacco, it is not technically wrong for a minor to possess or consume tobacco. This bill <b>will make the possession, use, or consumption of tobacco by a minor subject to penalties relating to education and community service.</b>	3.29.17 – Tabled in Committee
<b>HB 40 (Lynn)</b>	This Act <b>authorizes the Family Court to order the Department of Health and Social Services ("DHSS") to determine whether a child who is 17 years old or older and in the custody of the Department of Services for Children, Youth and Their Families ("DSCYF") qualifies for adult mental or behavioral health services.</b> If the child does qualify for adult mental or behavioral health services, this Act authorizes the Family Court to order that DHSS coordinate with DSCYF to develop and implement a transition plan for mental or behavioral health services for the child.	9.8.17 – Signed by Governor
<b>HB 50 (Jaques)</b>	This Act <b>seeks to ensure that 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.	3.21.17 – Assigned to Appropriations Committee in House
<b>HB 64 w/SA2 (Briggs King)</b>	Mothers who give birth to monoamniotic twins are often hospitalized as early as 26 weeks into the pregnancy due to the risk of complications of having twins share a single amniotic sack. Mothers who give birth to multiples of 3 or more often have the same issue of requiring extensive medical pre-natal care. As a result, the benefits provided under the federal Family and Medical Leave Act (FMLA) are often exhausted by the time the mother and children are discharged from the hospital. This bill <b>provides that mothers who are full time state employees may have up to six weeks of unpaid leave following the newborn(s) discharge from the hospital even if their FMLA benefits have been exhausted.</b>	9.8.17 - Signed by Governor
<b>HB 74 (Ramone)</b>	A minor child that is a qualifying patient may need, in addition to their parents, a designated caregiver who is not their parent when the parents work and cannot regularly get to school to administer medicine. This bill expands the class of persons who can be designated caregivers to a	3.29.17 – Tabled in Committee

	minor qualifying patient. This bill <b>would allow grandparents, aunts, uncles, and siblings, all over age 21, as persons who may be designated caregivers for a minor patient.</b>	
<b>HB 82 w/HA1 (Schwartzkopf)</b>	Sections 1-4 <b>clarify the type of supervised experience applicants are required to obtain</b> in order to be qualified for licensure and eliminates the <b>requirement that reciprocal applicants be certified by a national organization prior to being qualified for licensure.</b> Additionally, section 2 <b>eliminates a pending criminal charge as a basis to deny licensure.</b> Section 5 changes the law governing <b>chemical dependency professionals</b> to eliminate a pending criminal charge as a basis to deny licensure. Sections 6-9 <b>clarify the type of supervised experience applicants are required to obtain</b> in order to be qualified for licensure and eliminates the requirement that reciprocal applicants be certified by a national organization prior to being qualified for licensure. Additionally, section 7 eliminates a pending criminal charge as a basis to deny licensure.	5.2.17 – Signed by Governor
<b>HB 91 (Mulrooney)</b>	This Act would enhance the ability of the <b>prescription monitoring program</b> to make informed determinations as to prescribers who may be making extraordinary prescriptions of opiates or other controlled substances, and to refer such cases to law enforcement or professional licensing organizations for further review. The Act would also provide a more usable standard for provision of specified information to law enforcement agencies upon a showing of need.	5.30.17 – Signed by Governor
<b>HB 100 (Keeley)</b> <b>*Society Supports*</b>	The denial by private and public health benefit administrators of adequate coverage for substance abuse treatment has been identified as a major source of failed treatment efforts by persons addicted to controlled substances. These denials have also been identified as a cause of the shortage of adequate treatment facilities in Delaware. This Act seeks to <b>ensure that persons with private and public insurance coverage have the ability to insist that they receive the substance abuse coverage to which they are entitled by law and by their insurance plans.</b> It does so by (1) allowing the Department of Justice to provide legal assistance where appropriate to persons seeking benefits from the state’s Medicaid program, traditional health plans, or from employer-funded health benefit plans (which are exempt from state regulation), (2) requiring the state’s Medicaid program and private insurance carriers to provide notice to persons who are denied substance abuse treatment of the possibility of legal assistance in challenging those claim denials, and (3) permitting the Department of Justice to use funds in its Consumer Protection Fund to offset the cost of providing medical and legal expertise to DOJ and the Department of Insurance for the purpose of assisting persons with controlled substance addictions who are seeking treatment. This Act contains a sunset provision so that the General Assembly can assess the impact of its provisions on private and public health care costs and effective treatment of substance abuse before making its provisions permanent.	5.30.17 – Signed by Governor
<b>HS 1 for HB 104 (M. Smith)</b>	The state is currently funding providers at 75% of the market rate established in a 2014 study that was done by DHSS. This bill would <b>mandate an increase in the rates paid to providers according to the recommendations of the market study,</b> so that by fiscal year 2020 the state would fund providers at 100% of the benchmarked rate. These rate increases are necessary to increase the hourly wages of Direct Support Professionals (DSPs), which along with the corresponding costs of program oversight, direct supervision of DSPs, and training, are essential to keep people with I/DD safe and integrated to the maximum extent possible in their communities.	6.21.18 – Reported out of Committee
<b>HB 110 w/Amendments</b>	The <b>Delaware Marijuana Control Act</b> regulates and taxes marijuana in the same manner as alcohol. It allows individuals over age 21 to possess, use, purchase, or transport 1 ounce (28	6.27.18 – Defeated in House

<p><b>(Keeley)</b> <b>*Society Opposes*</b></p>	<p>grams) or less of marijuana, no more than 5 grams of which may be concentrated, by individuals 21 years of age or older. It permits the operation of marijuana businesses if they operate under licenses granted under this chapter. It prohibits the use of marijuana in public, by drivers or passengers in vehicles, and prohibits the smoking of marijuana anywhere that smoking tobacco is not permitted.</p>	
<p><b>HB 120 w/HA 1 (Longhurst)</b> <b>*Society Supports*</b></p>	<p>This Act <b>requires health insurance policies to cover any medically appropriate drug approved by the FDA for the treatment of stage 4 metastatic cancer</b> without requiring a patient to first prove that the patient failed to respond to a different drug or drugs. This Act is based on a similar bill in Georgia that was inspired by President Jimmy Carter’s recent battle with cancer.</p>	<p>9.20.17 - Signed by Governor</p>
<p><b>HB 140 (M.Smith)</b> <b>*Society Supports*</b></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), as amended by the Comprehensive Addiction and Recovery Act (CARA), that requires states to have policies and procedures in place to address the needs of infants born with and identified as being affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, including a requirement that healthcare providers involved in the delivery or care of such infant notify the child protection services system. This bill <b>formalizes a uniform, collaborative response protocol for the development of a Plan of Safe Care for infants with prenatal substance exposure and their affected family or caregivers.</b></p>	<p>6.7.18 – Signed by Governor</p>
<p><b>HB 160 (Baumbach)</b> <b>*Society Opposes*</b></p>	<p>The Delaware End of Life Options Act provides an additional option which terminally ill adults nearing their death can decide to select, to lessen their pain and suffering. The bill clarifies the procedures necessary for making the request, including 1) the presentation of all end of life options which include comfort care, hospice care, and pain control, 2) a physician’s evaluation, 3) medical confirmation by a second physician, 4) psychiatric/psychological counseling when indicated, 5) the passage of two waiting periods, and 6) the completion of a formally witnessed request for prescribed medication. The bill provides many safeguards to ensure the patient is making an informed decision, the right to rescind any request for medication, and immunity for persons participating in good faith compliance with the procedures. When the process is followed with its safeguards, the <b>terminally ill patient is provided the right to receive medication to peacefully end the patient’s life</b> in a humane and dignified manner.</p>	<p>1.25.18 – On House Agenda but Not Worked</p>
<p><b>HB 172 w/HA2 (B.Short)</b> <b>*Society Supports*</b></p>	<p><b>This Bill limits a health insurer’s right to overpayment recovery to two years from the date of the original payment.</b> 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 attempt to recover overpayment as well as requiring insurers to have policies and procedures allowing challenge to the alleged overpayment. This bill affects all lines of health insurance including both individual and group policies.</p>	<p>3.16.18 – Signed by Governor</p>
<p><b>HS 1 w/HA 3 for HB 180 (Baumbach)</b></p>	<p>This Act amends Chapter 12B of Title 6 to update <b>Delaware’s law regarding computer security breaches.</b> This Act revises HB 180 to reflect input from a wide group of stakeholders. This Substitute Act differs from HB 180 as follows: Terminology has been revised to be more accurate and consistent. A definition of "person" is added and includes government, consistent with current law. A definition of “determination of breach of security” is added. Marriage certificates, full birth dates and birth certificates, shared secrets and security tokens, and digital or electronic</p>	<p>8.17.17 - Signed by Governor</p>

	<p>signatures are removed from the definition of "personal information." An application for health insurance is removed from the definition of personal information because all of the information in an application that is of concern is separately listed in the definition of personal information. Removes the requirement that the Department of Justice develop regulations and a model form of notice. Clarifies how to provide notice if a breach involves login credentials of an email account that is the basis of the breach. Clarifies that notice of a breach can be provided after 60 days from discovery when it is determined at a later time that the breach includes additional residents. Provides examples of federal laws that can be complied with to constitute compliance with this chapter. Removes the private right of action for the failure of a person to provide notice under this chapter. The Common Law cause of action for actual damages as a result of a breach is unaffected by this change.</p>	
<b>HB 181 (M. Smith)</b>	<p>This Act makes <b>updates to how reports of child abuse and neglect are handled by the various members of the multidisciplinary team.</b> The Act codifies the multidisciplinary team and case. The Act adds additional duties to the Investigation Coordinator, law enforcement, the Department of Justice and the Division of Family Services that are current best practices but not required by law. The Act reorganizes the section pertaining to the Division of Family Services to reflect current best practices. The Act allows nurse practitioners to take emergency protective custody</p>	8.30.17 - Signed by Governor
<b>HB 182 (M. Smith)</b>	<p>This bill <b>clarifies that the reviews of child abuse and neglect deaths and near deaths are confidential</b> and should not be used in any proceedings. It ensures that the committees and panels who do the work on behalf of the Child Protection Accountability Commission are protected. Finally, the bill clarifies that any duties of the State for public disclosure in these cases under the federal Child Abuse Prevention and Treatment Act will not be fulfilled by these confidential reviews conducted by the Commission as Delaware's Citizen Review Panel.</p>	8.30.17 - Signed by Governor
<b>HB 183 (M. Smith)</b>	<p>This <b>Act clarifies that the reviews of child and maternal deaths are confidential</b> and may not be used in any proceedings. It ensures that the committees and panels who do the work on behalf of the Child Death Review Commission are protected.</p>	8.30.17 - Signed by Governor
<b>HB 200 w/HA 2 (Heffernan)</b>	<p>This bill sets a <b>minimum reimbursement rate for home health care nursing services paid for by Medicaid-contracted organizations.</b> The rate shall be at least equal to the rate set by the Division of Medicaid for equivalent services. Home care nurses and aides give Delawareans with disabilities the option to remain at home with their families and prevents unnecessary use of higher-cost hospitals, nursing homes and rehabilitation facilities.</p>	8.30.17 - Signed by Governor
<b>HB 201 (B. Short)</b>  <b>*Society Supports*</b>	<p>This Act <b>clarifies that after a physician-patient relationship has been properly established in accordance with this section, subsequent communications and treatment may be conducted as the doctor and patient deem appropriate.</b> As with all practice of medicine, such subsequent interactions must still meet the standard of care for the given field of medicine. The Act also clarifies that this statute is not intended to limit the practice of radiology or pathology – fields in which it has long been standard for an off-site specialist to examine records created by a treating physician or technician.</p>	7.12.17 – Signed by Governor
<b>HB 203 (Bolden)</b>	<p>This Act <b>directs the Division of Medicaid and Medical Assistance, Division of Public Health, and Office of Management and Budget – Human Resources Management ("the Agencies") to report to the General Assembly every 2 years the impacts and costs associated with diabetes.</b> The first report is due by June 30, 2019. The report shall include: (1)</p>	9.14.17 - Signed by Governor

	Data reflecting the prevalence and burden of diabetes in Delaware. (2) Activities related to diabetes programs and initiatives throughout the State. (3) An estimate of the financial impact of diabetes on each of the Agencies. (4) The number of people impacted or served by each of the Agencies with regard to diabetes, including programs and initiatives designed to reach individuals with diabetes and prediabetes. (5) A description of each of the Agencies' implemented programs and activities aimed at improving diabetes care and preventing the disease, and an assessment of the expected benefits and outcomes for each program and activity. (6) Current funding levels for each of the Agencies to implement programs and activities aimed at reaching individuals with diabetes and prediabetes. (7) Each of the Agencies' individual plans, including recommendations to address the prevention and control of diabetes, the intended outcomes of the recommendations, and estimates of the funding and time required to implement the recommendations.	
<b>HB 210 (Ramone)</b>	This bill allows <b>minors subject to debilitating medical conditions not specifically listed in § 4906A(b) the same petition process to have their condition considered</b> as that allowed for adults.	7.21.17 – Signed by Governor
<b>HB 211 (Bolden)</b>	Section one of this Act would <b>grant access to data from the prescription monitoring program to the Drug Overdose Fatality Review Commission</b> , which would significantly enhance the Commission's ability to meet its statutory duties. In addition, this section of the amendment broadens the pool of individuals from the Division of Forensic Science who may be designated as members to the Commission. This section of the amendment also clarifies the scope of records that may be compelled for production by the Commission. Sections two and three of this Act allows the Drug Overdose Fatality Review Commission to obtain and review medical records, including mental health and substance abuse records, in furtherance of its statutory duties and in compliance with Delaware's privacy and confidentiality laws.	7.21.17 – Signed by Governor
<b>HB 219 w/HA 1 (Bentz)</b> <b>*Society Neutral with Regulatory Updates*</b>	The 146th General Assembly gave the Department of Health and Social Services the authority to promulgate regulations and require accreditation for facilities that perform invasive medical procedures. The current terminology and definition of an "invasive medical procedure" has been frequently misinterpreted and caused a great deal of confusion in the medical community. <b>This Act revises the current language to be consistent with terminology used by accreditation organizations and other states, replacing the term "invasive medical procedure" with the term "office-based surgery"</b> . In addition, this Act clarifies the definition to ensure that all facilities that perform such procedures do so in a safe and sanitary environment. Finally, this Act adds a requirement that the approved accreditation organizations shall report, at a minimum, findings of surveys and complaint and incident investigations, and data for all office-based surgical facilities to the Department. This Act also updates Title 24 where the term "invasive medical procedure" is used and § 122(3) of Title 16 is referenced.	6.28.18 – Passed by House and Senate
<b>HB 220 (Bentz)</b> <b>*Society Supports*</b>	This act <b>establishes the Addiction Action Committee</b> as a means to establish a comprehensive, coordinated strategy to address addiction in Delaware. The committee is authorized to make recommendations on a comprehensive approach to address and monitor the addiction crisis.	8.16.17 – Signed by Governor
<b>HS 1 for HB 222 w/HA 3</b>	This Act would <b>allow the Superior Court to issue a lethal violence protection order where a family member or a law enforcement officer can show that the respondent poses a</b>	6.27.18 – Signed by Governor

<b>(Bentz)</b>	<b>danger to self or others by owning, possessing, controlling, purchasing or receiving a firearm.</b> The order would require respondent to refrain from exercising custody or control over firearms during the order's duration. The order would also authorize law enforcement to search for and seize firearms in respondent's possession provided petitioner can describe the type and location of said firearm with sufficient particularity. Such an order may be issued at an emergency, ex parte hearing, but a full hearing must then be held within ten days. The burden of proof at the full hearing is clear and convincing evidence. The protective order may last up to one year, and may be renewed upon petition, or terminated early if the respondent can show by clear and convincing evidence that such person is no longer a significant danger to self or others.	
<b>HB 242 (Schwartzkopf)</b> <b>*Society Supports*</b>	This Act adds a definition of vapor products to Chapter 53, Title 30 (regarding Tobacco Product Tax), includes vapor products as a type of tobacco product, and makes other amendments to the Chapter to require those who deal in vapor products to obtain licenses just like those who deal in traditional tobacco products and to impose a tax on vapor products. This Act also <b>increases the tax on tobacco products</b> . Specifically, this Act does the following related to tobacco product and vapor product taxes: (1) Increases the tax on cigarettes from \$1.60 to \$2.10 per 20 cigarette pack. (2) Increases the tax on all tobacco products other than vapor products, moist snuff, and cigarettes from 15% of the wholesale price to 30% of the wholesale price. (3) Imposes a tax of 5 cents per fluid millimeter of vapor product. (4) Increases the tax on moist snuff from 54 cents per ounce to 92 cents per ounce.	7.3.17 – Signed by Governor
<b>HB 248 (Bentz)</b>	This Act <b>removes from the definition of "free standing emergency departments" those emergency departments that are owned by an existing, licensed hospital</b> in this State that has already been authorized and licensed to provide emergency services. This Act also makes technical changes.	6.20.18 – Passed by House and Senate
<b>HB 250 (Keeley)</b> <b>*Society Opposes*</b>	This Act imposes a <b>tax on the first sale of opioids in the State at a rate of 10%</b> of the purchase price. Prescription drugs used exclusively for the treatment of opioid addiction are excluded from the tax.	6.21.17 – Failed to come out of Revenue Committee
<b>HB 256 (M. Smith)</b> <b>*Society Supports*</b>	This Act <b>requires children 2 years of age or younger to be secured in a rear-facing child passenger restraint system</b> , until the child outgrows the maximum weight and height limits designated by the car seat manufacturer or until the child weighs 40 or more pounds or is 40 or more inches tall. The law takes effect 1 year after its enactment into law to allow residents of this state sufficient time to become aware of the rear-facing car seat requirement.	6.22.17 - Introduced and Assigned to Public Safety & Homeland Security Committee in House
<b>HB 259 (Bennett)</b>	This Act updates "Jessica's Law," <b>enhancing penalties for especially vulnerable victims</b> , as follows: (1) Requiring that an individual convicted of one of the specified offenses in "Jessica's Law" be sentenced to an <b>additional 5 years in prison if the victim is a child under the age of 7</b> . (2) Requiring that an individual convicted of Unlawful Sexual Contact in the First Degree (involving a child under the age of 13) or Kidnapping in the Second Degree (for the purpose of violating or abusing the victim sexually) be sentenced to at least 5 years in jail if the victim is a child under the age of 7. (3) Requiring that an individual convicted of Kidnapping in the First Degree (for the purpose of violating or abusing the victim sexually) be sentenced to at least 10 years in jail if the victim is a child under the age of 7. Additionally, this Act requires the Superior Court to impose these sentences upon the application of the State.	6.19.18 – Passed by House and Senate

<b>HB 283 (Briggs King)</b>	In the 149th General Assembly House Bill No. 64 amended Title 29, Section 5120 to insure that mothers who are full time state employees may have up to 6 weeks of unpaid leave following the newborn(s) discharge from the hospital even if their FMLA benefits have been exhausted. <b>This bill clarifies that school district employees are entitled to the same unpaid leave.</b>	1.4.18 - Introduced and Assigned to Education Committee in House
<b>HB 285 (Bennett)</b>	This Act is designed to <b>create procedures in Delaware for making sure firearms are not in the hands of dangerous people</b> while protecting due process and not creating a barrier to care for those suffering from mental illness.	12.14.17 – Introduced and Assigned to House Administration Committee in House
<b>HB 294 w/HA 2 (Briggs King)</b>	This Act transfers from the Department of Safety and Homeland Security to the Department of Health and Social Services the responsibility for establishing, administering, adopting rules and regulations, and setting fees for courses of instruction and programs of rehabilitation for those whose licenses have been revoked for driving a vehicle under the influence of alcohol or any drug, or both. <b>The Department of Health and Social Services’ Division of Substance Abuse and Mental Health is better positioned to establish and operate programs aimed at treating substance abuse issues.</b>	7.1.18 – Passed by House and Senate
<b>HS 1 for HB 302 w/Amendments (Bentz)</b>  <b>*Society Supports*</b>	<b>The “Beau Biden Gun Violence Prevention Act” is designed to create procedures in Delaware for making sure firearms are not in the hands of dangerous individuals while protecting due process and not creating a barrier to care for those suffering from mental illness.</b> Instead of labelling all individuals with a mental health diagnosis as dangerous, this Act refocuses attention on individuals who have indicated they are dangerous to others or themselves. Statistically, mental illness has little to do with homicide perpetration but rather increases the chance of being a victim of violence. This Act looks instead for propensities of violence, a much more reliable and evidence-based metric.	4.30.18 – Signed by Governor
<b>HB 311 w/HA 1 (Bolden)</b>	The Board of Clinical Social Work Examiners (“Board”) has worked several years to update the statute governing social work licensure and practice in this State. The Board’s work has included collaboration with the Division of Professional Regulation, the Joint Legislative Oversight and Sunset Committee, several state agencies, and other stakeholders. The result of that work is this Act, which modernizes Chapter 39 to include a multi-tiered licensure system similar to those already in place in most other states, reflect current practices and standards, and clarify the law. The Board’s priority in amending Chapter 39 was to <b>require licensure – with limited, specified exemptions – for all individuals who provide social work services in Delaware.</b> Therefore, this Act establishes 3 tiers of social work and defines the scope of practice and licensure requirements for each tier.	6.11.18 – Signed by Governor
<b>HS 1 for HB 319 w/HA 1 (B. Short)</b> <b>*Society Supports*</b>	This legislation creates a benchmark <b>for determining when a treatment or service is no longer experimental or investigational.</b> Essentially, when Medicare determines that a treatment is safe for its population, commercial insurers in Delaware may no longer deny coverage on that basis. This will remove inconsistencies for properly-evidenced treatments between payers.	6.13.18 – Signed by Governor
<b>HB 320 (Miro)</b>	This <b>bill lowers the blood alcohol content requirement for driving under the influence from .08 to .05.</b>	3.1.18 – Introduced and Assigned to Public Safety & Homeland Security Committee in House



<p><b>HB 331 w/HA 1, HA 1 to HA 1 (Kowalko)</b></p> <p><b>*Society Neutral with Amendments*</b></p>	<p>This bill creates <b>regulations concerning the use, distribution and education of Benzodiazepine and Non-benzodiazepine Hypnotics</b>. It require Practitioners to obtain consent from a minor’s parent or guardian prior to prescribing these drugs, and require pharmacist to include a cautionary statement explaining the risks associated with the long term use of these drugs.</p>	<p>6.27.18 – Passed by House and Senate</p>
<p><b>HB 352 (Longhurst)</b></p> <p><b>*Society Supports*</b></p>	<p>This Act permits <b>licensed child care providers, who successfully complete a State-approved medication training, to administer medication to children in their care</b>, including by non-intravenous injection, if a child has a medical need during child care hours that requires it.</p>	<p>6.26.18 – Passed by House and Senate</p>
<p><b>HB 358 (Hudson)</b></p>	<p>This Act will: 1.) Impose a <b>tax on the first sale of opioids</b> in the State at a rate of 10% of the purchase price. Revenue generated from the tax will be used to support opioid addiction treatment options in Delaware, including residential programs, as well as to educate the public on the dangers of opioid addiction and available treatment options in Delaware; 2.) Direct civil legal settlement proceeds resulting from matters related to opioids be deposited to the Opiate Stewardship Fund; 3.) Authorize the Governor to appoint and fund the position of the newly-created Policy Advisor. The full-time Policy Advisor will serve at the pleasure of the Governor and will be tasked with addressing only opioid addiction-related matters; and 4.) Establish the Opiate Stewardship Advisory Council. The council will be charged with prioritizing where revenue generated from the opioid tax is best spent in order to assist those who are addicted, as well as their families.</p>	<p>3.28.18 – Introduced and Assigned to Revenue &amp; Finance Committee in House</p>
<p><b>HB 369 w/HA 1 (Osienki)</b></p>	<p><b>This Bill expands the offense of falsifying business records by including the act of altering or modifying and creating false medical records</b>. Currently, no specific statute exists to prevent a person from falsely creating, altering, or modifying a medical record. Expanding the offense of falsifying business records to include medical records will be a useful tool for combating healthcare provider fraud, protecting patients, and assisting patients in ensuring the integrity of their medical records.</p>	<p>6.13.18 – Passed by House and Senate</p>
<p><b>HB 374 w/ HA1 (Schwartzkopf)</b></p> <p><b>*Society Neutral with Amendments*</b></p>	<p>This bill <b>adds glaucoma and chronic debilitating migraines to the list of debilitating medical conditions</b> which may qualify a person, upon certification by a physician, to be eligible for the use of medical marijuana in accordance with the terms of the Delaware Medical Marijuana Act</p>	<p>6.20.18 – Passed by House and Senate</p>
<p><b>HB 386 (Baumbach)</b></p> <p><b>*Society Supports*</b></p>	<p>This Act requires that individual, group, State employee, and public assistance insurance plans provide <b>coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome</b>. This Act suspends this requirement for individual and group insurance plans if, under the Affordable Care Act, the State is required to assume the cost of this coverage.</p>	<p>6.26.18 – Passed by House and Senate</p>
<p><b>HB 401 (Heffernan)</b></p>	<p>Currently the US FDA is reviewing a New Drug Application (NDA) of a pharmaceutical product containing cannabidiol (CBD) to treat patients with rare pediatric seizure disorders. If approved, this drug will be required to be prescribed and dispensed like other FDA approved products. However, to make sure that this product and future FDA approved marijuana containing products are</p>	<p>6.20.18 – Passed out of Senate Health Committee</p>

	available to patients as soon as possible, a change in Delaware law is required. This bill would <b>exempt federally lawful FDA approved marijuana containing products from Schedule I of the state's Controlled Substances Act</b> until they are rescheduled under Delaware law.	
<b>HB 406 (B. Short)</b>	This bill allows for small employers who have more than 5 employees to obtain a <b>"stop loss" policy for health insurance</b> . This will provide more options for small employers in the health insurance market.	6.26.18 – Passed by House and Senate
<b>HB 424 (Matthews)</b>	At this time, the 24-month testing rates are well below what the Division of Public Health would expect them to be based upon the risk factors that determine when testing is necessary. <b>This bill simplifies the requirements and the process for physicians and eliminates confusion that may be causing the low compliance rate for the second lead test.</b> With better compliance, the Division of Public Health will have a much clearer picture of lead exposure in Delaware. This bill also requires the Division of Public Health to review the criteria for testing every 5 years. This requirement would actively foster discussions between the Division and stakeholders to ensure that the best balance is struck between the burden of testing and the protection to children.	6.6.18 – Reported out of House Health Committee
<b>HB 425 w/HA 1 (Bennett)</b>  <b>*Society Supports*</b>	This Act establishes that a contract between a pharmacy benefits manager and a pharmacy may not prohibit a pharmacy or pharmacist from doing any of the following: (1) Providing an insured with information regarding the retail price of a prescription drug or the amount of the cost share for which the insured is responsible for a prescription drug. (2) Discussing with an insured information regarding the retail price of a prescription drug or the amount of the cost share for which the insured is responsible for a prescription drug. (3) If a more affordable, therapeutically equivalent prescription drug is available, selling the more affordable, therapeutically equivalent prescription drug to the insured. <b>Prohibiting pharmacy "gag clauses."</b>	6.28.18 – Passed by House and Senate
<b>HB 431 w/HA 1 (Matthews)</b>	This <b>Act requires long-term care facilities to offer the influenza vaccine to all employees with direct contact with patients</b> . It also requires the facility to keep a record of a signed statement from each employee that the vaccine has been offered.	7.1.18 – Passed by House and Senate
<b>HS 1 for HB 440 (Bentz)</b>	This Act establishes an overdose system of care to improve care, treatment, and survival of the overdose patient in State of Delaware. <b>This Act allows the Secretary of the Department of Health and Social Services to establish stabilization centers that can receive overdose patients from Emergency Medical Services and designate acute health care facilities, freestanding emergency departments, and hospitals that meet established requirements as an overdose system of care centers.</b> This Act also establishes a standing Overdose System of Care Committee to assist in the oversight of the overdose system of care and provide recommendations for its implementation and maintenance.	6.26.18 – Passed by House and Senate
<b>HB 441 w/HA 1 (Carson)</b>	Due to the delay in the prior authorization process by pharmacy benefit managers, many patients end up waiting days to weeks for medications to be filled that are prescribed on an emergency basis or for medications that have been previously prescribed for chronic and long-term conditions that must go through the prior authorization process again. To reduce the delay and hardship of this waiting process, this <b>bill will put into place specified time tables to fill emergency prescriptions and to make subsequent prior authorizations for chronic and long-term conditions to be filled more readily.</b>	7.1.18 – Passed by House and Senate

<b>HB 456 w/HA 1, HA 2 (Jaques)</b>	This Act amends the Delaware Code <b>to prohibit the use of lead paints on outdoor structures</b> such as bridges, water towers, playground equipment, highways, parking lots, and utility towers and poles, in order to protect public health from the dangers of such paints.	6.28.18 – Passed by House and Senate
<b>HB 458 (Mitchell)</b>  <b>*Society Opposes*</b>	This Act <b>removes language from the state's Prescription Drug Monitoring Program statute that prevents law enforcement officials from accessing the PMP database</b> when officials can show that the information on the database is relevant to an investigation or prosecution. This Act leaves intact the statutory right and responsibility of the Office of Controlled Substances to maintain the privacy of patients and patient information except under circumstances enumerated in the Delaware Code.	6.13.18 – Reported out of House Public Safety Committee
<b>HB 461 (Williams)</b>  <b>*Society Opposes*</b>	Delaware law criminalizes "therapeutic deception," a representation by the health professional that sexual contact by the health professional is consistent with or part of the patient's treatment. This Act creates a felony level offense for a person that is a health professional and who, in the course of providing professional health services to the victim, intentionally has sexual contact with the victim. This would criminalize all sexual contact between a health professional and the health professional's patient. This Act makes this conduct a felony offense, rather than a misdemeanor, due to the vulnerability of the victim as a patient seeking services from a health professional.	6.12.18 – Assigned to House Judiciary Committee
<b>HB 462 (Bolden)</b>	This Act fulfills recommendations made by the Joint Legislative Overview and Sunset Committee by making <b>amendments to the statute governing the Board of Occupational Therapy Practice</b> to delete antiquated sections that are no longer applicable, including: - Adding the duty to report conduct that constitutes grounds for discipline or inability to practice. - Removing "censure a practitioner" as an available sanction. - Removing references to temporary licenses, because the temporary license section of the statute was repealed in 2005. - Removing § 2015(c) and § 2017(c) because they are covered under the Administrative Procedures Act. - Revising the reciprocity language to address situations where a licensee holds a current license in a state that is no substantially similar to Delaware.	6.28.18 – Passed by House and Senate
<b>HB 463 (B. Short)</b>	This Act 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. 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.	6.14.18 – Assigned to House Insurance Committee
<b>HB 473 (Brady)</b>	This act makes <b>various edits to the existing Medical Marijuana Act</b> , including, but not limited to: • Adding requirements for registration of a compassion center, including information about any labor peace agreement with a bona fide labor organization assuring an uninterrupted supply of medicine, and to disclose any record of previous violations, investigations, citations, administrative proceedings, or lawsuits related to any laws or regulations relating to employment, workplace safety, wages and compensation, discrimination, any other worker protections, tax, or any other relevant laws and regulation by any business owned or operated by the applicant, principal, or managerial employees. • Expands the authority of the Department to include evaluation of compassion center registration certificate renewals. • Expands considerations by the Department for an applicant of a compassion center to include the centers plan to maintain pesticide free medical marijuana, the center's employment standards, and evidence that they have no history of disciplinary action and/or investigations. • Includes in the criteria for compassion center and safety	6.20.18 – Assigned to House Health Committee

	compliance facilities renewals to submit any history of disciplinary action and/or investigations. • Removes the requirement for volunteers of compassion center, or registered safety compliance facilities to undergo background checks every 5 years. • Requires a compassion center or a registered safety compliance facility to report any legal proceedings, judgments, or government investigations against them, or its owners, principals or managerial employees and to provide sufficient compensation to support the worker’s family, health and welfare, and cost of living.	
--	--	--

SENATE BILLS		
BILL NUMBER	SUMMARY	CURRENT STATUS
<b>SS 1 for SB 5</b>  <b>*Society Supports*</b>	<p>The United States Supreme Court’s decisions in Roe v. Wade and subsequent cases established that access to abortion is a constitutional right and that states may not prohibit abortion prior to viability. As a result of these decisions, and the exercise of prosecutorial discretion by the Attorney General, see Del. Op. Att’y Gen. No. 73-030, § III (Apr. 12, 1973), the Delaware Code’s prohibitions against abortion are unconstitutional, and thus unenforceable. <b>This Substitute makes Delaware’s laws on abortion consistent with the scope of the right protected by the United States Constitution</b> and the practice in Delaware for the past 43 years. In doing so, this Act permits the termination of a pregnancy prior to viability, to protect the life or health of the mother, or in the event of serious fetal anomaly. This Substitute differs from Senate Bill No. 5 as follows: (1) It clarifies lines 31 through 34 related to fetal anomalies. (2) It notes, on lines 79 through 81, that informed consent for a procedure under this subchapter is required by § 4408-1.0 through 10.0, Title 16 of the Delaware Administrative Code. (3) It makes clear that nothing in this Substitute is to be construed to affect the continued effectiveness of the Parental Notice of Abortion Act, Subchapter VIII of Chapter 17 of Title 24 of the Delaware Code.</p>	6.8.17 – Signed by Governor
<b>SB 17 (Townsend)</b>  <b>*Society Supports*</b>	<p>This bill provides for <b>research or transplantation of organs and other anatomical gifts as authorized under federal law among donors who have tested positive for exposure to HIV and intended recipients who have also tested positive for exposure to HIV.</b> Delaware is currently the only state that has laws prohibiting the use of HIV positive organs for HIV positive recipients entirely, including the use of organs as part of a research protocol.</p>	4.25.17 – Signed by Governor
<b>SB 24 w/SA 1 (Henry)</b> <b>*Society Neutral As-Amended*</b>	<p>This Act removes the requirement that a psychiatrist be the physician who signs the written certification in support of an applicant’s application for <b>medical marijuana</b> and adds anxiety to the list of debilitating conditions which a person can have to be eligible for medical marijuana. This Act also makes technical corrections to the statute.</p>	7.12.17 – Signed by Governor
<b>SB 34 (Henry)</b>	<p>This Act addresses issues identified following the enactment of the Ned Carpenter Act, 78 Del. Laws, ch. 13, in 2011. Specifically, Sections 1 through 14 of this Act do the following: (1) Simplify <b>Delaware’s controlled substance laws</b> by reducing the number of weight Tiers that are used to categorize the severity of controlled substance offenses. (2) Eliminate aggravating factors, some of which may cause Delaware’s controlled substance laws to be applied unfairly, while maintaining enhanced sentencing for those who violate Delaware’s controlled substance laws within a protected school zone. (3) Provide enhanced minimum mandatory sentences for those who repeatedly commit the highest level drug dealing offenses. (4) Provide statutory guidance for the weighing and sampling procedures used at criminal trials for controlled substances. Sections 15 through 20 of this Act make conforming amendments to the Delaware Code based on changes made by Sections 1 through 14 of this Act. This Act takes effect 90 days after its enactment into law. This</p>	3.16.17 Introduced and Assigned to Judicial & Community Affairs Committee in Senate

	Act also makes technical corrections to conform existing law to the guidelines of the Delaware Legislative Drafting Manual. A companion Act, Senate Bill No. 33, codifies one of the aggravating factors eliminated by this Act, § 4751A(1)e.2. of Title 16, as a separate crime.	
<b>SB 39 (Walsh)</b>	This Act is the result of the recommendation made by the Joint Legislative Oversight and Sunset Committee in its <b>review of the Board of Medical Licensure and Discipline</b> ("the Board"). Specifically, this Act permits the Board to utilize non-board member medical licensees as coinvestigators when specialties are required to opine on the 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.	7.21.17 – Signed by Governor
<b>SB 41 w/SA 1 (Hansen)</b> <b>*Society Supports*</b>	In an effort to reduce overdose deaths relating to the growing epidemic of opioid addiction, this Act <b>requires carriers to provide coverage for medically necessary inpatient treatment of alcohol and drug dependencies</b> and prohibits carriers from imposing precertification, prior authorization, pre-admission screening, or referral requirements for the diagnosis and treatment, including in-patient treatment, of drug and alcohol dependencies. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.	5.30.17 – Signed by Governor
<b>SS1 for SB 43 (Simpson)</b>	This Act regulates the practice of art therapy, amending 24 Del. C. §30 by adding Subchapter 'V. Professional Art Therapists,' administered under the Delaware Board of Mental Health and Chemical Dependency Professionals. The <b>Art Therapy Practice Act</b> will serve and protect the public by defining the scope of practice of art therapy; setting minimum standards of qualification, education, training, and experience for art therapists; and maintaining certain standards in the delivery of art therapy services. This bill also provides to assist the Delaware Board of Mental Health and Chemical Dependency Board in licensing art therapists by the appointment of a voluntary Art Therapy Advisory Board, amending 24 Del. C. §3006(a).	9.8.17 – Signed by Governor
<b>SB 44 w/SA 1 (Townsend)</b> <b>*Society Supports*</b>	This Bill clarifies that <b>every prescriber holding a controlled substance registration must be registered with the Prescription Monitoring Program</b> . Further, prescribers who receive a CSR (controlled substances registration) for the <b>first time must register with the Prescription Monitoring Program within 90 days</b> .	7.21.17 – Signed by Governor
<b>SB 45 (Townsend)</b>	This Bill adds <b>3,4-dichloro-N-[2-(dimethylamino)cyclohexyl]-N-methylbenzamide (U-47700) to Schedule I of the Uniform Controlled Substances Act</b> . U-47700, also known as "Pink," is a synthetic opioid recently encountered by law enforcement and public health officials and is being abused for its opioid properties. It is available over the Internet and is marketed as a "research chemical." The safety risks to users are significant and the public health risks include large numbers of drug treatment admissions, emergency room visits and fatal overdoses. On November 14, 2016, the Federal Drug Enforcement Agency temporarily placed U-47700 in Schedule I for a two-year period, finding that this synthetic opioid has a high potential for abuse, no currently accepted medical use in treatment in the United States and lacks accepted safety for use under medical supervision. By Emergency Order dated December 15, 2016, the Secretary of	7.17.17 – Signed by Governor

	State temporarily placed U-47700 in Schedule I. This Order is effective for 120 days. The permanent addition of U-47700 to Schedule I is required in the interest of public protection.	
<b>SB 48 w/HA 1 (Townsend)</b>	Under this Act, <b>a pharmacist who dispenses naloxone</b> under an established set of circumstances is not subject to disciplinary or other adverse action under any professional licensing statute or criminal liability, or liable for damages related to injuries or death sustained in connection with administering the drug, unless it is established that the pharmacist caused the injuries or death wilfully, wantonly, or by gross negligence.	7.20.17 – Signed by Governor
<b>SB 59 w/SA 1 (Walsh)</b>	This Act replaces the current multistate nurse licensure compact with an enhanced version. The <b>enhanced Nurse Licensure Compact</b> allows for registered nurses and licensed practical nurses to have one multistate license, with the privilege to practice in their home state and other compact states. Under the enhanced version, all nurses practicing under a multistate license must meet a minimum set of licensure requirements, including a fingerprint federal criminal background check. Nurses who fail to meet these requirements will not be eligible for a multistate license, and multistate privileges will be removed from nurses when disciplinary actions are taken against a home state multistate license. If Delaware fails to enact the enhanced nurse multistate licensure compact, Delaware nurses with current multistate licenses will no longer be permitted to practice in states that have enacted the enhanced version. Currently, 13 states have adopted this enhanced Compact and legislation to adopt it is pending in 15 other states.	6.30.17 – Signed by Governor
<b>SB 65 (McDowell)</b> <b>*Society Supports*</b>	Conversion therapy is a practice or treatment that seeks to change an individual’s sexual orientation or gender identity, including any effort to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy has been rejected by all mainstream medical and mental health organizations, and there is no credible evidence that it is effective. Moreover, this practice poses enormous health risks to LGBTQ youth, including an increased sense of shame, guilt, hopelessness, stress, and anger, thus increasing the risk of anxiety, depression, and self-harm. <b>The harm done by conversion therapy can last well into adulthood. Therefore, this Act makes it unprofessional conduct</b> or a ground for discipline for individuals granted a certificate to practice medicine.	6.7.18 – Passed by House and Senate
<b>SB 75 w/HA 1 (Richardson)</b>	This Act <b>updates Delaware's human trafficking crime</b> to prohibit the same acts that are included in the federal Justice for Victims of Trafficking Act of 2015.	8.1.17 – Signed by Governor
<b>SB 100 (Townsend)</b>	<b>Individuals who receive health care via Medicaid deserve the same dedication to treatment of substance abuse disorders as individuals who receive health care via private insurance.</b> This Act extends the same access to treatment of a substance use disorder within the Medicaid framework that Senate Bill 41 of the 149th General Assembly afforded to individuals covered by private health insurance. This Act also clarifies that Medicaid health plans must use the full set of American Society of Addiction Medicine criteria when determining whether “medical necessity” exists for the placement, continued stay, and transfer/discharge of patients with a substance use disorder in treatment programs. Additionally, this Act aligns protections relating to services, specifically 5 days of treatment in detox centers and 30 days of treatment in Intensive Outpatient Programs, with the residential treatment option that is protected pursuant to Senate Bill 41 of the 149th General Assembly.	6.15.17 – Stricken in Senate
<b>SB 105 w/SA 1 (Ennis)</b>	<b>Persons under age 18 must wear a helmet when operating or riding as a passenger on a bicycle, motorized skateboard or scooter, all terrain vehicle (ATV), off-highway vehicle</b>	9.14.17 – Signed by Governor

<p><b>*Society Supports*</b></p>	<p>(OHV), or electric personal assistive mobility device (EPAMD). See Title 21 Del. C. §§ 4198K, 4198N, 6823, and 4098O respectively. This bill would achieve consistency by requiring moped and triped operators and passengers to wear a helmet if under age 18. This legislation is an initiative of the State Council for Persons with Disabilities Brain Injury Committee to reduce the incidence of brain injuries among minors.</p>	
<p><b>SB 109 (Townsend)</b></p> <p><b>*Society Supports*</b></p>	<p><b>Individuals who receive health care via Medicaid deserve the same dedication to treatment of substance abuse disorders as individuals who receive health care via private insurance.</b> This Act extends the same access to treatment of a substance use disorder within the Medicaid framework that Senate Bill 41 of the 149th General Assembly afforded to individuals covered by private health insurance, except that a 72 hour supply instead of 5 day supply of emergency medication is required. This Act also clarifies that Medicaid health plans must use the full set of American Society of Addiction Medicine criteria when determining whether “medical necessity” exists for the placement, continued stay, and transfer/discharge of patients with a substance use disorder in treatment programs. Additionally, this Act aligns protections relating to services, specifically 5 days of treatment in detox centers and 30 days of treatment in Intensive Outpatient Programs, with the residential treatment option that is protected pursuant to Senate Bill 41 of the 149th General Assembly.</p>	<p>9.29.17 – Signed by Governor</p>
<p><b>SB 111 w/SA 1 (Townsend)</b></p> <p><b>*Society Supports*</b></p>	<p>This bill <b>establishes the Behavioral Health Consortium</b> that will provide oversight and coordination of the State’s private and public bodies to address behavioral health issues in Delaware.</p>	<p>8.16.17 – Signed by Governor</p>
<p><b>SB 120 (Marshall)</b></p>	<p>This bill would prevent an employer operating a nursing facility or similar facility from employing or continuing to employ a person with an adjudication of delinquency deemed disqualifying by DHSS's regulations.</p>	<p>6.13.17 – Introduced and Assigned to Health, Children &amp; Social Services Committee in Senate</p>
<p><b>SB 132 (Townsend)</b></p> <p><b>SB139 in Lieu</b></p>	<p>This Act require insurers to <b>cover fertility care services</b> based on the latest IVF technologies to increase pregnancy success rates for singleton births at the lowest possible costs.</p>	<p>7.12.17 – Introduced and assigned to Banking, Business &amp; Insurance Committee in Senate</p>
<p><b>SB 139 w/SA 1 (Townsend)</b></p> <p><b>*Society Supports*</b></p>	<p>This Act <b>requires that health insurance offered in this State provide coverage for fertility care services</b>, including in vitro fertilization ("IVF") procedures, for individuals who suffer from a disease or condition that results in the inability to procreate or to carry a pregnancy to a live birth. This Act also requires that health insurance offered in this State provide coverage for fertility preservation for individuals diagnosed with cancer and other diseases, when medically necessary treatment could adversely affect their fertility.</p>	<p>6.30.18 – Signed by Governor</p>
<p><b>SS1 for SB 143 (Townsend)</b></p>	<p>This Bill <b>amends the membership of the Behavioral Health Consortium</b> to include two members of both the House and Senate, a member from the Ability Network of Delaware, and the Mental Health Association in Delaware. The Bill also extends the date the first report is due from March 1, 2018 to April 16, 2018.</p>	<p>4.5.18 – Signed by Governor</p>
<p><b>SB 147 w/SA 1 (Delcollo)</b></p>	<p>This Act amends § 3001G of Title 16 to include all public safety personnel and to reference the <b>general immunity statute for public safety personnel</b>, which provides the exact same level of immunity, to avoid potential conflicts between the immunity statutes and provide consistent immunity protection public safety personnel.</p>	<p>6.12.18 – Signed by Governor</p>

<b>SB 148 (Townsend)</b>	This Act restores the <b>Delaware Prescription Drug Payment Assistance Program</b> which was eliminated in the Fiscal Year 2018 Annual Appropriations Act.	1.10.18 - Introduced and Assigned to Health, Children & Social Services Committee in Senate
<b>SB 151 w/SA 1 (Henry)</b> <b>*Society Supports*</b>	This Act <b>codifies the current federal requirement that health insurance plans include coverage for contraceptives and applies this requirement to individual, group, State employee, and public assistance plans.</b> This Act retains the current ability for religious employers to exclude coverage for the insertion and removal and medically necessary examination associated with the use of FDA-approved drugs or devices.	6.28.18 – Passed by House and Senate
<b>SB 156 (Townsend)</b>	This Act amends § 2532 of Title 29, in the Not-for-Profit Healthcare Conversion Act, to <b>ensure that the Attorney General has sufficient time to review a proposed not-for-profit healthcare conversion and, if appropriate, take action to protect the charitable assets being held for public benefit.</b> Due to an apparent drafting error, the Not-for-Profit Healthcare Conversion Act currently permits a not-for-profit healthcare entity to provide notice to the Attorney General of a proposed not-for-profit healthcare conversion as late as the day of the proposed transaction, which would prevent the Attorney General from performing the functions intended by the General Assembly when it enacted the Not-for-Profit Healthcare Conversion Act.	6.30.18 – Passed by House and Senate
<b>SB 157 w/SA 1 (Townsend)</b> <b>*Society Supports*</b>	<b>Expedited partner therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with a sexually transmitted disease without clinical assessment of the partners.</b> In August 2006, the Centers for Disease Control and Prevention (CDC) recommended EPT as an evidence-based option to manage chlamydial infection and gonorrhea by treating index patient's sex partners to prevent reinfection and curtail further transmission. As of July 2017, EPT is permissible in 41 states. This Act makes EPT clearly permissible in Delaware and requires that health care professionals provide information developed by the Department of Health & Social Services when providing EPT.	6.12.18 – Passed by House and Senate
<b>SB 166 (Henry)</b>	This Act <b>requires that feminine hygiene products be provided free of charge to individuals in custody</b> at facilities operated by the Department of Correction and facilities operated by the Department of Services for Children, Youth and Their Families.	6.26.18 – Passed by House and Senate
<b>SS 1 for SB 176 (Hansen)</b>	<b>This Act creates a Prescription Opioid Impact Fund funded by a Prescription Opioid Impact Fee ("Fee") that is paid by pharmaceutical manufacturers.</b> The Fee will be assessed quarterly in the amount of \$0.01 per MME, the morphine milligram equivalent. Assessing the Fee based upon the amount of MME in each dose of the manufacturer's opioid drugs that are dispensed directly correlates the fee to the impact that manufacturer has on the need for opioid addiction prevention and treatment in this State. The amount of the Fee is determined by data already entered into the Prescription Monitoring Program, which includes all prescription opioids dispensed to individuals by pharmacists. Because the Prescription Monitoring Program data does not include prescription opioids that are administered in hospitals, used to treat addiction, or are provided directly to patients by a hospice providers, those prescription opioids are not assessed the Fee. The Fee may not be passed along to consumers. The Fees will go to a Prescription Opioid Impact Fund ("Fund") and will be used to pay for opioid addiction and treatment.	6.20.18 – Laid on Table in Senate
<b>SB 193 (Sokola)</b>	This Bill updates the State of Delaware's False Claims and Reporting Act to make it compliant with the requirements of Section 1909 of the Social Security Act. Section 1909 of the Social Security Act provides a financial incentive for States to enact laws that establish liability to the State for	6.20.18 – Reported out of House Committee



	<p>individuals and entities that submit false or fraudulent claims to the State Medicaid Program. This incentive provides for a ten percent increase in the share of a qui tam recovery or settlement apportioned to the State. For a State to qualify for this incentive, State law must meet certain requirements enumerated under Section 1909(b) of the Social Security Act, so that the State's law is at least as effective as the Federal False Claims Act. After review by the Office of Inspector General for the United States Department of Health &amp; Human Services ("OIG-HHS"), it was determined that Delaware's current False Claims and Reporting Act fails to meet the requirements of Section 1909(b) of the Social Security Act. <b>OIG-HHS has granted Delaware a two-year grace period, ending December 31, 2018, to address these deficiencies. This bill amends the False Claims and Reporting Act to bring it into compliance with the requirements of Section 1909(b).</b></p>	
<p><b>SB 199</b> <b>(Townsend)</b></p> <p><b>*Society Supports*</b></p> <p><b>SB 227 Worked in Lieu</b></p>	<p>Despite the demonstrated value of primary care, access to primary care for Delawareans has become increasingly difficult as reimbursement dollars have failed to support an adequate infrastructure. The national average for primary care investment for a plan is between 6 and 8% of the total medical spend. Delaware's average is between 3 and 4%. Some states such as Rhode Island and Oregon have recognized that market forces have prohibited any one plan in a competitive market to reallocate its spend and have stepped in legislatively to move the market to a 12% spend across insurance products. <b>This legislation ensures adequate spending in primary care.</b> First, by setting Medicare rates as a baseline for primary care reimbursement. This is a short term fix to stem additional primary care failure and consolidation in Delaware. It also requires that over a period of years that the overall spend of plans into primary care increase gradually to reach the 12% investment mark, but without increasing the total spend so that premiums rise as a result of this reallocation. This legislation extends to individual, group, State employee, and public assistance plans.</p>	<p>5.3.18 - Introduced and Assigned to Health, Children &amp; Social Services Committee in Senate</p>
<p><b>SB 205</b> <b>(Richardson)</b></p> <p><b>*Society Opposes*</b></p>	<p>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. Also, there is substantial medical evidence that an unborn child is capable of experiencing pain by 20 weeks after fertilization. The Delaware Legislature has the constitutional authority to make this judgment as shown in U.S. Supreme Court decisions as detailed in this Act. In enacting this legislation Delaware is not asking the 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.</p>	<p>5.10.18 – Failed to be reported out of Senate Health Committee</p>
<p><b>SB 206</b> <b>(Hansen)</b></p>	<p><b>This Act links specific patient care data related to overdose collected by the Office of Emergency Medical Services or the Office of the State Epidemiologist with data in the Delaware Prescription Monitoring Program ("PMP").</b> This Act will foster best practices in the use of health information, to ensure that consistent, humane, evidence-based treatment and care is available and provided to those suffering from substance use disorder or non-fatal overdose. Linking this data may assist prescribers and pharmacists in the identification of substance use disorder and promote safer prescribing. This Act also provides prescriber and dispenser identified data to the PMP Advisory Committee and the Addiction Action Committee, which will enable these committees to do the following: 1. Appropriately identify prescribing and dispensing patterns of concern. 2. Make recommendations to the PMP administrator. 3. Provide targeted education to those individuals whose prescribing or dispensing practices are outliers from the Delaware average.</p>	<p>6.26.18 - Passed By House and Senate</p>

<b>SB 218 (Simpson)</b>	This bill amends Title 24 of the Delaware Code by changing the <b>qualifications for a Professional Art Therapists</b> . For those graduating with a master's degree prior to January 2013, a master's degree from an accredited educational institution in an art therapy program that was either approved by the American Art Therapy Association or accredited by the Commission on Accreditation of Allied Health Education Programs at the time the degree was conferred is required.	6.30.18 – Passed by House and Senate
<b>SB 225 w/ SA 1, SA 2 (Hansen)</b> <b>*Society Supports*</b>	<b>This Act encourages prescribers and patients to use proven non-opioid methods of treating back pain</b> by doing the following: 1. Prohibits numerical limits on physical therapy and chiropractic care, which might deter prescribers or patients from using those treatments rather than opioids. 2. Adds continuing education requirements for prescribers relating to risks of opioids and alternatives to opioids.	6.30.18 – Passed by House and Senate
<b>SB 227 w/SA 1 (Townsend)</b> <b>*Society Supports*</b>	<b>This Act promotes the use of primary care</b> by doing the following: 1. Creating a Primary Care Reform Collaborative under the Delaware Health Care Commission. 2. Requiring all health insurance providers to participate in the Delaware Health Care Claims Database. 3. Requiring individual, group, and State employee insurance plans to reimburse primary care physicians, certified nurse practitioners, physician assistants, and other front-line practitioners for chronic care management and primary care at no less than the physician Medicare rate for the next 3 years.	6.28.18 – Passed by House and Senate
<b>SB 228 (McBride)</b> <b>*Society Supports*</b>	<b>This Act restores the Delaware Prescription Drug Payment Assistance Program ("Program"), which was eliminated in the Fiscal Year 2018 Annual Appropriations Act.</b> This Act replaces Senate Bill 148 and makes the following additional changes: (1) Delays implementation of the Act until January 1, 2019, to coordinate with the Medicare Part D benefit year to enable the Department of Health and Social Services ("Department") to make necessary system changes. (2) Makes changes to the defined term "prescription drugs." (3) Removes provisions required to be included in rules and regulations promulgated by the Department. (4) Adds provisions that may be included in rules and regulations promulgated by the Department. (5) Makes technical corrections to conform the provisions of the restored Program to the standards of the Delaware Legislative Drafting Manual.	6.26.18 – Passed by House and Senate
<b>SB 230 s/SA 1 (Townsend)</b> <b>*Society Supports*</b>	This bill amends Title 18 of the Delaware Code, § 3343, by setting annual reporting requirements for insurance carriers with regard to coverage for serious mental illness and drug and alcohol dependencies. This bill also amends Chapter 35, Title 18 of the Delaware Code by adding a new § 3571T to <b>set annual reporting requirements for insurance carriers providing mental illness and drug and alcohol dependencies benefits, and the carriers' compliance with the Mental Health Parity and Addiction Equity Act of 2008</b> . This bill also amends Title 31 of the Delaware Code, § 525, by setting annual reporting requirements for insurance carriers regarding coverage for serious mental illness and drug and alcohol dependencies for recipients of public assistance.	6.30.18 – Passed by House and Senate
<b>SB 240 (Richardson)</b> <b>*Society Opposes*</b>	<b>This Act requires a physician to offer a patient ultrasound imaging and auscultation of fetal heart tone services before terminating a pregnancy</b> 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."	6.9.18 - Assigned to Sunset Committee in Senate
<b>SB 249 (Lopez)</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</b>	6.13.18 – Assigned to Senate Health Committee

<b>*Society Opposes*</b>	<b>Lyme disease that explains the limitations of the test</b> and instructs the patient to see their health care provider if the patient continues to experience unexplained symptoms.	
<b>SS1 for SB 255 (Pettyjohn)</b>	This Act <b>prohibits the use and dissemination of information obtained from the machine readable zone of a driver's license</b> or identification card issued by the Division of Motor Vehicles, with limited exceptions. This Act seeks to protect members of the public at large from having their personal information used for purposes other than those enumerated in this act.	6.22.18 – Assigned to House Insurance Committee
<b>SB 262 (Walsh)</b>	This Act, named the Share the Care Act, <b>permits a responsible caregiver to give permission to an individual employed by a home care agency selected by the responsible caregiver to administer medications to an adult individual who lacks decision-making capacity in the individual's residence.</b> Under this Act, the responsible caregiver must prepackage the medication by date and time and provide written instructions regarding the administration procedure. And, the responsible caregiver and the person employing the unlicensed assistive personnel must sign an agreement governing the administration or medication.	6.19.18 – Assigned to Senate Sunset Committee

<b>Resolutions</b>		
<b>BILL NUMBER</b>	<b>SUMMARY</b>	<b>CURRENT STATUS</b>
<b>HJR 13</b>	REQUIRING ANY INSURANCE COMPANY OR HEALTH SERVICE CORPORATION SELLING INDIVIDUAL AND SMALL GROUP MARKET INSURANCE PRODUCTS IN DELAWARE TO FILE A REPORT DETAILING HOW THEY DISTRIBUTED SAVINGS TO DELAWARE CONSUMERS IN PLAN YEAR 2019 FROM THE FEDERAL GOVERNMENT'S ONE YEAR MORATORIUM OF THE INSURANCE COMPANY FEE CREATED BY THE PATIENT PORTABILITY AND AFFORDABLE CARE ACT OF 2010 TO DELAWARE CONSUMERS IN PLAN YEAR 2019.	Passed House
<b>HJR 7</b>	CONFERRING UPON THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES THE NECESSARY POWERS AND AUTHORITY TO ESTABLISH AND PLAN FOR THE MONITORING AND IMPLEMENTATION OF AN ANNUAL HEALTH CARE BENCHMARK.	Passed House & Senate
<b>HJR 5 w/HA 1</b>	RELATING TO IMPROVING MEDICAL OUTCOMES BY ESTABLISHING STATEWIDE METRICS FOR EMERGENCY ROOM WAIT TIMES.	Passed House
<b>HCR 89</b>	RECOGNIZING JUNE 15, 2018, AS "DELAWARE ELDER ABUSE AWARENESS DAY".	Passed
<b>HCR 77</b>	RECOGNIZING THE MONTH OF APRIL 2018 AS "NATIONAL DONATE LIFE MONTH" IN DELAWARE.	Passed
<b>HCR 68</b>	RECOGNIZING MARCH 21, 2018 "ROCK YOUR SOCKS FOR WORLD DOWN SYNDROME DAY."	Passed
<b>HCR 65</b>	DESIGNATING MARCH 28, 2018, AS "RARE DISEASE DAY" IN THE STATE OF DELAWARE.	
<b>HCR 52</b>	CREATING THE ADULT USE CANNABIS TASK FORCE	Passed House
<b>HCR 49</b>	ESTABLISHING THE MEDICAID COST EFFICIENCY TASK FORCE TO STUDY AND MAKE FINDINGS AND RECOMMENDATIONS REGARDING DELAWARE'S MEDICAID PROGRAM.	Introduced in House
<b>HCR 33</b>	ENCOURAGING STATE EMPLOYEES AND PENSIONERS TO MAKE INFORMED DECISIONS DURING 2017 BENEFITS OPEN ENROLLMENT TO HELP CONTROL THE RISING COSTS OF HEALTHCARE.	Passed

<b>HCR 24</b>	DESIGNATING THE MONTH OF MAY 2017 AS "LYME DISEASE AWARENESS MONTH" IN THE STATE OF DELAWARE.	Passed
<b>HCR 20</b>	RECOGNIZING THE MONTH OF APRIL 2017 AS "ALCOHOLISM AWARENESS MONTH" IN DELAWARE.	Passed
<b>HCR 19</b>	RECOGNIZING THE MONTH OF APRIL 2017 AS "NATIONAL DONATE LIFE MONTH" IN DELAWARE.	Passed
<b>HCR 13</b>	DESIGNATING MARCH 22, 2017, AS "RARE DISEASE DAY" IN THE STATE OF DELAWARE.	Passed
<b>HCR 11</b>	PROCLAIMING MARCH 17, 2017 AS "PHELAN-MCDERMID SYNDROME AWARENESS DAY" IN DELAWARE.	Passed
<b>HCR 3</b>	RECOGNIZING THE MONTH OF JANUARY 2017 AS "HUMAN TRAFFICKING AWARENESS MONTH" IN DELAWARE.	Passed
<b>HR 26</b>	RECOGNIZING MARCH 30, 2018 AS "DOCTORS' DAY" IN DELAWARE.	Passed
<b>HR 13</b>	RECOGNIZING MAY 10, 2017 AS "NATIONAL SCHOOL NURSE DAY".	Passed
<b>HR 9</b>	RECOGNIZING APRIL 2017 AS AUTISM AWARENESS MONTH.	Passed
<b>HR 7</b>	RECOGNIZING MARCH 30, 2017 AS "DOCTORS' DAY" IN DELAWARE.	Passed
<b>SCR 70</b>	CREATING A MEDICAID BUY-IN STUDY GROUP.	Passed
<b>SCR 67</b>	RECOGNIZING JUNE 2018 AS NATIONAL SCOLIOSIS AWARENESS MONTH IN STATE OF DELAWARE.	Passed
<b>SCR 65</b>	RECOGNIZING THE CHAMPIONS OF THE AMYOTROPHIC LATERAL SCLEROSIS ("ALS") CAUSE AND ESTABLISHING MAY 2018 AS "ALS AWARENESS MONTH" IN THE STATE OF DELAWARE.	Passed
<b>SCR 64</b>	RECOGNIZING THE MONTH OF MAY 2018 AS "HEALTHY VISION MONTH" IN THE STATE OF DELAWARE	Passed
<b>SCR 63</b>	DESIGNATING THE WEEK OF MAY 6-12 AS "NATIONAL NURSES WEEK" IN THE STATE OF DELAWARE	Passed
<b>SCR 59</b>	PROCLAIMING MAY 2018 CYSTIC FIBROSIS AWARENESS MONTH IN DELAWARE	Passed
<b>SCR 55</b>	COMMENDING THE DELAWARE STATE DENTAL SOCIETY ON ITS ACHIEVEMENTS WITH THE 15TH ANNUAL GIVE KIDS A SMILE PROGRAM AND RECOGNIZING ITS CONTINUING EFFORTS TO IMPROVE THE DENTAL HEALTH OF DELAWARE'S CHILDREN.	Passed
<b>SCR 50</b>	RECOGNIZING APRIL 2018 AS CHILD ABUSE PREVENTION MONTH IN DELAWARE	Passed
<b>SCR 49</b>	RECOGNIZING APRIL 2018 AS "AUTISM AWARENESS MONTH" AND RECOGNIZING AUTISM DELAWARE'S 20 YEARS OF SERVICE TO THE PEOPLE OF DELAWARE.	Passed
<b>SCR 48</b>	OBSERVING THE MONTH OF MARCH, 2018, AS "ATHLETIC TRAINING MONTH" IN THE STATE OF DELAWARE AND COMMENDING THE DELAWARE ASSOCIATION OF ATHLETIC TRAINERS FOR THEIR OUTSTANDING EFFORTS TO INCREASE THE HEALTH AND SAFETY OF DELAWARE ATHLETES.	Passed
<b>SCR 45</b>	DESIGNATING THE MONTH OF MARCH AS "EATING DISORDERS AWARENESS AND PREVENTION MONTH" IN DELAWARE	Passed
<b>SCR 37</b>	PRESENTING THE DELAWARE CENTER FOR HEALTH INNOVATION AND THE DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES FINDINGS AND REPORTED RECOMMENDATIONS REGARDING COMMUNITY HEALTH WORKERS.	Passed
<b>SCR 36</b>	CREATING THE HEALTH CARE SPENDING TASK FORCE.	Passed Senate
<b>SCR 25</b>	CONTINUING TO RAISE AWARENESS THAT THE MONTH OF MAY IS MELANOMA AND SKIN CANCER DETECTION AND PREVENTION MONTH IN DELAWARE AND CELEBRATING NEW RESEARCH PREDICTING LOWER MELANOMA RATES.	Passed
<b>SCR 24</b>	RECOGNIZING THE MONTH OF MAY 2017 AS "HEALTHY VISION MONTH" IN THE STATE OF DELAWARE.	Passed

<b>SCR 23</b>	PROCLAIMING MAY 2017, CYSTIC FIBROSIS AWARENESS MONTH IN DELAWARE	Passed
<b>SCR 9</b>	RECOGNIZING THE MONTH OF MARCH 2017 AS "COLORECTAL CANCER AWARENESS MONTH".	Passed
<b>SR 21</b>	PROMOTING AWARENESS OF THE RARE DISEASE HYPOPHOSPHATEMIC RICKETS.	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, 2018