



Legislative Updates

July 29, 2025



153rd General Assembly – Overview of Legislation

- The SBO is currently monitoring the progress of 8 bills introduced this session that impact the GHIP, SBO, and/or SEBC.
- Fiscal and administrative impacts for each bill were evaluated and shared with the bill sponsors, Office of the Governor, and Office of the Controller General when applicable.
- The second half of the 153rd General Assembly will resume on January 13, 2026 and end on June 30, 2026.

HB 56

- **Bill Summary:** Mandates that all individual, group, blanket, and state-regulated health insurance plans in Delaware cover the medically necessary removal of excess skin and subcutaneous tissue. The SEBC is already in compliance as these procedures are currently covered when medically necessary under existing health plans.
- **Status:** Signed by the Governor on 7/21/25.
- **Effective Date:** Takes effect upon being signed into law.
- **FY26 Estimated Cost:** \$0.00
- **FY27 Estimated Cost:** \$0.00

SB 12 with SA 1

- **Bill Summary:** Known as the Delaware Pre-Authorization Reform Act of 2025 and strengthens consumer protections by reforming how insurers manage pre-authorizations for healthcare services. It shortens decision timelines for pre-authorization requests, clarifies who can make determinations, and standardizes how they are submitted, amongst other pre-authorization changes.
- **Status:** Awaiting action by the Governor.
- **Effective Date:** 1/1/2027 for the Medicare plans and 7/1/2027 for the non-Medicare plans.
- **FY26 Estimated Cost:** \$0.00
- **FY27 Estimated Cost:** Indeterminable, any operational requirements of this Act would be incorporated in future contract negotiations with the GHIP third party administrators and pharmacy benefit manager.

SS 1 for SB 134

- **Bill Summary:** Revises the definition of reverse auctions and permits the use of reverse auctions for the procurement of professional services for or related to pharmaceuticals or pharmacy benefits management services under the GHIP.
- **Status:** Signed by the Governor on 7/21/25.
- **Effective Date:** Takes effect upon being signed into law.
- **FY26 Estimated Cost:** \$0.00
- **FY27 Estimated Cost:** \$0.00

SS1 for SJR 7 with HA 1

- **Resolution Summary:** Directs the SEBC to utilize specific strategies and policies when interacting and contracting with Pharmacy Benefits Managers (PBMs) to achieve lower cost pharmaceutical drug benefit plans for the State.
- **Status:** Awaiting action by the Governor.
- **Effective Date:** Takes effect upon being signed into law.
- **FY26 Estimated Cost:** \$0.00, unless the SEBC implements any of the recommendations included in the Resolution.
- **FY27 Estimated Cost:** \$0.00, unless the SEBC implements any of the recommendations included in the Resolution.

HS 1 for HB 163

- **Bill Summary:** Establishes the Delaware Diabetic Wellness Pilot Program to manage and reduce the healthcare burden of prediabetes and diabetes amongst GHIP Members. The program, administered by DHR, would involve 400–500 volunteer participants in a three-year pilot who would receive personalized care plans using physician-led teams and advanced technology via continuous glucose monitoring and lifestyle tracking to reduce the cost and prevalence of diabetes in the GHIP.
- **Status:** The bill is in the House Appropriations Committee.
- **Effective Date:** Takes effect upon being signed into law.
- **Estimated Cost:** \$5.8 million over the course of three years.

SB 117

- **Bill Summary:** Expands and updates Delaware's hearing aid coverage requirements under the GHIP for the non-Medicare health plans. This bill mandates coverage of medically necessary hearing aids and earmolds for individuals under 24, including one hearing aid per ear every three years (or sooner if needed) and one earmold per ear annually if prescribed.
- **Status:** The bill is in the Senate Banking, Business, Insurance and Technology Committee.
- **Effective Date:** 7/1/2027 for non-Medicare plans.
- **FY26 Estimated Cost:** \$265,980
- **FY27 Estimated Cost:** \$279,279
- **FY28 Estimated Cost:** \$293,242

SB 120

- **Bill Summary:** Mandates that all individual, group, blanket, and state-regulated non-Medicare health insurance plans in Delaware cover medically supported biomarker testing for diagnosis, treatment, management, or monitoring of diseases. Coverage must follow FDA and nationally recognized clinical guidelines and must be provided in a way that minimizes disruptions in care.
- **Status:** The bill is in the Senate Banking, Business, Insurance and Technology Committee.
- **Effective Date:** 7/1/2027 for non-Medicare plans.
- **Estimated Cost:** \$146,454 - \$276,317 annually beginning in FY27.

HB 200

- **Bill Summary:** Mandates that all individual, group, blanket, and state-regulated non-Medicare health insurance plans in Delaware cover medically necessary pre-exposure prophylaxis (“PrEP”) for the prevention of HIV infection before possible HIV exposure and post-exposure prophylaxis (“PEP”) for prevention after possible HIV exposure. The bill also requires coverage with no member cost share for services related to the administration of these medications, which the SBO has requested clarity on.
- **Status:** The bill is in the House Economic Development, Banking, Insurance and Commerce Committee.
- **Effective Date:** 7/1/2027 for the non-Medicare plans.
- **Estimated Cost:** As this bill was introduced on the last day of session, the SBO is working to determine the anticipated fiscal impact of the bill.

Thank You



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