Statewide Benefits Office

SBO

Benefits Made Easy

Legislative Updates

August 24, 2026

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.

HS 1 for HB 200 w/ HA 1 & HA 2

- **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, prior authorization, or step therapy. The GHIP is already in compliance.
- **Status:** The bill has passed both the House and the Senate and is ready for action by the Governor.
- **Effective Date:** 1/1/28 for the Medicare plan and 7/1/28 for the non-Medicare plans.
- **Estimated Cost:** $10,000 - $30,000 annually

HB 435

- **Bill Summary:** This Act prohibits individual, group, state employee, and Medicaid health plans from differentiating in the reimbursement rate of a health service based on whether the service was provided by a certified registered nurse anesthetist or by a physician.
- **Status:** The bill has passed both the House and the Senate and is ready for action by the Governor.
- **Effective Date:** 7/1/2027 for the non-Medicare plans.
- **Estimated Cost:**
  - FY27 Estimated Cost: $0
  - FY28 Estimated Cost: $90,000 - $140,000
  - FY29 Estimated Cost: $95,400 - $148,400

SS 2 for SB 1

- **Bill Summary:** This requires the GHIP to report data to the OVBHCD on the percentage of primary care spending as a percentage of total medical costs for plan years 2027 and 2028 and to increase spending on primary care by 1% per year thereafter until primary care spending reaches 11.5% of total medical costs. It also requires that coverage shall be provided by a carrier whose cost per service may not exceed certain Medicare Reference-Based Pricing Targets, which are based on the Full Medicare rate, the Free-Standing Children's Hospital Medicare outpatient payment rate, or the TEFRA Rate, unless certain exemptions apply.
- **Status:** The bill was signed by the Governor on 7/20/26
- **Effective Date:** 7/1/28 for primary care spending, 7/1/29 for provider costs of services
- **Estimated Cost:**
  - FY27 Estimated Cost: $0
  - FY28 Estimated Cost: $0
  - FY29 Estimated Cost: $10.1M

SS 1 for 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 has passed both the House and the Senate and is ready for action by the Governor.
- **Effective Date:** 7/1/2028 for non-Medicare plans.
- **Estimated Cost:**
  - FY27 Estimated Cost: $0
  - FY28 Estimated Cost: $0
  - FY29 Estimated Cost: $70,000 - $134,000

SS 1 for SB 289

- **Bill Summary:** This bill changes the composition of the State Employee Benefits Committee. It also allows the appointed members to select designees to attend Committee and subcommittee meetings with approval by the authority that appointed the member.
- **Status:** The bill was signed by the Governor on 6/24/26
- **Effective Date:** Upon signature
- **Estimated Cost:** No fiscal impact

SS 1 for SB 319

- **Bill Summary:** This bill requires the state employee health plan to cover medically necessary diagnostic services and treatment for menopause, perimenopause, and symptoms of menopause or perimenopause. Coverage for hormone replacement must not be denied or limited if the use is supported by national clinical guidelines and may not be subject to prior authorization or step therapy requirements.
- **Status:** The bill has passed both the House and the Senate and is ready for action by the Governor.
- **Effective Date:** 7/1/2028 for non-Medicare plans.
- **Estimated Cost:** No fiscal impact

SB 320 w/ SA 2

- **Bill Summary:** This Act modernizes Delaware's pharmacy practice laws by authorizing pharmacists to practice to the full extent of their education and training including independently evaluating patients, identifying health conditions, order and prescribe lab tests and prescribe drugs or devices. Pharmacists may not prescribe controlled substances, with the exception of medications for the treatment of opioid use disorder, which pharmacists may only prescribe under a standing order from the Division of Public Health. The bill also establishes requirements for documentation of treatment and communication with primary care providers.
- **Status:** The bill was signed by the Governor on 7/29/26
- **Effective Date:** This Act takes effect immediately, but implementation is delayed by up to 1 year to give the Board of Pharmacy time to implement necessary regulations
- **Estimated Cost:** Indeterminate but may be fiscal neutral.

Thank You

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