



UNIVERSALLY APPLICABLE BULLETIN NO. 9

TO: ALL INTERESTED PARTIES AND ANYONE ENGAGED IN ANY ASPECT OF THE BUSINESS OF INSURANCE IN DELAWARE

RE: SUMMARY OF INSURANCE LAWS ENACTED IN 2024

DATED: October 1, 2024

REVISED: November 1st, 2024

The purpose of the original version of this Bulletin was to summarize laws enacted during the 2024 Session of the Delaware General Assembly and signed by the Governor as of September 24, 2024. The latest version now includes additional bills, **marked with an asterisk**, which were signed after the Bulletin's initial publication on October 1, 2024. It is for informational purposes only and is not intended to be an exhaustive list or a detailed analysis. This Bulletin does not constitute legal advice. Entities should consult with their legal counsel to ensure compliance with all newly enacted statutory requirements. All regulated entities should refer to the [Chapter Laws of Delaware](#) for the 2024 Session for the complete text of these recently enacted laws and are advised that additional Acts passed by the General Assembly and not listed on the summary may also affect their business operations in Delaware.

2024 SESSION OF THE DELAWARE GENERAL ASSEMBLY SUMMARY

I. CAPTIVE

SB 249: Captive Insurers	Effective 08/29/2024
<ul style="list-style-type: none">Amends Chapter 69 of Title 18 relating to captive insurance to provide the Commissioner with additional flexibility to approve those types of financial institutions that would be authorized to hold required capital and surplus of captive insurance companies.Allows for assets to be held in financial institutions other than banks and also allows assets to be held outside Delaware where the type of risk does not require it.Authorizes the Commissioner to impose additional conditions on captives related to capital and surplus to ensure the solvency and efficient operations of captives.Captive Bulletin No. 12 (Revised) remains in effect.	
Questions may be emailed to captive@delaware.gov .	

II. GENERAL BILLS

*HB 371: Fire Tax Distribution/Reporting	Effective 01/01/2025
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- Amends [18 Del. C. § 705](#) to change how the Insurance Commissioner and the State Treasurer provide for distributions from taxes collected by the Insurance Commissioner to be made to fire companies or departments in Delaware. The amendments simplify the reporting process and provide a new method for calculating the funds distributed to fire departments and companies in the City of Wilmington, New Castle County outside of Wilmington, Kent County, and Sussex County.
- Requires insurers to file their reports **annually by March 1**, using the newly defined geographic allocations.
- Extends the Department’s annual deadline to report to the State Treasurer from April 1 to May 15.
- Reduces the number of payments to fire companies per year from two to one, which provides the Insurance Commissioner more time to ensure the accuracy of insurer-reported financial data and establishes detailed guidelines for how the funds should be distributed to the various fire companies or departments.
- Makes changes to the reporting requirements related to payments made by the State Treasurer to the State Insurance Coverage Office and allows such payments to be made not later than July 15.
- Amends the requirement related to the Delaware Volunteer Firefighter’s Association (“DVFA”) annual report to the Insurance Commissioner. Requires DVFA to send its annual report, which details the locations, apparatuses, and equipment maintained for its member fire companies or departments, to the State Fire Prevention Commission.
- Prompts the expiration of Domestic & Foreign Bulletin No. 55.

Questions may be emailed to tax@delaware.gov.

[SB 208: Medical Negligence](#)

Effective 08/29/2024

- Amends [Chapter 68](#) of Title 18, pertaining to medical negligence insurance and litigation, by repealing expired or obsolete provisions. Specifically, it repeals Subchapters III and V in their entirety and eliminates the use of medical review panels. The Superior Court of Delaware retains exclusive jurisdiction over civil actions involving allegations of medical negligence.
- Prompts repeal of related [Regulation 1401](#).

Questions may be emailed to DOI-Legal@delaware.gov.

[SB 306 w/ SA 1](#) and [SA 2: Workplace Safety](#)

Refer to DCRB Circular No. 1038 available at <https://www.dcrb.com/dcrb/industry-resources/circulars>.

Effective 01/17/2025

- Amends [19 Del. C. § 2379](#) to revise the eligibility criteria for the Delaware Workplace Safety Program. Previously, employers paying \$3,161 or more in annual workers' compensation premiums could qualify for lower insurance premiums through the program. The Act removes this long-standing fixed premium threshold and ties eligibility to those employers eligible for

the uniform experience rating plan. This change better aligns the program with modern standards, provides flexibility for future adjustments, and enables more small employers to participate.

- As a result of the changes in the Act, the Department will be making conforming amendments to [Regulation 802](#).
- Domestic & Foreign Insurers [Bulletin No. 91 \(Revised\)](#) remains in effect.

Questions may be emailed to safety@delaware.gov.

[HB 283 w/ HA 1: Licensing and Fee Bill](#)

Effective 08/02/2024

HB 283 reorganizes provisions within Title 18 to centralize licensing and filing fees within one statutory provision ([§ 701](#)) and reconciles differences between the licensing and filing fees set forth in § 701 and within the specific licensing statutes as follows:

- [Chapter 64](#) Managed Care Organization fees:
 - \$750 original license fee due upon approval of application - 18 *Del. C.* § 701(3)(a).
 - \$500 annual continuation due on or before June 1 - 18 *Del. C.* § 701(3)(b).
- [Chapter 38](#) Dental Plan Organization fees:
 - \$150 original license fee due upon approval of application - 18 *Del. C.* § 701(2)(a).
 - \$150 annual continuation due on or before March 1 - 18 *Del. C.* § 701(2)(a).
- [Chapter 62](#) Fraternal Benefit Societies fees:
 - \$100 original license fee due upon approval of application - 18 *Del. C.* § 701(4)(a).
 - \$100 annual renewal due on or before March 1 - 18 *Del. C.* § 701(4)(b).
 - \$100 filing of annual statement due on or before March 1 - 18 *Del. C.* § 701(4)(c).
- [Chapter 69](#) Captive Insurance Companies fees:
 - \$3,200 processing fee for examining, investigating, and processing initial application due at the time of application submission - 18 *Del. C.* § 701(11)(c).
 - \$100 application fee for a conditional certificate of authority due at the time of application submission - 18 *Del. C.* § 701(11)(d).
- Creates new registration fees for certified reinsurers and reciprocal insurers to align the costs of processing applications for these insurers with similarly licensed or accredited insurers and reinsurers as follows:
 - [Reciprocal Jurisdiction Reinsurer Registration](#) - 18 *Del. C.* § 701(38)
Click [here](#) for the Department's Reciprocal Reinsurer Jurisdiction page.
 - \$1,000 initial fee due at time of registration.
 - \$1,000 annual renewal fee due as follows:
 - DE home state port of entry due on or before June 30.
 - Passporting renewals due upon filing.
 - [Certified Reinsurer Registration](#) - 18 *Del. C.* § 701(39):
Click [here](#) for the Department's Certified Reinsurer page.
 - \$1,000 initial fee due at time of registration.
 - \$1,000 annual renewal fee due as follows:
 - DE home state port of entry due on or before June 30.
 - Passporting renewals due upon filing.
- Updates 18 *Del. C.* § 701 to include Third-Party Administrator fees:

- Third-Party Administrator Certificate of Authority - 18 Del. C. § 701(40):
Additional TPA information is available [here](#).
 - \$500 initial application fee due with application submission.
 - \$100 certificate of authority fee due upon approval of application.
 - \$100 fee for reinstatement or amendment to certificate of authority 18 Del. C. §§ 701(40)(c) and 701(40)(d).
 - \$500 fee for duplicate or replacement certificate.

Captive questions may be emailed to captive@delaware.gov. All other fee questions may be emailed to berg@delaware.gov.

<u>SB 202: Line of Duty Death Benefits Increase</u>	Effective 09/19/2024
<ul style="list-style-type: none"> ● Amends Chapter 66 of Title 18 for claims submitted on July 1, 2023, or thereafter, increasing the benefits for the beneficiary or beneficiaries of covered persons from \$200,000 to \$375,000 payable in annual installments, with the maximum amount paid in any 1 calendar year being \$50,000. <p>Questions may be emailed to inscov@delaware.gov.</p>	

III. LIFE AND HEALTH

<u>*HS 1 for HB 253 w/ HA 1: Mammograms</u>	Effective 10/09/2024
<ul style="list-style-type: none"> ● Amends Chapter 33 and Chapter 35 of Title 18, Chapter 52 of Title 29, and Chapter 5 of Title 31 to require health insurance carriers to provide coverage for annual mammograms for cancer screening beginning at age 40. ● Prohibits carriers from requiring a referral for these annual mammograms. ● While immediately effective, the Department recognizes a transition period is necessary for implementing plan changes. Accordingly, the Department will allow 30 days for carriers issuing Title 18-regulated plans to implement necessary system updates and 60 days for the filing of new forms. <p>Questions may be emailed to compliance@delaware.gov.</p>	

<u>*HS 1 for HB 286 w/ HA 1 and SA 1: Genetic Discrimination (The Ericka Byler Act)</u>	Effective 10/09/2024
<ul style="list-style-type: none"> ● Amends Chapter 23 of Title 18 by prohibiting discrimination in life insurance based on genetic characteristics, genetic information, or the result of any genetic test, including by prohibiting their use to: deny, refuse to issue, refuse to renew, refuse to reissue, cancel or otherwise terminate a policy or restrict coverage, add a surcharge or rating factor to the premium of the policy, or otherwise discriminate in the offering, issuance, cancellation, amount of coverage, price, payment of claims, or any other condition of an insurance policy without additional actuarial justification. 	

- Prohibits a person engaged in the business of life insurance from requesting, requiring, or purchasing information obtained from an entity providing direct-to-consumer genetic testing without the written consent of the individual to whom the genetic information belongs, and from considering the refusal to take such a test or their refusal to provide such information.
- Exceptions apply to genetic details in the individual’s medical record or pertinent family history.
- While immediately effective, the Department recognizes a transition period is necessary for implementing plan changes. Accordingly, the Department will allow 30 days for carriers to implement necessary system updates and 60 days for the filing of new forms.

Questions may be emailed to compliance@delaware.gov.

<p><u>HS 2 for HB 110: Termination of Pregnancy Coverage</u></p>	<p align="center">Effective 01/01/2026 for Private Group, Blanket and Individual Coverage</p> <p align="center">Effective 01/01/2025 for Medicaid and the state employee health plan</p>
<ul style="list-style-type: none"> • Amends Title 31 to require all health benefit plans delivered or issued for Medicaid to cover services related to the termination of pregnancy. • Amends Title 18 to: <ul style="list-style-type: none"> ○ add the definition of “religious employer”. ○ require both individual and group health carriers to cover services related to the termination of pregnancy with identical cost-sharing prohibitions. • Amends Title 29 to require coverage for services related to the termination of pregnancy under the state employee health plan, and coverage shall not be subject to any deductible, coinsurance, copayment, or any other cost-sharing requirement and shall apply to the full scope of services permissible under the law. • Caps the benefit at \$750 per year per covered individual for Medicaid; and for private insurance it allows the benefit to be limited to \$750 per covered individual per year. • Carriers shall simultaneously comply with 45 CFR § 156.280 relating to segregation of funds for abortion services. • Delaware will permit sequestered funds to be reintegrated into reserves consistent with practices for other unspent premiums. <p>Questions may be emailed to compliance@delaware.gov.</p>	

<p><u>HB 274: Allergen Introduction Dietary Supplements for Infants</u></p>	<p align="center">Effective 01/01/2026</p>
<ul style="list-style-type: none"> • Amends Chapter 33 and Chapter 35 of Title 18 to add Sections 3370G and 3571AA, mandating that all health insurance plans subject to requirements under Delaware law, including Medicaid, provide coverage, at no cost when prescribed to infants, of at least 1 early 	

peanut allergen introduction dietary supplement and at least 1 early egg allergen introduction dietary supplement.

- Applies to all policies, contracts, or certificates issued, renewed, modified, altered, amended, or issued after December 31, 2025.

Questions may be emailed to compliance@delaware.gov.

HB 15 w/ HA 1: Ovarian Cancer Coverage

Effective 01/01/2025

See Domestic and Foreign [Bulletin No. 146](#)

- Amends [18 Del. C. § 3338](#) and [18 Del. C. § 3555](#) to include coverage for annual screening and monitoring tests for women at risk for ovarian cancer, as defined, and further defines the types of tests coverable as screening or monitoring for women following treatment for ovarian cancer.
- Requires that cost-sharing requirements be at least as favorable as those for mammogram screenings.

Questions may be emailed to compliance@delaware.gov.

HB 364: Coverage for Associated Conditions of Cancer

Effective 01/01/2026

- Amends [Chapter 33](#) and [Chapter 35](#) of Title 18 to require insurance companies to cover any FDA approved drug prescribed to treat the side effects of metastatic cancer treatment.
- Prohibits insurance companies from step therapy practices mandating that patients first fail to respond to a different drug or prove a history of failure of such drug.

Questions may be emailed to compliance@delaware.gov.

SB 232: Contraceptive Coverage

Effective 08/29/2024

- Amends [Chapter 33](#) and [Chapter 35](#) of Title 18 to expand contraceptive coverage laws to include over-the-counter emergency and non-emergency contraceptive pills.
- Requires coverage for over-the-counter emergency and non-emergency contraceptives with or without a prescription.
- Does not modify provisions that permit insurers to cover single therapeutic equivalents, cover medication counseling, or any other existing provision. Does not apply to Medicaid or GHIP.
- Prompts revision of Domestic & Foreign Insurers Bulletin No. 112.

Questions may be emailed to compliance@delaware.gov.

SB 220: Health Insurance for Children and Persons on Medicaid (as required by Federal Law)

This Act updates provisions of Title 18 by adding § 4003(c) to make them consistent with the federal law contained in the [Consolidated Appropriations Act of 2022](#) (CAA 2022), which increased state flexibility with respect to third-party liability. Section 202 of the CAA2022 amended section 1902(a)(25)(I) of the Social Security Act to require a state plan for medical assistance to provide assurances satisfactory to the Secretary that the state has state laws in place that bar responsible third-party payers (other than Medicare plans) from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer’s rules.

- 18 *Del. C.* § 4003(c) mandates that “[W]here a state agency has been assigned the rights of an individual eligible for medical assistance under Title XIX of the federal Social Security Act [42 U.S.C. § 1396 et seq.] and such individual is covered for health benefits from a health insurer, such health insurer, or other liable third party, must accept authorization provided by the state that the item or service is covered under the state plan (or waiver of such plan) for such individual, as if such authorization was made by the third party prior to the item or service for such item or service.”

Questions may be emailed to compliance@delaware.gov.

HB 362: Doula Services	Effective 01/01/2026
<ul style="list-style-type: none"> • Amends Title 18 Chapter 33 and Chapter 35 to add coverage for doula services at § 3370G and § 3553A, defining doula services as support and assistance during labor and childbirth, prenatal and postpartum support and education, breastfeeding assistance and lactation support, parenting education, and support for a birthing person following loss of pregnancy. • Requires coverage for doula services when provided by a doula certified by the Delaware Certification Board, including at least three prenatal visits each up to 90 minutes, three postpartum visits each up to 90 minutes, attendance through labor and birth, and additional postpartum visits recommended by a Title 24 licensed clinician. 	
<p>Questions may be emailed to compliance@delaware.gov.</p>	

HS 1 for HB 383 w/ HA 1, HA 2, and SA 1: Discrimination Against 340B Drugs and Covered Entities by Manufacturers and Pharmacy Benefits Managers (PBMs) 	Effective 09/19/2024
<ul style="list-style-type: none"> • Amends Subchapter VII, Chapter 33A, Title 18 to prohibit discrimination by PBMs against 340B covered entities as defined by 42 U.S.C. § 256b(a)(4) and their contracted pharmacies. • Prohibited discriminatory practices include reimbursing 340 drugs at less than the national average drug acquisition cost (NADAC) for that drug or less than the wholesale acquisition cost if NADAC isn’t available; and imposing terms or conditions differing from those imposed on non-covered entities on the covered entity or their contracted pharmacy including a number of specific practices. • Engaging in discriminatory conduct against covered entities or their contracted pharmacies constitutes an unfair practice in the business of insurance under Chapter 23 of the Insurance Code, and contracts entered into, amended, extended, or renewed after the effective date of the 	

law that contain provisions that violate the law are void and unenforceable.

Questions may be emailed to compliance@delaware.gov.

SB 272 w/ SA 1: Reimbursements to Pharmacists	Effective 01/01/2025
<ul style="list-style-type: none">• Amends Title 18 Chs. 23, 33, 35, Title 29 Ch. 52, and Title 31 Ch. 5. Requires health insurance providers to provide the same reimbursement to pharmacists that is already provided by other providers performing the same services at the same rates as advance practice registered nurses and physician assistants.• While effective for Plan Year 2025, the Department recognizes a transition period is necessary for system changes, and delayed reimbursements may be possible in early implementation.• Pharmacists are entitled to reimbursement for counseling services regardless of whether a prescription was provided or not.	
Questions may be emailed to compliance@delaware.gov .	

IV. PROPERTY AND CASUALTY

SB 200 w/ SA 1 and HA 1: Property Insurance Contracts	Effective 10/1/2024
<ul style="list-style-type: none">• Amends 18 Del. C. § 4122 requiring insurers to deliver any homeowners’ notices of cancellation or nonrenewal by USPS certified mail or USPS Intelligent Mail barcode except in instances of nonpayment of premium.• Prevents an insurance carrier from refusing to renew a homeowners’ policy based on non-weather claims unless 2 or more claims occur within a 60-month period immediately preceding the expiration date of the current policy.• This legislation does not eliminate, reduce, or modify an insurer’s ability to electronically communicate with consumers. Section 107 of the Insurance Code, not modified by this bill, states that “[D]elivery of a notice or document in accordance with this section shall be considered equivalent to any delivery method required under this title, including delivery by first class mail, certified mail, certificate of mail, or certificate of mailing.” And “If a provision of this title requiring a notice or document to be provided to a party expressly requires verification or acknowledgment of receipt of the notice or document, the notice or document may be delivered by electronic means only if the method used provides for verification or acknowledgment of receipt.”	
Questions may be emailed to compliance@delaware.gov .	

HB 379: Agent-Issued Insurance Payments	Effective 06/30/2024
<ul style="list-style-type: none">• Amends 18 Del. C. § 1707 by reinstating language formerly in the Delaware Code that permits insurance agents to issue checks to policyholders in time-sensitive situations without having to	

qualify as claims adjusters.

- The Department intends to promulgate a new regulation addressing the parameters permissible for a licensed agent or broker to adjust claims on behalf of an insurer without obtaining an adjuster’s license.

Questions may be emailed to licensing@delaware.gov.

V. WORKERS’ COMPENSATION

HB 284: Workers’ Compensation	Effective 08/02/2024
<ul style="list-style-type: none">• Transfers specific workers’ compensation-related provisions from Chapter 25 to Chapter 26 of Title 18, designating Chapter 26 to govern workers’ compensation filings exclusively and makes no changes to existing practice.	
Questions may be emailed to rate@delaware.gov .	

VI. INFORMATIONAL PURPOSES ONLY

SB 231: Drivers in and aging out of Foster Care	Effective 08/02/2024
<ul style="list-style-type: none">• Removes the sunset provision in Chapter 453, Volume 83 of the Laws of Delaware, ensuring the continuation of the program established under § 9011A of Title 29, which is designed to help individuals who are in or have experienced foster care in Delaware with overcoming challenges related to driver education, obtaining a driver's license, and securing motor vehicle insurance, along with addressing related costs. Additionally, it clarifies the scope and administration of the program.• Amends the definition of “youth in foster care” under § 3921 of Title 18 to maintain consistency with <i>29 Del. C. § 9011A</i>.	

HS 2 for HB 350 w/ HA 1 and SA 1: Hospital Budgets and Financial Information	Effective 06/13/2024
<ul style="list-style-type: none">• Amends 16 Del. C. Ch. 99, which creates the Diamond State Hospital Cost Review Board, which will be responsible for an annual review of hospital budgets and related financial information.• Requires that hospitals submit yearly budgets, audited financial statements, and related financial information to the Board for review.• Allows the Board to establish performance review plans for hospitals that fail to meet the state’s budgeted benchmark for increases in hospital costs.• Sunsets on January 1, 2027, unless otherwise provided by a subsequent act of the General Assembly.	

<u>SS1 for SB 212: Bureau of Health Equity</u>	Effective 08/12/2024
<ul style="list-style-type: none"> Amends Title 29 to codify the Bureau of Health Equity (BHE) in the Division of Public Health, which includes the Office of Minority Health and the Office of Women’s Health. Identifies the Primary Care Reform Collaborative and the Office of Value-Based Health Care Delivery as state entities that the BHE should collaborate with because these entities are addressing health disparities through insurance payments to providers. 	

<u>HB 374 : Fertility Treatment</u>	Effective 09/24/2024
<ul style="list-style-type: none"> Updates House Bill 455 from the 151st General Assembly by providing the same legal protections afforded providers of contraceptive and abortion services to providers of fertility treatment and their patients regardless of whether care or residency is in- or out-of-state, or provided by means of telehealth. Prohibits insurance companies from taking any adverse action against health care professionals who provide fertility treatment and services. 	

The Department expects all required filings to incorporate the new mandates outlined above, as applicable, and requests that carriers notify consumers of the availability of the new coverage types accordingly.

Additionally, based on the above summaries, insurers are required to review current forms, rates, advertisements, and rules to determine if new and/or revised filings are required and to timely submit such filings in SERFF for the Department’s review and approval. Questions regarding SERFF filings should be emailed to rate@delaware.gov.

Copies of Delaware [Insurance Regulations](#), [Insurance Bulletins](#), and [Delaware Insurance Laws](#) are accessible through these links or by visiting the Department’s website at www.insurance.delaware.gov. Copies of [Senate](#) and [House](#) bills are accessible through these links or by visiting the Delaware General Assembly website at www.legis.delaware.gov.

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.



Trinidad Navarro
Delaware Insurance Commissioner

NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Delaware Department of Insurance if additional information is needed.