TRINIDAD NAVARRO
COMMISSIONER



STATE OF DELAWARE
DEPARTMENT OF INSURANCE

UNIVERSALLY APPLICABLE BULLETIN NO. 12

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

RE: **SUMMARY OF INSURANCE LAWS ENACTED IN 2026**

DATED: **November 2, 2026**

This Bulletin, issued by the Delaware Department of Insurance (the "Department"), provides a summary of laws enacted following the 2026 Session of the 153rd Delaware General Assembly. It is intended for informational purposes only and does not constitute an exhaustive list or a detailed analysis of all legislation enacted. Regulated entities should be aware that additional legislation not included in this summary may also affect their operations in Delaware.

2026 LEGISLATIVE SESSION SUMMARY

I. GENERAL BILLS

Senate Bill 248 - Relating to Workplace Safety Program
Effective December 1, 2026
Updates Delaware's Workplace Safety Program to expand the workers' compensation insurance credit available to eligible businesses, enabling qualified employers to achieve up to 12% in premium savings while preserving program stability. The Act applies to safety-credit calculations communicated by the Department of Insurance on or after December 1, 2026, and the Department will update applicable regulations, as appropriate, to reflect the revised standards, in addition to revising Domestic & Foreign Bulletin No. 64.

- Questions may be emailed to doi-wps@delaware.gov.

Senate Bill 45 With Senate Amendment 1 - Relating to Insurance Fraud
Effective June 24, 2026
As amended, adds a new Section 913B to Title 11, Chapter 5, creating the crime of application insurance fraud. The Act expands Delaware's criminal code to include fraudulent statements submitted in support of an application to obtain or renew an insurance policy, as well as false statements made for the purpose of obtaining a commission or other payment from a carrier. Carriers are reminded of their existing fraud-reporting obligations under 18 *Del. C.* § 2408, as referenced in Domestic & Foreign Bulletin No. 15.

- Questions may be emailed to doi-legal@delaware.gov.

II. LIFE AND HEALTH

Senate Bill 299

Relating to Life Insurance Policy Exclusions and Restrictions Based on Death Resulting from Suicide

Effective March 30, 2027

Amends Title 18 of the Delaware Code to shorten the suicide exclusion period in life insurance policies from two years to one year for policies issued after the Act's effective date. If a death benefit is denied due to suicide within this first year, insurers must refund all premiums paid for the coverage providing the denied benefit.

- Questions may be emailed to compliance@delaware.gov.

Senate Substitute 1 For Senate Bill 334 - Relating to Health Care Professional Credentialing

Effective January 1, 2028

Establishes the Health Care Professional Access Act, which requires carriers to use uniform credentialing processes with defined timelines to support faster integration of health care professionals into Delaware's provider networks. The Act limits credentialing reviews to 45 days and introduces provisional credentialing for practitioners in designated shortage areas, including statewide mental health and primary and dental care in Kent and Sussex Counties. It also enhances transparency and fairness by granting health care professionals the right to review and appeal credentialing decisions and strengthening nondiscrimination requirements.

- Questions may be emailed to compliance@delaware.gov.

Senate Bill 271 With Senate Amendment 1 - Relating to Pharmacy Benefits Managers

Provisions impacting contracts between PBMs and pharmacies or pharmacists are effective March 8, 2027; Non-contract provisions effective September 8, 2026

As amended, strengthens Delaware's regulation of pharmacy benefits managers (PBMs) by expanding key definitions, standardizing audit procedures, and enhancing protections for pharmacies and consumers. The Act requires uniform audit notice and record-request timelines, limits audits to once every 12 months, mandates pharmacist involvement when clinical judgment is required, and ensures PBMs bear all audit-related costs. It also expands appeal rights by extending appeal windows to 40 days, requiring detailed written denial explanations, and permitting authorized representatives to act on behalf of pharmacies. The Act further prohibits retaliation against pharmacies or pharmacists who report suspected violations and requires at least 60 days' notice before PBM contract amendments. In addition, the Act replaces the prior quarterly rebate reporting requirement with an **annual** reporting requirement, **with the next report due March 31, 2027**; aligns drug-pricing compliance with the date of service; and prohibits PBMs from unit-of-use requirements inconsistent with the smallest package size available and manufacturer recommendations. Furthermore, PBMs may not require pharmacies to dispense alternative drugs that increase

an enrollee's out-of-pocket costs except for medical reasons, and they are prohibited from sharing enrollee, or prescriber-identifiable information with affiliated pharmacies for any commercial purpose. The Department intends to promulgate a corresponding regulation to ensure uniform application and compliance with the Act.

- Questions may be emailed to compliance@delaware.gov.

Senate Substitute 2 For Senate Bill 1 - Relating to Primary Care Services
Effective July 20, 2026, unless otherwise specified

Expands Delaware's primary care reform efforts by establishing a phased implementation framework. Beginning in 2026, commercial individual and group health insurance carriers must spend at least 11.5% of their total cost of medical care on primary care, with at least 5% of total medical costs delivered through prospective primary care management payments. State employee and Medicaid-related plans are subject to phased reporting and primary care investment requirements beginning with plan years 2027 and 2028.

Medicare Reference-Based Pricing limits apply to commercial health benefit plans beginning with rate filings in 2028. Comparable pricing requirements apply to the State Group Health Insurance Plan beginning in plan year 2030.

The Act expands value-based care requirements across commercial, State employee, and specified Medicaid-related coverage; strengthens primary care investment standards; and introduces hospital cost-containment measures based on Medicare-derived reimbursement benchmarks, subject to statutory exemptions. It also establishes enhanced oversight, reporting, and enforcement mechanisms and creates a dedicated Primary Care Fund to support implementation. The Department of Insurance intends to promulgate required regulations as applicable.

- Questions may be emailed to OVBHCD@delaware.gov.

Senate Bill 22 w/ HA 1
Relating to Insurance Coverage (Mental Health Parity)
Effective January 1, 2028

The Fair Standards in Mental Health Care Act advances mental health parity by ensuring individuals with private insurance can access timely, evidence-based mental health and substance use disorder treatment in Delaware. The Act standardizes key terminology, requires coverage for all medically necessary services, including emergency and out-of-network care, streamlines prior authorization processes, prohibits discriminatory coverage practices, and guarantees affordable access to FDA-approved medications for substance use disorders.

- Questions may be emailed to compliance@delaware.gov.

House Bill 338

Relating to Health Carrier Coverage of Immunizations and Preventative Services

Effective August 3, 2026

This bill clarifies that individual, group, and blanket health insurance carriers must cover immunizations and preventive services that were recommended by the CDC's Advisory Committee on Immunization Practices and the HRSA-supported comprehensive guidelines in **effect as of January 1, 2025**. The Act also requires coverage for immunizations supported by national clinical guidelines or standards of care as of that date. In addition, it removes provisions that allowed carriers to deny coverage simply because recommendations had changed and eliminates obsolete United States Preventive Services Task Force language related to 2009 breast cancer screening guidance.

- Questions may be emailed to compliance@delaware.gov.

Senate Substitute 1 For Senate Bill 120

Relating to Health Insurance Coverage (Biomarker Testing)

Effective January 1, 2028

This bill requires that individual, group, State employee, and Medicaid health plans public assistance health insurance plans cover medically necessary biomarker testing, defined broadly to include single-analyte, multi-plex, and genomic tests, when supported by FDA approval, labeled drug indications, CMS determinations, or national clinical guidelines. The Act clarifies that coverage mandates do not extend to screening-only, experimental, or investigational tests, and preserves carriers' use of utilization management, provider network requirements, and cost-sharing.

- Questions may be emailed to compliance@delaware.gov.

Senate Substitute 1 For Senate Bill 319

Relating to Coverage for Diagnostic Services and Treatment for Menopause, Perimenopause, and Menopause and Perimenopause Symptoms

Effective January 1, 2028

This bill requires individual, group, blanket, State employee, and Medicaid health plans to cover medically necessary diagnostic services and treatment for menopause and perimenopause, including hormonal and non-hormonal therapies, behavioral health services, pelvic floor therapy, bone-health-related care, and other supportive treatments. The Act also requires carriers to provide enrollees with clear, accessible information about covered menopause-related services and updates definitions and coverage standards to ensure clarity and consistency.

- Questions may be emailed to compliance@delaware.gov.

House Substitute 1 For House Bill 200

Relating to Insurance Coverage for Treatment to Prevent HIV Infection

Effective January 1, 2028

This bill requires individual, group, State employee, and Medicaid health plans to cover medically necessary HIV prevention medications, specifically PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis), without any cost-sharing, such as

deductibles or copays, prior authorization, step therapy, or unreasonable coverage delays.

- Questions may be emailed to compliance@delaware.gov.

House Bill 429

Relating to the Step Therapy Exception Process

Effective July 23, 2026

See Revised Domestic & Foreign Bulletin No. 165

This bill modernizes Delaware's step therapy exception process by updating insurance standards to recognize interchangeable biologics and biosimilars as acceptable trial options before a brand-name drug is approved. This change reflects the evolution of medical treatment options and ensures that step therapy protocols incorporate newer, evidence-supported therapies while maintaining existing carrier flexibility in determining appropriate sequencing.

- Questions may be emailed to compliance@delaware.gov.

Senate Bill 238 w/ SA 1, HA 1

Relating to Insurance Coverage for Chiropractic Therapy and Physical Therapy

Effective January 1, 2027

See Revised Domestic & Foreign Bulletin No. 62

Expands insurance coverage across individual, group, and Medicaid health plans by prohibiting any annual or lifetime numerical limits on chiropractic and physical therapy visits for the spine, extremities, and other neuromusculoskeletal structures.

- Questions may be emailed to compliance@delaware.gov.

House Bill 435

Relating to Certified Registered Nurse Anesthetists

Effective January 1, 2027

Ensures that health insurance carriers, including individual, group, State employee, and Medicaid health plans, cannot reimburse Certified Registered Nurse Anesthetists (CRNAs) at lower rates than physicians for equivalent services, while still allowing variation of reimbursement based on quality or performance measures.

- Questions may be emailed to compliance@delaware.gov.

House Bill 312

Relating to Lead Testing

Effective May 21, 2026

Amends the Childhood Lead Poisoning Prevention Act under Title 16 of the Delaware Code to update the definition of confirmatory blood lead testing for children under age 16. The revised law now recognizes either a venous blood test or two capillary screenings conducted within 12 weeks that meet or exceed the applicable reference value as sufficient confirmation of elevated blood lead levels. HB 312 therefore updates the standards underlying Delaware's health insurance coverage mandates for lead testing accordingly.

- Questions may be emailed to compliance@delaware.gov.

III. PROPERTY AND CASUALTY

House Bill 406

Relating to Unfair Trade Practices in Automobile Insurance
Effective March 29, 2027

Amends 18 *Del. C.* § 3916 by prohibiting carriers and their agents or employees from requiring that automobile repair or replacement work be performed by a particular facility, individual, or business establishment as a condition of payment of a claim. It becomes effective 180 days after enactment and applies to all relevant policies issued or renewed thereafter.

- Questions may be emailed to compliance@delaware.gov.

Senate Substitute No. 1 for Senate Bill No. 189

Relating to Unfair Trade Practices in the Insurance Business
Effective March 24, 2027

Amends Title 18, Chapter 23, of the Delaware Code by providing that individuals can rescind approval of a settlement in a motor vehicle accident personal injury case within **15 days** of settlement if they were unrepresented at the time of settlement, and payment is returned upon rescission through specified means. This Act also requires notice to be given to an unrepresented individual of their right of recission in the release of liability. These changes will give individuals greater ability to make informed decisions. The Department of Insurance intends to promulgate regulations as applicable.

- Questions may be emailed to compliance@delaware.gov.

IV. PREVIOUSLY ENACTED LEGISLATION EFFECTIVE JANUARY 1, 2027

Senate Bill 12 with Senate Amendment 1

Relating to the Delaware Pre-Authorization Act of 2025
Effective January 1, 2027
***See Domestic & Foreign Bulletin* No. 163**

The Delaware Pre-Authorization Act of 2025, amends Chapters 33 and 35 of Title 18, and Chapter 52 of Title 29, establishing uniform standards for pre-authorization of healthcare services to improve transparency, timeliness, and consistency in utilization review practices. Implementation of the Act is described in further detail within Domestic & Foreign Bulletin No. 163 noted above. The Act is effective for all policies and contracts issued or renewed after December 31, 2026.

- Questions may be emailed to compliance@delaware.gov.

House Bill 56

Relating to Coverage for Removal of Excess Skin and Subcutaneous Tissue
Effective January 1, 2027

This bill requires commercial individual, group, and blanket health insurance policies, the State employee health plan, and Medicaid health plans to provide coverage for the removal of excess skin and subcutaneous tissue, including panniculectomies, when deemed medically necessary, as defined in § 3371(8) for individual health insurance plans and § 3581(8) for group and blanket health insurance plans, the state employee health plans and State Medicaid health plans.

- Questions may be emailed to compliance@delaware.gov.

V. CARRIER IMPLEMENTATION RESPONSIBILITIES

The Department expects carriers to review all newly enacted statutory requirements and make any necessary updates to ensure compliance. This includes, but is not limited to, assessing and revising forms, contracts, internal procedures, claims practices, utilization management standards, customer communications, provider communications, and any related operational processes impacted by the legislation summarized in this Bulletin and any topic-specific bulletin or regulation. Carriers should also notify consumers when new coverage types become available. Where changes require Department review, carriers must submit updated forms, rates, or other materials through SERFF in a timely manner. Questions should be emailed to rate@delaware.gov.

VI. DEPARTMENT AND LEGISLATIVE RESOURCES

Access to Delaware Insurance Regulations, Insurance Bulletins, and Delaware Insurance Laws is available through the links provided or by visiting the Department's website at insurance.delaware.gov. Senate and House bills may be accessed using the links above or by visiting the Delaware General Assembly website at legis.delaware.gov.

This Bulletin does not constitute legal advice. Entities should consult with their legal counsel to ensure compliance with all newly enacted statutory requirements.

This Bulletin is effective immediately and will 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.