AN ACT TO AMEND TITLES 18, 29, AND 52 OF THE DELAWARE CODE RELATING TO HEALTH COVERAGE FOR MEDICALLY NECESSARY NON-EMERGENCY MEDICAL TRANSPORTATION.

WHEREAS**,** reliable transportation is a critical factor in ensuring access to healthcare services, including preventative care, specialist appointments, and follow-up treatments; and

WHEREAS, transportation barriers contribute to missed medical appointments, delayed treatment, and poorer health outcomes for Delaware residents, particularly among low-income individuals, seniors, and persons with disabilities; and

WHEREAS, expanding access to non-emergency medical transportation can reduce healthcare costs by decreasing avoidable emergency room visits and hospitalizations; and

WHEREAS**,** ensuring comprehensive healthcare coverage includes addressing transportation needs that prevent residents from receiving timely medical care.

NOW, THEREFORE:
BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:
Section 1. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§3370N. Coverage for medically necessary non-emergency medical transportation.

(a) For purposes of this section:

(1) “Non-emergency medical transportation” or “NEMT” means transportation services provided to enable an enrollee to access medically necessary healthcare services when such transportation is not for emergency medical conditions.

(2) “Medically necessary” means as defined in §3371 of this title.

(3). “Department” shall indicate the Department of Health and Social Services.

(4) “Reasonable geographic access” means the availability of medically necessary healthcare services within 50 miles of an enrollee’s primary residence or another distance established by the Department through regulation for each procedure.

(5) "Non-Emergency Medical Transportation" or "NEMT" means transportation services, including mileage reimbursement, public transportation, sedan, wheelchair-accessible vehicle, stretcher vehicle, or other medically appropriate transportation, provided to an individual for the purpose of obtaining medically necessary health care services when the individual's condition does not require emergency medical transportation.

(b) All individual health insurance policies, contracts, or certificates that are delivered, issued for delivery, renewed, extended, or modified in this State shall provide up to $1000 coverage for 60% of medically necessary non-emergency medical transportation when all of the following conditions are met:

(1) The healthcare service is medically necessary.

(2) The required healthcare service is not available through a licensed provider with the necessary expertise to provide the required health service with reasonable geographic access.

(i). Alternatively, the carrier does not maintain an in-network provider within the applicable geographic access standard if it opts not to cover treatment at a comparable out-of-network provider with reasonable geographic access.

(3) Transportation is necessary for the enrollee to obtain medically necessary treatment, specialty care, procedures, follow-up care, or other services essential to the enrollee's treatment plan.

(4) The patient lacks the transportation necessary to access the required healthcare service.

(i). The patient lacks access to a working car, valid license, or is physically unable to drive themself

(c) Carriers may:

(1) Require prior authorization when consistent with medical necessity review standards.

(2) Utilize contracted or approved transportation providers.

(3) Establish scheduling, coordination, and utilization management procedures.

(d) Coverage provided under this section may not be subject to more restrictive limitations than those applied to other covered medical benefits.

(e) Coverage under this section may not be denied solely because transportation services are provided through rideshare, public transit reimbursement, mileage reimbursement, or comparable transportation arrangements approved by the carrier.

Section 2. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows and by redesignating accordingly:

§3571FF. Coverage for medically necessary non-emergency medical transportation.

(a) For purposes of this section:

(1) "Non-emergency medical transportation" or "NEMT" means transportation services provided to enable an enrollee to access medically necessary healthcare services when such transportation is not for emergency medical conditions.

(2) "Medically necessary" means as defined in §3371 of this title.

(3). "Department" shall indicate the Department of Health and Social Services.

(4) "Reasonable geographic access" means the availability of medically necessary healthcare services within 50 miles of an enrollee's primary residence or another distance established by the Department through regulation for each procedure.

(5) "Non-Emergency Medical Transportation" or "NEMT" means transportation services, including mileage reimbursement, public transportation, sedan, wheelchair-accessible vehicle, stretcher vehicle, or other medically

appropriate transportation, provided to an individual for the purpose of obtaining medically necessary health care services when the individual's condition does not require emergency medical transportation.

(b) All group and blanket health insurance policies, contracts, or certificates that are delivered, issued for delivery, renewed, extended, or modified in this State shall provide up to $1000 coverage for 60% of medically necessary non-emergency medical transportation when all of the following conditions are met:

(1) The healthcare service is medically necessary.

(2) The required healthcare service is not available through a licensed provider with the necessary expertise to provide the required health service with reasonable geographic access.

> (i). Alternatively, the carrier does not maintain an in-network provider within the applicable geographic access standard if it opts not to cover treatment at a comparable out-of-network provider with reasonable geographic access.

(3) Transportation is necessary for the enrollee to obtain medically necessary treatment, specialty care, procedures, follow-up care, or other services essential to the enrollee’s treatment plan.

(4) The patient lacks the financial resources or transportation necessary to access the required healthcare service.

> (i). The patient lacks access to a working car, valid license, or is physically unable to drive themself

(c) Carriers may:

(1) Require prior authorization when consistent with medical necessity review standards.

(2) Utilize contracted or approved transportation providers.

(3) Establish scheduling, coordination, and utilization management procedures.

(d) Coverage provided under this section may not be subject to more restrictive limitations than those applied to other covered medical benefits.

(e) Coverage under this section may not be denied solely because transportation services are provided through rideshare, public transit reimbursement, mileage reimbursement, or comparable transportation arrangements approved by the carrier.

Section 3. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows and by redesignating accordingly

§5224. Coverage for medically necessary non-emergency medical transportation.

(a) For purposes of this section:

(1) “Non-emergency medical transportation” or “NEMT” means transportation services provided to enable an enrollee to access medically necessary healthcare services when such transportation is not for emergency medical conditions.

(2) “Medically necessary” means as defined in §3371 of title 18.

(3). “Department” shall indicate the Department of Health and Social Services.

(4) “Reasonable geographic access” means the availability of medically necessary healthcare services within 50 miles of an enrollee’s primary residence or another distance established by the Department through regulation for each procedure.

(5) "Non-Emergency Medical Transportation" or "NEMT" means transportation services, including mileage reimbursement, public transportation, sedan, wheelchair-accessible vehicle, stretcher vehicle, or other medically appropriate transportation, provided to an individual for the purpose of obtaining medically necessary health care services when the individual's condition does not require emergency medical transportation.

(b) This plan shall provide up to $1000 coverage for 60% of medically necessary non-emergency medical transportation when all of the following conditions are met:

(1) The healthcare service is medically necessary.

(2) The required healthcare service is not available through a licensed provider with the necessary expertise to provide the required health service with reasonable geographic access.

> (i). Alternatively, the plan does not maintain an in-network provider within the applicable geographic access standard if it opts not to cover treatment at a comparable out-of-network provider with reasonable geographic access.

(3) Transportation is necessary for the enrollee to obtain medically necessary treatment, specialty care, procedures, follow-up care, or other services essential to the enrollee’s treatment plan.

(4) The patient lacks the financial resources or transportation necessary to access the required healthcare service.

> (i). The patient lacks access to a working car, valid license, or is physically unable to drive themself

(c) The plan may:

(1) Require prior authorization when consistent with medical necessity review standards.

(2) Utilize contracted or approved transportation providers.

(3) Establish scheduling, coordination, and utilization management procedures.

(d) Coverage provided under this section may not be subject to more restrictive limitations than those applied to other covered medical benefits.

(e) Coverage under this section may not be denied solely because transportation services are provided through rideshare, public transit reimbursement, mileage reimbursement, or comparable transportation arrangements approved by the plan.

Section 4. The Department of Insurance may promulgate regulations necessary to implement this Act, including geographic access standards, documentation requirements, and utilization management safeguards.

Section 5. This Act applies to all claims submitted on or after January 1, 2027 following enactment.