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

Legislative Request

This Act requires that individual, group and State employee health insurance plans provide coverage for Non-Emergency Medical Transportation (NEMT) when medically necessary healthcare requires travel beyond a reasonable geographic distance from the enrollee's residence and when such services are supported by clinical determination of medical necessity. This Act applies to all claims submitted after the effective date established by the General Assembly.

Executive Summary

Many Delaware residents, especially those residing in rural areas or suffering from rare medical conditions, encounter significant barriers in obtaining essential medical treatment due to the geographic concentration of specialized providers and a lack of non-Medicaid insurance coverage for non-emergency medical transportation. This deficiency in coverage frequently results in missed medical appointments, deferred treatment, and compromised health outcomes. To remedy this disparity, this Act mandates that health insurance policies issued within the State shall provide coverage for transportation services when the requisite medically necessary care is unavailable within a reasonable distance from the beneficiary's residence and the beneficiary lacks independent, reliable means of transport.

Rationale

In rural regions of Delaware, transportation may pose a barrier to healthcare access. Even when patients are appropriately referred for medically necessary care, more complex treatments or procedures may require treatment in geographically distant locations. Commercial non-Medicaid insurance plans generally do not cover non-emergency transportation as part of medically necessary care, creating a gap between treatment and access in Delaware. Studies indicate that Medicaid-covered NEMT prevents missed appointments, reduces expensive hospitalizations, and yields a positive return on investment by reducing long-term costs. Beneficiaries also report a high degree of satisfaction with such programs, citing eased financial burdens, increased safety, and perceived ownership over their healthcare treatment.

Proposed Action

All regulated health insurance plans shall provide coverage for NEMT when:

- The service is medically necessary and supported by a treating provider
- The required care is not reasonably available within a defined geographic radius
- Transportation is necessary to access treatment, procedures, specialty care, or follow-up care crucial to the treatment timeline

Insurers may:

- Use licensed or carrier-approved transportation providers
- Apply utilization management consistent with medical necessity standards
- Establish reasonable scheduling and coordination procedures

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