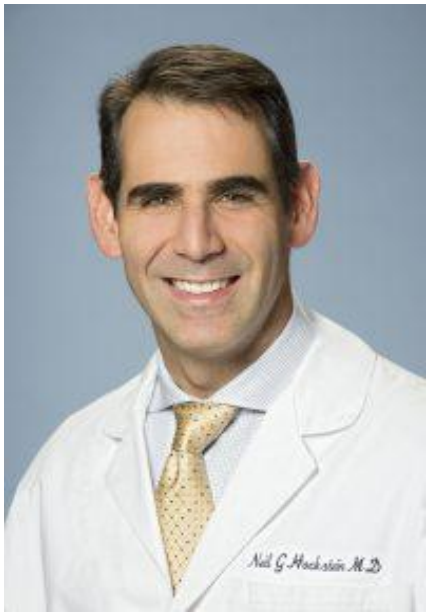
2025

Annual Report

Delaware Health Care Commission

Letter from the Chair – Neil Hockstein, MD



Access is the foundation of everything we do in health care. Without access, quality is theoretical, and affordability is irrelevant. The work of the Delaware Health Care Commission (DHCC) begins – and must always return – to the experience of patients: the right care, in the right place, at the right time.

As I step into the role of Chair, I do so with deep respect for the leadership that has come before and the strong foundation that has been built. The mission of the DHCC remains unchanged, but the moment we are in demands a renewed focus and a sharper lens. We are confronting a set of challenges that are not theoretical – they are felt every day by Delawareans in the form of delayed appointments, workforce shortages, rising costs, and fragmentation across the system.

Our direction is clear. We will organize our work around the Quadruple Aim – access, cost, quality, and provider well-being – with access as our true north. Every policy we advance, every program we support, and every partnership we build will be measured against a simple question: does this make it easier for patients in Delaware to get the care they need?

At the center of this work is our workforce – the most immediate constraint on access. Delaware, with our growing and aging population, faces a structural shortage of clinicians across disciplines, particularly in primary care, behavioral health, and rural communities. We must strengthen the entire continuum: from pipeline programs, to undergraduate and graduate allied health, nursing, and medical education, to retention strategies that support clinicians already serving our communities. This includes not only financial incentives, such as loan repayment, but also the less visible – and equally critical – work of reducing administrative burden and restoring professional sustainability.

At the same time, we must acknowledge that workforce alone will not solve the problem. The system itself must function better. Too often, patients and providers are navigating a fragmented landscape – multiple payers, multiple systems, and processes that were never designed to work together. One of our central priorities is to support the development of shared infrastructure that enables real-time, coordinated care. Whether through data transparency, alignment of payment models, or modernization of administrative processes, we have an opportunity to build a system that works at the scale patients experience it.

Collaboration will define how we move forward. The DHCC is uniquely positioned to bring together stakeholders across government, health systems, payers, employers, and frontline providers. No single entity can solve these challenges alone. But together—with a shared commitment to Delawareans – we can make meaningful progress. This includes deep partnership with the Department of Health and Social Services, the Department of Insurance, the General Assembly, and the Governor's Office, as well as continued engagement with independent providers, FQHCs, health systems, community-based organizations and patients themselves.

We will also continue to advance transparency and accountability in health care spending. Delaware's healthcare costs remain among the highest in the nation, and that trajectory is not sustainable. But cost containment cannot come at the expense of access or quality. Our charge is to align initiatives including benchmarking, CostAware, primary care reform, and the Diamond State Hospital Cost Review Board into a coherent strategy—one that improves value for patients and purchasers alike.

Finally, we are at a moment of significant opportunity. With new federal investments and state-level initiatives, Delaware has the chance to make once-in-a-generation improvements in how care is delivered – particularly in rural and underserved communities. These investments must be thoughtfully and transparently deployed, with a focus on long-term impact and measurable outcomes.

The work ahead is complex, but the goal is simple: a health care system that works for every Delawarean. One that is accessible, affordable, high-quality, and sustainable for those who provide care.

I am grateful for the opportunity to serve in this role and for the partnership of so many committed individuals across our state. Together, we will continue to build a stronger, more connected, and more patient-centered system of care.

Executive Summary

The Delaware Health Care Commission (DHCC) respectfully submits this 2025 Annual Report to the Governor and Delaware General Assembly.

Background
The General Assembly created the DHCC in June of 1990 to develop a pathway to basic, affordable health care for all Delawareans. For administrative and budgetary purposes only, the Commission is placed within the Department of Health and Social Services, Office of the Secretary. The Commission is a public/private body consisting of 11 members and responsible for the administration of the Delaware Institute of Medical Education and Research (DIMER), the Delaware Institute for Dental Education and Research (DIDER), and the Health Resources Board (HRB).

In 2019, the duties of the Commission were expanded to include:

- 16 *Del. C.* § 9903 (f) The Commission must collaborate with the Primary Care Reform **Collaborative** and to develop annual recommendations that will strengthen the primary care system in Delaware
- 16 *Del. C.* § 9903 (g) The Commission shall establish the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund**.

In 2021, the duties of the Commission were expanded to include:

- 16 *Del. C.* § 9903 (j) The Commission shall be responsible for the administration of a **Health Care Provider Loan Repayment Program (HCPLRP)**.

In 2022, the duties of the Commission were expanded to include:

- 16 *Del. C.* § 9903 (k) The Commission shall, in coordination with the Delaware Economic and Financial Advisory Council **Health Care Spending Benchmark** Subcommittee, be responsible for establishing and monitoring the state health-care spending and quality benchmarks

In 2024, the duties of the Commission were expanded to include:

- 16 *Del. C.* § 9903 (*l*) The Commission is responsible for the administration of the **Diamond State Hospital Cost Review Board**. The Commission shall have such other duties and authorities with respect to the Diamond State Hospital Cost Review Board as are necessary to carry out the intent of the General Assembly as expressed in this chapter.

In 2024, with the enactment of Senate Bill 195 of the 152nd General Assembly[1], the Commission is responsible for the administration of the **Delaware Medical Orders for Scope of Treatment program**.

[1] Senate Bill 195

DHCC Mission Statement
In 2022, the commissioners updated the DHCC mission statement to incorporate a commitment to equity. The new statement:

The DHCC strives to foster initiatives, design plans, and implement programs that promote equitable access to high-quality, affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.

Roles, Responsibilities and/or Goals:

- Collaborate with other state agencies, instrumentalities, and private sector
- Convene diverse stakeholders
- Initiate pilots
- Analyze the impact of previous and current initiatives, especially on diverse and underserved populations
- Recommend policy changes to support improving equitable access to high-quality, affordable care

Highlights of Calendar Year 2025

- The Commissioners convened a **Retreat** on November 7, 2025, to discuss policy and legislative initiatives for the 2026 legislative session. The Retreat focused on the quadruple aim: improving access, enhancing quality of care, supporting provider well-being, all at a reasonable cost.
- In 2025, the **DHCC Health Workforce Subcommittee** advanced several key initiatives, including the development of a survey designed to expand and strengthen statewide data collection on health care professionals. The survey, administered during the licensure renewal process, collects non-personal workforce information such as practice location, patient populations served, and other workforce-related data elements. This effort culminated in the passage of Senate Bill 122[2].
- On May 1, 2025, the Department of Health and Social Services and the DHCC released Delaware's fifth annual **Benchmark Spending and Quality Benchmarks** Trend Report – spending and quality data from calendar year (CY) 2021 through CY 2023. The per capita health care spending in Delaware increased 9.1% in CY 2023 to $10,588, outpacing the 3.1% growth rate benchmark.
- The **Health Resources Board (HRB)** approved 12 Certificate of Public Review applications for an estimated total capital expenditure of $434,454,000.
- The **Delaware Institute of Medical Education and Research (DIMER)** welcomed 46 first-year medical students into the entering class of 2025. Thomas Jefferson University Sidney Kimmel Medical College (SKMC) welcomed 31 students, while 15

[2]Senate Bill 122

students matriculated to Philadelphia College of Osteopathic Medicine (PCOM). The graduating class of 2025 provided 44 newly graduated physicians looking forward to residency training. For those Delaware medical students who graduated from SKMC and PCOM in 2025, 48% went into a primary care specialty training, an increase from 44% in 2024.

- In the 2024/2025 admissions cycle for the **Delaware Institute of Dental Education and Research (DIDER**) program there were 30 Delaware applicants at Temple University Kornberg School of Dentistry (53% female/47% male) of which 53% of total applications reached the interview stage. Ten applicants were offered acceptance (33%) and five applicants accepted and enrolled (16.7%).
- The federal sponsored **State Loan Repayment Program (SLRP)** Notice of Funding Opportunity was issued July 2025. State applications were due on January 12, 2026, with an expected award date of April 1, 2026. For this new award cycle, cost sharing/matching is required – $1 for $1 for the federal funding received.
- In 2025, the DHCC received 29 applications for the state-sponsored **Health Care Provider Loan Repayment Program (HCPLRP)** and as of December 31, 2025, there were 40 providers under contract in the program.
- The DHCC administered the fifth year of the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund**. For the plan year 2024, the attachment point was $65,000, a coinsurance rate of 78%, and a reinsurance cap of $340,000. At those parameters, the program reduced member premiums in the Individual market by an average of approximately 15.0% relative to if no reinsurance program were in place.
- In December 2025, Senate Bill 213[3] was introduced to amend Title 16 of the Delaware Code relating to the hospital budget review process. The Act addressed constitutional concerns by eliminating the **Diamond State Hospital Cost Review Board**'s ability to approve or modify hospital budgets, while preserving the first three components of HB 350 with certain modifications and enhancements.
- In 2025, there were 4,126 **Delaware Medical Orders for Scope of Treatment (DMOST)** forms in the electronic registry, which was accessed by health care providers approximately 200 times per month.

The Calendar Year 2025 DHCC Annual Report will further summarize and report on the progress and activities of the DHCC programs and initiatives.

[3] Senate Bill 213

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Delaware Health Care Commission

DHCC Board Activity for Calendar Year 2025
The DHCC conducted eight board meetings and a Retreat.

- January 9, 2025 — Hybrid Board Meeting
- March 6, 2025 — Hybrid Board Meeting
- April 3, 2025 — Hybrid Board Meeting
- May 1, 2025 — Hybrid Board Meeting
- June 5, 2025 — Hybrid Board Meeting
- August 7, 2025 — Hybrid Board Meeting
- October 2, 2025 — Hybrid Board Meeting
- November 7, 2025 — In-Person Retreat
- December 4, 2025 — Hybrid Board Meeting

Board Composition
Delaware Code, Title 16, Chapter 99, § 9902 states the Commission shall consist of 11 members, five of whom shall be appointed by the Governor, one of whom shall be appointed by the President Pro Tempore of the State Senate and one of whom shall be appointed by the Speaker of the House of Representatives. Of the five members appointed by the Governor, at least one member shall be a resident of each county. The Insurance Commissioner, the Secretary of Finance, the Secretary of Health and Social Services, and the Secretary of Services for Children, Youth and Their Families or their designees shall serve as ex officio members of the Commission.

2025 Health Care Commission Board Members

Nancy Fan, MD
Chair
Governor
(Resigned March 2025)

Neil Hockstein, MD
Chair
Governor
(Appointed Chair, March 2025)

Michael R. Smith
Cabinet Secretary, Department of Finance
Ex Officio
(Resigned October 2025)

Kylie Taylor-Roberts
Cabinet Secretary Designee, Department of Finance
Ex Officio
(Effective September 2025)

Josette D. Manning, Esq.
Cabinet Secretary, Department of Health and Social Services
Ex Officio
(Resigned October 2025)

Christen Linke Young
Cabinet Secretary, Department of Health and Social Services
Ex Officio
(Effective November 2025)

Stephanie Traynor, PsyD, MBA
Cabinet Secretary Designee, Department of Services for Children, Youth and Their Families
Ex Officio

Nicholas A. Moriello, R.H.U.
Governor

Trinidad Navarro
Insurance Commissioner, Department of Insurance
Ex Officio

Cheri Clarke Doyle
Governor
(Appointed February 2025)

Jan Lee, MD, MMM, FAAFP
Governor

John T. Powell, MD
Governor
(Appointed March 2025)

Kathleen S. Matt, PhD
Speaker of the House of Representatives

Delaware Health Care Commission Staff - 2025

Elisabeth Massa
Executive Director

- Primary liaison between the Commission, DHSS, and other key public, private partners on health policy matters, including health care workforce, health care access, quality, and cost initiatives
- Provide oversight and strategic direction for all DHCC initiatives and programs

Kaitlyn Arthur
Public Health Administrator I

- Program manager for Benchmark, CostAware, Primary Care Reform Collaborative, and special initiatives
- Management support for loan repayment programs

Latoya Wright
Manager of Statistics and Research

- Program manager for Health Resources Board (including epidemiological services for nursing home and assisted living), Diamond State Hospital Cost Review Board, and the Delaware Medical Orders for Scope of Treatment (DMOST) program

Colleen Cunningham
Social Services Senior Administrator

- Program manager for loan repayment programs (State Loan Repayment Program and the Health Care Provider Loan Repayment Program)

Sheila Saylor
Public Health Treatment Program Administrator

- Program manager for workforce education portfolio (DHCC Health Workforce Subcommittee, Delaware Institute for Medical Education and Research, and Delaware Institute for Dental Education and Research)
- DHCC contract manager

Sheila Saylor passed away after a brief illness on October 1, 2025. She was a dedicated member of the Delaware Health Care Commission and had such a positive spirit. She joined the DHCC in December 2023 as an Administrative Specialist, and in January 2025, was promoted to the Public Health Treatment Program Administrator. Sheila was always willing to lend a helping hand, and no task was ever too small. She approached her work with professionalism, thoughtfulness, and genuine kindness, and she always seemed to have a smile on her face. Sheila is deeply missed, but we are grateful for the time we had

with her. She touched the lives of so many and will be remembered as a truly beautiful person, both inside and out.

Vacant
Administrative Specialist III

- Office manager
- Provide administrative support for variety of operational areas and DHCC programs

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Delaware Health Care Commission Retreat

On November 7, 2025, the Delaware Health Care Commission (DHCC) convened an in-person retreat at the Bayhealth Conference Center in Dover. In addition to the commissioners, members of the Delaware General Assembly, representatives from health systems, public health and health care stakeholders, state officials, regulators, and policymakers, attended the Retreat and participated in the discussion. It was an opportunity to bring together more than 70 stakeholders to discuss policy and legislative initiatives for the 2026 legislative session. The Retreat focused on the Quadruple Aim: improving access, enhancing quality of care, supporting provider well-being, and ensuring affordability.

Each session was led by a DHCC commissioner and focused on one of the four quadruple aims.

Session 1 – Access
Facilitator: DHCC Commissioner Kathy Matt, PhD

Dr. Matt opened the Access session by highlighting ongoing health care workforce challenges and outlining potential strategies to improve access to care.

Session 2 – Quality
Facilitator: DHCC Commissioner Nick Moriello

Commissioner Moriello opened the Quality session by discussing value-based care and the AHEAD (Achieving Healthcare Efficiency through Accountable Design) Model as a framework for improving outcomes and system performance.

Session 3 – Cost
Facilitator: DHCC Commissioner Cheri Clarke Doyle

Commissioner Doyle opened the Cost session with reflections on health care cost transparency and highlighted CostAware, a website developed collaboratively by DHSS/DHCC and the Delaware Health Information Network (DHIN), as a key resource for consumers and stakeholders.

Session 4 – Provider Well-Being
Facilitator: DHCC Commissioner John Powell, MD

Dr. Powell opened the session by emphasizing the importance of positioning Delaware as a destination for health care talent. He noted that providers continue to face significant administrative and operational burdens, including mandatory training requirements that may not directly contribute to improved outcomes and restrictive scope-of-practice regulations that can limit efficiency. He emphasized that efforts to improve provider well-

being must focus on meaningful structural and operational reforms rather than superficial interventions.

The DHCC retreat highlighted Delaware's proactive and collaborative approach to tackling complex healthcare challenges through data-driven strategies, workforce investment, innovative care models, and regulatory improvements. The successful implementation of the Rural Health Transformation Program, alongside workforce development and value-based care initiatives, promises to enhance healthcare access, quality, and sustainability in Delaware. Ongoing stakeholder engagement and policy advocacy remain crucial for achieving these goals. This comprehensive dialogue demonstrated Delaware's commitment to reimagining healthcare delivery with a patient-centered, efficient, and equitable system for the future.

Delaware Health Care Commission Programs and Initiatives

Health Workforce Subcommittee

Background
The Health Workforce Subcommittee (Subcommittee) was created in December 2020 by the Delaware Health Care Commission (DHCC) to assess and address Delaware's healthcare workforce deficiencies. In the Subcommittee's first year, under the leadership of commissioners Nick Moriello and Cabinet Secretary Rick Geisenberger, stakeholders from across Delaware were invited to share their challenges in developing and sustaining the workforce across all the health professions. These discussions revealed a need to understand the data and the pipelines needed to educate and train the health care workforce.

In November 2021, the DHCC provided seed funding to the Delaware Academy of Medicine/Delaware Public Health Association (DPHA) to develop a database through the work of Delaware Health Force (DHF)[4], to document the distribution of health professionals in Delaware. In addition to the financial support from the DHCC, DHF was supported with the Academy/DPHA internal fund endowments as well as major grant funding provided by the State of Delaware's Department of Labor through the American Rescue Plan Act (ARPA) pandemic relief funds. The DHF database is being used to monitor the distribution of licensed health professionals throughout the State.

In March of 2023, DHCC commissioner Dr. Kathleen Matt, joined Secretary Geisenberger as co-chair of the Subcommittee. With the workforce data clearly identifying the deficiencies in the health workforce, the Subcommittee's work became focused on developing plans to alleviate the shortages and expand the health workforce pipelines.

Subcommittee Recommendations
In 2024, the DHCC charged the Subcommittee to develop recommendations to the Commission.

***Mission*:** To evaluate and strengthen the health care workforce to ensure that it meets and exceeds the needs of the people of Delaware.

Vision Statement
The vision of the Subcommittee is to work with the DHCC to improve and ensure access to quality healthcare to all Delawareans regardless of where they live and work in the state of Delaware. This will be done by determining the current and projected healthcare workforce needs in Delaware through the work of the Delaware Health Force. Additionally,

[4] https://dehealthforce.org/

the subcommittee will develop recommendations about policies and programs that can enhance the education and training of a robust healthcare workforce, as well as increase recruitment and strengthen retention of a strong health care workforce.

Categories of Recommendations from the Subcommittee

1. **Data/ Surveys/ Licensure** – Refine the data further to provide more information on the current workforce and their statewide distribution as compared to statewide population distribution and information of disease incidence to inform current and future workforce needs.
2. **Clinical Training / Preceptors/ Enhancing Healthcare Workforce Pipelines** – Work out financing and partnerships of hospitals and educational institutions, high schools, and middle schools to create health care career pipelines and enhanced clinical training opportunities. Need mechanisms to grow the next generation of health care workforce educators and fill the ever-expanding demand created by retirement of Health care workforce educators.
3. **Healthcare Professional Shortages** – Need to solve shortages of physicians, dentists and dental hygienists, nurses, specialists, behavioral health specialists, etc. How do we grow our own in the state, and recruit and retain the workforce needed in Delaware?
4. **Long Term Care** – Need to grow all levels of health care professionals to serve in much needed areas. Need to create career ladders for individuals so they can enter at all different levels and achieve credit for their work in the field and continue to advance in their positions in healthcare.
5. **Delivering Care to Rural and Underserved Populations** – Enhance geographic distribution across the state, and expand telehealth options, etc. Establish more clinics in underserved areas that can then be used to recruit health care professionals to establish practices in these areas.

Short- and Long-Term Objectives*:* To develop strategies to recruit, train, and retain a strong health workforce. Enhance clinical training opportunities in Delaware for all health professionals that link academic programs to hospitals. Develop more Fellowship programs and Residency programs in the state to attract more health care professionals to train and work in Delaware. Continue to enhance our workforce data and analysis to determine workforce needs throughout the state linked to population needs and disease incidence. Enhance loan repayment programs and student loans for service in rural and underserved populations throughout the state.

Delaware Healthcare Workforce Summit: One of the recommendations of the Subcommittee was to organize a Health Summit each year to discuss broadly in the state, ideas for enhancing the health workforce in Delaware**.** The intent of the summit was to bring in leaders from across the state as well as leaders from other states to discuss the challenges and the solutions for enhancing the health care workforce. Delaware Health Force offered to host the inaugural Delaware Healthcare Workforce Summit. The Summit was held on September 25, 2024, at Delaware State University. The Summit planning

committee was led by Timothy Gibbs, and Delaware Health Force, and included Subcommittee member Nichole Moxley, with the Delaware Division of Public Health's Office of Healthcare Provider Resources. The theme of the Summit was "Recruit, Reframe, Retain, and Resilience." The day-long summit included three keynote addresses: 1. Workforce Challenges and Successes from a National Perspective, 2) Battling Burnout and Enhancing Well-being in the Healthcare Workforce, and 3) Next Steps to Maintain Momentum. Several action items were proposed through panel discussions and speakers, including expanding academic partnerships, creating more LPN-to-RN educational programs, and advocating for legislation to improve access to dental care through the dental hygiene compact license.

2025 Health Workforce Subcommittee Members

With the start of the Governor Matthew Meyer Administration in early 2025, Cabinet Secretary Rick Geisenberger resigned, and Nichole Moxley was named co-chair with Dr. Matt.

Nicole Moxley, co-chair
Division of Public Health

Kathleen Matt, PhD, co-chair
University of Delaware

Nicholas Conte, Jr., DMD, MBA
Bureau of Oral Health and Dental Services

Brian Frazee
Delaware Healthcare Association

Timothy Gibbs
Delaware Health Force

Cheryl Heiks
Delaware Health Care Facilities Association

Elisabeth Massa
Delaware Health Care Commission

Maggie Norris-Bent, MPA
Westside Family Healthcare

Christopher Otto, MSN
Delaware Nurses Association

Michael J. Quaranta
Delaware Chamber of Commerce

Kylie Taylor-Roberts
Department of Finance

Gwendolyn Scott-Jones, PhD
Delaware State University

Shauna Slaughter, MBA
Division of Professional Regulations

Joanna Staib
Delaware Workforce Development Board

Mark Thompson, MHSA
Medical Society of Delaware

Rosemary Wurster, DNP
Bayhealth

Health Workforce Subcommittee Activity for Calendar Year 2025
The Subcommittee convened ten hybrid meetings:

- January 15, 2025
- March 19, 2025
- April 10, 2025
- May 8, 2025
- June 11, 2025
- July 10, 2025
- August 14, 2025
- October 15, 2025
- November 12, 2025
- December 11, 2025

Senate Bill 122
During 2025, the Subcommittee advanced several key initiatives, including the development of a survey designed to expand and strengthen statewide data collection on health care professionals. The survey, administered during the licensure renewal process, collects non-personal workforce information such as practice location, patient populations served, and other workforce-related data elements.

This effort was spearheaded by Subcommittee co-chair Nichole Moxley and culminated in the passage of Senate Bill (SB) 122[5]. Data collection under the new law has now commenced. As these data sets continue to be gathered, Delaware Health Force will partner with the State to support ongoing analysis and workforce planning efforts.

SB 122 authorizes the Division of Public Health and the Delaware Health Care Commission to collect comprehensive, non-personal workforce data from health care providers during licensing and renewal processes to strengthen health care workforce research, planning, and policy development in Delaware.

Healthcare Workforce Roundtable
In support of enhancing clinical workforce pipelines, the Subcommittee recommended convening a roundtable of representatives from clinical training sites and academic programs to identify opportunities to strengthen clinical education and workforce development initiatives.

On September 12, 2025, a roundtable, "Convening on Improving and Expanding Delaware's Healthcare Workforce," was convened by the Governor's Office and Commission Chair, Dr. Neil Hockstein. The discussion brought together leaders from

[5] Senate Bill 122

major academic institutions and hospital systems to address non-physician workforce shortages and explore potential solutions. Key areas of focus included expanding workforce pipelines, addressing provider burnout, and accelerating training initiatives to meet Delaware's growing health care workforce needs.

The roundtable proved valuable in highlighting successful partnerships and programs already underway across clinical and academic settings. Participants also identified opportunities for greater collaboration, including the sharing of training space, expansion of clinical training opportunities, and coordination of ongoing workforce development efforts to further strengthen Delaware's health care workforce pipeline.

2025 Delaware Healthcare Workforce Summit
On September 24, 2025, a second Health Workforce Summit was held, with Tim Gibbs and Nichole Moxley serving as co-chairs. Hosted by the Delaware Academy of Medicine / Delaware Public Health Association in Dover, the Summit reached full capacity, attracting more than 200 attendees from across Delaware.

The Summit focused on strengthening the health care workforce pipeline, improving workplace environments, and leveraging data to inform policy and decision-making. The program featured presentations by Hannah Maxey, Founding Director of the Bowen Center for Health Workforce Research and Policy at Indiana University; Rodel Foundation on *Early to Post-Secondary Education and Our Healthcare Workforce: Addressing the Upstream*; state and federal legislative updates; *Meeting Patients Where They Are*, with a focus on dentistry; a Delaware leadership panel on updates, innovations, and opportunities for action and collaboration; *Data in Action: A Report on Chronic Disease in Delaware as it Relates to the Healthcare Workforce and Access* presented by TechImpact; and *Medicaid and Our Workforce in Delaware* presented by Andrew Wilson, Esq., Director of the Delaware Division of Medicaid and Medical Assistance.

Additional Workforce Efforts
Additional work undertaken by the Subcommittee focused on improving access to care by strengthening and expanding Delaware's health care workforce. Efforts centered on the recruitment, training, and retention of health care professionals through the expansion of existing workforce initiatives, the development of new programs, and increased financial assistance opportunities, including scholarships and loan repayment programs.

The Subcommittee also continued to support the development of in-person Mini Medical (Mini Med) programs in southern Delaware aimed at encouraging more individuals to pursue careers in the health professions pipeline. These initiatives are intended to increase awareness of health care career pathways and strengthen the long-term workforce pipeline throughout the state.

CostAware

Background

In early 2020, the Department of Health and Social Services (DHSS) and the Delaware Health Care Commission (DHCC) partnered with the Delaware Health Information Network (DHIN) to develop and implement various health care costs and quality analyses. These analyses leverage data from the Delaware Health Care Claims Database (HCCD), which is managed by DHIN, and is used by DHSS to inform and support a range of health policy initiatives.

The goals of this initiative include expanding the analytic, measurement and reporting capabilities of the claims database to increase transparency, highlight variation in health care system performance, enhance consumers' knowledge, and identify opportunities to improve quality and reduce costs for Delaware residents. This work also complements existing initiatives, including the Delaware Health Care Spending and Quality Benchmarks, the Office of Value-Based Health Care Delivery, and the Primary Care Reform Collaborative. Findings from these analyses are summarized in reports and made available through the public-facing, consumer-friendly CostAware website that launched on April 7, 2022.

The initial version of CostAware compared hospital costs for several common episodes of care at six unnamed hospital systems.[6] The site also compared costs across five accountable care organizations (ACOs) for seven common services.[7] Following the April 2022 launch, DHCC conducted stakeholder engagement meetings with representatives from Delaware hospitals to gather feedback on the analytic methods used to produce the reported measures and to discuss planned enhancements. Additional refinements were made in response to feedback from the Delaware Healthcare Association and hospital representatives across the state.

In addition to comparing hospital costs and ACO quality, CostAware now provides information on average cost and utilization information for specific medical services (such as office visits and laboratory tests) as well as common episodes of care, including vaginal and cesarean births, knee and hip replacements, and other procedures. Beyond cost and utilization data, CostAware features quality measures published by the Centers for Medicare & Medicaid Services (CMS) from the Hospital Compare and Medicare Shared Savings Program initiatives. Users can view average costs for medical services and episodes of care, along with variation of costs by hospitals and imaging facilities.

[6] Common episodes of care included: cardiac procedures, vaginal and cesarean births, emergency department visits, and knee and hip replacements.

[7] The seven services included: blood count, colonoscopy, doctor visits, hemoglobin A1c, head CT, lumbar spine MRI and screening mammography.

Calendar Year 2025 Activities and Accomplishments
In 2025, the CostAware enhancements included the addition of data for calendar year (CY) 2023 and Medicare fee-for-service beneficiaries, expanding reported results to cover CY 2019 through CY 2023. The inpatient services report was redesigned, and the prescription drug costs report was enhanced to compare costs for brand and generic prescription drugs by class and payer type.

New and enhanced reports were introduced as part of the release which included the following:

- **New Data:** Results based on analysis of 2023 claims data.
- **Prescription Drug Costs:** An enhanced report compares the average daily cost of brand and generic drugs in Delaware by drug class and payer category based on 2023 pharmacy claims data. The enhanced report adds the ability to view results by gender and age group. Prescription drugs are identified by National Drug Code (NDC) and grouped into classes assigned based on the condition the drug is intended to treat.
- **Inpatient Services:** This report was redesigned and allows users to compare average costs for childbirth and cardiac procedures for Delaware hospitals.
- **Cervical Cancer Screening:** A quality focused report that highlights variation in the rate of cervical cancer screening for Delaware women who require screening based on clinical guidelines.

The most recent version of CostAware (last updated in September 2025) also includes:

- **Average costs for episodes of care** including cesarean and vaginal newborn births and cardiac procedures including percutaneous cardiac intervention and heart failure reported for Delaware hospitals.
- **Average cost of imaging procedures** including head CT, lumbar spine MRI, and screening mammography by care setting and for Delaware imaging centers.
- **Average cost per visit for medical services** including child wellness visits, mental and behavioral health services, diabetes care, cardiac procedures, adult doctor visits, and lab tests (blood and urine tests).
- **Results reported by care setting** including hospital outpatient facility, outpatient lab, professional office, urgent care facility, and telehealth.
- **Filtering of results by insurance category** (commercial insurance, Medicaid, Medicare) and patient age group and gender (as appropriate).

CostAware
Delaware's State Health Care Costs

Delaware Health Insurance Individual Market Stabilization Reinsurance Program (1332 Waiver)

Background

From its implementation in 2014, the Affordable Care Act's reforms resulted in the growth of Delaware's Individual health coverage market to 34,500 enrollees in 2016. These years of enrollment growth were bolstered by public demand for newly affordable health coverage, significant federal spending in marketing and consumer assistance, and a temporary transitional reinsurance program that supported premium stability.

Early trends pivoted in 2017, as unsustainable premium increases, enrollment attrition, and loss of choice in health coverage carriers destabilized the Individual market. The end of the transitional reinsurance program (2017), increasing enrollee morbidity, and the cessation of cost sharing reduction payments from the federal government (2018) were key drivers of declining marketplace performance. These headwinds risked reversing all of Delaware's health coverage gains as enrollment decreased in 2019 to 22,800 enrollees, down 34% from 2016. Unsubsidized enrollees accounted for 82% of coverage losses as monthly premiums increased to $735 in 2019, up $274 from 2016. Through this period of decreasing enrollment/affordability, the marketplace was supported by enrollees with premium tax credits, whose share of total enrollment peaked at 75% in 2019.

To address the affordability crises, Delaware took legislative action:

1. Senate Concurrent Resolution 70 (SCR 70) - Passed on June 28, 2018, and authorized the State's 1332 waiver application.
2. House Bill 193 (HB 193) - Signed by Governor John Carney on June 20, 2019.

As a result, the Delaware Health Insurance Market Stabilization Reinsurance Program & Fund was established in 2019 under a Section 1332 State Innovation Waiver. The waiver was effective January 1, 2020, through December 31, 2024, to implement a state-based reinsurance program, and extended for an additional five-year period beginning January 1, 2025, and ending December 31, 2029.

The State Reinsurance Program (SRP) helps stabilize Delaware's Individual market by lowering premium rates, increasing enrollment, and improving the morbidity of the single risk pool overall. Through its impact of lowering Individual market premium rates, the primary goal of the SRP is to help ensure that health care is as accessible and affordable as possible for Delaware citizens.

The SRP contributed to significant premium reductions in 2020 and 2021 (19% and 1%, respectively) and stable premium growth since then. The SRP's premium stabilizing effects, federal premium tax credit enhancements, and increased marketing spend led to a successful 2025 Open Enrollment Period as approximately 51,200 Delawareans made a

plan selection.

The DHCC sets the SRP's rate reduction target annually and the determination process is supported by actuarial analysis of issuer enrollment/claims information, and considers program fiscal sustainability, estimated federal passthrough funds, and enrollment impact. For the 2025 plan year, the DHCC set a 13.0% rate reduction target for the SRP. Table 1 reports the reinsurance parameters for the 2025 plan year.

Table 1. 2025 State Reinsurance Program Parameters

Parameter	Definition	2025 – Set by DHCC
Attachment Point	Threshold after which claims are reimbursed by the SRP.	$65,000
Coinsurance	Percentage at which claims incurred above the attachment point are reimbursed.	70%
Reinsurance Cap	Threshold after which claims are not reimbursed by the SRP.	$340,000

SRP costs, i.e., reinsurance payments, are covered by state and federal funds. The state portion of SRP costs is funded by an annual 2.75% premium assessment on certain health/dental insured lines subject to state law. The federal portion of SRP costs is supported by pass-through funding, i.e., the estimated federal savings on premium tax credit outlays produced by the SRP. Table 2 reports estimated program costs for the 2025 SRP and the share of state/federal funds allocated to support the program. The DHCC reports that SRP funding was sufficient for SRP payments for the 2025 plan year.

Table 2. 2020 – 2025 State Reinsurance Program Costs & Funding

Year	Rate Target	Reinsurance Payment	State	Federal Pass-through
2020	13.8%	$23,788,389.14	$20,174,161.86	$21,675,647
2021	16.0%	$41,880,680.78	$19, 807,916.30	$38,883,544
2022	15.0%	$43,752,197.70	$22,152,091.25	$35,010,817
2023	15.0%	$43,752,197.70	$23,968,492.11	$46,734,709
2024	15.0%	$54,631,495.81	$25,640,881.12	$64,724,320
2025	13.0%	$86,262,391.67	$25,000,000.00	$49,347,738

State Reinsurance Program Process Standards

To support SRP operations under the State Innovation Waiver, the DHCC receives administrative assistance from the Centers for Medicaid and Medicare Services (CMS) with

the determination of claims payment under established program parameters for a given year.[8] The scope of CMS' administrative support also includes the execution of the high-cost risk pool / state-based reinsurance (HCRP/SRI) command along a set schedule during the plan year.

Under SRP operations, issuers must submit claims data to their EDGE Servers for the determination of payable claims. As such issuers are expected to maintain the same claims data accuracy, timeliness, and completeness standards set under 45 CFR 153.700 – 153.730 and all relevant HHS Guidance/Technical Instruction, including CMS-EDGE Server Interface Control Document – Risk Adjustment and Reinsurance Addendum.

2025 Plan Year Payment Parameters

The SRP reimburses issuers who offer comprehensive coverage in Delaware's Individual Market for a percentage (coinsurance percentage) of the annual claims which they incur on a per member basis between a specified lower threshold (attachment point) and upper threshold (reinsurance cap), to be determined each year by the DHCC.

For the 2025 plan year, the attachment point was $65,000, a coinsurance rate of 70%, and a reinsurance cap of $340,000. At those parameters, the program reduced member premiums in the Individual market by an average of approximately 13.0% relative to if no reinsurance program were in place. DHCC's determination process is supported by actuarial analysis of issuer enrollment/claims information, and considers program fiscal sustainability, estimated federal passthrough funds, and enrollment impact.

Calendar Year 2025 Activities and Accomplishments

- In March 2025, DHCC issued a *Letter to Issuer,* an annual paper providing administrative guidance for SRP participating issuers to meet SRP requirements under the Delaware Code and regulations.
- In March 2025, the DHCC submitted the 2024 SRP Annual Report to CMS[9].
- In May 2025, CMS issued a letter to DHSS that the Department of the Treasury's final administrative determination for Delaware's pass-through funding amount would be $49,347,738 for calendar year 2025.
- On July 18, 2025, the DHCC hosted a hybrid Public Forum to provide the public an opportunity to give meaningful comment on the progress of the Section 1332 Waiver. The 2026 payment parameters were announced:
    - Attachment point: $55,000
    - Coinsurance rate: 35%
    - Reinsurance cap: $340,000
    - Estimated premium reduction: 7.0%

[8] 2024 SRP Annual Report

    - In July 2025, the DHCC remitted a reinsurance payment of $86,262,391.67 to carriers Aetna Health Inc., AmeriHealth Caritas, Celtic Insurance Company, and Highmark Delaware for eligible 2024 claims.
- In October 2025, the DHCC submitted pass-through funding data to CMS.

Delaware Medical Orders for Scope of Treatment (DMOST)

Background

In 2016, the Delaware Medical Orders for Scope of Treatment (DMOST) was enacted under House Bill 64, 148th Delaware General Assembly. The DMOST form allows Delawareans to plan ahead for health-care decisions, express their wishes in writing, and both enable and obligate health care professionals to act in accordance with a patient's expressed treatment preferences. A DMOST form is different than an Advance Health-Care Directive because a DMOST form contains portable medical orders that respect the patient's goals for care in regard to the use of CPR and other medical interventions. Currently DMOST is underutilized, despite efforts by advocates and the creation of a statewide electronic registry for DMOST forms hosted by the Delaware Health Information Network (DHIN).

On September 26, 2024, Governor John Carney signed Senate Bill 195[10]. This Act aims to improve the utilization of the DMOST form by health-care practitioners, health-care providers, emergency-care providers, and patients and their families by creating a DMOST Program at the Department of Health and Social Services (DHSS), administered by the Delaware Health Care Commission (DHCC). SB 195 expands upon DHSS' current responsibilities under DMOST to include the following:

1. Providing ongoing education and training for health-care practitioners, health-care providers, emergency-care providers, and patients and their families.
2. Maintaining a website for information and education about DMOST.
3. Working with DHIN to maintain the electronic DMOST registry.
4. Coordinating with the National POLST Collaborative regarding current best practices and research. (POLST, which stands for Physician Orders for Life-Sustaining Treatment, was the name given to the first tool developed for honoring patients' wishes for end-of-life treatment in 1991.)
5. Creating a DMOST Steering Committee, consisting of a broad group of stakeholders, to evaluate and improve the DMOST Program and the use of DMOST forms.

The Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

2025 Data Collection Summary

Highlights

- The number of DMOST forms in the electronic registry: 4,126

[10] Senate Bill 195

- How often the electronic registry is consulted by health-care providers monthly: 200 times
- Use of DMOST forms by emergency-care providers: N/A (Currently there is no interoperability between the pre-hospital records used by emergency-care providers and the DMOST registry, and there is no data collected on how often emergency-care providers encounter/utilize paper DMOST forms.)

Training Provided to Health Care Practitioners, Health Care Providers, and Emergency Care

Providers

In calendar year 2025, a small number of training sessions relevant to DMOST were provided to healthcare audiences such as medical residents and graduate nurses. The exact number of sessions is not known; it is estimated that a few education sessions occurred at each major health-care system throughout the state. These sessions were largely conducted by the palliative care teams at each institution using independently developed educational materials. Each year, training sessions are also conducted for emergency-care providers through the Fire School.

Of note, there were substantially more healthcare training sessions provided throughout the state in 2023-2024 when there was grant funding obtained for advance care planning (ACP) education efforts, including large presentations for acute care systems and payers. However, this funding was not available in calendar year 2025 and these coordinated sessions ceased. The DMOST Steering Committee anticipates increased numbers of healthcare training sessions and participants reached in upcoming years when the DMOST Education vendor becomes active.

Public Education and Outreach Efforts

In calendar year 2025, the majority of efforts were directed toward community-focused outreach. There were presentations regarding ACP and DMOST in all three counties on April 16, 2025, which is National Healthcare Decisions Day. Multiple ACP presentations incorporating DMOST were conducted, including 12 sessions in Sussex County locations including libraries, Lewes Senior Center, CHEER Center, The Lodge, The Homestead at Truitt, and St. Peter's Episcopal Church. These sessions were largely spearheaded by a single chaplain in Sussex County who passionately volunteers her time to provide these sessions with her own individually created materials.

Of note, there were substantially more public education sessions throughout all three counties provided in 2023–2024 when grant funding supported ACP education efforts. This funding was not available in calendar year 2025, resulting in a decrease in public education sessions. Increased numbers of public education and outreach efforts are anticipated in future years once the DMOST Education vendor becomes active.

Current Challenges and Recommendations

Outlined below are key challenges and recommendations aimed at improving the DMOST Program and strengthening the use of DMOST form.

Challenges:

- Lack of statewide ACP ecosystem, which is reflected in the current lack of connectivity with emergency-care providers, DHIN DMOST registry, and various electronic health records used throughout state.
- Lack of coordinated education/training about ACP/DMOST with standardized materials for both public and health care providers.
- The DMOST form itself has not been updated since its initiation and is not aligned with the current National POLST model form which sets national standards for portable medical orders.

Recommendations:

- Revise the current DMOST form in alignment with the National POLST form. The National POLST form provides standardization across states and is translated into various languages. The National POLST form offers significant improvement over the current DMOST form.
- The new Delaware POLST form has been approved by the DMOST Steering Committee. The process of updating the statute and regulations to reflect the transition to Delaware POLST is underway.
- Create an ACP ecosystem to allow seamless access to DMOST and advance directive documents at key points of care. This ecosystem will connect acute care, post-acute care, long-term care, hospice, emergency-care providers, home and community care, and DHIN.
- The DMOST Steering Committee has recommended a plan to utilize MyDirectives to help DHIN and the state accomplish this ecosystem.
- The State (DHCC/DHSS) has hired a full-time DMOST Coordinator to facilitate much of the work included in Senate Bill 195
- DHSS has contracted with Delaware Quality of Life Coalition (DQOLC) to provide state-wide education/training including development of materials and conducting educational/informational sessions state-wide for both public and health care systems.

DMOST Steering Committee

The DMOST Steering Committee (Committee) was established to support the implementation of the DMOST program and make recommendations regarding the implementation of SB 195. The Committee conducted 10 hybrid meetings on the following dates:

- February 20, 2025

- March 20, 2025
- April 17, 2025
- May 15, 2025
- June 12, 2025
- July 17, 2025
- August 14, 2025
- September 18, 2025
- October 9, 2025
- December 11, 2025

2025 Steering Committee Members

Sarah Matthews, MD, Chair
Delaware Quality of Life Coalition

Krishna Upadhya, MD
Department of Health and Social Services

Jamie Rocke
Delaware Health Information Network

John Goodill, MD
National POLST Collaborative

Judith Ramirez
Long-Term Care Ombudsman

Jerry Brennan
Delaware State Fire Prevention Commission

Adrienne Wallace
Delaware Healthcare Association

Pamela Price
Health Insurance Provider

Cheryl Heiks
Delaware Health Care Facilities Association

Catherine Read
Elder Law Section, Delaware State Bar Association

Reverend Paula Waite
Public member

Diamond State Hospital Cost Review Board (DSHCRB)

Background

On June 13, 2024, Governor John Carney signed House Substitute 2 for House Bill 350[11] creating the Diamond State Hospital Cost Review Board (Board). The Board is responsible for an annual review of hospital budgets and related financial information. The Board consists of eight members: seven appointed by the Governor and confirmed by the Senate and the Executive Director of the Delaware Healthcare Association. The Act creates a requirement that hospitals submit yearly budgets, audited financial statements, and related financial information to the Board for review. Where a hospital fails to meet the state's health care spending benchmark, it is required to engage with the Board on a performance improvement plan (PIP). If the Board determines that a PIP is required and the hospital cannot agree on a PIP or where the hospital fails to successfully implement a PIP, the Board may require the hospital to have its future budget approved by the Board. The submission of hospital budget and financial information will begin in 2025 for calendar year 2026. In reviewing PIPs or proposed budgets, the Board will consider adherence as closely to the spending benchmark as is reasonable given the hospital's financial position and associated economic factors, the promotion of efficient and economic operations of the hospital, and maintenance of the hospital's ability to meet its financial obligations and provide quality health care. The Delaware Health Care Commission is responsible for the administration of the Board.

In July 2024, ChristianaCare filed a lawsuit *Christiana Care Health Services, Inc., et al. v. Carney, et al.*, C.A. No. 2024-0802-LWW seeking declaratory and injunctive relief related to House Substitute 2 for House Bill 350.

DSHCRB Board Activity for Calendar Year 2025

DSHCRB conducted eight Board meetings and two Executive Session meetings. The Executive Sessions were for the purpose of a strategy session regarding pending litigation, *Christiana Care Health Services, Inc., et al. v. Carney, et al.*, C.A. No. 2024-0802-LWW.

○ March 11, 2025	Board Meeting	Hybrid Meeting
○ April 8, 2025	Board Meeting	Hybrid Meeting
○ May 13, 2025	Board Meeting	Hybrid Meeting
○ June 10, 2025	Board Meeting	Hybrid Meeting
○ July 8, 2025	Board Meeting	Hybrid Meeting
○ July 8, 2025	Executive Session	Hybrid Meeting
○ August 12, 2025	Board Meeting	Hybrid Meeting
○ August 12, 2025	Executive Session	Hybrid Meeting
○ September 9, 2025	Board Meeting	Hybrid Meeting

[11] House Substitute 2 for House Bill 350

- October 14, 2025 Board Meeting Hybrid Meeting

- In April 2025, on behalf of the Board, the Executive Director of the Health Care Commission sent a request to the hospitals for fiscal years 2023 and 2024 audited financial statements pursuant to Subchapter VI of Chapter 99 of Title 16. Subsection (b) of § 9953 – "Hospitals shall submit audited financial statements to the Board, within 30 days of such audited financial statements becoming finalized."[12]

- In October 2025, the State of Delaware and ChristianaCare reached a settlement agreement that paused ongoing litigation related to House Substitute 2 for House Bill 350 and created a path forward to settle the case upon terms that would enhance hospital transparency, accountability, and included a commitment to negotiate additional healthcare workforce investments.

- In October 2025, the Board adopted a resolution with the following components:
  - Suspend public meetings until February 2026, subject to the discretion of the Chair of the Board to convene a public meeting of the Board prior to February 2026.
  - Defer any further development of regulations until the Board's February 2026 meeting or at a subsequent monthly meeting.
  - Suspend the Board's compensation under 16 *Del. C.* § 9952(e) from October 15, 2025, until the date of the Board's next public meeting, as convened at the call of the Board's chair.

- In December 2025, Senate Bill 213[13] was introduced by Majority Leader Bryan Townsend to amend Title 16 of the Delaware Code relating to the hospital budget review process. The Act addressed constitutional concerns by eliminating the Board's ability to approve or modify hospital budgets, while preserving the first three components of HB 350 with certain modifications and enhancements.

2025 Diamond State Hospital Cost Review Board of Directors

In March 2025, Governor Matthew Meyer appointed two members to the Board, all confirmed by the State Senate: Gary Ferguson and Thomas Sweeney, MD

In June 2025, Richard Geisenberger resigned as Chair and David Singleton was appointed as Chair by Governor Meyer.

[12] https://delcode.delaware.gov/title16/c099/sc06/index.html
[13] Subchapter VI of Chapter 99 of Title 16

David Singleton, Chair
Governor Appointment
(Appointed as Chair, June 2025)

Thomas Brown
Governor Appointment

Richard Geisenberger
Governor Appointment
(Resigned as Chair, June 2025)

Heath Chasanov
Governor Appointment

Thomas Sweeney, MD
Governor Appointment
(Appointed March 2025)

Gary Ferguson
Governor Appointment
(Appointed March 2025)

Devona Williams, PhD
Governor Appointment

Brian Frazee
Ex-Officio

Delaware Institute for Dental Education and Research (DIDER)

Background
The Delaware General Assembly created the Delaware Institute for Dental Education and Research (DIDER) in 1981. In 2001, the administration and operation of DIDER transferred from the Office of Management and Budget to the Delaware Health Care Commission (DHCC), and the total number of members on the board of directors expanded to 11 public/private representatives statewide.

Delaware's Dental School
In 2005, Delaware established an affiliation agreement with Temple University Maurice H. Kornberg School of Dentistry, ensuring a minimum of (six) 6 eligible residents of Delaware would be guaranteed first-year admissions to a highly qualified dental education. Over time, funding decreased, and today, four (4) seats are now reserved annually at Temple for Delaware residents entering their first year of dental education in the Doctor of Medicine in Dentistry (DMD) programs. At the outset of this program, funding was also in place to help offset tuition expenses but has since been eliminated as well.

Since 2012, Temple University has met or exceeded its commitment to admit at least four Delaware residents to the Kornberg School of Dentistry each year. From 2014 - 2018, the rate of acceptances for Delaware applicants ranged from 31.8% to 47.6%, compared to an acceptance rate for non-Delaware applicants ranging from 9.6% to 11.4%. The average acceptance rate for Delaware applicants was 42.6%, while the average acceptance rate for applicants not from Delaware was 10.5%. From 2000 to 2018, 54% of those who completed dental school, and a post-graduate year were licensed and practicing dentistry in Delaware.

Temple University Maurice H. Kornberg School of Dentistry – 2025 Admission Statistics

- Total Applicants from Delaware: 30 (53% female/47% male)
- Did not qualify or did not complete application: 14
- Reached interview state: 16 (53% of total applications)
- Offered acceptance: 10 (33% of total applications)
- Chose Temple with deposit: 5
- Declined offer of acceptance: 5

DIDER Board Activity for Calendar Year 2025
DIDER conducted three board meetings in 2025:

- January 15, 2025 Hybrid Meeting
- May 14, 2025 Hybrid Meeting
- November 19, 2025 Hybrid Meeting

Temple Luncheon
On April 1, 2025, several DIDER Board members attended a luncheon with DIDER students at the Temple University Kornberg School of Dentistry in Philadelphia. During the luncheon, students had the opportunity to engage with Board members and ask questions regarding residency programs, licensure, and the dental profession more broadly. Students also expressed interest in Delaware's loan repayment programs. DIDER Board members used the occasion to encourage students to return to Delaware to practice following graduation.

DIDER Code Update
Senate Bill 191[14] was introduced by Senator Ray Seigfried on June 24, 2025. The legislation revised the statutory language establishing the DIDER Board and updated the composition of its voting and non-voting membership, board member term limits, and procedures for the selection of the Chair and Vice Chair. The Act also clarified that all Board members are required to complete diversity training and specified that university consultants engaged to assist the Board in carrying out its official duties may not vote on Board matters. In addition, the legislation made several minor revisions related to the purpose and responsibilities of the Board.

The DIDER Board engaged in extensive discussion regarding the legislation during its 2025 calendar year Board meetings and provided feedback to the Delaware Department of Health and Social Services legislative policy staff for consideration and communication to the Delaware General Assembly. Board members also engaged directly with members of the legislature throughout the legislative process. The bill was signed into law by Governor Matthew Meyer on March 16, 2026.

2025 DIDER Board of Directors

Louis Rafetto, DMD, Chair
Delaware State Dental Society

Kathleen Matt, PHD.
Delaware Health Care Commission

Jeffrey Cole, DDS, MBA, FAGD
ChristianaCare

Nicholas Conte, DMD, MBA
State of Delaware

Vincent Daniels, DMD
Public Representative

Lisa Goss, RDH, BS
Delaware Dental Hygienist Association

Brian McAllister, DDS
Department of Education, Higher Education Office

Ray S. Rafetto, DMD
Delaware State Dental Society

[14] Senate Bill 191

Christine Stinton, DMD
Federally Qualified Health Center

Andrew Swiatowicz, DDS
Delaware State Board of Dentistry and Dental Hygiene
(Resigned June 2025)

Erika L. Williams, DMD
Delaware State Dental Society

Delaware Institute of Medical Education and Research (DIMER)

History and Background
The Delaware Institute of Medical Education and Research (DIMER) was founded in 1969, as an alternative to an in-state medical school, to address the concern of access to high-quality medical education for Delaware residents. Upon creation, DIMER formalized a relationship with Thomas Jefferson University for 20 admission slots for Delawareans at Jefferson Medical College (now Sidney Kimmel Medical College (SKMC)). In 2000, DIMER expanded its education relationships to also include the Philadelphia College of Osteopathic Medicine (PCOM), further increasing access to medical education for Delawareans. Upon creation, PCOM held five admission slots for qualified Delaware applicants and in 2019, the number of admission slots increased to 10. DIMER is incredibly grateful to both institutions, who continue to exceed their commitments in accepting highly qualified Delawareans into their respective medical education programs and provide the highest quality training to future physicians.

The DIMER Advantage
Delaware is one of three states that does not offer an in-state medical school. However, through its innovative relationships with SKMC and PCOM, Delaware has secured a minimum number of admissions slots for highly qualified Delaware applicants. As a DIMER applicant, Delaware resident applications are pulled from 10,000 plus applications received by each institution and evaluated against Delaware applicants. This significantly improves the odds of being one of ultimately 30 or more slots out of approximately 90-100 Delaware applicants. DIMER therefore provides one of the best medical education admission advantages in the country for qualified applicants from the First State.

Delaware Branch Campus and Residency
DIMER is not only focused on providing medical education opportunities for Delawareans but also on the retention of Delaware physicians to serve our communities. DIMER's relationships extend beyond its education partners and into Delaware's health systems and Delaware Health Sciences Alliance (DHSA) partners. DIMER medical students at SKMC and PCOM have an opportunity to conduct their third- and fourth year rotations at the Delaware Branch Campus. The Delaware Branch Campus provides medical students clinical training at ChristianaCare, Nemours, and the Wilmington VA Medical Center. In addition, PCOM also offers clinical rotation opportunities at Bayhealth's Kent and Sussex Campuses as well as at Beebe Healthcare which is also located in Sussex County. The opportunities for residency training in Delaware are numerous and expanding. ChristianaCare, Nemours, Saint Francis, Bayhealth and Beebe have active and expanding residency opportunities. With expanding programs across the state, these health systems continue to provide increased opportunities for Delawareans to complete their medical training and serve their community in their home state, ultimately resulting in increased physician retention and recruitment.

Abstract Data

DIMER welcomed 46 first-year medical students into the entering class of 2025. Once again, DIMER's medical education partners surpassed their contractual obligations, demonstrating their continued commitment to supporting Delaware residents pursuing medical education. SKMC welcomed 31 students, while 15 students matriculated to PCOM. The graduating class of 2025 provided 44 newly graduated physicians looking forward to residency training. For those Delaware medical students who graduated from SKMC and PCOM in 2025, 48% went into a primary care specialty training.

DIMER Board Activity for 2025

The DIMER board continues to consist of representation from all three counties and every health system with a residency training program in the First State. It also includes undergraduate education institutions, the University of Delaware and Delaware State University as well as the Delaware Healthcare Association, the Delaware Department of Education, the Delaware Healthcare Commission, and other important stakeholders. As of June 2025, the DIMER board is led by a newly elected chair, Dr. Neil Jasani, and a newly elected co-chair, Dr. Gary Siegelman.

Once again, board members demonstrated strong engagement and commitment by supporting DHSA-led student outreach programs for prospective DIMER students across all three counties in Delaware. Through these programs, outreach extended to the households of more than 400 high school and undergraduate students exploring careers in medicine. In addition, DIMER and DHSA leadership maintained a visible presence at multiple in-person events for current DIMER students, reinforcing their shared dedication to fostering a comprehensive support network for students in their journey to becoming a physician.

As per the 2024 legislative updates to DIMER, the Board has created the DIMER Committee on Rural Health. The committee implemented an outreach event in October 2025 focused on in person learning for rural high school students from Sussex County. The event was hosted at Beebe and provided hands-on-skill sessions and learning as well as the opportunity for students to hear from a panel of speakers on their personal journeys to medicine.

The DIMER Board recognizes the high cost for medical education and enormous debt students face upon graduation and continues to advocate for DIMER graduates relative to the Health Care Professionals Loan Repayment Program (HCPLRP) through the State of Delaware. The HCPLRP provides loan repayment assistance of up to $200,000 over four years for recent graduates of residency training who have secured employment to deliver care in Delaware in primary care ambulatory outpatient settings. DIMER leadership looks forward to continued engagement and advocacy as the loan repayment program is utilized to increase opportunities to retain and recruit physicians to Delaware.

DIMER has a longstanding tradition of advancing efforts beyond its core mission of ensuring access to high-quality medical education for Delaware residents. In partnership with DHSA, DIMER remains committed to cultivating a strong and supportive network for its students, engaging with them throughout the academic year in meaningful ways. This collaboration resulted in DIMER being highlighted in numerous presentations and events across the state. Through the DIMER program, students have been afforded unique networking opportunities including receptions with industry leaders, speaker series, and keynote presentations.

Conclusion

The DIMER program continues to provide exceptional value for Delawareans pursuing medical education. The full annual report offers a comprehensive look at the 2025 incoming and graduating classes, complemented by insights from students and commentary from state and institutional leaders. Through its partnerships with DHSA and others, DIMER offers a wide range of programs that support students on their path to medical school and encourages them to return to Delaware to practice in areas of greatest need. We are grateful to all who have supported DIMER over its 50-plus years and look forward to continued success.

With appreciation to the Delaware Health Sciences Alliance (www.dhsa.org) for their partnership for this Summary and the DIMER 2025 Annual Report. Contacts: Dr. Omar Khan, President & CEO (okhan@dhsa.org) & Pamela Gardner MSM (pgardner@dhsa.org)

2025 DIMER Board of Director

Marshala Lee-McCall, MD, MPH
First State Chapter of the National Medical Association

Brian Levine, MD
ChristianaCare

Robert Monteleone, MD
Saint Francis Hospital

Nichole Moxley
Department of Health and Social Services, Division of Public Health, Ex-Officio

Juliet Murawski
Department of Education
Delaware Higher Education Office

Jennifer Nauen, PhD
University of Delaware

Joyce Robert, MD, FAAFP
Medical Society of Delaware

Paul Sierzenski, MD, MSHQS, CPE, FACEP
Beebe Healthcare

Katherine Smith, MD
Delaware Academy of Medicine and Public Health

Health Care Spending and Quality Benchmarks Program

Background

Historically, Delaware has one of the highest per-capita health care spending rates in the country. Health care spending has regularly outpaced the state's inflation and economic growth and accounts for more than a quarter of Delaware's annual budget. The rate of growth of health care spending is twice that of the state budget's revenue growth, resulting in the crowding out of needed investments in schools, communities, and infrastructure. These trends brought about House Joint Resolution 7, signed in September 2017, which tasked the Delaware Department of Health and Social Services (DHSS) with the establishment of an annual health care benchmark as a strategy to address the unsustainable growth in health care spending that was contributing to the state's deficit. This legislation led to the signing of Executive Order 25 (EO 25), which formally established the Health Care Spending and Quality Benchmark initiative.[15] On August 19, 2022, Governor John Carney signed House Bill 442 with House Amendment 1 (HB 442 with HA 1).[16] This legislation replaced EO 25 and established the Health Care Spending and Quality Benchmark initiative into Delaware Code.

Calendar Year 2025 Activities and Accomplishments

- On May 1, 2025, DHSS released Delaware's fifth annual Benchmark Spending and Quality Trend Report. This report consists of spending and quality data from calendar year (CY) 2021 through CY 2023. Spending data was collected from Delaware's largest commercial carriers, as well as from Medicaid, Medicare, and the Veterans' Administration. Quality data was collected through the same commercial carriers and Medicaid, as well as the Centers for Disease Control and Prevention (CDC) and National Committee for Quality Assurance-Healthcare Effectiveness Data and Information Set (NCQA-HEDIS®).
- On May 1, 2025, DHSS Cabinet Secretary Josette Manning presented the CY 2023 Benchmark Trend Report to the public and other relevant stakeholders at a Delaware Health Care Commission (DHCC) meeting to increase transparency and public knowledge around Delaware's health care spending and the progression of the quality benchmarks towards our goals.
- On August 14, 2025, the DHCC, with the assistance of benchmark vendor Mercer Health & Benefits LLC (Mercer), hosted a technical webinar with insurers to review the data validation and submission processes for the next data collection cycle, collecting new CY 2024 quality data and refresh of CY 2023 and new CY 2024 spending data.
- On August 22, 2025, the DHCC released the Benchmark Implementation Manual Version 7.0, accompanied by data collection templates for insurers and the Division of Medicaid and Medical Assistance (DMMA).

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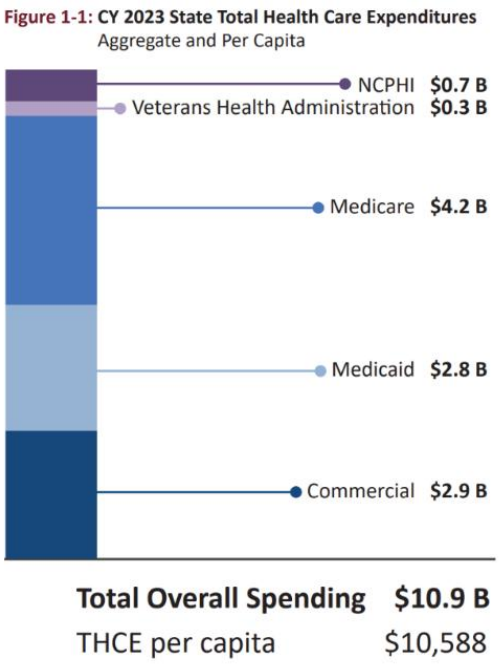
[15] https://archivesfiles.delaware.gov/Executive-Orders/Carney/Carney_EO025.pdf.

[16] House Bill 442 with House Amendment 1

- On September 30, 2025, DHCC and Mercer hosted a Spending Benchmarks Age/Gender Risk Adjustment Webinar with commercial insurers and DMMA. The purpose of this webinar was to provide a technical briefing regarding the analysis for CYs 2022-2024 spending data adjusted for age and gender.
- On December 16, 2025, the Delaware Economic and Financial Advisory Council (DEFAC) Health Care Spending Benchmark Subcommittee's recommended benchmark rate of 4.9% was approved by the full DEFAC for CY 2026. DEFAC also approved the recommendation for the Subcommittee to reconvene in April 2026 to review the recently set CY 2026 benchmark rate.
- During CY 2025, the DEFAC Health Care Spending Benchmark Subcommittee met four times.

Health Care Spending Benchmark – 2025 Update on CY 2023 Data

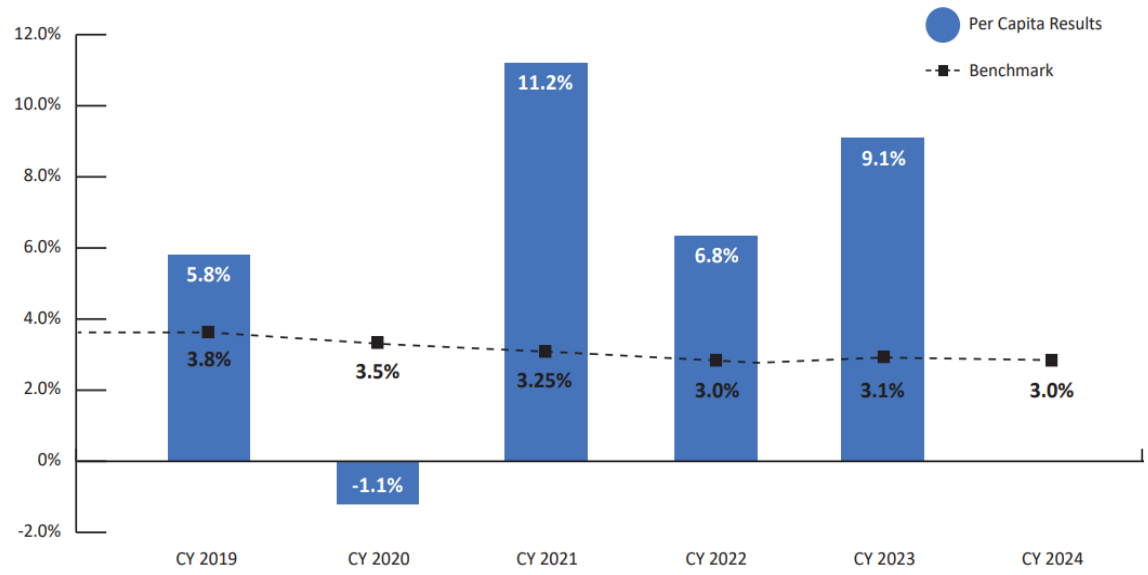
DHSS released the fifth Benchmark Trend Report for CY 2023 on May 1, 2025. The per capita health care spending in Delaware increased 9.1% in CY 2023 to $10,588, outpacing the 3.1% growth rate benchmark. The 9.1% per capita increase in CY 2023 is significant; however, some rebound in health care spending was expected in the post-pandemic period. Figure 1-1 displays a summary of CY 2023 state total health care expenditures.



Source: Delaware Department of Health and Social Services. CY 2023 spending and quality benchmark report.

Figure 1-2 summarizes state level total health care expenditures, illustrating changes in per capita spending relative to the spending benchmark from CY 2019 through CY 2023.

Figure 1-2: State Level Total Health Care Expenditures, Change in Per Capita versus Spending Benchmark



Source: Delaware Department of Health and Social Services. CY 2023 spending and quality benchmark report.

Health Care Quality Benchmarks – 2025 Update on CY 2023 Data

The CY 2023 Trend Report provided insight into Delaware's health care quality across nine quality measures, with data analyzed by age, gender, and race/ethnicity to offer greater insight on health disparities. While the most recent report does show improvement from CY 2022 to CY 2023 on several measures – including adult obesity, use of opioids at high dosages, opioid-related overdose deaths, use of statin therapy for patients with cardiovascular disease and both commercial and Medicaid coverage, and breast, cervical, and colorectal cancer screenings for patients with commercial coverage – opportunities to meet the established benchmarks continue to exist for most performance measures.[17]

DHSS added new quality benchmarks for the measures of Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, and Percentage of Eligibles Who Received Preventive Dental Services beginning with the CY 2022 performance period. The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by the Centers for Medicare & Medicaid Services (CMS) in CY 2021; therefore, no data was available to report for the CY 2022 and CY 2023 Trend Report.

[17] State of Delaware. Delaware's fifth annual health care benchmark trend report shows 9.1% increase. Published May 1, 2025. https://news.delaware.gov/2025/05/01/delawares-fifth-annual-health-care-benchmark-trend-report-shows-9-1-increase/. Accessed February 18, 2026.

The quality results from the CY 2023 Trend Report are as follows:

- **Adult obesity:** The benchmark for CY 2023 was to reduce the percentage of Delaware adults who are obese to 31.2%. The CY 2023 result: 35.6%; a 2.3% decrease from CY 2022, but still 4.4 percentage points higher than the benchmark.
- **Use of opioids at high dosages:** The CY 2023 benchmark: 10.0%; the CY 2023 result: 9.6%. This is a positive observation with the benchmark met for this quality measure.
- **Opioid-related overdose deaths:** The benchmark for CY 2023 was to reduce the mortality rate to 33.0 deaths per 100,000. The 2023 result: 47.5 deaths per 100,000. While this was an improvement from the CY 2022 results of 50.2 deaths per 100,000, there is still significant improvement needed to meet the benchmark.
- **Emergency department utilization**: The benchmark for CY 2023 was to reduce emergency department utilization to 158.4 visits per 1,000. The CY 2023 result: 169.5 visits per 1,000. The CY 2023 result is worse than CY 2022 and is higher (worse) than the benchmark.
- **Persistence of beta-blocker treatment after a heart attack:** The benchmark rate for CY 2023 was to increase the percentage of patients who receive beta-blocker treatment to 89.9% for commercial insurance patients and to 84.9% for Medicaid patients. The CY 2023 results: 75.0% for commercial insurance patients and 64.1% for Medicaid patients. Neither the commercial nor Medicaid results met the benchmark and both commercial and Medicaid markets saw a decrease (worse result) from CY 2022 to CY 2023.
- **Statin therapy for patients with cardiovascular disease:** The benchmark rate for CY 2023 was to increase the percentage of patients who receive statin therapy to 84.2% for commercial insurance patients and 75.8% for Medicaid patients. The CY 2023 results: 82.7% for commercial insurance patients; 69.7% for Medicaid patients. Neither market met the benchmark, but there was improvement in both the commercial and Medicaid results from CY 2022.
- **Breast Cancer Screening:** The new benchmark rate for CY 2023 was to increase the percentage of patients who receive breast cancer screening to 77.5% for commercial patients and 58.4% for Medicaid patients. The CY 2023 results: 78.5% for commercial insurance patients; 55.5% for Medicaid patients. The commercial results exceeded the established CY 2023 benchmark, and the Medicaid results were an improvement from CY 2022. This is a positive observation.
- **Cervical Cancer Screening:** The new benchmark rate for CY 2023 was to increase the percentage of patients who receive cervical cancer screening to 78.5% for commercial patients and 60.1% for Medicaid patients. The CY 2023 results: 74.3% for commercial insurance patients; 48.3% for Medicaid patients. The commercial market observed a very slight increase, compared to the Medicaid market which saw a decrease (worse result) of 4.3% from CY 2022 results.
- **Colorectal Cancer Screening:** The new benchmark rate for CY 2023 was to increase the percentage of patients who receive colorectal cancer screening to 65.7% for commercial patients. The CY 2023 results: 63.2% for commercial

insurance patients and 35.8% for Medicaid patients. When compared to CY 2022, there was an increase in the commercial market. Reporting for the Medicaid market began in CY 2022 after the benchmark determination period and therefore did not have a set benchmark to measure against for CY 2023. A Medicaid benchmark was set for the CY 2024 reporting period.

Performance Measures for Benchmark Calendar Years 2025 – 2027

The initial spending and quality measures were established with the health concerns of Delaware residents in mind and included input from stakeholder meetings and community support groups. Baseline data was collected, and annual performance benchmarks were established for calendar years 2019 - 2021, along with a five-year aspirational performance goal. No additional spending or quality measures were added for the CY 2023 benchmark cycle.

The CY 2024 spending benchmark was set at 3.0% and CY 2025 at 4.2%. For CY 2026, the DEFAC Health Care Spending Benchmark Subcommittee voted on a blended methodology comprised of the current methodology and a forecasted three-year average (2026 - 2028) Personal Health Care Expenditure growth based on National Health Expenditure data from CMS. This methodology resulted in a 4.9% benchmark rate. As part of the recommendation to DEFAC, the Subcommittee included a provision to reconvene in April 2026 to reassess the CY 2027 benchmark considering updated economic forecasts.

Health Resources Board (HRB)

Background

The Delaware Health Resources Board (HRB) Certificate of Public Review (CPR) program, like other national Certificate of Need (CON) programs, originated to regulate the number of beds in hospitals and nursing homes and essentially prevent excessive purchasing of expensive equipment. Per the Joint Sunset Committee 2012 Final Report, HRB transitioned from the Division of Public Health to the Department Health and Social Services, Office of the Secretary, the Delaware Health Care Commission (DHCC). The DHCC provides the administration and staffing for the board. The purpose of the HRB is to foster the cost-effective and efficient use of health care resources and the availability of and access to high quality and appropriate health care services.

The CPR program is regulated by 16 *Del. C.* § 9301. The primary goal for the CPR process is to control health care costs through a formal review process used to ensure public scrutiny of certain health care developments in the state. These reviews are focused on balancing concerns for access, cost, and quality. A Letter of Intent begins the CPR process and a formal application review process used to ensure public scrutiny of health care developments in the state of Delaware.

CPR Applications in Calendar Year 2025

Received	Approved	Denied	Withdrawn	Total Capital Expenditure
13	12	1	0	$ 434,454,000.00

Applicant	Project	Capital Expenditure
TidalHealth	**Medical Imaging Center**	**$17 million**
Nemours	**NICU Phase III**	**$22 million**
ChristianaCare	**Radiation Oncology TrueBeam equipment**	**$13 million**
Community Dental Services	**Ambulatory Surgery Center**	**$6 million**
New Spring Rehabilitation	**33-bed inpatient rehabilitation facility**	**$51 million**
Bayhealth	**Interventional Suite Sussex Campus**	**$24 million**

Bayhealth	**Kent Campus Expansion**	**$236 million**
Eranga Cardiology	**Cardiac PET/CT**	**$954,000**
Cardiology Physician	**Cardiac PET/CT Dover**	**$1.5 million**
Cardiology Physician	**Cardiac PET/CT Smyrna**	**$1.5 million**
Cardiology Physician	**Cardiac PET/CT Lewes**	**$1.5 million**
Cardiology Physician	**Cardiac PET/CT Oceanview**	**$1.5 million**
Nemours	**Advanced Delivery Unit**	**$58.5 million**

HRB Board Activity for Calendar Year 2025
HRB conducted 10 hybrid Board meetings and two public hearings.

- January 23, 2025 Board Meeting
- February 27, 2025 Board Meeting
- March 27, 2025 Board Meeting
- June 13, 2025 Board Meeting
- July 30, 2025 Board Meeting
- August 28, 2025 Board Meeting
- September 3, 2025 Public Hearing
- September 25, 2025 Board Meeting
- October 23, 2025 Board Meeting
- November 20, 2025 Board Meeting
- November 21, 2025 Public Hearing
- December 18, 2025 Board Meeting

In 2025, the Board approved 12 Certificate of Public Review (CPR) applications, including six for major medical equipment. The Board also conducted two public hearings to receive public comment on New Spring Rehabilitation's application to establish an inpatient rehabilitation facility in Newark and TidalHealth's application to construct a medical imaging center in Millsboro. The Board denied an application from Community Dental Partners to construct an ambulatory surgery center in Newark.

2025 Health Resources Board of Directors

Brett Fallon, Chair
Public at Large

Leighann Hinkle, Vice Chair
Representative involved in purchasing health-care coverage on behalf of State employees

VACANT
Labor Representative

Vincent Lobo, Jr. DO
Licensed to practice medicine in DE representative

Steven Costantino
DHSS Representative
(Resigned October 2025)

JoAnn Seppelt
Representative of a provider group other than hospitals, nursing homes or physicians

John Hundley
Health care administration representative

Pamela Price
Health insurance industry representative

Cheryl Heiks
Long-term care administration representative

Margaret Strine
Public at Large

VACANT
Delaware Health Care Commission

VACANT
Public at Large

VACANT
Public at Large

Timothy Gibbs
Public at Large
(Appointed July 2025)

Charles “Chip” Walters
Representative involved in purchasing health care coverage for employers with more than 200 employees
(Appointed August 2025)

Loan Repayment Programs

Health Care Provider Loan Repayment Program (HCPLRP)

Background
Delaware is facing a shortage of primary care providers. These shortfalls make it more difficult for Delawareans to access health care services throughout the state. In August 2021, Governor John Carney signed House Bill 48 with House Amendment 1 establishing the Health Care Provider Loan Repayment Program (HCPLRP). The state-funded program offers medical school debt relief for primary care providers who agree to practice in underserved areas of the state for two years.

The Delaware Health Care Commission (DHCC) is responsible for the administration of the program and may award education loan repayment grants to new primary care providers up to $50,000 per year for a maximum of four years. Priority consideration may be given to DIMER-participating students and participants in Delaware based residency programs. Applications are accepted on a rolling-basis and reviewed in two cohorts each calendar year (March 15 and September 15). The program officially launched in May 2022. In 2024 DHCC revised its scoring metrics, which increased the award amounts for applicants beginning with the September 15th cohort.

On August 31, 2023, Governor Carney signed Senate Bill 98. The legislation extended the time in which providers may apply for a HCPLRP grant from six months to two-years following completion of their graduate education. In addition, the legislation added additional eligible degrees: Doctor of Dental Surgery, Doctor of Medicine in Dentistry, Licensed Psychologists, Licensed Professional Counselors of Mental Health, Master of Psychology, and Licensed Clinical Social Workers.

HCPLRP Data Summary (May 2022 – December 2025)

- 83 applications received
- 50 health care providers under contract
- 2 health care providers withdrew
- 5 health care provider declined contract
- 10 applications inactive
- 7 applicants ineligible
- 7 applications pending review
- 2 withdrew after being put under contract

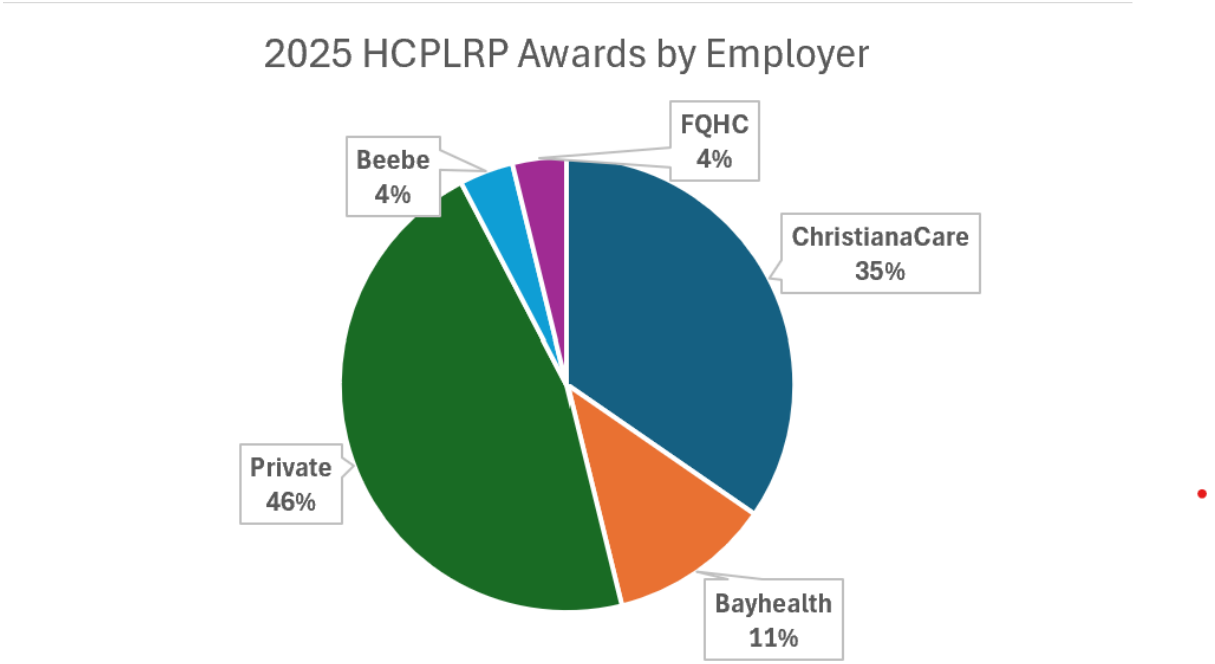
2025 HCPLRP Update

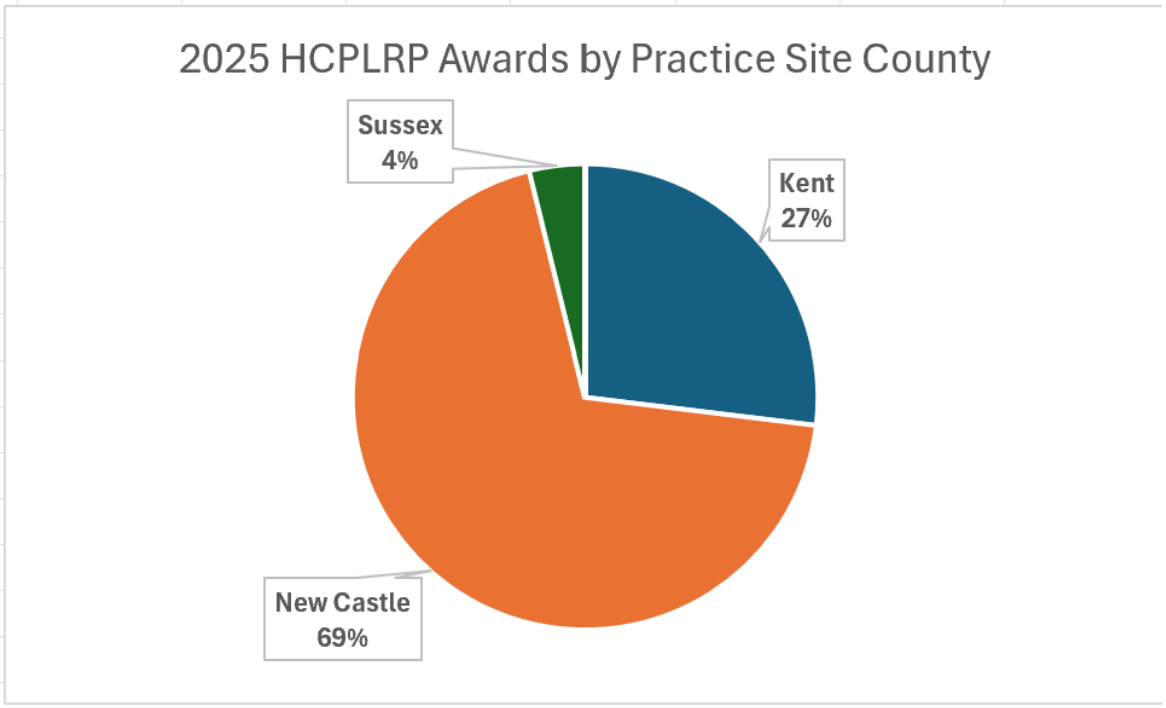
- DHCC received 29 applications
  - 1 application inactive
  - 7 applications pending review
  - 16 applications pending contracts from the September 15th Cohort.
  - March 15, 2025, Cohort - 11 health care providers were signed under contract

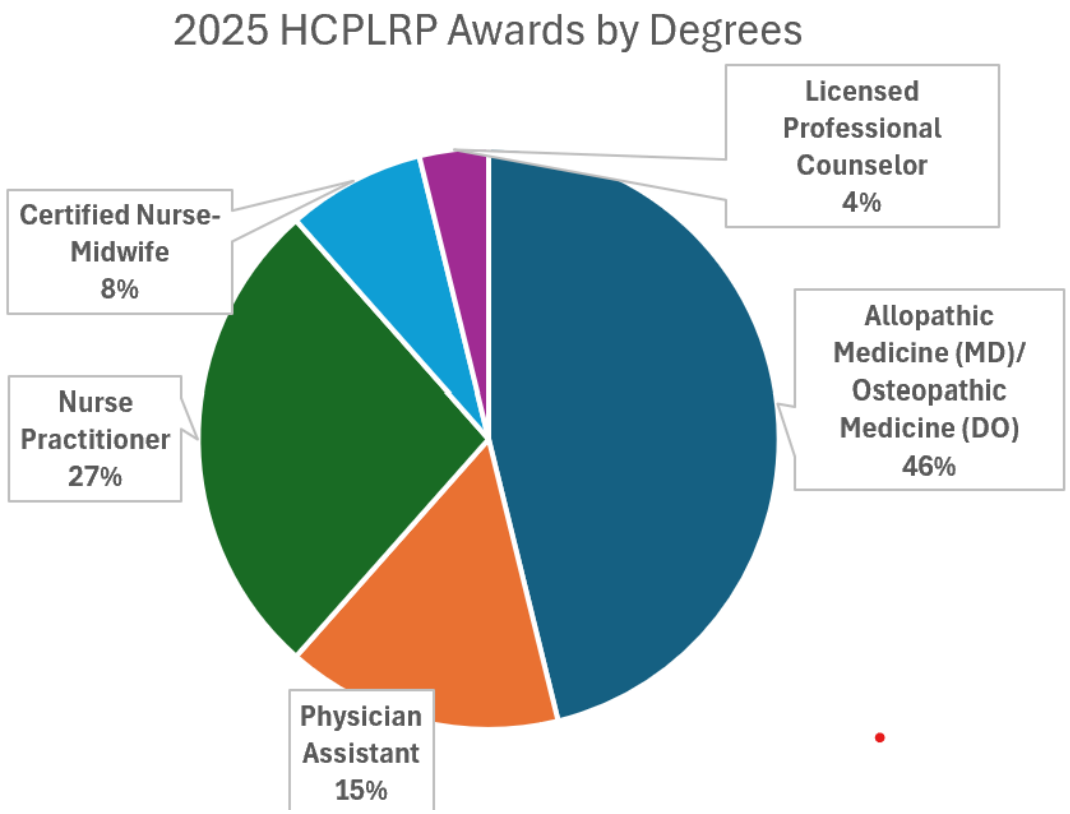
HCPLRP 2025 Awardee Loan Information

Average Awardee Debt for Advanced Degree	$266,213.00
Average Awardee Debt for Mid-Level Degree	$105,323.98
Average Award Amount for Advanced Degree	$88,333.33
Average Award Amount for Mid-Level Degree	$51,748.62

HCPLRP 2025 Awardees Data:




2025 HCPLRP Awards by Practice Site County
Sussex 4%
Kent 27%
New Castle 69%


2025 HCPLRP Awards by Degrees
Licensed Professional Counselor 4%
Certified Nurse-Midwife 8%
Allopathic Medicine (MD)/ Osteopathic Medicine (DO) 46%
Nurse Practitioner 27%
Physician Assistant 15%

Active HCPLRP Contracts (as of December 31, 2025)

Degree	Discipline Level	Practice Name	County	Zip Code	Contract Start Date	Contract End Date	Award Amount
NP	Mid-Level	Beebe Healthcare	Sussex	19958	8/1/24	8/1/26	$30,000
MD	Advanced	Beebe Healthcare	Sussex	19958	8/1/24	8/1/26	$60,000
DO	Advanced	Christiana Care	New Castle	19707	8/1/24	8/1/26	$30,000
NP	Mid-Level	Christiana Care	New Castle	19713	8/1/24	8/1/26	$24,799.77
MD	Advanced	Christiana Care	New Castle	19808	8/1/24	8/1/26	$48,382.89
MD	Advanced	Christiana Care	New Castle	19803	8/1/24	8/1/26	$60,000
DMD	Advanced	Coastal Kids Pediatric Dentistry	Sussex	19971	8/1/24	8/1/26	$60,000
DMD	Advanced	La Red Health Center	Sussex	19947	8/1/24	8/1/26	$100,000
NP	Mid-Level	Progressive Health Care of Delaware	New Castle	19804	8/1/24	8/1/26	$30,000
NP	Mid-Level	Westside Family Healthcare	New Castle	19801	8/1/24	8/1/26	$30,000
MD	Advanced	Christiana Care	New Castle	19713	12/15/24	12/15/26	$100,000
NP	Mid-Level	Dedicated to Women	Kent	19904	12/15/24	12/15/26	$60,000
MD	Advanced	Women's Wellness of Southern DE	Sussex	19958	12/15/24	12/15/26	$100,000
PA	Mid-Level	Zarek Donahue, LLC	New Castle	19810	12/15/24	12/15/26	$60,000

NP	Mid-Level	Advanced Treatment Options, LLC	New Castle	19808	8/15/25	8/15/27	$80,000
DO	Advanced	Christiana Care	New Castle	19801	8/15/25	8/15/27	$100,000
PA	Mid-Level	Christiana Care	New Castle	19807	8/15/25	8/15/27	$45,182.68
DO	Advanced	Christiana Care	New Castle	19801	8/15/25	8/15/27	$50,000
MD	Advanced	Christiana Care	New Castle	19803	8/15/25	8/15/27	$80,000
DO	Advanced	Christiana Care	New Castle	19713	8/15/25	8/15/27	$100,000
NP	Mid-Level	Coastal Medical Center Walkin & Primary Care	Kent	19952	8/15/25	8/15/27	$66,279.16
PA	Mid-Level	Coastal Medical Center Walkin & Primary Care	Kent	19952	8/15/25	8/15/27	$60,000
DO	Advanced	Just for Kids Pediatrics-Newark	New Castle	19713	8/15/25	8/15/27	$100,000
MD	Advanced	Lifeline Medical Associates, LLC	New Castle	19808	8/15/25	8/15/27	$100,000
MD	Advanced	Dover Family Physicians	Kent	19904	9/30/25	9/30/27	$100,000
DO	Advanced	Bayhealth	Kent	19968	12/15/25	12/15/27	$80,000
MD	Advanced	Bayhealth	Kent	19901	12/15/25	12/15/27	$100,000
DO	Mid-Level	Bayhealth	Kent	19963	12/15/25	12/15/27	$50,000
NP	Mid-Level	Beebe	Sussex	19968	12/15/25	12/15/27	$60,000
LPC	Mid-Level	Center for Child Developme nt	New Castle	19702	12/15/25	12/15/27	$40,000
NP	Mid-Level	Christiana Care	New Castle	19801	12/15/25	12/15/27	$60,000

DO	Advanced	Christiana Care	New Castle	19713	12/15/25	12/15/27	$100,000
CNM	Mid-Level	Christiana Care	New Castle	19801, 19802, and 19713	12/15/25	12/15/27	$33,404.88
CNM	Mid-Level	Christiana Care	New Castle	19807	12/15/25	12/15/27	$33,904.88
NP	Mid-Level	Coastal Primary Care	Kent	19901	12/15/25	12/15/27	$80,000
MD	Advanced	Delaware Family Medicine LLC	New Castle	19713	12/15/25	12/15/27	$100,000
NP	Mid-Level	Henrietta Johnson Medical Center	New Castle	19801	12/15/25	12/15/27	$40,000.00
PA	Mid-Level	Just Kids Pediatrics	New Castle	19713	12/15/25	12/15/27	$80,000.00
PA	Mid-Level	Zarek Donohue, LLC	New Castle	19810	12/15/25	12/15/27	$15,709.14
NP	Mid-Level	Zarek Donohue, LLC	New Castle	19810	12/15/25	12/15/27	$30,000.00

State Loan Repayment Program (SLRP)

Background

The Delaware Health Care Commission (DHCC) administers a State Loan Repayment Program (SLRP), an initiative supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. SLRP strives to create healthier communities by recruiting and retaining quality health care professionals to practice in rural and urban settings designated as Health Professional Shortage Areas (HPSA). The program offers financial assistance up to $100,000 for verifiable educational loans to qualified dental, behavioral/mental health, and primary care professionals for a minimum of two consecutive years of full-time (40 hours per week) or half-time (20-39 hours per week) service in shortage areas across the State. In September 2022, Delaware received a three-year grant in the amount of $675,000 ($225,000 annually). The 2022 - 2025 SLRP grant ended on August 31, 2025.

A new SLRP Notice of Funding Opportunity was issued July 2025. States applications were due on January 12, 2026, with an expected award date of April 1, 2026. For this new award cycle, cost sharing/matching is required – $1 for $1 for the federal funding received. The maximum two-year award is $150,000 for eligible primary care providers assigned to a primary care HPSA. The grant has added two new eligible degrees: dental therapist and registered dieticians.

SLRP Data Summary (May 2022 – December 2025)

- 54 applications received
- 21 health care providers under contract
- 3 health care providers withdrew
- 9 applications inactive
- 19 applicants were not eligible
- 2 withdrew after being put under contract

Active SLRP Contracts (as of December 31, 2025)

Degree	Discipline Level	Practice Name	County	Zip Code	Contract Start Date	Contract End Date	Award Amount
MD	Advanced	ChristianaCare	New Castle	19808	8/1/24	8/1/26	$70,000
NP	Mid-Level	Tidal Health	Sussex	19958	8/1/24	8/1/26	$30,000
DO	Advanced	Bayhealth	Kent County	19901	12/15/24	12/15/26	$100,000

LPC	Mid-Level	ChristianaCare	New Castle	19801	12/15/24	12/15/26	$80,000
PA	Mid-Level	Beebe Healthcare	Sussex	19958	12/15/24	12/15/26	$60,000
NP	Mid-Level	Beebe Healthcare	Sussex	19958	12/15/24	12/15/26	$60,000
NP	Mid-Level	State of DE Division of Public Health	Sussex	19901	12/15/24	12/15/26	$14,314
PA	Mid-Level	Atlantic General Hospital	Sussex	19970	12/15/24	12/15/26	$60,000
RN	Mid-Level	La Red Health Center	Sussex	19947	12/15/24	12/15/26	$27,863

Primary Care Reform Collaborative

Background

In 2018, Delaware faced a growing crisis in access to primary care. Many primary care practices were closing due to increasing financial pressures and increasing levels of physician burnout. As a result, access to primary care and preventive health services became progressively more difficult for Delawareans to access. Because shortfalls in primary care access and resources are associated with poorer health outcomes and increased health inequities, these challenges prompted the passage of Senate Bill 227 (SB 227), which established a Primary Care Reform Collaborative (PCRC).[18] The PCRC was charged with developing policy and recommendations to strengthen the primary care system in Delaware.

Subsequently, Senate Substitute 1 for Senate Bill 116 (SS 1 for SB 116) expanded PCRC membership and created an Office of Value-Based Health Care Delivery (OVBHCD) within the Department of Insurance.[19] The OVBHCD was created with the goal to "reduce health-care costs by increasing the availability of high quality, cost-efficient health insurance products with stable, predictable, and affordable rates."[20] The OVBHCD works closely with the Delaware Health Care Commission (DHCC) and the PCRC to advance primary health care transformation efforts across the state.

Although the 2019 legislation laid the groundwork to begin transformation in Delaware's primary health care system, primary care providers, legislators, payers, and other stakeholders recognized the need for more progressive thinking and bold legislation. This brought about the introduction and enactment of Senate Substitute 1 for Senate Bill 120 (SS1 for SB120).[21]

Summary of SS1 for SB 120

SS 1 for SB 120 amends Title 16 and Title 18 of the Delaware Code, Chapter 189, Volume 82 of the Laws of Delaware, and Chapter 392, Volume 81 of the Laws of Delaware, as amended by Chapter 141, Volume 82 of the Laws of Delaware, related to primary care services. This Act continues previous efforts to strengthen the primary care system for the State of Delaware by:

i. *Directing the DHCC to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care.*
ii. *Requiring rate filings that limit aggregate unit price growth for inpatient, outpatient, and other medical services, to certain percentage increases over the next four (4) years.*

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[18] Senate Bill 227
[19] Senate Substitute 1 for Senate Bill 116
[20] https://insurance.delaware.gov/divisions/consumerhp/ovbhcd/
[21] https://legis.delaware.gov/BillDetail/68714

iii. *Requiring an insurance carrier to spend a certain percentage of its total cost on primary care over the next four years*

The legislation also continues the Medicare parity by stating that carriers shall provide coverage for primary care and chronic disease management at a reimbursement rate that is no less than the Medicare reimbursement rate for comparable services.

SS 1 for SB 120 states that by 2025, at least 60% of all Delawareans shall be attributed to value-based payment models. This goal is also concurrent with the Primary Care Spending Benchmark which states that by 2025, 11.5% of total health care spending shall be utilized on primary care. This benchmark is phased in over a four-year period by meeting the following targets:

i. *By 2022, spend at least 7 percent of its total cost of medical care on primary care.*
ii. *By 2023, spend at least 8.5 percent of its total cost of medical care on primary care.*
iii. *By 2024, spend at least 10 percent of its total cost of medical care on primary care.*
iv. *By 2025, spend at least 11.5 percent of its total cost of medical care on primary care.*

The legislation includes the requirement of rate filing limits to slow the growth of costs for inpatient, outpatient, and other medical services. Rate filings for health benefit plans may not include aggregate unit price growth for nonprofessional services that exceed the following:

i. *In 2022, the greater of 3 percent or Core CPI (Consumer Price Index) plus 1 percent.*
ii. *In 2023, the greater of 2.5 percent or Core CPI plus 1 percent.*
iii. *In 2024, 2025, and 2026, the greater of 2 percent or Core CPI plus 1 percent.*

The OVBHCD is also required to establish mandatory minimums for payment innovations (including alternative payment models) and evaluate compliance with these minimums on an annual basis. Updates on the minimums will be posted on the OVBHCD's website when they occur.

Calendar Year 2025 PCRC Meetings:

The PCRC conducted four hybrid meetings:

- March 3, 2025
- June 23, 2025
- July 21, 2025
- October 27, 2025

The Inter-Workgroup conducted two hybrid meetings:

- January 29, 2025
- May 27, 2025

The Practice Model Workgroup conducted three hybrid meetings:

- March 24, 2025
- April 8, 2025
- May 20, 2025

The Value-Based Care Model Workgroup conducted seven hybrid meetings:

- March 20, 2025
- May 5, 2025
- May 20, 2025
- June 2, 2025
- August 18, 2025
- September 8, 2025
- September 22, 2025

Calendar Year 2025 Activity

- Throughout 2025, the PCRC and the established workgroups met to discuss and develop recommendations to strengthen the primary care system, monitor the uptake of value-based care models, and advise on a primary care model.
- The PCRC also acknowledged that the recent passage of the federal HR 1 bill is expected to shrink the patient population covered by SB 120 as ACA Marketplace subsidies are reduced. During discussions, the DHCC Chair, Dr. Neil Hockstein, emphasized that medical loss ratio increased despite increased primary care investment, while access to care did not.
- The Practice Model Workgroup met on April 8, 2025, with the Delaware Health Information Network (DHIN) to explore opportunities for improved interoperability focused on provider flexibility, independent provider challenges, and education and awareness.
- The Quality Metrics Workgroup developed a core set of metrics designed to reduce administrative burden while improving health outcomes. Through a phased approach, eight measures were selected for the first year to ensure all providers could participate. Adult measures for the first year included: controlling high blood pressure, hemoglobin A1c, colorectal cancer screening, and breast cancer screening. The pediatric measures for the first year included: child well-care visits (ages 3-11), well-child visits for ages 15 months to 30 months, lead screening, and consideration of immunization combo-7 (if payers choose to include an immunization measure).
- The PCRC Value-Based Care Workgroup recognized the Delaware-specific challenges around limited access and funding to primary care and the small

commercial market and resource restraints for independent practices. Workgroup priorities included multi-payer alignment, launch of a tiered program model, and establishing support for independent and rural providers through development of frameworks and infrastructure.

- With the Centers for Medicare & Medicaid Services (CMS) signaling that new applications will be accepted for states to participate in the Advancing All-Payer Health Equity Approaches and Development (AHEAD) model, and the support from the Rural Health Transformation Program Notice of Funding Opportunity for states to use funds to develop and implement innovative payment models, the PCRC voted on October 27, 2025, to support at least a two-year extension of SB 120 until January 1, 2029 to give an opportunity to explore participation in AHEAD. Going forward, the PCRC plans to continue to engage with payers, providers, hospitals, and legislators to refine strategy language, draft legislative changes, and create actionable next steps.

2025 Primary Care Reform Collaborative (PCRC) Members

Dr. Nancy Fan, Chair
Delaware Health Care Commission
(Resigned as Chair, June 2025)

Dr. Neil Hockstein, Chair
Delaware Health Care Commission
(Chair, effective July 2025)

Dr. Jason Hann-Deschaine
Medical Society of Delaware

Dr. Rose Kakoza
Delaware Healthcare Association

Kevin O'Hara
Insurance Carrier
(Resigned June 2025)

Kate Masino
Insurance Carrier
(Appointed October 2025)

Steven Costantino (Proxy for Secretary Josette Manning)
Department of Health & Social Services (DHSS)
(Resigned October 2025)

Cristine Vogel (Proxy for Commissioner Trinidad Navarro)
Department of Insurance (DOI)

Stephanie Hartos
Chair, State Employee Benefits Committee
(Designee as of June 2025)

Deborah Bednar
Insurance Carrier
(Resigned February 2025)

Senator Bryan Townsend
Chair, Senate Health & Social Services Committee
(Designee)

Maggie Norris-Bent
Federally Qualified Health Center

Andrew Wilson
Division of Medicaid & Medical Assistance

Nnamdi O. Chukwuocha
Chair, House Health & Human Development Committee

Michelle Devern
Delaware Nurses Association
(Appointed June 2025)

DELAWARE HEALTH AND SOCIAL SERVICES