

2024 Annual Report

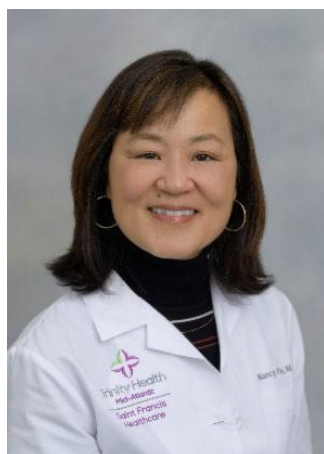
Delaware Health Care Commission



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Letter from the Chair – Nancy Fan, MD



“The future depends on what you do today.” - Mahatma Gandhi

When Governor Markell appointed me as Chair of the Delaware Health Care Commission (DHCC), in 2015, little did I know that not only would I continue on through two administrations but along the way, embrace wholeheartedly the work needed to advance programs and policies which build a stronger foundation for accessible, quality care. The mission of the DHCC:

“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.”

One can view the programs under DHCC as directly pertaining to any one of three areas: access, affordability, and quality. While each program has its own unique purpose and goals, all three areas should be closely intertwined to improve health outcomes, through a continuing lens of equitable healthcare. Essential to quality, accessible, affordable equitable care is a sustainable workforce. DHCC continues to acknowledge that addressing the current workforce crisis across all aspects of the delivery of healthcare, continues to be a strategic priority. Providing educational opportunities for our Delawarean students and incentivizing residency graduates to practice in Delaware are crucial components of having a sustainable “pipeline” of physicians, advanced practice providers and dentists. While this report details the progress of DIMER, DIDER, and the Health Care Provider Loan Repayment Program (HCPLRP) for 2024, there are opportunities to expand the goals of each program. For DIMER and DIDER, the challenge is to increase the retention of DIMER and DIDER students to practice in Delaware after graduation, either from dental school or residencies. I continue to view the success of the Washington/Wyoming/Alaska/Montana/Idaho (WWAMI) collaborative medical school program as a benchmark for how successful our state could be in developing our own workforce, even without a medical school. For the HCPLRP, the number of awards provided only continues to grow, reflecting its value as an incentive for providers to come to practice in Delaware. However, these programs only address adding to our workforce and serious consideration needs to be given to how to support existing practices as the current attrition rate of practices, either due to providers leaving or practices closing, still far outpaces our “pipeline” supply.

The Primary Care Reform Collaborative (PCRC) has worked to address one crucial factor in the loss of primary care providers in Delaware - the low compensation for primary care services, within total healthcare spending. The fact that Delaware continues to have lower than expected health outcomes compared to the level of annual health care spending, may be reflective of our lack of adequate primary care services. While the workgroups under the PCRC continue to develop possible solutions to the challenges of payment reform, the members of the PCRC itself should continue to build on the recommendations from the 2021 NASEM report

on “Implementing High Quality Primary Care” for an effective and sustainable policy for all aspects of primary care reform.

And even as primary care services do deserve a much greater investment, overall policy cannot ignore the fact that there is only a finite amount of funding and that increasing overall healthcare spending is not a sustainable trajectory. As mentioned before, our state has consistently been at the high end of health care spending per capita within the United States. Our initiatives under CostAware and the Benchmarking process not only provide some transparency regarding the actual costs of services but also provide metrics against which we should be measuring our spending and quality outcomes. The importance of this data is to support policy which could lower our overall healthcare costs, without decreasing our quality or access. The affordability of health care is paramount in access and can be exemplified by how impactful the 1331 Waiver program has been for increasing insurance coverage for Delawareans who might not be able to afford care otherwise. Moving forward, DHCC has an opportunity to align the work of the PCRC, the Benchmarking process, CostAware and even the new Diamond State Hospital Cost Review Board to provide an integrated health policy to reduce our healthcare costs here in Delaware.

As I leave DHCC in 2025, it is with the satisfaction that Delaware continues to explore innovative pathways to achieve DHCC's mission of affordable, accessible, equitable care, to improve the health of all Delawareans. I hope that my time with DHCC has strengthened its vision and helped build a solid foundation for a healthier Delaware.

Executive Summary

The Delaware Health Care Commission (DHCC) respectively submits this 2024 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.
- With the enactment of [Senate Bill 195 of the 152nd General Assembly](https://legis.delaware.gov/BillDetail?LegislationId=140759)¹, the Commission is responsible for the administration of the **Delaware Medical Orders for Scope of Treatment program**.

¹ <https://legis.delaware.gov/BillDetail?LegislationId=140759>

DHCC Mission Statement

In 2022, the commissioners updated the DHCC mission statement to incorporate diversity, equity and inclusion. 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 2024

- On May 1, 2025, the DHCC released Delaware’s fifth annual [Quality and Spending Data Trend Report](#).²
- The **Health Resources Board (HRB)** approved eight Certificate of Public Review applications for an estimated capital expenditure total of **\$160,915,000.00**.
- The **Delaware Institute of Medical Education and Research (DIMER)** welcomed 46 first year medical students for the incoming class of 2024 with DIMER’s medical education partners once again exceeding their contractual commitments. SKMC welcomed 26 students, while 20 students matriculated to PCOM. The graduating class of 2024 provided 50 newly graduated physicians looking forward to residency training. For those Delaware medical students who graduated from SKMC and PCOM in 2024, 44% went into a primary care specialty training.
- In the 2023 - 2024 Admissions Cycle for the **Delaware Institute of Dental Education and Research (DIDER)** program there were 27 Delaware Applicants, and seven Delaware residents were in the D1 class.
- In 2024, the DHCC received 11 **State Loan Repayment Program (SLRP)** applications and awarded nine new health care providers.
- In 2024, the DHCC awarded 14 new health care providers for the state-sponsored **Health Care Provider Loan Repayment Program (HCPLRP)**, and as of December 31, 2024, there were 24 providers under contract in the program.
- The Commissioners convened a **strategic retreat** on November 22, 2024. This was the DHCC’s seventh consecutive strategic retreat, a tradition brought back by DHCC Chair, Dr. Nancy Fan. The theme for the 2024 retreat, “Transitioning to a More Comprehensive

² <https://dhss.delaware.gov/dhss/dhcc/files/benchmarktrendreport2020.pdf>

Health Policy,” emphasized issues and thinking related to the transitioning of federal and State administrations.

- In 2024, the **DHCC Health Workforce Subcommittee** developed a Mission Statement, Vision, and recommendations to enhance the Delaware health care workforce.
- The DHCC administered the fifth year of the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund**. The reinsurance program reimburses a portion of an insurer’s paid claims in the event the insurer’s paid claims for a particular member fall between established payment parameters. For plan year 2024, the payment parameters were as follows: \$65,000 attachment point, a coinsurance rate of 78%, and a reinsurance cap of \$340,000. The program reduced member premiums in the Individual market by an average of approximately 15.0% relative to no reinsurance program being in place.
- In 2024, two additional programs were added to the DHCC portfolio: **Diamond State Hospital Cost Review Board** and **Delaware Medical Scope of Treatment Program**.

The Calendar Year 2024 DHCC Annual Report will further summarize and report on the progress and activities of the DHCC programs and initiatives.

Delaware Health Care Commission

DHCC Board Activity for Calendar Year 2024

The DHCC conducted 8 board meetings and a Strategic Retreat.

○ January 11, 2024	Hybrid Board Meeting
○ February 1, 2024	Hybrid Board Meeting
○ March 7, 2024	Hybrid Board Meeting
○ May 2, 2024	Hybrid Board Meeting
○ June 13, 2024	Hybrid Board Meeting
○ July 11, 2024	Hybrid Board Meeting
○ September 5, 2024	Hybrid Board Meeting
○ October 5, 2024	Hybrid Board Meeting
○ November 22, 2024	In-Person Strategic Retreat Meeting

Board Composition

Delaware Code, Title 16, Chapter 99, § 9902 states the Commission shall consist of 11 members, 5 of whom shall be appointed by the Governor, 1 of whom shall be appointed by the President Pro Tempore of the State Senate and 1 of whom shall be appointed by the Speaker of the House of Representatives. Of the 5 members appointed by the Governor, at least 1 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.

2024 Health Care Commission Board Members

Nancy Fan, MD

Chair
Governor

Richard Geisenberger, MGA

Cabinet Secretary, Department of Finance
Ex Officio

Josette D. Manning, Esq.

Cabinet Secretary, Department of Health and Social Services
Ex Officio

Stephanie Traynor, PsyD, MBA

Cabinet Secretary Designee, Department of Services for Children, Youth and Their Families
Ex Officio

Trinidad Navarro

Insurance Commissioner, Department of Insurance
Ex Officio

Ted Becker

Governor
(Passed Away October 2024)

Roger Harrison, PhD.

Governor

(Resigned June 2024)

Jan Lee, MD, MMM, FAAFP

Governor

Nicholas A. Moriello, R.H.U.

Governor

Mike Quaranta

President Pro Tempore

Melissa Jones, R.D.H.

Speaker of the House of Representatives

(Resigned June 2024)

Kathleen S. Matt, PhD

Speaker of the House of Representatives

(Appointed November 2024)

Delaware Health Care Commission Staff - 2024

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

Dionna Reddy

Public Health Administrator I

- Program manager for Benchmark, Primary Care Reform Collaborative, and special initiatives.

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.
- Provide back-up support for loan repayment programs

Colleen Cunningham

Social Services Senior Administrator

- Program manager for health care workforce development and education initiatives – SLRP, HCPLRP, DIMER, DIDER, and Health Workforce Subcommittee

Susan Walters

Public Health Treatment Program Administrator

- Program manager for telehealth initiatives
- DHCC contract manager
- Provide general program support for DHCC initiatives and programs

Sheila Saylor

Administrative Specialist III

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

152nd General Assembly - New Programs and Initiatives

During the 152nd General Assembly, legislation passed impacting the Delaware Health Care Commission.

Delaware Institute of Medical Education and Research (DIMER)

On September 19, 2024, Governor John Carney signed [House Amendment 1 with House Bill 432](#)³ updating provisions of the Delaware Code covering the Delaware Institute of Medical Education Research (DIMER), a program administered by the Delaware Health Care Commission. Specifically, the Act makes the following changes and/or updates:

- Updates the name of the Jefferson Medical College of Thomas Jefferson University to “Sidney Kimmel Medical College of Thomas Jefferson University”
- Adds the Philadelphia College of Osteopathic Medicine as a DIMER medical school
- Alters and updates the composition of the DIMER Board and provides that all members will be appointed by the Governor
- Clarifies that a vacant Board position is not counted for quorum purposes
- Requires the Board Chair to be elected from the members of the Board, rather than appointed by the Chair of the Delaware Health Care Commission
- Requires the Board to select candidates for the Chair and Vice Chair from a nominating committee determined by the Board
- Provides that the Board Chair and Vice Chair shall serve no more than 3 consecutive terms.

Diamond State Hospital Cost Review Board

On June 13, 2024, Governor John Carney signed [House Substitute 2 for House Bill 350](#)⁴ 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 8 members: 7 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. When 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 the hospital fails to successfully implement a PIP, Board approval may be required for the hospital’s future budget. The submission of hospital budget and financial information will begin in 2025 for calendar year 2026. In reviewing performance improvement plans or proposed budgets, the Board will

³ <https://legis.delaware.gov/json/BillDetail/GeneratePdfEngrossment?engrossmentId=36710&docTypeId=6>

⁴ <https://legis.delaware.gov/json/BillDetail/GeneratePdfEngrossment?engrossmentId=36515&docTypeId=6>

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 December 2024, Governor Carney appointed five members to the Board, all confirmed by the State Senate: Thomas Brown, Heath Chasanov, Richard Geisenberger, MGA (chair), David Singleton, and Devona Williams, PhD.

Delaware Medical Orders for Scope of Treatment (DMOST)

On September 26, 2024, Governor John Carney signed [Senate Bill 195](#)⁵. This Act will improve the utilization of the Delaware Medical Orders for Scope of Treatment (DMOST) forms 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.

DMOST was enacted in 2016 under HB 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 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 regarding the use of CPR and other medical interventions. Currently, DMOST is being underutilized, despite efforts by advocates and the creation of a statewide, electronic registry for DMOST forms hosted by the Delaware Health Information Network (DHIN).

This Act expands upon DHSS' current responsibilities under DMOST by doing 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 the DHIN to maintain the electronic 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 DMOST Steering Committee must produce an annual report containing data about the use of DMOST forms, trainings, public education and outreach, and current challenges and recommendations to improve the DMOST Program. This Act also makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.

⁵ <https://legis.delaware.gov/json/BillDetail/GeneratePdfDocument?legislationId=140759&legislationTypeId=1&docTypeId=2&legislationName=SB195>

Highlights of 2024

Delaware Health Care Commission Strategic Retreat

The DHCC held an in-person Strategic Retreat on November 22, 2024, at the Hilton Wilmington Christiana hotel in Newark, Delaware. This was the DHCC's 7th consecutive annual Strategic Retreat, a tradition brought back by DHCC Chair, Dr. Nancy Fan. Dr. Devona Williams, with Goeins-Williams Associates, Inc., served as the meeting facilitator. The theme for the 2024 Retreat was *Transitioning to a More Comprehensive Health Policy*, to emphasize issues and thinking related to the transitioning of Federal and State administrations. The purpose of the Retreat was to mark progress and reach agreement on the future focus and priorities of the DHCC during the transition to a new administration and leadership.

Objectives:

1. Review the core mission and progress of DHCC initiatives.
2. Review and discuss the Health Workforce Subcommittee update and recommendations.
3. Discuss and develop recommendations regarding future DHCC priorities and goals, for the next administration.

The following action items were developed:

1. Action Item: The commissioners suggested that the priority for 2025 should be the workforce, but access should also be added as a new priority.
2. Action items: Consider streamlining the DHCC to combine legislation or determine if other agencies can better manage some of the programs. Determine if additional DHCC staffing is needed, such as two or three policy analysts.

In conclusion, the following action items were developed from the meeting:

1. Create a more intentional method of collecting data. Embed a general questionnaire into the licensing process to gather needed data.
2. Create a roundtable with hospital systems and higher education to address health care workforce recruitment and training.
3. Develop short term, mid-term, and long-term goals.
4. The DHCC priority for 2025 should be workforce, but access should also be added as a new priority.
5. Consider streamlining the DHCC to combine legislation or determine if other agencies can better manage some of the programs. Determine if additional staffing is needed, such as two or three policy analysts.
6. A commissioner is needed to function as a liaison with DIDER and the DHCC.
7. The DHCC needs to provide a clearer response to the Administration and legislature where students who graduate practice.
8. Determine how the loan approval process can be shortened on the front end and the back end.

Delaware Health Care Commission Health Workforce Subcommittee

Background

The Health Workforce Subcommittee (Subcommittee) was created in December 2020 to assess and address Delaware's healthcare workforce deficiencies. In the Subcommittee's first year, under the leadership of Nick Moriello and 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.

Discussions with community partners identified a need for understanding the health workforce bandwidth in Delaware, including shortages in primary care disciplines and other specialties. There was also a desire to create a predictive model for workforce development and provide Delaware with scientific data to keenly identify workforce needs now and in the future. As a result of this, 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 \(DHF\)](https://dehealthforce.org/)⁶, 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 currently being used to monitor the distribution of licensed health professionals throughout the state. The data set includes information on registered nurses, physicians, LPNs, pharmacists, social workers, dental hygienists, and other provider types and specialists. The data will be used throughout the state to spur conversations surrounding Delaware's health workforce and can also be used to drive legislation and recommendations for future healthcare provider recruitment programs.

In March of 2023, Dr. Kathleen Matt joined Rick Geisenberger as co-chair of the Health Workforce Subcommittee. With the workforce data clearly identifying the deficiencies in the health workforce, the subcommittees work became focused on developing plans to alleviate the shortages and grow the health workforce pipelines.

Health Workforce Subcommittee Activity for Calendar Year 2024

The Subcommittee convened nine meetings:

- January 17, 2024
- May 8, 2024
- June 12, 2024
- July 24, 2024
- August 14, 2024
- September 18, 2024

⁶ <https://dehealthforce.org/>

- October 9, 2024
- November 20, 2024
- December 11, 2024

The Delaware Health Care Commission charged the Workforce Subcommittee with three objectives for 2024:

1. Develop a goal and policy statement and other recommendations for the DHCC.
2. Identify specific short- and long-term objectives for the Subcommittee with a 3-to-5-year timetable.
3. Expand public and private partnerships already in place with the Subcommittee

Over the course of several meetings, the Subcommittee developed a Mission Statement, Vision, and developed recommendations in response to the DHCC's charge:

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

Vision and Goals: The vision of the Health Workforce Subcommittee is to improve and ensure access to quality healthcare for 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, a public/private partnership between the State of Delaware and the Delaware Academy of Medicine / Delaware Public Health Association (Academy/DPHA). Additionally, the Subcommittee will work to enhance the education and training of a robust healthcare workforce, as well as the recruitment and retention of a strong healthcare workforce.

Specific Short- and Long-Term Objectives: To develop strategies to recruit and retain the health workforce. Enhance clinical training opportunities in Delaware for all health professionals. Create training tracks that better 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 our state. 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: To understand further the health workforce needs in the state, Delaware Health Force hosted 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 Subcommittee member, Tim Gibbs (Delaware Health Force) and Subcommittee member Nichole Moxley (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. A Summit is being planned for the fall of 2025.

Recommendations from the Health Workforce Subcommittee: The Subcommittee worked throughout 2024 to develop a list of recommendations to enhance Delaware’s health care workforce.

1. Data/Surveys/ Licensure – Refine data to provide more information on the current workforce and its state-wide distribution to inform current and future workforce needs.
2. Clinical Training / Preceptors/ Enhancing Health Care Workforce Pipelines – Develop partnerships with hospitals and educational institutions (high schools and middle schools) to create health care career pipelines and enhanced clinical training opportunities. Grow the next generation of health care workforce educators and fill the ever-expanding demand created by retirement of health care workforce educators.
3. Health Care Professional Shortages – Solve shortages of physicians, dentists and dental hygienists, nurses, specialists, behavioral health specialists, etc. How does Delaware grow the state’s own and recruit and retain the workforce needed in Delaware?
4. Long-term Care – Grow all levels of health care professionals to serve in high need areas. Create career ladders for individuals to allow them to enter at all different levels and achieve credit for their work in the field and continue to advance in their positions in health care.
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.

2024 Health Workforce Subcommittee Members

Richard Geisenberger, MGA, co-Chair

Department of Finance

Kathleen Matt, PhD, co-Chair

University of Delaware

Nicholas Conte, Jr., DMD, MBA (Joined in May 2024)

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

Nichole Moxley
Division of Public Health

Maggie Norris-Bent, MPA
Westside Family Healthcare

Christopher Otto, MSN
Delaware Nurses Association

Michael Quaranta
Delaware Chamber of Commerce

Gwendolyn Scott-Jones, PhD.
Delaware State University

Shauna Slaughter, MBA
Division of Professional Regulations

Mark Thompson, MHSA
Medical Society of Delaware

Avani Virani, MD
Highmark Inc.

Rosemary Wurster, DNP
Bayhealth

CostAware

Background

In early 2020, the Department of Health and Social Services (DHSS) and the Delaware Health Care Commission (DHCC) began working with the Delaware Health Information Network (DHIN) to develop and implement various health care cost and quality analyses. These analyses leverage data in the Delaware Health Care Claims Database (HCCD), managed by DHIN, and are used by DHSS to inform and support a variety of policy initiatives. The goals of the project include expanding the claims database analysis, measurement and reporting capabilities to increase transparency, highlighting variation in health care system performance, adding to consumers' knowledge base, and identifying opportunities to improve quality and reduce costs for Delaware residents. The project 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. Results of the analyses are summarized in reports and made available through a public-facing, consumer-friendly [website](https://costaware.dhss.delaware.gov/)⁷ which launched in the spring of 2022.

Calendar Year 2024 Activities and Accomplishments

On November 26, 2024, DHSS announced enhancements to the CostAware website. The newest CostAware updates included the addition of data for calendar year 2022 and Medicare Fee For Service (FFS) beneficiaries, an enhanced report comparing costs for brand and generic prescription drugs by drug class and payer category (commercial insurance, Medicaid, Medicare), and new reports for treatment of psychosis and cervical cancer screening.

- **New Data:** This CostAware release includes results based on analysis of 2022 claims data. Results for 2023 and 2024 claims data will be added in 2025.
- **Prescription Drug Costs** compares the average daily cost of brand and generic drugs in Delaware by drug class and payer category based on 2022 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 one of 51 classes assigned based on the condition the drug is intended to treat.
- **Psychosis** is a new report that compares the average cost to treat inpatient psychosis episodes grouped by diagnosis.
- **Cervical Cancer Screening** is a new quality focused report that highlights variation in the rate of cervical cancer screening. Results for 2019 through 2022 can be compared by DE ZIP Code, year, insurance type, age group, and race.

The most recent version of CostAware (last updated in September 2024) also includes:

- **Average costs for episodes of care** including C-section births, emergency department visits, knee and hip replacement, and vaginal delivery reported for Delaware hospitals.
- **Average costs of imaging procedures** including head CT, lumbar spine MRI, and screening mammography by care setting and for Delaware imaging centers.

⁷ <https://costaware.dhss.delaware.gov/>

- **Average cost per visit for medical services** including child wellness visits, mental and behavioral health services, diabetes care, cardiac procedures, adult doctor visits, lab tests (blood and urine tests), colonoscopy, and Emergency Department visits.
- **Results reported by care setting** including hospital outpatient facility, outpatient lab, professional office, urgent care facility, and telehealth.
- **Multiple years of data:** Results are reported for calendar years 2019 through 2022.
- **Filtering of results by insurance category** (commercial insurance, Medicaid, Medicare) and patient age group and gender (as appropriate).

The CostAware website now features a welcome video to orient the user:



Access the video, [CostAware - Delaware's State Health Care Cost](https://www.youtube.com/watch?v=MrtQM8fcl4&embeds_referring_euri=https%3A%2F%2Fcostaware.dhss.delaware.gov%2F)⁸

CostAware

Delaware's State Health Care Costs

⁸ https://www.youtube.com/watch?v=MrtQM8fcl4&embeds_referring_euri=https%3A%2F%2Fcostaware.dhss.delaware.gov%2F

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)⁹ - Passed on June 28, 2018, and authorized the State's 1332 waiver application.
2. House Bill 193 (HB 193)¹⁰ - Signed by Governor John Carney on June 20, 2019, and creates the Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund

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 is effective January 1, 2020, through December 31, 2024, to implement a state-based reinsurance program. 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 plan selections. Further meeting its promise, the SRP set a favorable environment for issuer participation; in 2023, two new market entrants (Aetna CVS Health and AmeriHealth Caritas) competed on the Marketplace, and in 2024,

⁹ <https://legis.delaware.gov/BillDetail?LegislationId=26806>

¹⁰ <https://legis.delaware.gov/BillDetail?LegislationId=47632>

another new market entrant joined (Celtic Ambetter).

2024 Plan Year

The DHCC sets the SRP's rate reduction target annually. 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 2024 plan year, the DHCC set a 15.0% rate reduction target for the SRP.

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 2024 plan year, 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. 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.

2024 State Reinsurance Program Costs & Funding

Year	Rate Target	Reinsurance Payment	State	Pass-through
2020	13.8%	\$23,788,389.14	\$2,112,742.14	\$21,675,647
2021	16.0%	\$41,880,680.78	\$2,997,136.78	\$38,883,544
2022	15.0%	\$43,752,197.70	\$8,741,380.70	\$35,010,817
2023	15.0%	\$43,752,197.70	\$0	\$46,734,709
2024	15.0%	\$54,631,495.81	\$0	\$64,724,320

Calendar Year 2024 Activities and Accomplishments

- In March 2024, 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 2024, the DHCC submitted the [2023 SRP Annual Report to CMS](#).¹¹
- In May 2024, CMS issued a letter to DHSS that the Department of the Treasury's final administrative determination for Delaware's pass-through funding amount was \$64,724,320 for calendar year 2024.
- On July 2, 2024, the DHCC hosted a hybrid [Public Forum](#)¹² to provide the public an opportunity to give meaningful comment on the progress of the Section 1332 Waiver. The 2025 payment parameters were announced:
Attachment point: \$65,000

¹¹ <https://dhss.delaware.gov/dhss/dhcc/files/annualreport102023.pdf>

¹² https://dhss.delaware.gov/dhss/dhcc/files/depublicforumfinal_07022024.pdf

Coinsurance rate: 70%

Reinsurance cap: \$340,000

Estimated premium reduction: 13.0%

- In July 2024, the DHCC remitted a reinsurance payment of \$54,631,495.81 to carriers, Highmark Delaware and Aetna, for eligible 2023 claims.
- In October 2024, the DHCC submitted pass-through funding data to CMS.
- On October 3, 2024, at the monthly DHCC Commission meeting, the DHSS Office of the Secretary and DHCC's actuary consultants, Oliver Wyman, presented a comprehensive [presentation](https://dhss.delaware.gov/dhss/dhcc/files/reinsurance10032024.pdf)¹³ about the program's history, impact, and policy implications.

¹³ <https://dhss.delaware.gov/dhss/dhcc/files/reinsurance10032024.pdf>

Delaware Institute of Dental Education and Research (DIDER)

Background

The Delaware General Assembly created the Delaware Institute of 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 eleven public/private representatives statewide.

DIDER Board Activity for Calendar Year 2024

DIDER conducted four board meetings in 2024:

○ February 7, 2024	Board Meeting	Hybrid Meeting
○ April 10, 2024	Board Meeting	Hybrid Meeting
○ July 10, 2024	Board Meeting	Hybrid Meeting
○ November 20, 2024	Board Meeting	Hybrid Meeting

DIDER also participated in several DHCC meetings and the DHCC Strategic Retreat to provide updates on the board activities.

Delaware's Dental School

In 2005, Delaware established an affiliation agreement with Temple University 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.

Since 2012, Temple University has met or exceeded its commitment to admit at least 4 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.

2023 - 2024 Admissions Cycle Final Numbers

27 Total Applicants

7 DE residents in D1 class

- 3.44 BCP UG GPA
- 3.68 BCP G GPA
- 21.4 AA DAT

- 20.4 TS DAT
3 Declined offers

2024- 2025 Admissions Cycle (as of November 20, 2024)

19 Total Applicants

- Different stages of the application process
 - Incomplete
 - Complete, awaiting supplemental application
 - Under review
 - Offered Interview
 - Interview Complete

Cost/Debt Overview

- Avg. Dental School Debt ~\$400,000 - \$500,000
- Avg. Small Dental Practice Startup Costs ~\$550,000
- Avg. Small Business overhead 10-30%
- Avg. Dental practice overhead cost 60-65%
- Avg. Medical practice overhead cost 60-70%

ChristianaCare General Practice Dentistry Residency Program 2024 - 2025

- 8 residents from 3 schools (1 Pitt, 6 Temple, 1 South Carolina)
- 5 of the 8 residents from Delaware (4-New Castle, 1-Sussex)
- 4 of the 5 Delaware students were DIDER students (attended Temple University)
- CCHS received 81 total applications
- 14 Delawareans applied, (6 were DIDER students)
- Applicants represented 11 dental schools
- CCHS extended 29 invitations to interview
- Some Delaware Residents did not receive interviews due to poor academic performance

University of Delaware (UD), Health Professions Evaluation Committee (HPEC)

The Health Professions Evaluation Committee (HPEC) at University of Delaware (UD), is a committee that supports UD students who are preparing to apply to medical, dental, optometry or podiatry school. DIDER Chair, Dr. Lou Rafetto, participates in the review committee and reviews the rising senior applications to be approved by HPEC as a part of their dental school applications. Dr. Rafetto hopes DIDER will have a more active role going forward as mentors/advisors to students and a similar relationship can be formed with other Delaware higher education institutions.

DIDER Code: Delaware Code: § 9940. Findings

At the November 20, 2024, DIDER Board meeting, the Board reviewed the DIDER section of Delaware Code. The Board found some of the findings to be outdated and in need of updating. In CY 2025, the Board will continue to review the DIDER Code and propose changes that will be submitted to the Department of Health and Social Services. It is hoped legislation can be introduced in the 153rd General Assembly session.

Task Force on Access to Dental Care

DIDER actively participated on Senator McBride’s task force that covered access to dental care for underserved populations, provider recruitment and retention, dental insurance networks, and licensure for dental professionals. Legislative actions to date include:

- Improved coverage for adult Medicaid patients
- Addition of a Federally Qualified Health Center (FQHC) member to DIDER

DIDER Recommendations

At the September 5, 2024, Delaware Health Care Commission meeting, DIDER Chair, Dr. Rafetto, shared recommendations for the Commission and DHSS consideration. The DIDER Board through discussions and data provided is recommending the expansion of the mission to include supporting training for dentists to manage patients with disabilities, training opportunities for hygiene and dental assistants, and expansion of the current GPR program or linked satellite program. To expand the workforce the DIDER board recommends enhancing the recruitment efforts at the college and high school levels and the recruitment of dentists, hygienists, and assistants. As a caveat in the recruitment process, DIDER suggests considering outreach to foreign graduates of programs that award US dental degrees and tuition assistance.

Dr. Rafetto’s presentation is available on the [DHCC website](https://dhss.delaware.gov/dhss/dhcc/files/dider090524.pdf)¹⁴.

2024 DIDER Board of Directors

Louis Rafetto, DMD, Chair
Delaware State Dental Society

Nicholas Conte, DMD, MBA
State of Delaware

Theodore Becker, Jr.
(passed away October 2024)
Delaware Health Care Commission

Vincent Daniels, DMD
Public Representative

Jeffrey Cole, DDS, MBA, FAGD
ChristianaCare

Lisa Goss, RDH, BS
Delaware Dental Hygienist Association

¹⁴ <https://dhss.delaware.gov/dhss/dhcc/files/dider090524.pdf>

Brian McAllister, DDS

Department of Education, Higher Education
Office

Ray S. Rafetto, DMD

Delaware State Dental Society

Christine Stinton, DMD

Federally Qualified Health Center

Andrew Swiatowicz, DDS

Delaware State Board of Dentistry and
Dental Hygiene

Erika L. Williams, DMD

Delaware State Dental Society

Delaware Institute of Medical Education and Research (DIMER)

Background

The Delaware Institute of Medical Education and Research (DIMER) was first established in 1969 to provide an opportunity for Delaware residents to attend medical school, because Delaware is one of four states that does not offer an in state medical school. DIMER has a formal agreement with Sidney Kimmel Medical College (SKMC) to reserve 20 places for qualified Delaware residents, and an agreement with Philadelphia College of Osteopathic Medicine (PCOM) to reserve 10 places for Delaware residents. In recent years, both SKMC and PCOM have accepted more students than specified in the agreements. DIMER is incredibly grateful to both institutions, which 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

As a DIMER applicant, Delaware resident applications are pulled from the 10,000 plus applications received by each institution and evaluated against Delaware only applicants. This significantly improves the odds, to 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, Beebe, and Tidal Health all have active and expanding residency opportunities. Recruitment and retention of Delaware physicians is enhanced with the increased opportunities for Delawareans to complete their medical training and serve their community in their home state.

Abstract Data

DIMER welcomed 46 first year medical students for the incoming class of 2024 with DIMER's medical education partners once again exceeding their contractual commitments. SKMC welcomed 26 students, while 20 students matriculated to PCOM.

The graduating class of 2024 provided 50 newly graduated physicians looking forward to residency training. For those Delaware medical students who graduated from SKMC and PCOM in 2024, 44% went into a primary care specialty training.

DIMER Board Activity for 2024

The DIMER Board remained active and engaged in 2024 while also undergoing a legislative revision and renewal updating the composition of the board. The DIMER Board has been expanded to include representation not only from all three counties but every health system with a residency training program in the first state. The board composition includes undergraduate education and pre-med pipeline institutions, University of Delaware, and Delaware State University. Additional organizations that have been added include Delaware Academy of Medicine, Delaware Public Health Association, Medical Society of Delaware, and the National Medical Association, First State Chapter. As in the past, DHSA facilitated outreach events for prospective DIMER students in each of Delaware's three counties for those high school and undergraduate students interested in future careers in medicine. DIMER & DHSA leadership were also heavily engaged in various in-person engagements for current DIMER students, solidifying its commitment to providing a network of support for DIMER Students in their journey to becoming a practicing physician.

The DIMER Board recognizes the high cost for medical education and enormous debt students face upon graduation and continues to advocate for DIMER graduates to take advantage of the Health Care Professionals Loan Repayment Program (HCPLRP) through the State of Delaware. 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 rich tradition of extending its activities beyond its mission to ensure access to quality medical education for Delaware residents. DIMER and its partners are committed to providing a network of support for its students and engage students throughout the academic year in a variety of ways. Through its engagement with DHSA, DIMER was featured in numerous presentations throughout the year beyond the county specific events, as well as the focal point for various networking opportunities for DIMER students whether it be through receptions with industry leaders or speaker series and keynote presentations.

Conclusion

The DIMER program continues to represent an incredible value for Delawareans' medical education. The full annual report¹⁵ contains detailed information on the demographics and data relative to DIMER's 2020 incoming and graduating classes, as well as personal stories from state and institution leadership, including DIMER students. DIMER's approach to partnering with the DHSA and all our partners in Delaware and beyond, has resulted in a robust array of services to

¹⁵ https://dhss.delaware.gov/wp-content/uploads/sites/4/2025/07/DIMER-Annual-Report-2024-DIGITAL_FINAL-6.2025.pdf

facilitate Delawareans' pathway, not only to medical school but helping them return to Delaware to practice medicine in geographic and specialty areas of need. We express our gratitude for all who have supported DIMER over its 50-year plus history and look forward to even greater achievements in the future.

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

2024 DIMER Board of Directors

Nancy Fan MD, Interim Chair (until April 2024)
Delaware Health Care Commission

David A. Barlow, PhD
Department of Education Delaware Higher
Education Office
(Resigned August 2023)

Chai Gadde, MBA
BioTek reMEDys

Neil Jasani, MD
ChristianaCare

Janice Lee, MD
Delaware Health Care Commission

Brian Levine, MD
ChristianaCare

Vincent Lobo, Jr., DO
Sussex County – Public Member

Kathleen Matt, PhD
(appointed Chair, April 2024)
University of Delaware College of Health
Sciences

Lisa Maxwell, MD
ChristianaCare
(stepped down June 2024)

Robert Monteleone, MD
Saint Francis Hospital Medical Residency
Program

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

Joseph Rubacky, MD
Kent County – Public Member

Robyn Miller, MD
Nemours

Carl E. Turner, MD
Wilmington – Public Member

Megan Williams
Delaware Healthcare Association

Vacant
Delaware State University

Vacant
University of Delaware

2024 DIMER Board of Directors After Enactment of HB 432 with Amendment 1¹⁶

Kathleen Matt, PhD, Chair

University of Delaware

Brian Frazee

Delaware Healthcare Association

Rachel Hersh

Sussex County, Federally Qualified Health Centers

Neil Jasani, MD

ChristianaCare

Joseph Kim, DO

Tidal Health

Janice Lee, MD

Delaware Health Care Commission

Marshala Lee-McCall, MD

First State Chapter of the National Medical Association

Brian Levine, MD

ChristianaCare

R. Christopher Mason, PhD

Delaware State University

Juliet Markowski

Department of Education
Delaware Higher Education Office

Robyn Miller, MD

Nemours Children's Hospital, Delaware

Robert Monteleone, MD

Saint Francis Hospital

Nichole Moxley

Department of Health and Social Services
Division of Public Health Ex-Officio

Jennifer Nauen, PhD

University of Delaware

Joyce Robert, MD

Medical Society of Delaware

Tabassum Salam, MD, MBA, FACP

ChristianaCare

Gary Siegelman, MD

Bayhealth

Paul Sierzenski, MD, MSHQS, CPE, FACEP

Beebe Healthcare

¹⁶ <https://legis.delaware.gov/BillDetail?LegislationId=141507>

Health Care Spending and Quality Benchmarks Program

Background

Historically, Delaware has one of the highest per-capita health care spending rates in the country. The spending has regularly outperformed 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's revenue growth, resulting in the crowding out of needed investments in schools, communities, and infrastructure. These findings 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 \(EO 25\)](#)¹⁷, which formally established the Health Care Spending and Quality Benchmark initiative.

On August 19, 2022, Governor Carney signed [House Bill 442 with House Amendment 1 \(HB 442 with HA 1\)](#).¹⁸ This legislation replaced EO 25 and established the Health Care Spending and Quality Benchmark initiative in Delaware Code. The codification of the benchmarks supports the continuation of Delaware's Road to Value by improving the transparency of health care spending and quality, as well as providing attainable goals needed to achieve better health care, lower costs, and healthier communities.

Calendar Year 2024 Activities and Accomplishments

- On May 7, 2024, DHSS released Delaware's fourth annual Benchmark Spending and Quality Trend Report (Trend Report). This report consists of spending and quality data from calendar year (CY) 2020, CY 2021, and CY 2022. Spending data was collected from Delaware's top commercial carriers, as well as 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 2, 2024, DHSS Cabinet Secretary Josette Manning presented the CY 2022 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 6, 2024, the DHCC, with the assistance of Benchmark vendor, Mercer Health & Benefits LLC (Mercer), hosted a technical webinar with insurers to review the data

¹⁷ https://archivesfiles.delaware.gov/Executive-Orders/Carney/Carney_EO025.pdf

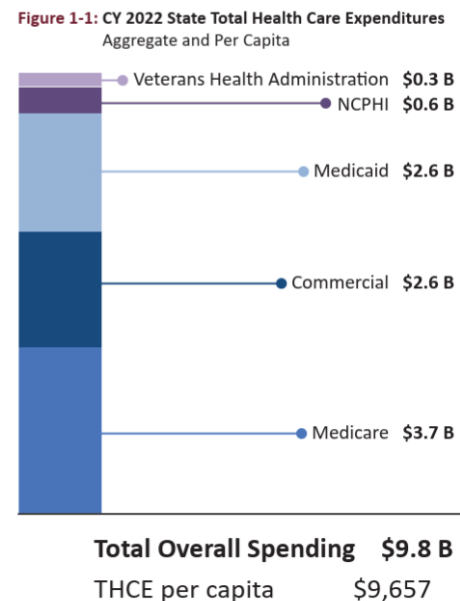
¹⁸ <https://legis.delaware.gov/BillDetail?legislationId=129690>

validation and submission processes for the next data collection cycle, collecting new CY 2023 quality data and refreshed CY 2022 and new CY 2023 spending data.

- On August 15, 2024, the DHCC released the Benchmark Implementation Manual Version 6.0 and accompanying data collection templates for insurers.¹⁹
- On August 29 and September 17, 2024, the DHCC and Mercer hosted quality benchmark webinars with stakeholders. The purpose of these webinars was to seek feedback on quality measures for the upcoming calendar year CY 2025–2027 measurement cycle. During the webinar, the stakeholders reviewed current and proposed quality measures to prioritize (no more than 13 measures that are relevant and meaningful to Delawareans) and seek suggestions for an Emergency Department (ED) measure for potential replacement.
- On October 3, 2024, the DHCC and Mercer presented the selected quality measures for the CY 2025-2027 cycle based on feedback from the quality benchmark webinars. Public comment was available through October 17, 2024, and the measures with their associated benchmarks to be met have since been finalized.
- In CY 2024, the Delaware Economic and Financial Advisory Council (DEFAC) Health Care Spending Benchmark Subcommittee met six times. For additional information about the meetings including minutes and presentations, visit <https://dhss.delaware.gov/dhcc/defachcbpscomm.html>.

Health Care Spending Benchmark – 2024 Update

In May 2024, the Department of Health and Social Services (DHSS) released the fourth Benchmark Trend Report for Calendar Year (CY) 2022. The per capita health care spending in Delaware increased 6.3% in 2022 to \$9,657, outpacing a 3.0% growth rate benchmark. The 6.3% per capita increase in 2022 is significant, but there was an expectation of some continuing health care spending rebound effect in the post-pandemic period. Below is a summary of CY 2022 State Total Health Care Expenditures:²⁰



¹⁹ https://dhss.delaware.gov/dhss/files/benchmarkmanualinsurersv6_081524.pdf

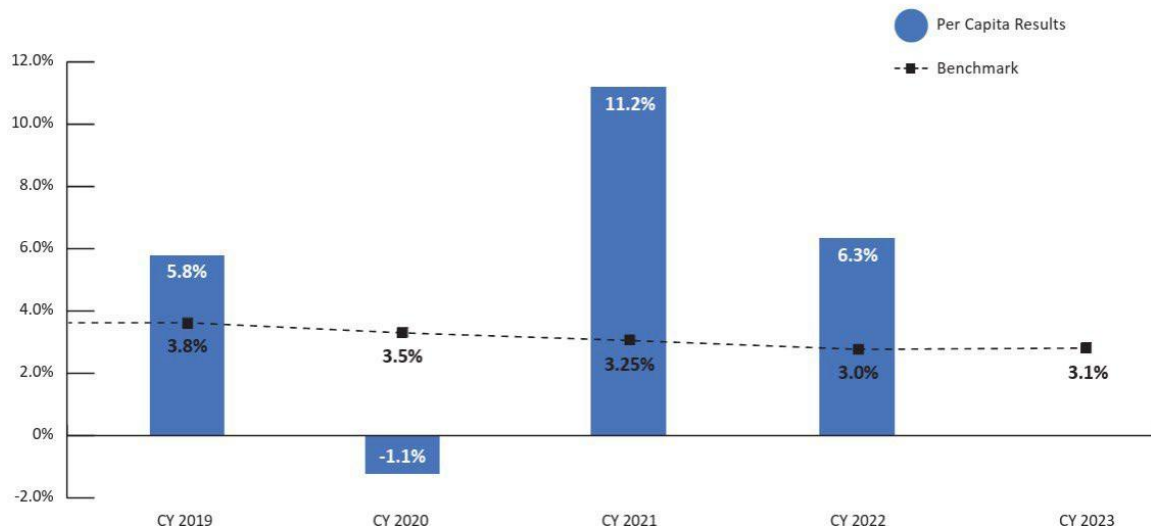
²⁰ <https://dhss.delaware.gov/dhcc/files/cy2022spendingqualitybenchmarkrpt.pdf>

State Level Total Health Care Expenditures, Change in Per Capita versus Spending Benchmark from CY 2019 through CY 2022²¹

State Level Total Health Care Expenditures Spending and Per Capita Amount



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



Health Care Quality Benchmarks – 2024 Update

The CY 2022 Trend Report also provides insight into Delaware’s health care quality on nine quality measures with data able to be analyzed by age, gender, and race/ethnicity for greater insight on health disparities. While the most recent report does show some improvement in use of opioids at high dosages, use of statin therapy for patients with cardiovascular disease, and both breast and colorectal cancer screenings for patients with commercial coverage, opportunities to meet benchmarks continues to exist in most areas. Of note, given recent reports of a concerning spike in drug overdoses in Sussex and Kent counties, despite improvements in the quality measures, urgency remains regarding Substance Use Disorder/Opioid Use Disorder Outcomes in Delaware.²²

DHSS added Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, and Percentage of Eligibles Who Received Preventive Dental Services measures as new quality benchmarks beginning with the CY 2022 performance period. The Percentage of Eligibles Who Received Preventive Dental Services measure was retired, by CMS, in 2021, thus there is no data available to report for the CY 2022 Trend Report.

²¹ <https://dhss.delaware.gov/dhcc/files/cy2022spendingqualitybenchmarkrpt.pdf>

²² <https://news.delaware.gov/2024/05/07/dhss-releases-fourth-annual-health-care-benchmark-trend-report/>

QUALITY BENCHMARK RESULTS

Quality Measure	CY 2022 Results	CY 2023 Results	Change	CY 2023 Benchmark	Benchmark Met/Not Met	Notes
Adult Obesity	37.9%	35.6%	↓ 2.3%	31.2%	Not Met	Lower result is better
Use of Opioids at High Dosages	10.4%	9.6%	↓ 0.8%	10.0%	Met	Lower result is better
Opioid-related Overdose Deaths	50.2 deaths per 100,000	47.5 deaths per 100,000	↓ 2.7	33.0 deaths per 100,000	Not Met	Lower result is better
Emergency Department Utilization* (Commercial measure only)	168.4 visits per 1,000	169.5 visits per 1,000	↑ 1.1	158.4 visits per 1,000	Not Met	Lower result is better
Persistence of Beta-Blocker Treatment after a Heart Attack	76.5% Commercial	75.0% Commercial	↓ 1.5%	89.9% Commercial	Not Met	Higher result is better
	80.6% Medicaid	64.1% Medicaid	↓ 16.5%	84.9% Medicaid	Not Met	
Statin Therapy for Patients With Cardiovascular Disease — Statin Adherence 80%	82.0% Commercial	82.7% Commercial	↑ 0.7%	84.2% Commercial	Not Met	Higher result is better
	64.5% Medicaid	69.7% Medicaid	↑ 5.2%	75.8% Medicaid	Not Met	

*The 2021 result was calculated using the updated measure year (MY) 2021 methodology. The benchmark, however, was determined using the MY 2018 methodology. Therefore, caution should be exercised when interpreting this result.

DHSS PRESENTATION ON HEALTH CARE BENCHMARKS

Quality Benchmarks Calendar Years 2025 – 2027 Measures

In calendar year 2024, two stakeholder meetings (August 29, 2024, and September 17, 2024) were held to review the current benchmark quality measures and the proposed options for measures for the 2025–2027 cycle. Following the stakeholder meetings, feedback from stakeholders was considered resulting in nine legacy measures continuing into the 2025–2027 cycle and four new measures added. The updated list of 13 measures was shared during the Delaware Health Care Commission meeting on October 3, 2024. The public and interested stakeholders were provided an opportunity to offer additional feedback through October 17, 2024, after which the measures and goals were finalized.

²³ <https://dhss.delaware.gov/wp-content/uploads/sites/4/2025/06//CY2023BenchmarkTrendReportPresentation.pdf>

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 to 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, 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 to promote 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 cost 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, followed by a formal application process to ensure public scrutiny of health care developments in the state of Delaware.

CPR Applications in Calendar Year 2024

Received	Approved	Denied	Withdrawn	Total Capital Expenditure
8	8	0	1	\$160,915,000.00

Applicant	Project	Capital Expenditure
Nemours	Inpatient Unit Hematology Oncology Transplantation Cellular Therapy	\$ 27.5 million
Cedar Tree Surgical Center	Perform General Anesthesia	\$ 150,000
Nemours	Outpatient Services Clinic and Infusion Center	\$ 27.250 million
Nephrology Associates-Newark	Convert vascular access center to ambulatory surgery center	\$ 605,000
Nephrology Associates-Milford	Convert vascular access center to ambulatory surgery center	\$ 450,000
ChristianaCare	Radiation Therapy Medical Equipment Varian Ethos	\$6.7 million

ChristianaCare	Middletown Health Center Expansion	\$96.760 million
Sussex Pain Relief Center	Convert to freestanding surgery center	\$1.5 million

*Clearway Surgery Center withdrew their application to construct an ambulatory surgery center on August 5, 2024.

Joint Legislative Oversight and Sunset Committee

In June 2019, the DHCC received notification that the Joint Legislative Oversight and Sunset Committee (JLOSC) voted to conduct a comprehensive legislative oversight and sunset review of the HRB. Legislative oversight and sunset review is a periodic review of an entity with the purpose of determining where there is a public need for the entity and, if so, whether the entity is effectively performing to meet that need. The COVID-19 pandemic cut short the review and public meeting schedule. In 2020, all entities under JLOSC review, including HRB, were held over until January 2021. In April 2021, the JLOSC issued five [recommendations](#) that were adopted. The HRB was held over again in 2022. To streamline operations during the period of holdover, and pending legislation, the JLOSC implemented new policies effective as of June 6, 2022, and was adopted as the sixth JLOSC [recommendation](#) to discontinue the use of review committee meetings during the CPR process. In May 2024, [House Bill 394](#)²⁴ was introduced to restructure the HRB to an advisory body. The bill did not advance in the 152nd Legislative session.

HRB Board Activity for Calendar Year 2024

HRB conducted six Board meetings.

- | | | |
|----------------------|---------------|----------------|
| ○ January 25, 2024 | Board Meeting | Hybrid Meeting |
| ○ April 25, 2024 | Board Meeting | Hybrid Meeting |
| ○ May 23, 2024 | Board Meeting | Hybrid Meeting |
| ○ June 27, 2024 | Board Meeting | Hybrid Meeting |
| ○ July 25, 2024 | Board Meeting | Hybrid Meeting |
| ○ September 26, 2024 | Board Meeting | Hybrid Meeting |
| ○ November 21, 2024 | Board Meeting | Hybrid Meeting |

²⁴ <https://legis.delaware.gov/BillDetail?LegislationId=141347>

2024 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

Michael Hackendorn

Labor representative

Vincent Lobo, Jr. DO

Licensed to practice medicine in DE representative

Steven Costantino

DHSS representative

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

Theodore Becker

Public at Large
(passed away October 2024)

VACANT

Public at Large

VACANT

Representative involved in purchasing health care coverage for employers with more than 200 employees

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. As a result of this shortfall, House Bill (HB) 48 with House Amendment (HA) 1 established the Health Care Provider Loan Repayment Program (HCPLRP) for new primary care providers.

Summary of Senate Bill 98

On August 31, 2023, Governor Carney signed Senate Bill 98, that extended the time in which providers may apply for a Health Care Provider Loan Repayment grant from six months to two years following completion of their graduate education. In addition, the bill added the following providers: Doctor of Dental Surgery, Doctor of Medicine in Dentistry, Licensed Psychologists, Licensed Professional Counselors of Mental Health, Master of Psychology, Licensed Clinical Social Workers

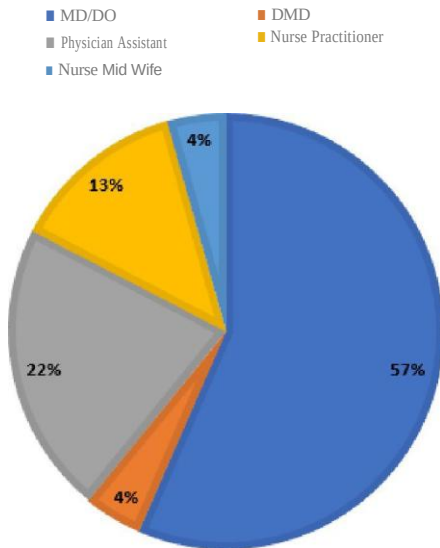
Since HCPLRP launched in May 2022 – December 2024

- 53 applications received
- 25 health care providers under contract
- 2 health care providers withdrew
- 1 health care provider declined contract
- 11 applications inactive
- 9 applicants ineligible
- 5 applications pending review

HCPLRP Awardee Loan Information

- Average Awardee Debt for Advanced Degree – \$204,629
- Average Awardee Debt for Mid-Level Degree – \$42,755
- Average Award Amount for Advanced Degree – \$59,170
- Average Award Amount for Mid-Level Degree – \$86,144

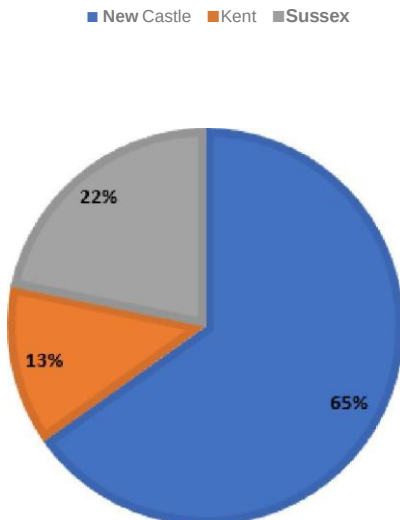
HCPLRP Disciplines



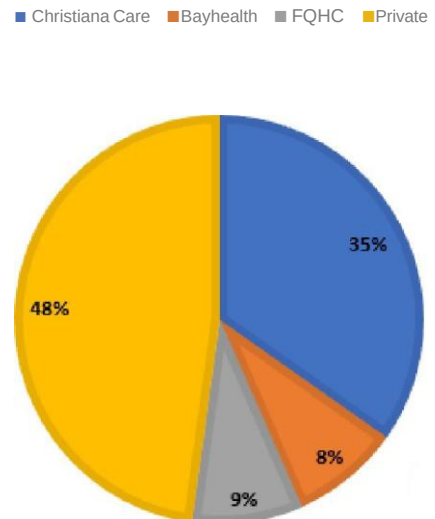
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- Average Awardee Debt for Mid-Level Degree
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- Average Award Amount for Advanced Degree
 - \$59,170
- Average Award Amount for Mid-Level Degree
 - \$86,144

Awardee Practice Site County



Awardee Employer



Active HCPLRP Contracts (as of December 31, 2024)

Degree	Discipline Level	Practice Name	County	Contract Start Date	Contract End Date	Award Amount
DO	Advanced	ChristianaCare	New Castle	12/15/2022	12/15/2024	\$ 30,000.00
MD	Advanced	ChristianaCare	New Castle	12/15/2022	12/15/2024	\$ 60,000.00
DO	Advanced	ChristianaCare	New Castle	12/15/2023	12/15/2025	\$ 60,000.00
DO	Advanced	Just for Kids Pediatrics- Newark	New Castle	12/22/2022	12/22/2024	\$ 60,000.00
DO	Advanced	Dover Family Physicians	Kent	12/22/2022	12/22/2024	\$ 30,000.00
DO	Advanced	ChristianaCare	New Castle	8/1/2024	8/1/2026	\$ 30,000.00
MD	Advanced	Beebe	Sussex	8/1/2024	8/1/2026	\$ 60,000.00
DMD	Advanced	Coastal Kids Pediatric Denistry	Sussex	8/1/2024	8/1/2026	\$ 60,000.00
MD	Advanced	ChristianaCare	New Castle	8/1/2024	8/1/2026	\$ 48,382.89
DMD	Advanced	La Red Health Center	Sussex	8/1/2024	8/1/2026	\$ 100,000.00
MD	Advanced	ChristianaCare	New Castle	8/1/2024	8/1/2026	\$ 60,000.00
MD	Advanced	Dedicated to Women OB/GYN	Kent	8/1/2024	8/1/2026	\$ 60,000.00
MD	Advanced	ChristianaCare	New Castle	12/15/2024	12/15/2026	\$ 100,000.00
MD	Advanced	Women's Wellness of Southern DE	Sussex	12/15/2024	12/15/2026	\$ 100,000.00
Nurse Midwife	Mid-Level	ChristianaCare	New Castle	7/31/2023	7/31/2025	\$ 60,000.00
PA	Mid-Level	Just Kids Pediatrics	New Castle	7/31/2023	7/31/2025	\$ 30,000.00
PA	Mid-Level	ChristianaCare	New Castle	4/15/2023	7/31/2025	\$ 30,000.00
PA	Mid-Level	Progressive Health Care of Delaware	New Castle	4/15/2023	4/15/2025	\$ 30,000.00
NP	Mid-Level	Beebe	Sussex	8/1/2024	8/1/2026	\$ 30,000.00
NP	Mid-Level	ChristianaCare	New Castle	8/1/2024	8/1/2026	\$ 24,799.77
NP	Mid-Level	Progressive Health Care of Delaware	New Castle	8/1/2024	8/1/2026	\$ 30,000.00
NP	Mid-Level	Westside Family Healthcare	New Castle	8/1/2024	8/1/2026	\$ 30,000.00
PA	Mid-Level	Zarek Donahue, LLC	New Castle	12/15/2024	12/15/2026	\$ 60,000.00
NP	Mid-Level	Dedicated to Women	Kent	12/15/2024	12/15/2026	\$ 60,000.00

Calendar Year 2024 Activity

HCPLRP Awards

- 14 health care providers started a contract in 2024

Provider Type	Employer	Total Award Amount for 2-Year Contract	Contract Start Date
DO	ChristianaCare	\$30,000	August 2024
NP	Beebe	\$30,000	August 2024
MD	Beebe	\$60,000	August 2024
DMD	Coastal Kids Pediatric Dentistry	\$60,000	August 2024
NP	ChristianaCare	\$24,799.77	August 2024
NP	Progressive Health Care of Delaware	\$30,000	August 2024
NP	Westside Family Healthcare	\$30,000	August 2024
MD	ChristianaCare	\$48,382.89	August 2024
DMD	La Red Health Center	\$100,000	August 2024
MD	ChristianaCare	\$60,000	August 2024
PA	Zarek Donahue, LLC	\$60,000	December 2024
MD	ChristianaCare	\$100,000	December 2024
NP	Dedicated to Women	\$60,000	December 2024
MD	Women's Wellness of Southern DE	\$100,000	December 2024

Delaware State Loan Repayment Program (SLRP)

Background

Delaware has operated a State Loan Repayment Program (SLRP) since 2000. The Delaware Health Care Commission (DHCC) serves as the lead administrative entity for the program. The program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). A multi-year federal grant totaling \$900,000 was awarded September 1, 2018, through August 31, 2022. The DHCC received an additional one-year no-cost-extension to spend the remaining funds from the grant. In the spring of the 2022, the DHCC applied for a new grant and was notified in August 2022 that Delaware would receive a three-year grant in the amount of \$675,000 (\$225,000 annually). The grant cycle ends August 31, 2025.

SLRP strives to create healthier communities by recruiting and retaining quality health care professionals to practice in designated Health Professional Shortage Areas (HPSAs). 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.

SLRP Data Points



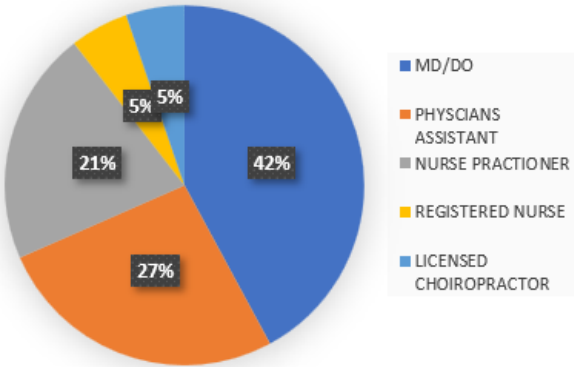
SLRP since 2022

- 56 applications received
- 22 health care providers under contract
- 2 applications withdrew
- 1 health care provider withdrew after awarded
- 20 applicants ineligible
- 5 applications pending review as of December 2024

SLRP Awardee Loan Information

- Average Debt for Advanced Degree – \$137,821
- Average Debt for Mid-Level Degree – \$78,122
- Average Award Amount for Advanced Degree – \$63,361
- Average Award Amount for Mid-Level Degree – \$68,663

SLRP Disciplines

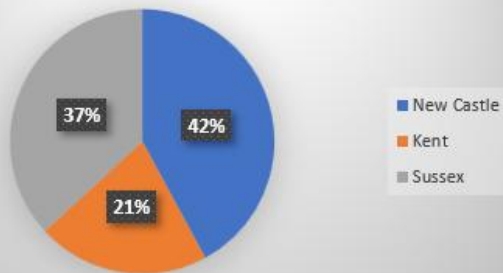


SLRP Awardee Loan Information

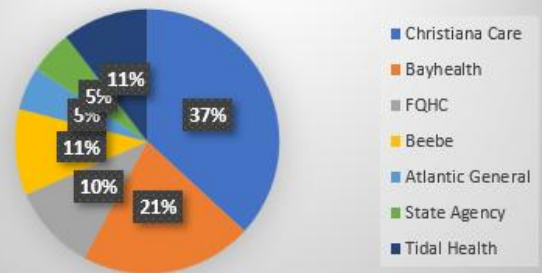
- Average Debt for Advanced Degree
 - \$137,821
- Average Debt for Mid-Level Degree
 - \$78,122
- Average Award Amount for Advanced Degree
 - \$63,361
- Average Award Amount for Mid-Level Degree
 - \$68,663

Awardee Practice Site Data

Awardee Practice Site County



Awardee Employer



SLRP Contracts Since 2022

Degree	Discipline Level	Practice Name	County	Contract Start Date	Contract End Date	Award Amount
MD	Advanced	ChristianaCare	New Castle	7/31/2023	7/31/2025	\$ 85,000.00
DO	Advanced	ChristianaCare	New Castle	12/15/2023	12/15/2025	\$ 70,000.00
MD	Advanced	Bayhealth	Kent County	4/15/2023	4/15/2025	\$ 29,856.00
MD	Advanced	Bayhealth	Kent County	4/15/2023	4/15/2025	\$ 24,458.50
MD	Advanced	ChristianaCare	New Castle	8/1/2024	8/1/2026	\$ 77,577.11
MD	Advanced	ChristianaCare	New Castle	8/1/2024	8/1/2026	\$ 70,000.00
DO	Advanced	Bayhealth	Kent County	12/15/2024	12/15/2026	\$ 50,000.00
DO	Advanced	Bayhealth	Kent County	12/15/2024	12/15/2026	\$ 100,000.00
NP	Mid-Level	Westside Family Healthcare Inc	New Castle	12/15/2023	12/15/2025	\$ 15,942.00
NP	Mid-Level	Tidal Health	Sussex	12/15/2023	12/15/2025	\$ 30,000.00
PA	Mid-Level	ChristianaCare	New Castle	12/15/2023	12/15/2025	\$ 45,000.00
FNP	Mid-Level	Helen F Graham Cancer Center	New Castle	9/15/2022	9/15/2024	\$ 19,265.00
LPC	Mid-Level	Limen House, Inc.	New Castle	9/15/2022	9/15/2024	\$ 30,000.00
FNP	Mid-Level	Shipley State Service Center	Sussex	9/15/2022	9/15/2024	\$ 30,000.00
LCSW	Mid-Level	Limen House, Inc.	New Castle	9/15/2022	9/15/2024	\$ 45,000.00
PA	Mid-Level	ChristianaCare: School Programs	New Castle	4/15/2023	4/15/2025	\$ 30,000.00
NP	Mid-Level	Tidal Health	Sussex	8/1/2024	8/1/2026	\$ 30,000.00
LPC	Mid-Level	ChristianaCare	New Castle	12/15/2024	12/15/2026	\$ 80,000.00
PA	Mid-Level	Beebe Healthcare	Sussex	12/15/2024	12/15/2026	\$ 60,000.00
NP	Mid-Level	Beebe Healthcare	Sussex	12/15/2024	12/15/2026	\$ 60,000.00
NP	Mid-Level	State of DE DPH	Kien	12/15/2024	12/15/2026	\$ 14,314.41
PA	Mid-Level	Atlantic General Hospital	Sussex	12/15/2024	12/15/2026	\$ 60,000.00
RN	Mid-Level	LA Red Health Center	Sussex	12/15/2024	12/15/2026	\$ 27,862.97

Calendar Year 2024

- In Calendar Year 2024, the DHCC received 11 SLRP applications.
 - 5 were eligible for awards
 - 2 applicants were incomplete (missing documents)
 - 3 applicants pending at the end of calendar year 2025

SLRP Awards

- 9 health care providers started a contract in 2024

Provider Type	Employer	Total Award Amount for 2-Year Contract	Contract Start Date
MD	ChristianaCare	\$70,000	August 2024
NP	TidalHealth	\$30,000	August 2024
DO	Bayhealth	\$100,000	December 2024
LPC	ChristianaCare	\$80,000	December 2024
NP	Beebe	\$60,000	December 2024
RN	LaRed Health Center	\$27,862.97	December 2024
PA	Beebe	\$60,000	December 2024
NP	Shipley State Service Center	\$14,314.41	December 2024
PA	Atlantic General	\$60,000	December 2024

Primary Care Reform Collaborative

Background

In 2018, Delaware was facing a crisis in accessing primary care. Practices were closing due to increasing challenges to maintain viable, sustainable practices with increasing levels of physician burnout. Throughout the State, primary care and preventative health services were becoming progressively more difficult for Delawareans to access. Because shortfalls in primary care access and resources have significant negative impacts on health outcomes and inequalities in health care, efforts to address primary care reform resulted in the passage of [Senate Bill 227 \(SB227\)](#)²⁵, which established a Primary Care Reform Collaborative (PCRC). This Collaborative was charged with the development of policy and recommendations to strengthen the primary care system in Delaware.

Since then, [Senate Substitute 1 for Senate Bill 116 \(SS1 for SB116\)](#)²⁶ expanded the membership of the PCRC and created an Office of Value-Based Health Care Delivery (OVBHCD) in the Department of Insurance. The [OVBHCD](#)²⁷ was created with the goal of “reducing health care costs by increasing the availability of high quality, cost-efficient health insurance products that have stable, predictable, and affordable rates.”²⁸ This office works closely with DHCC and the PCRC on various aspects of primary health care transformation.

Although the 2019 legislation laid the groundwork to begin transformation in Delaware’s primary health care system, primary care providers, legislatures, payers, and other state entities recognized the need for more progressive thinking and bold legislation. This brought about the introduction, passage, and signage of [Senate Substitute 1 for Senate Bill 120 \(SS1 for SB120\)](#)²⁹.

Summary of SS1 for SB 120

SS1 for SB120 is an act to amend 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 of strengthening the primary care system for this State of Delaware by doing the following:

- 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 limit aggregate unit price growth for inpatient, outpatient, and*

²⁵ <https://legis.delaware.gov/BillDetail?LegislationId=26743>

²⁶ <https://legis.delaware.gov/BillDetail?LegislationId=47843>

²⁷ <https://insurance.delaware.gov/divisions/consumerhp/ovbhcd/>

²⁸ <https://legis.delaware.gov/BillDetail/68714>

²⁹ <https://legis.delaware.gov/BillDetail/68714>

other medical services, to certain percentage increases over the next four (4) years.

- iii. Requiring an insurance carrier to spend a certain percentage of its total cost on primary care over the next 4 years.³⁰*

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.

SS1 for SB120 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 will gradually be met over a four (4) year period by the meeting the following targets:⁴

- 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.²*

The OVBHCD is also required to establish mandatory minimums for payment innovations (including APM's) and evaluate compliance with these minimums on an annual basis. Updates on the minimums will be posted on the [OVBHCD's website](#)³¹ when they occur.

Calendar Year 2024 PCRC Meetings

The PCRC conducted 8 meetings:

- | | |
|---------------------|----------------|
| ○ January 11, 2024 | Hybrid Meeting |
| ○ February 12, 2024 | Hybrid Meeting |
| ○ March 18, 2024 | Hybrid Meeting |

³⁰ <https://legis.delaware.gov/BillDetail/68714>

³¹ <https://insurance.delaware.gov/divisions/consumerhp/ovbhcd/>

○ April 15, 2024	Hybrid Meeting
○ May 13, 2024	Hybrid Meeting
○ June 17, 2024	Hybrid Meeting
○ July 15, 2024	Hybrid Meeting
○ October 7, 2024	Hybrid Meeting

Calendar Year 2024 Activity

- To advance multi-payer alignment through a common VBP model, as well as address opportunities to expand practice transformation and decrease administrative burden for practices with a standardized set of quality metrics, the PCRC modified its workgroups in 2024 and created a valued-based care model workgroup, a practice model workgroup, and quality metrics workgroup. The priorities for the workgroups are the product of the PCRC's deliberate approach to developing strategic priorities, which started in 2023.
- The PCRC examined in 2024 whether the Collaborative should be revised because of the stagnation in work during 2023–2024. Though the PCRC voted to keep the current membership, as the landscape of healthcare delivery in Delaware continues to evolve with new federal and state leadership, as well as initiatives that address the ongoing healthcare workforce crisis and the unsustainable increases in total healthcare spending, the PCRC will need to be open to change and adjust to achieve its mission of supporting and advancing primary care reform.
- With the assistance of HMA, in the fall of 2024, Dr. Nancy Fan (PCRC chair) and DHCC staff drafted a [2024 PCRC Annual Report](#)³², the first summary of the PCRC's activities since 2020. This report provides a thorough examination of the PCRC's foundational legislative framework, organizational structure, and strategic priorities. It includes a lookback on previous annual reports, additional reports regarding primary care physicians, and information from the Office of Value Based Health Care Delivery (OVBHCD). It also provides a detailed update on the activities of the PCRC and its workgroups in 2024, highlights its collaboration with the Office of Value Based Health Care, delineates the elements of the Delaware Enhanced Primary Care model, and offers recommendations regarding the direction and work of the PCRC throughout 2025. The report was approved by the Collaborative members in March 2025 and distributed to the General Assembly and Governor's office.

2024 Primary Care Reform Collaborative (PCRC) Members

Dr. Nancy Fan, Chair
Delaware Health Care Commission

Dr. Rose Kakoza
Delaware Healthcare Association

Dr. James Gill
Medical Society of Delaware

Kevin O'Hara
Insurance Carrier (Highmark)

³² <https://dhss.delaware.gov/wp-content/uploads/sites/4/dhcc/pdf/pcrcinitiativerpt032924.pdf>

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

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

Faith Rentz
State Benefits Office/Department of
Human Resources

Deborah Bednar
Insurance Carrier (Aetna)

Senator Bryan Townsend
Senate Health & Social Services
Committee

Maggie Norris-Bent
Federally Qualified Health Center (Westside Family
Healthcare)

Andrew Wilson
Division of Medicaid & Medical Assistance

Kerri Evelyn Harris
House Health & Human Development

Vacant
Delaware Nurses Association



DELAWARE HEALTH AND SOCIAL SERVICES