

Delaware Strategies to Prevent Medical Debt

Balance Billing and Short-Term Insurance

The federal No Surprises Act (NSA) protects patients from surprise medical bills (also referred to as “balance bills”), which are unexpected costs from out-of-network providers. Under the federal legislation, patients receiving emergency care or who are unknowingly treated by out-of-network providers during an in-network procedure are only required to pay the in-network cost-sharing amount for services provided. Effective January 1, 2022, the No Surprises Act applies to most health plans but not all care sites and services. States can legislate additional protections for balance bills not covered under the NSA, such as for ground ambulances, or limit the number of short-term, limited duration health plans available in the state, which traditionally cover fewer services putting enrollees at greater risk of incurring balance bills. Strategies examine in this section include:

- Prohibitions on Balance Billing for Ground Ambulance Services

- Prohibitions on Short-Term, Limited Duration Health Plans

Charity Care and Community Benefit Requirements

This section reviews state laws aimed at preventing medical debt, including mandates for hospitals and health care providers to offer financial assistance policies, screen patients for insurance and charity care eligibility, and inform patients of charity care policies before collecting payment. Strategies examined in this section include:

- Mandated Hospital Charity Care

- Hospital Charity Care Screening Requirements

- Hospital Charity Care Notification Requirements

- Hospital Community Benefit Reporting Requirements

Reducing Financial Consequences

This section examines how a state regulates providers’ ability to collect medical debt once it has been incurred. States can mitigate the financial harm of medical debt by regulating how and when providers and collection agencies pursue repayment or by limited aggressive collection actions. Strategies examined in this section include:

- Mandated Waiting Period Prior to Sending a Bill to Collections

- Limits on Liens or Foreclosures due to Medical Debt

- Limits on Wage Garnishment due to Medical Debt

- Limits on the Amount of Interest Charged to Medical Debt



Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Prohibits balance billing for out-of-network ground ambulance services	Delaware has established balance bill protections extend to both public and private ground ambulance services, but do not apply to services provided by volunteer fire departments and do not cover non-emergency transport.
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	



State Has Active Policy or Program



Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	 State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Delaware requires health care facilities subject to a Certificate of Public Review to provide charity care to uninsured or underinsured individuals with annual incomes at or below 350% FPL. The state defines underinsured as having medical expenses or deductibles that equal or exceed 5% of their annual income.
Hospital Charity Care Screening Requirements	 State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	 State law requires health care providers to notify patients of charity care options before collecting payment	Hospitals in Delaware are required to give uninsured patients written information about medical assistance, including eligibility, how to apply, and where to get help, both at the time of service and on billing statements.
Hospital Community Benefit Reporting Requirement	 State law requires hospitals to annually report the amount of charity care provided	Hospitals in Delaware are required to annually report charity care data to the state's Health Resources Board, including a certified log of services provided and a summary detailing total revenue, the amount and percentage of charity care and bad debt, and Medicaid revenue. This requirement applies for the duration of the facility's operation under a Certificate of Public Review.



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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Hospitals may not sell a patient’s debt for at least 120 days after the first bill is sent, unless they have a written agreement with the buyer that protects the patient from select collection actions. Hospitals must also give at least 30 days’ written notice before selling the debt or taking any other extraordinary collection actions.
Limits on Liens or Foreclosures due to Medical Debt	State law prohibits initiating a lien or foreclosure to collect medical debt	Delaware law fully prohibits hospitals or debt collectors from foreclosing on a patient's property to collect outstanding medical debt.
Limits Wage Garnishment due to Medical Debt	State law exceeds federal wage garnishment protections for residents with medical debt	Delaware prohibits wage garnishment, as well as garnishment of disability, workers' compensation, and unemployment benefits, to collect unpaid medical debts.
Limits on the Amount of Interest Charged to Medical Debt	State law limits interest rates on medical debt	Delaware law bars hospitals and medical debt collectors from adding any interest or late fees to patients’ medical debt.

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