Bill as Introduced

HB 1183 – AS INTRODUCED

2000 SESSION

00-2471
01/09

HOUSE BILL ***1183***

AN ACT relative to consumer access to providers for the term of the consumer's health benefit plan and extending the reporting date of a committee.

SPONSORS: Rep. K. Herman, Hills 13; Rep. Taylor, Straf 11

COMMITTEE: Commerce

ANALYSIS

This bill requires continued consumer access to certain network providers for the term of the consumer's health benefit plan when health carriers and hospitals or provider organizations fail to renew their contract.

This bill also extends the reporting date of the committee to study certain financial arrangements established in 1999, 155.

This bill is a request of the committee established in 1999, 155.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

00-2471
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand

AN ACT relative to consumer access to providers for the term of the consumer's health benefit plan and extending the reporting date of a committee.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Paragraph; Consumer Access to Network Providers. Amend RSA 420-J:8 by inserting after paragraph VII the following new paragraph:

VIII. Every contract between a health carrier and a hospital, physician-hospital organization, independent practice association, group practice, or any institutional provider or any provider organization which is entered into after September 30, 2000 shall contain a continued provider access provision. The effect of this provision shall be to assure that covered persons will have continued access to the institutional provider or to providers within the provider organization in the event that the health carrier and the institutional provider or provider organization fail to renew their contract as of its termination date. The continued provider access that covered persons will be entitled to under this paragraph shall be in accordance with the terms and conditions of the covered person's health benefit plan and shall be made continuously available until the renewal date of the health benefit plan.

2 Report Date Extended. Amend 1999, 155:5 to read as follows:

155:5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the senate president, the house clerk, the senate clerk, the governor, and the state library on or before November 1, [~~1999~~] ***2000***.

3 Effective Date.

I. Section 1 of this act shall take effect 60 days after its passage.

II. The remainder of this act shall take effect upon its passage.

Amendments

Commerce
March 9, 2000
2000-3715h
01/09

Amendment to HB 1183

Amend the title of the bill by replacing it with the following:

AN ACT relative to consumer access to providers for the term of the consumer's health benefit plan and relative to the committee studying certain financial arrangements.

Amend the bill by replacing all after the enacting clause with the following:

1 New Paragraph; Consumer Access to Network Providers. Amend RSA 420-J:8 by inserting after paragraph X the following new paragraph:

XI. Every contract entered into after September 30, 2000 between a health carrier and any institutional provider or provider organization that includes more than 10 providers shall contain a provision addressing continued access to providers subsequent to the non-renewal of the contract. The effect of this provision shall be to assure that covered persons will have continued access to the institutional provider or to providers within the provider organization in the event that the health carrier and the institutional provider or provider organization fail to renew their contract as of its termination date. The continued provider access that covered persons are entitled to under this paragraph shall be in accordance with the terms and conditions of the covered person's health benefit plan and the prior contract between the health carrier and institutional provider or provider organization. Such provider access shall be made continuously available until the renewal date of the health benefit plan or 90 days after the contract termination date, whichever is sooner. Within 5 working days of the contract termination, the health carrier should provide written notice to affected covered persons explaining their continued access rights.

2 Members Added. Amend 1999, 155:2, I to read as follows:

I. The members of the committee shall be as follows:

(a) [~~Three~~] ***Five*** members of the house of representatives, at least 2 of whom shall be from the house commerce committee, appointed by the speaker of the house.

(b) [~~Three~~] ***Five*** members of the senate, appointed by the president of the senate.

3 Duties Added; Quorum; Report Date Extended. Amend 1999, 155:3-5 to read as follows:

155:3 Duties. The committee shall study the financial arrangements and contracts among hospitals, health care providers, and insurance companies. The study shall include, but not be limited to, how these arrangements affect insurance premiums and health care costs in New Hampshire. The committee shall examine how reimbursement rates are determined and

withholdings are calculated. ***The committee shall investigate health care issues and specific problems within the health care industry. The committee shall also study the feasibility of creating a health care oversight entity.*** The committee may seek outside information from any relevant source.

155:4 Chairperson; Quorum. The members of the study committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting of the committee shall be held within 45 days of the effective date of this section. [~~Four~~] ***Six*** members of the committee shall constitute a quorum.

155:5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the senate president, the house clerk, the senate clerk, the governor, and the state library on or before November 1, [~~1999~~] ***2000***.

4 Effective Date.

I. Section 1 of this act shall take effect 60 days after its passage.

II. The remainder of this act shall take effect upon its passage.

2000-3715h

AMENDED ANALYSIS

This bill requires continued consumer access to certain network providers for the term of the consumer's health benefit plan when health carriers and hospitals or provider organizations fail to renew their contract.

This bill also adds members and duties to and extends the reporting date of the committee to study certain financial arrangements established in 1999, 155.

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 1183 Date Feb. 2, 2000

Committee Commerce

**** Please Print All Information ****

Name	Address	Phone	Representing	(check one) Pro	Con
Jim Bettee	No Hampton	964 2020	NHAHU	✓	
Rep Kathy Taylor	Stafford #			✓	

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE

PUBLIC HEARING ON HB 1183

BILL TITLE: relative to consumer access to providers for the term of the consumer's health benefit plan and extending the reporting date of a committee.

DATE: February 2,2000

LOB ROOM: 302 **Time Public Hearing Called to Order:** 2:05 pm

Time Adjourned: 2:55 pm

(please circle if present)

Committee Members: Reps. Hunt, Francoeur, Herman, Tsiros, Belanger, McGough, Kenney, Langley, Pappas, Avery, Dalianis, DiFruscia, Marshall, M. Clark, Crosby, Russell, T. Reardon, Vachon, Taylor, Curran, Garrish and Keye.

Bill Sponsors: Reps. Herman and Taylor

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep. Keith Herman – supports bill. Rolling termination clause as it relates to insurers, providers, hospitals, etc. This bill is as a result of the chapter study committee in 1999, 155. APEX & TUFTS in the seacoast left consumers without coverage. This bill would entitle the client to benefits they expected. Want to be sure this bill is not too restrictive to individual provider.

Tom Quarles, Aetna & NHHMO Assn. – opposes bill. Not opposed to concept, but opposed to language. A one-year term is not expressed in bill. Contracts now may be written for longer that a year. Time frame should be reasonable. Time frame, i.e., 60 to 90 days.

Alex Feldvebel, NH DOI – support bill. Focus of study committee was network disjunction re contract with hospital. Contract talks broke down with the end of the year and patients had little or no notice. Need time for 1) to reconstruct and 2) or enrollee to find replacement coverage. The intention was to extend the enrollee access to a provider for a year. Might be reasonable to specify a shorter period of time. Sixty days is not enough but perhaps 90 days would be. This meant to only apply to large providers like hospitals and large doctor groups.

Q: Rep. Hunt – Which contract comes first with the employer and the HMO or with the HMO and the providers' group?

A: Most HMO's contract with the providers' group first.

*Yvonne Nanasi, Anthem BCBSNH, supports bill. Have been negotiating 45-day transition period into contracts. Would need to add clarification – i.e., 45 days or 60 days. What would the

providers be paid, what would happen if a provider refuses to continue? Apply this bill to practices of 10 plus; need to address if the contract is not being renewed because a provider did not meet creditionalling. Employer can terminate with very little notice. Grey areas in bill to be addressed in bill. Will work with subcommittee.

Lisa McGonnigle, NH Hospital Assn. – supports bill. Want to clarify 1) the method to determine when the renewal date and 2) terms and conditions state payment to hospital. Would it be possible for language to be 60 days or until the end of contract, whichever is longer.

Dr. Georgia Tuttle, NH Medical Society – Supports bill. Experience with contracts with automatic renewals, i.e., automatic rollover. Concerned about wording of bill – needs a lot of work.

Jim Better, NHANU – supports bill. History of bill relates to the APEX situation. Employees have benefit plums associated with the same renewal date. This was the reason for the time; therefore a 60 or 90 day period is not enough. A lot of requirements on the provider that are not on the employer.

Respectfully Submitted:

Sheila Francoeur, Clerk

HOUSE COMMITTEE ON COMMERCE

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disLuncTion
Re contract

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Jim Better, NHANU – supports bill. History of bill relates to the APEX situation. Employees have benefit plums associated with the same renewal date. This was the reason for the time, therefore a 60 or 90 day period is not enough. A lot of requirements on the provider that are not on the employer.

Respectfully Submittted:

Sheila Francoeur, Clerk

HOUSE COMMITTEE ON COMMERCE

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DATE:

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Bill Sponsors: Reps. Herman and Taylor

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Rep Herman - Rolling Termination Clause R. as it relates to Insurers, providers, hosp. etc. This bill is as a result of the chapter study committee in 1999 is- HMO X and Tufts in the Seacoast contract in the area left consumers w/o coverage. This bill would entitle the client to benefits they expected. Want to be sure this bill is not to restrictive to individual provider.

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2. or enrollee to find replacement coverage.

The intention was to extend the enrollee access to a provider for a year. Might be reasonable to specify a shorter period of time. Sixty days is not enough, but perhaps 190 days would be. This is meant to only apply to large providers i.e. hospitals and large doctor groups.

Rep Hunt - Which contract comes first with the employer & the HMO or with the HMO & the provider group.

H/M - Most HMO's contract with the provider group first.

* Yvonne Nanusi Anthem BC/BS - support. Have been negotiating 45 day transition period into contracts. Would need to add clarification. i.e. 45 days or 60 days; what would the providers be paid; what would happen if a provider refuses to continue; Apply this bill to practices of 10+; need to address if the contract is not being renewed because a provider did not meet credentialing. Employer - can terminate with very little notice. Grey areas in bill to be addressed in bill. Will work with Sub-committee.

Lisa McConnyle - NH Hosp Assoc. Support
want to clarify - 1) the method to determine when the renewal date
2) Terms & conditions state

payment to hospital.
"Would it be possible for language to be 60 days or until end of contract whichever is longer"

Georgia Tuttle - MD - NH Medical Society - support
Experience with contracts with automatic renewals i.e. automatic roll over.
Concerned about wording of bill - needs a lot of work

Jim Potter - NH AHIU - support
History of bill relates to the APEX situation.
Employers have benefit plans associated with the same renewal date. This was the reason for the time - suggest a 60 or 90 day period is not enough.
A lot of requirements on the provider that are not on the employer.

Sub-Committee Actions

HOUSE COMMITTEE ON COMMERCE

SUBCOMMITTEE WORK SESSION ON HB 1183

BILL TITLE: (New Title) relative to consumer access to providers for the term of the consumer's health benefit plan and relative to the committee studying certain financial arrangements.

DATE: March 8, 2000

Subcommittee Members: Reps. Francoeur, Garrish, Marshall, Fuller Clark and Dalainis

Comments and Recommendations: Pending amendment to limit days to 90 days. Extended membership of study committee and include information of study to subject matter in HB 1119, HB 1135 and HB 1174.

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Fuller Clark

Seconded by Rep. Garrish

Vote: Unanimous/Amendment

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Fuller Clark

Seconded by Rep. Garrish

Vote: Unanimous

Respectfully submitted,

Rep. Sheila T. Francoeur
Subcommittee Chairman/Clerk

Testimony

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-0001
Tel 603 695-7000
www.anthembcbsnh.com

February 3, 2000
House Commerce Committee
HB 1183: Contract Termination Provisions

Anthem.

Anthem BCBSNH respects the seriousness of situation that HB 1183 seeks to resolve and supports the intent of the bill. Over the past two years, we have been negotiating termination transition clauses into our provider contracts.

Anthem BCBSNH believes that for HB 1183 to successfully address the problem that it seeks to remedy, certain clarifications must be added to the bill or taken up by the Department Insurance when considering a plan's network adequacy under the current law.

The issues that we have identified that need to be addressed in the bill include:

- The rate that providers will be paid when they continue to see patients is not addressed in the bill. The bill requires that the terms of the patient's contract be continued but not that between the provider and the plan. We would suggest that the rate of payment terms as well as quality and professional standards requirements of the previous contract govern during continuation period.

- Should the provider refuse to continue providing services to patients (all or some of them), what is the penalty and who is empowered to enforce the continuation of services (the plan, the subscriber/employer, the Department of Insurance)? Also, there have been instances where the provider has decided to retire from practice for age, health or economic reasons. Arrangements are negotiated to provide for the transition of patients that may not necessarily comply with the provisions of HB 1183. We would suggest a paragraph that addresses the responsibility of the provider.

- Requiring the plan and the provider to continue a relationship for the term of the employer's group plan, if longer than 60 days could be an unfair business burden on the plan and the provider which may impact the quality of services or the viability of a turn-around for a financially troubled plan or provider. In addition, some group contracts are for more than one year. This is a relatively new practice that is a consideration for very large employer groups (for example: Bath Ironworks or the state employees).

- A plan cannot be required be required to allow continued access to a provider who is not having their contract renewed because they have violated the terms of the contract or failed to be properly credentialled.

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HB 1183 does not exclude these types of situations from the continuation requirement. For example, NCQA accreditation requires that providers be properly credentialled. A plan can lose it's NCQA accreditation for participating with providers who are not properly credentialled.

- Currently, employers can terminate a health insurance plan contract, with minimal notice, for a variety of reasons. This provides the employer a certain amount of flexibility to respond to a changing business situation. The bill could be interpreted to indicate that if the employer switched carriers during something like a Tuft's situation, the employees could continue seeing providers that were not in the new carrier's network. The bill does not address the employer's responsibility to continue honoring the premium payment under the previous group contract during the transition period.

In summary, Anthem BCBSNH would ask that the House Commerce Committee review need for the bill in context of the recent actions by Insurance Commissioner Rogers and the current law that requires health plans abide by network adequacy standards.

The Department of Insurance is managing the Tufts situation in a manner that is allowing for a swift and effective transition for employer groups. Employer groups have taken heed of the Department's advice to transition to another health plan within a 60 day period. In response, health plans have made the necessary arrangements to make that transition possible with the least disruption for consumers.

In the event that termination of a provider contract at renewal causes "unreasonable delay" for covered person's to secure services, the network adequacy statute gives the power to the Department of Insurance to take action against the plan (see attached RSA 420-J:7).

Anthem BCBSNH is available to provide any further information during the Committee's deliberation of HB 1183.

Voting Sheets

HOUSE COMMITTEE ON COMMERCE

EXECUTIVE SESSION on HB 1183

BILL TITLE: **(New Title) relative to consumer access to providers for the term of the consumer's health benefit plan and relative to the committee studying certain financial arrangements.**

DATE: March 9, 2000

LOB ROOM: 302

Amendments:

Sponsor: Rep. Francoeur	OLS Document #:	2000	3715h
Sponsor: Rep.	OLS Document #:		
Sponsor: Rep.	OLS Document #:		

Motions: OTP, (OTP/A), ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Francoeur

Seconded by Rep. Herman

Vote: (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Regular

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Stephen G. Avery, Clerk

Stephen G. Avery

HOUSE COMMITTEE ON COMMERCE

EXECUTIVE SESSION on HB 1183

BILL TITLE: **relative to consumer access to providers for the term of the consumers' health benefit plan and extending the reporting date of a committee.**

DATE:

LOB ROOM:

Amendments:

Sponsor: Rep. Francoeur — OLS Document #: 3715h

Sponsor: Rep. — OLS Document #:

Sponsor: Rep. — OLS Document #:

Motions: OTP (OTP/A), ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Francoeur

Seconded by Rep. Herman

Vote: (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: {Type VOTE} [redacted] Regular

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Stephen G. Avery, Clerk

OFFICE OF THE HOUSE CLERK 2000 SESSION

COMMERCE

Bill #: HB 1183 **Title:** Consumer access

PH Date: ___/___/___ **Exec Session Date:** 3/9/00

Motion: Amendment **Amendment #:**

MEMBER	Amendt YEAS	OTP/A	Amendt NAYS	
Hunt, John B, Chairman				
Francoeur, Sheila T, V Chairman	✓	✓		
Herman, Keith R	✓	✓		
Tsiros, William B				
Belanger, Ronald J	✓	✓		
McGough, Tim S		✓		
Avery, Stephen G, Clerk	✓	✓		
Kenney, Joseph D	✓	✓		
Langley, Jane S	✓	✓		
Pappas, Marc P	✓	✓		
Dalianis, Griffin T	✓	✓		
DiFruscia, Anthony R	✓	✓		
Marshall, Gene B	✓	✓		
Clark, Martha Fuller	✓	✓		
Crosby, Toni M	✓	✓		
Russell, Ronald G	✓	✓		
Reardon, Tara G	✓	✓		
Vachon, Dennis P	✓	✓		
Taylor, Kathleen N	✓	✓		
Curran, James C				
Garrish, Linda L	✓	✓		
Keye, Harvey	✓	✓		
	18	19	0	0

TOTAL VOTE:
Printed: 12/30/1999

Committee Report

COMMITTEE REPORT

COMMITTEE: **Commerce**

BILL NUMBER: **HB 1183**

TITLE: relative to consumer access to providers for the term of the consumer's health benefit plan and extending the reporting date of a committee.

DATE: March 9, 2000 CONSENT CALENDAR YES ☐ NO ☒

☐ OUGHT TO PASS

☒ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

This bill, as amended, will provide that when a health plan is terminated, there will be a grace period of 90 days or the renewal date of the plan, for covered persons to have continued access to providers of health care services. This bill was in response to the Tuft's Health Plan situation and the large number of individuals who were left without a health carrier. The termination transition in this bill will help to avoid similar situations from developing in the future. The bill also expands and extends the study of 1199,155:2 and includes investigating specific problems within the health care industry and the feasibility of creating a health care oversight entity.

Vote 19-0.

Rep. Sheila T. Francoeur
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

Commerce

HB 1183, relative to consumer access to providers for the term of the consumer's health benefit plan and extending the reporting date of a committee. OUGHT TO PASS WITH AMENDMENT

Rep. Sheila T. Francoeur for Commerce: This bill, as amended, will provide that when a health plan is terminated, there will be a grace period of 90 days or the renewal date of the plan, for covered persons to have continued access to providers of health care services. This bill was in response to the Tuft's Health Plan situation and the large number of individuals who were left without a health carrier. The termination transition in this bill will help to avoid similar situations from developing in the future. The bill also expands and extends the study of 1199,155:2 and includes investigating specific problems within the health care industry and the feasibility of creating a health care oversight entity. Vote 19-0.