LEGISLATIVE COMMITTEE MINUTES

# HB1541

# Bill as Introduced

# HB 1541-FN – AS INTRODUCED

2014 SESSION

14-2498
01/10

HOUSE BILL ***1541-FN***

AN ACT allowing health insurance policies to be sold without mandates.

SPONSORS: Rep. W. O'Brien, Hills 5; Rep. Hoell, Merr 23; Rep. Gidge, Hills 33; Sen. Sanborn, Dist 9; Sen. Reagan, Dist 17

COMMITTEE: Commerce and Consumer Affairs

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## ANALYSIS

This bill allows health insurance policies without mandates to be sold to New Hampshire residents. Under this bill, if the policy or certificate does not include certain mandated coverages, it must be submitted to the insurance commissioner for approval.

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

14-2498
01/10

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Fourteen*

AN ACT allowing health insurance policies to be sold without mandates.

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

1 New Chapter; Health Insurance Competition and Freedom Act. Amend RSA by inserting after chapter 420-K the following new chapter:

CHAPTER 420-L

HEALTH INSURANCE COMPETITION AND FREEDOM ACT

420-L:1 Findings and Purpose. The general court finds:

I. That separate health and medical insurance company licensing among states results in a lack of inter-state competition among health care insurance companies, which in turn contributes to health and medical insurance policies being unnecessarily costly and therefore not universally available to all.

II. That health insurance policies are additionally made costly and therefore not universally available to all by numerous statutorily and regulatory mandated health insurance coverages, many of which are of no or marginal use to certain individual health insurance policy holders or beneficiaries or which would be rejected by some individual health insurance policy holders or beneficiaries in order to obtain affordable core coverage.

III. That by allowing every health and medical insurance company, which is licensed to provide health insurance coverage in any state of the United States and is in good standing in all states in which it is registered or licensed to do business to provide health and medical insurance coverage for New Hampshire residents after the company has registered with the commissioner of the insurance department, the commissioner has verified that it is licensed to provide health insurance coverage in any state of the United States and is in good standing in all states in which it is registered or licensed to do business, and the commissioner has approved of its health insurance policy, will result in greater competition among health insurers, thereby reducing the cost of health insurance in New Hampshire.

IV. That by allowing health insurance companies to provide health insurance policies not including previously mandated coverages, it is in the interest of the residents of New Hampshire that those policies clearly state both what health insurance coverages are being provided as well as those previously mandated coverages which are not provided.

V. That it is also in the interest of the residents of New Hampshire that all health insurance companies providing health insurance coverage in New Hampshire be subject to the judicial and regulatory jurisdiction of the state of New Hampshire.

420-L:2 Definitions. In this chapter: The words and terms, "certificate," "commissioner," "company," "insurer," "policy" and "policy form," whether used in the singular or plural, shall have the same meanings in this chapter as provided in RSA 420-H:2.

420-L:3 Acceptance of Out-of-State Licensed Health Care Companies and Insurers. All companies and insurers that are licensed to provide health or medical insurance policy in any state of the United states shall be allowed to provide health care insurance to residents of New Hampshire, upon satisfaction of the conditions set forth in RSA 420-L:4.

420-L:4 Conditions for Companies and Insurers Providing Health Insurance Coverage in New Hampshire. Each company and insurer providing any health or medical insurance policy to a resident of New Hampshire:

I. Shall be licensed to provide health or medical insurance policies in New Hampshire or any other state of the United States.

II. Shall register with the commissioner and annually renew such registration through procedures or regulations adopted by the commissioner solely intended to verify the requirements of this chapter.

III. Shall be registered with the New Hampshire secretary of state, either as a domestic or foreign corporation or business, to do business in the state of New Hampshire.

IV. If not licensed in New Hampshire to provide such policies to residents of New Hampshire, shall annual certify to the commissioner that it is licensed in another state of the United States to provide such policies to insureds.

V. Shall use only policy forms and certificates approved by the commissioner solely on the basis of the document language having a Flesch Reading Ease score of 45 or greater and clearly identifying coverages that are provided and coverages listed in RSA 420-L:7 that are not going to be provided pursuant to that policy form or certificate.

420-L:5 Appointment of Commissioner as Agent for Service of Process; Designation of Forum, Venue and Jurisdiction. Companies and insurers providing any health or medical insurance policy to a resident of New Hampshire shall be deemed to have irrevocably appointed the commissioner as agent for service of process and, not withstanding any language in a policy or certificate or otherwise, to have agreed that the courts of the state of New Hampshire shall be the proper, convenient and exclusive forum, venue and jurisdiction for resolving all disputes with residents of the state of New Hampshire and arising under all its health or medical insurance policies and certificates covering residents of the state of New Hampshire.

420-L:6 Pre-Approval of Policies and Certificates. Prior to providing health or medical insurance coverage to any resident of New Hampshire pursuant to a policy or a certificate that does not provide all of the mandated coverages set forth in RSA 420-L:7, the company or insurer providing such health or medical insurance coverage shall submit the policy and certificate to the commissioner for the commissioner to determine if the submitted policy and certificate satisfies the

requirements of RSA 420-L:4, V and otherwise is reasonably understandable with regard to coverages and exclusions from coverages. If the commissioner reasonably determines that the policy or certificate fails to do so, the commissioner shall so inform the company or insurer and specify changes to be made to achieve compliance with RSA 420-H and for the policy and certificate to be reasonably understandable with regard to coverages and exclusions from coverages. If the commissioner fails to make and communicate a reasonable determination within 60 days of the submission of the policy or certificate, the submitted policy and certificate shall be deemed for all purposes to satisfy this provision.

420-L:7 Mandated Coverages for Approved Policies and Certificates Not Required.

I. Any company or insurer may, through a policy or certificate approved or deemed approved pursuant to RSA 420-L:6, provide health or medical insurance coverage that does not include any statutorily or regulatory mandated health or medical insurance coverages, including without limitation those listed in RSA 420-L:7, II and those which may hereafter be mandated by statute or regulation.

II. Policies and certificates approved or deemed approved pursuant to RSA 420-L:6 shall not be required to include any of the coverages listed or described in the following statutory provisions: RSA 135-C:10, I(c); RSA 415:6-b; RSA 415:6-c; RSA 415:6-d; RSA 415:6-e; RSA 415:6-g; RSA 415:6-j; RSA 415:6-l; RSA 415:6-m; RSA 415:6-n; RSA 415:6-o; RSA 415:6-p, RSA 415:6-q; RSA 415:6-v; RSA 415:18-a; RSA 415:18-c; RSA 415:18-d; RSA 415:18-e; RSA 415:18-f; RSA 415:18-g; RSA 415:18-h; RSA 415:18-i; RSA 415:18-j; RSA 415:18-l; RSA 415:18-n; RSA 415:18-q; RSA 415:18-r; RSA 415:18-s; RSA 415:18-t; RSA 415:18-u; RSA 415:18-v; RSA 415:18-w; RSA 417-E; RSA 420-A:8-r; RSA 420-A:13; RSA 420-A:14; RSA 420-A:17; RSA 420-A:17-a; RSA 420-A:17-b; RSA 420-A:17-c; RSA 420-A:17-f; RSA 420-A:17-g; RSA 420-B:8-b; RSA 420-B:8-e; RSA 420-B:8-ee; RSA 420-B:8-f; RSA 420-B;8-ff; RSA 420-B:8-gg; RSA 420-B:8-j; RSA 420-B:8-k; RSA 420-B:8-l, I or any other coverage mandated by statute in the 20-year period preceding the effective date of this chapter.

420-L:8 Interpretation. All policies and certificates which are submitted for approval under RSA 420-L:6 are to be interpreted broadly so as to find coverages unless plainly and clearly excluded, and in favor of the insured or beneficiaries of such policy or certificates.

2 Effective Date. This act shall take effect 60 days after its passage.

LBAO
14-2498
Revised 12/03/13

# HB 1541-FN - FISCAL NOTE

AN ACT allowing health insurance policies to be sold without mandates.

## FISCAL IMPACT:

The Insurance Department states this bill, **as introduced**, will have an indeterminable impact on state general fund revenue, and may increase county and local expenditures by an indeterminable amount in FY 2014 and each year thereafter. There is no fiscal impact on state expenditures, or county and local revenue.

## METHODOLOGY:

The Insurance Department states this bill allows the Insurance commissioner to approve health insurance policies that do not include certain mandated insurance benefits. There is no impact on State expenditures as the State is self-insured. As a result of this bill, insurance products that are not required to contain the mandates will be less expensive than those with mandated benefits. Additionally, the product cost of products that include mandates will increase due to anti-selection. Therefore the impact on the premium tax will be indeterminable. To the extent counties and locals purchase fully insured coverage and intend to continue to provide coverage that includes the mandates, they will experience an increase in costs.

# Speakers

# SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 1541-FN Date 1-23-14

Committee Commerce & CA

** Please Print All Information **

| Name | Address | Phone | Representing | (check one) Pro | Con |
|---|---|---|---|---|---|
| Rep Gene Chandler | | | House Republican office | X | |
| Anne Saunders for Lisa Kaplan | | | Hav, NH Voices for Health | | X |
| Sen. Reagan | | | SD 17 | ✓ | |
| Rep Peter Leishman | | | Rock 10 | X | |
| LESLIE MELBY | | | NH HOSPITAL ASSN | | X |
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# Hearing Minutes

**HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS**

**PUBLIC HEARING ON HB 1541-FN**

**BILL TITLE:** allowing health insurance policies to be sold without mandates.

**DATE:** January 23, 2013

**LOB ROOM:** 302 **Time Public Hearing Called to Order:** 2:15 pm

**Time Adjourned:** 2:45 pm

(please circle if present)

**Committee Members:** Reps. Butler, Schlaehman, Kopka, Hammond, Mulholland, Gidge, Muns, K. Williams, Heden, Scarlotto, McNamara, John Hunt, Flanders, Doolan, Keith Murphy, Sandblade, Jones, F. Rice, Tucker and R. Belanger.

**Bill Sponsors:** Reps. W. O'Brien, Herll, and Sens. Sanborn and Reagan

**TESTIMONY**

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

**Rep. Dan Itse** - Introducing the bill. He was a sponsor last year. Insurance is protection against the improbable. Healthcare is something that we pay for knowing that it will happen- prepaid healthcare. In 1994 NH had the lowest cost of insurance in the country, now we are one of the highest. Legislature has piled on mandate after mandate that have increased the cost of the healthcare. What this bill does is allow people to not contract for services that they will never need.

**Jennifer Patterson and Tyler Brannen, NH DOI** - Information only. DOI not taking a position on the bill. If this bill were passed, it would be pre-empted by the Affordable Care Act which requires that many of the mandates excluded by the bill are required under ACA. If it were to pass, the NH DOI would not have any role in regulating any cross border plans.

**Q: Rep. Donna Schlachman** – How much are mandates adding to health care cost?

**A:** Estimates vary; one estimate is approximately 5%

**Q: Rep. Williams** – What is DOI doing to increase competition?

**A:** Largest barriers are small size of the market and building a provider network where they are able to pay at a competitive rate that will allow them to charge an affordable premium.

**Q: Rep. Jill Hammond** – State mandates don't apply to State Employees Plan?

**A:** They do not

**Q: Rep. Kermit Williams** – If this wasn't pre-empted by Federal Law, would new health care companies come here?

**A:** They would be influenced by other factors.

**Q: Rep. Fred Rice** – Why not allow people to opt out of certain mandates; on an a la carte basis?

**A:** Employers make a lot of the decisions on the basis of larger groups. Including mandates for everyone levels out the cost.

**Tom Prasol, Demers & Blaisdell, Step Bionics and Prosthetics** - Speaking in opposition. HB 1585 (exactly the same as this bill) in 2010 was voted ITL 18 – 1 by Commerce Committee.

**Chris Ruggeberg, NH Council on Development Disabilities** – Speaking in opposition. They like to think of "mandates" of consumer protection. Healthcare is an important part of enabling persons with disability to be fully functioning in today's society.

**Q: Rep. Schlachman** – Are you implying that consumers have come to the legislature saying that they want these mandates as part of their healthcare?

**A:** Yes

Subcommittee appointed:

Respectfully submitted:

Chris Muns, Clerk

**HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS**

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**Bill Sponsors:** Reps. W. O'Brien, Herll, and Sens. Sanborn and Reagan

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# HB 1541
## Hearing on January 23, 2014

Speaker.
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Questions

Speaker
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DOI not taking a position on the bill. If this bill were passed, it would be pre-empted by the Affordable Care Act which requires that many of the mandates excluded by the bill are required under ACA. If it were to pass, the NH DOI would not have any role in regulating any cross border plans.

Questions
Rep Schlachman – How much are mandates adding to health care cost
Estimates vary, one estimate is approximately 5%
Rep Williams – What is DOI to increase competition?
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They do not
Rep Williams – If this wasn't pre-empted by Federal Law, would new health care companies come here.
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Rep Rice – Why not allow people to opt out of certain mandates; on an a la carte basis.
Employers make a lot of the decisions on the basis of larger groups. Including mandates for everyone levels out the cost

Speaker
Tom Prasol – Demers & Blaisdell representing Step Bionics and Prosthetics speaking in opposition.
HB 1585 (exactly the same as this bill) in 2010 was voted ITL 18 – 1 by Commerce Committee

Questions

Speaker
Chris Ruggeberg- NH Council on Development Disabilities – speaking in opposition
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Questions
Rep Schlachman – Are you implying that consumers have come to the legislature saying that they want these mandates as part of their healthcare.
Yes

Speaker

Questions

Subcommittee appointed:

Respectfully submitted by:

Chris Muns

# Testimony

NEW HAMPSHIRE
DEVELOPMENTAL
DISABILITIES COUNCIL

January 23, 2014

To: Representative Edward Butler, Chairman, and the Members of the House Commerce and Consumer Affairs Committee
From: Christopher Rueggeberg, Policy Director for the NH Council on Developmental Disabilities
Re: **HB 1541-FN, An Act Allowing Health Insurance Policies to be Sold without Mandates**

The New Hampshire Council on Developmental Disabilities (Council) requests that you and the other members of the House Commerce and Consumer Affairs Committee vote inexpedient to legislate on HB 1541-FN.

The New Hampshire Council on Developmental Disabilities (Council) is a federally funded state agency that supports public policies and initiatives that remove barriers and promote opportunities in all areas of life. The Council carries out the requirements of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act). The Council is independent of state government and the agencies that provide services to people with disabilities.

Every state has at least one Developmental Disabilities Council. The purpose of State Councils is to "engage in advocacy, capacity building, and systemic change activities that are consistent with the purpose of the DD Act and; contribute to a coordinated, consumer and family-centered, consumer and family-directed, comprehensive system of community services, individualized supports and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive and be integrated and included in all facets of community life."

Individuals with developmental disabilities and parents or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves make up not less than 60 percent of the membership of the Council.

HB 1541-FN would have an adverse impact on services that are particularly important to children and adults with developmental disabilities. These insurance coverages are not "mandates." They are consumer protections for persons with disabilities. Early intervention services, services related to autism, and hearing aids, were put in place as the result of serious policy discussions. These are only 3 of the 19 broad benefit categories that are currently required in fully insured insurance policies and certificates currently issued in New Hampshire. I have included one copy of this list of Health Related Insurance "Mandates."

HB 1541-FN goes beyond negating the provisions of the Affordable Care Act. As the insurance department fiscal note states, the cost of products for consumers will increase. Please vote no HB 1541-FN.

State of New Hampshire
HOUSE RECORD

# Second Year of the 161st General Court
## Calendar and Journal of the 2010 Session

**Vol. 32 Concord, N.H. Friday, January 29, 2010 No. 11**
Contains: Reports and Amendments for February 3, House Bills Amended by the Senate, Hearings, Meetings and Notices

## WEDNESDAY, FEBRUARY 3
## CONSENT CALENDAR

## COMMERCE AND CONSUMER AFFAIRS

**HB 1585-FN,** allowing health insurance policies to be sold without mandates. **INEXPEDIENT TO LEGISLATE.** Rep. Donald H Flanders for Commerce and Consumer Affairs: This bill, if passed as written, would require New Hampshire to allow health insurance policies written by any insurance company licensed to do business in any state, to be sold to New Hampshire residents. Such policies would not be bound to provide New Hampshire mandated coverages as long as they were providing the same coverage as they were permitted to write in their home state. At the same time, they would be requiring the New Hampshire department to approve their forms and provide consumer protections to their New Hampshire policyholders. This would be extremely expensive and, indeed, impossible for the insurance department to enforce as it only provides oversight for New Hampshire laws, approved rules and forms. It would also violate laws requiring all insurance companies operating under its jurisdiction to be duly licensed in the state of New Hampshire. **Vote 18-1.**

National
Multiple Sclerosis
Society
Greater
New England
Chapter

**This testimony is submitted on January 23rd, 2014 to the House Commerce & Consumers Affairs Committee in opposition to HB1541-FN *An Act allowing health insurance policies to be sold without mandates.***

The National MS Society, Greater New England Chapter represents more than 2,300 individuals who have identified as having multiple sclerosis and their families. This bill if enacted would pose a serious threat to access to care and record the existing state's mandated insurance benefits put into effect previously by the NH legislature.

**Addressing Health Care Insurance Choice**

This legislation is seeking to address a real challenge facing New Hampshire- to ensure there is a range of of insurance plan options offered through companies that result in a competitive market and provide flexibility in consumer choice. Our organization concurs that more choice for insurance options is a desired goal but we disagree with the proposed methods in this legislation to achieve that end result. We are aware that Harvard Pilgrim has indicated their decision to enter the NH marketplace exchange in 2015 and while not a new provider will offer new types of plans that will offer more affordability in the market than what is currently being offered through Blue Cross Blue Shield Anthem. Any existing regulatory barriers or disincentives that exist that impede insurance companies from desiring to do business in New Hampshire should be examined but not through the approach of exempting or limiting mandates.

**Preserving Insurance Mandates is essential**

Currently there is a range of mandated benefits that apply to individual, small group and large group employer sponsored plans. Health plans in state "marketplace exchanges' launched on January 1st, 2014 also includes a range of benefits known as the "essential health benefits". Detailed information is available about NH's own state insurance mandates, required for inclusion in fully insured policies and certificates issued in New Hampshire. A review of this detailed list by our organization made the case even more compelling to oppose HB 1541-FN. The critical range of mandated benefits that not only cover fundamental health services to many segment of the population but also cover very vulnerable individuals and groups impacted by chronic illness, disability, women, newborns and children is worth protecting. This list of mandates resulted from decisions made over the years through the legislative process on behalf of the welfare of its citizens. The list is a floor, a minimum that has been deemed essential to the health of NH citizens. If insurance companies were allowed to do business and either 1) offer no mandates of any kind 2) offer few mandates and "cherry pick" among the existing mandates the overall health of the state will be adversely affected. While it may be true that plans that are less expensive and offer few benefits, e.g. "very high deductible plans" may appeal to a small segment of the population, they don't work in practicality for most people and can result in limiting access to care afforded by most insurances. Most people cannot predict when illness, disability or serious accident will occur and cannot anticipate what benefits they or their family members may need. Multiple sclerosis is an example of this unpredictability.MS is a chronic, progressive disease of the central nervous system typically diagnosed between the ages of 20 and 50. It impacts women in a ratio of 3 to 1 to men. Nobody anticipates being diagnosed.

Please preserve NH's mandated insurance benefits that protect the health and access to care of all its citizens, especially those who are vulnerable and ill by voting against HB 1541-FN. Thank you.

Michelle Dickson

Michelle Dickson Director of Public Policy Advocacy michelle.dickson@nmss.org

Michelle D. not able to attend, emailed testimony

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# State of New Hampshire
# Health Related Insurance Mandates
*Updated January 2011*

The following list of mandates is a summary of benefits required for inclusion in fully insured insurance policies and certificates issued in New Hampshire. See the applicable RSAs, N.H. Insurance Department Bulletins and insurance regulations for specific details and guidance.

## TABLE OF CONTENTS


**Alternative Services** - Services Performed by Chiropractic, Osteopathy, Podiatry, Optometry or Advanced Registered Nurse Practitioner

**Bone Marrow Testing / Donation**

**Children**
- Coverage of Children during Adoption Proceedings
- Certain Dental Procedures Performed at Dental Office
- Coverage for Dental Procedures: Medical or Hospital Group
- Newborn Children Covered from Birth
- Non-Prescription Enteral Formulas
- Early Intervention Therapy Services for Children

**Chiropractic Care – 12 Self-Referred Visits**

**Clinical Trial – Coverage for Qualified Clinical Trials**

**Dependents**
- Coverage for Dependent who is Mentally or Physically Incapable of Earning Their Own Living.
- Dependent Health and Dental Insurance Coverage until age 26
- **Michelle's Law** - Extends health insurance coverage to full-time students on a medical leave of absence.

**Diabetes**
- Diabetes Services and Supplies
- Diabetes Treatments

**Divorce / Legal Separation** - Continuation of Group Health and Dental Insurance Coverage in the Event of Divorce or Legal Separation

**Hearing Aids** - Coverage for Hearing Aids – (Does not apply to Medicare and Medicare Supplement plans)

**Mental Health**
- Court Ordered Psychiatric and Psychological Services
- Coverage for Certain Biologically Based Mental Illnesses
- Coverage for Treatment of Pervasive Developmental Disorder or Autism
- Coverage for a Dependents who are Mentally or Physically Incapable of Earning their own Living

**Mental Health Cont'd**

- Health Maintenance Organization (HMO) Benefits for Mental and Nervous Conditions and Treatment for Chemical Dependency
- Services Rendered at a Community Mental Health Center or Psychiatric Residential Program

**NH STATE CONTINUATION** – Continuation of coverage option if become ineligible to remain on employer's group health/dental benefit plan due to a change in eligibility.

**Obesity & Morbid Obesity / Bariatric Surgery** - Coverage for Bariatric Surgery in accordance with guidelines from the American Society of Metabolic and Bariatric Surgery and the American College of Surgeons.

**Pre-Certification** - In the event that a person is c***overed by more than one plan that requires pre-certification***, the member shall ***obtain pre-certification from the primary plan.***

**Prescription**
- 90-Day Supply of Prescription Drugs
- Off-Label Prescription Drugs

**Prostheses**
- Coverage for Artificial Limb
- Scalp Hair Prostheses

**Same Gender Marriage / Civil Unions** - This amends all fully insured insurance policies and other forms to provide the same benefits to civil unions partners and same-gender married couples that are provided to heterosexual married couples. For further information, please refer Implementation of New Hampshire's Law, RSA 457-A

**Women- General**
- Contraceptives - Contraceptive Services
- Contraceptives - Prescription Contraceptives
- Obstetrical-Gynecological Coverage
- Mammography & for Testing for Occult Breast Cancer
- Pregnancy - Coverage for Delivery by a Midwife
- Pregnancy – Delivery and Post Partum Coverage
- Newborn Children Covered from Birth

**Women-Cancer**
- Reconstruction as a Result of Mastectomy
- Cancer – Scalp Hair Prostheses

## ALTERNATIVE SERVICES - Services Performed By Chiropractic, Osteopathy, Podiatry, Optometry, or Advanced Registered Nurse Practitioner

Any policy that provides for reimbursement for any service which may be alternatively performed by a N.H. licensed chiropractor, osteopath, podiatrist, optometrist, or advanced registered nurse practitioner, reimbursement shall not be denied coverage when such service is rendered by a person so licensed.

RSA 415:5 (8); RSA 415:18 VI
Return to Table of Contents

## BONE MARROW Testing For Donation

New Hampshire law requires insurance coverage for the cost of testing for bone marrow donation. The testing shall be performed in a facility that is accredited by the American Association of Blood Banks or the College of American Pathologists, or any other national accrediting body. The person tested shall complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program.

**Effective: July 25, 2006**
**RSA 415:6-m; 415:18-r; 420-A: 2; 420-B: 20 III**
Return to Table of Contents

# CHILDREN

## CHILDREN - Coverage of Children During Adoption Proceedings

All individual and group policies that provide coverage for family members shall provide health insurance benefits for any minor from the date the minor is placed in the custody of the insured pursuant to an adoption proceeding under the provisions of RSA 170-B. Such health insurance benefits shall terminate upon dismissal or withdrawal of the petition for adoption.

**RSA 415:22-a, RSA 420-A: 15, RSA 420-B: 8-g**
Return to Table of Contents

## CHILDREN - Certain Dental Procedures Performed At Dental Office (Effective January 1, 2004):

Each dental insurer or other similar entity, including Delta Dental under RSA 420-F, that issues or renews any policy of group insurance providing benefits for oral surgical procedures, shall provide benefits for children who are residents of New Hampshire and under the age of 6 who have a dental condition of significant dental complexity, an exceptional medical circumstance or developmental disability, coverage for the administration of general anesthesia for procedures performed in a dentist's office.

Effective January 1, 2004
RSA 415:18-h
Return to Table of Contents

## CHILDREN - Coverage for Dental Procedures: Medical or Hospital Group: Effective January 1, 2004

Each insurer that issues or renews any group or blanket accident or health insurance policy or certificate providing benefits for medical or hospital expenses, shall provide benefits for children who are residents of N.H., under the age of 6 who have a dental condition of significant dental complexity, exceptional medical circumstances or a developmental disability, coverage for medically necessary hospital or surgical day care facility charges and administration of general anesthesia.

**Effective January 1, 2004**
**RSA 415:18-g, RSA 420-A: 17-b, RSA 420-B: 8-ee**
Return to Table of Contents

## CHILDREN - Newborn Children Covered from Birth

All policies providing coverage on a provision of service or an expense shall provide health insurance benefits to newborn children of the insured from the moment of birth. Coverage for the newborn child shall consist of coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and abnormalities.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy may require that notification of the birth and payment of the required premium or fee must be furnished to the insurer within 31 days after the date of birth in order to have coverage continue after the 31-day period.

Unless the policy or contract specifically provides that grandchildren of the insured or subscriber are eligible for coverage, coverage for newly born children of a dependent child of the insured will not continue beyond the initial 31-day period following birth.

**RSA 415:22, RSA 420-B: 8-j**
Return to Table of Contents

## CHILDREN - Nonprescription Enteral Formulas

Any policy of accident or health insurance providing benefits for medical or hospital expenses, shall provide to insureds who are residents of this state, coverage for:

1. Nonprescription enteral formulas for the treatment of impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract.

2. Nonprescription enteral formulas and food products required for persons with inherited diseases of amino acids and organic acids. Such coverage for inherited diseases of amino acids and organic acids shall, in addition to the enteral formula, include food products modified to be low protein, the amount shall not be less than $1,800 annually for any insured individual.

**RSA 415:6-c, RSA 415:18-e, RSA 420-A: 17, RSA 420-B: 8-ff**
Return to Table of Contents

## CHILDREN - Early Intervention Therapy Services For Children

This law requires insurance coverage for the cost of early intervention services for children with a developmental disability or delay, from birth to 36 months of age. Coverage must be provided for expenses of licensed and credentialed occupational therapists, physical therapists, speech-language pathologists, and clinical social workers if referred by a primary physician. The benefits may be subject to deductibles, co-payments, coinsurance, or other terms and conditions of the policy, and may have a cap of $3,200 per child per year with coverage maximums not less than $9,600 by the child's third birthday.

**Effective September 14, 2007**
**RSA 415:6- n, 415:18-s, 420-A:17-g, 420-B:8-r**
Return to Table of Contents

## CHIROPRACTIC CARE - 12 Self-Referred Visits

Managed care health care plans offering chiropractic benefits shall provide benefits to a covered person who utilizes services of a chiropractic provider (doctor of chiropractic) by self-referral for 12 visits. After 12 self-referral visits, a covered person who is continuing chiropractic care may be subject to utilization review from the health plan for the purpose continued care.

**RSA 420-J:6-b**
**BULLETIN: 00-010-AB - THE IMPLEMENTATION OF SB 147 (C 14, LAWS OF 2000) RELATIVE TO SELF-REFERRALS FOR CHIROPRACTIC CARE UNDER MANAGED CARE ORGANIZATIONS**
Return to Table of Contents

## CLINICAL TRIALS - Coverage for Qualified Clinical Trials

All group hospital and medical expense policies, shall provide coverage for medically necessary routine patient care costs incurred as a result of a treatment being provided in accordance with a clinical trial [to the extent such costs would be covered by non-investigative treatments if the treatment is being provided or the studies are being conducted in a phase I, phase II, phase III or phase IV clinical trial for cancer or the treatment is being provided for any other life-threatening condition]. Coverage for phase I or phase II clinical trials shall be decided on a case by case basis.

Coverage shall be required if:

1. Treatment is being provided by an approved clinical trial
2. Standard treatment has been or would be ineffective, does not exist, or there is no superior non-investigational treatment alternative
3. Facility and personnel providing the treatment are capable of doing so by virtue of their experience
4. Available clinical data provide a reasonable expectation that the treatment will be at least as effective as the non-investigational alternative

The provisions of this section shall not apply to policies paid under the federal Medicare program nor the state children's health insurance program.
**RSA 415:18-l** Return to Table of Contents

## DEPENDENTS

### DEPENDENTS - Coverage for a Dependent Who is Mentally or Physically Incapable of Earning Their Own Living

Every policy that includes coverage for family members shall continue coverage for an insured family member who is mentally or physically incapable of earning his own living on the date such dependent's status as a covered family member would otherwise expire because of age. While the policy remains in force, or is replaced by another policy, it shall continue to cover the dependent as long as the incapacity continues and as long as said dependent remains chiefly financially dependent on the policyholder for support.

**RSA 415:5 (3-a); RSA 415:18 V**
Return to Table of Contents

### DEPENDENTS - Dependent Health and Dental Insurance Coverage until age 26

A policy may, at the election of the carrier, insure(d), originally or by subsequent amendment, upon application of an adult member of a family who shall be deemed the policyholder, any 2 or more eligible members of that family, including husband, wife, dependent children, or any other person dependent upon the policyholder. In the event a carrier elects to provide coverage for dependent children, the term "dependent child" shall include a subscriber's child by blood or by law, who is under age 26.

Nothing in this section shall be construed to require:

a) Coverage for services provided to a dependent before the effective date of this section; or

b) That an employer pays all or part of the cost of family coverage that includes a dependent as provided pursuant to this section.

A subscriber that elects family coverage during any applicable open enrollment period may enroll any dependent child eligible pursuant to this section.

Coverage for a dependent provided pursuant to this section shall be provided until the earlier of the following:

- The dependent is disqualified for dependent status as set forth in paragraph I of this section; or

- The date upon which the employer under whose contract coverage is provided to a dependent ceases to provide coverage to the subscriber.

Nothing in this section shall be construed to permit a health insurance carrier to refuse an election for coverage by a dependent pursuant to paragraph III, based upon the dependent's prior disqualification pursuant to subparagraph IV(a).

Notice regarding coverage for a dependent as provided pursuant to this section shall be provided to a subscriber:

On the certificate of coverage prepared for subscribers on or about the date of commencement of coverage; and

- Within 30 days following the effective date of this section.
- Such notice shall include information regarding the required special open enrollment period.

**Effective: 9/23/10 – RSA 415:5, I (3), 420-A:10-a, 420-B:8-aa, 420-C:4-a, 420-F:5-a, 420-J:8-d**

Return to Table of Contents

## DEPENDENTS - Michelle's Law

Extends health insurance coverage to full-time students on medical leaves of absence

Health coverage for dependent children who are full-time students, as defined by the educational institution and beyond the age of 18, will be allowed to continue their health insurance for a medically necessary leave of absence from school for a period not to exceed 12 months or the date on which coverage would otherwise end pursuant to the terms and conditions of the policy, whichever comes first. Any breaks in the school semester shall not disqualify the dependent child from coverage.

Documentation and certification of the medical necessity leave of absence shall be submitted to the insurer by the student's attending physician and shall be considered adequate evidence of entitlement to coverage. The date of the documentation shall be the date the insurance coverage begins.

**Effective June 22, 2006**
**RSA 415:5, RSA 415:18**
**Effective January 1, 2008, this law was expanded to include RSA 420-A:15-b, 420-B: 8-q, 420-C:4-a, 420-F:5, 420-J:6-d**
Return to Table of Contents

# DIABETES

## DIABETES - Diabetes Services and Supplies

Any individual, group, blanket policy or HMO contract that provides benefits for medical or hospital expenses shall provide to insureds who are residents of this state, coverage for medically appropriate and necessary outpatient self-management training and educational services, pursuant to a written order of a primary care physician or practitioner. Required coverage includes, but is not limited to medical nutrition therapy for the treatment of diabetes provided by a certified, registered or licensed health care professional with expertise in diabetes.

**RSA 415:6-e, RSA 415:18-f, RSA 420-A: 17-a, RSA 420-B: 8-k**
Return to Table of Contents

## DIABETES - Diabetes Treatments

Any individual or group policy or contract that provides benefits for medical or hospital expenses and coverage for durable medical equipment coverage shall provide for medically appropriate or necessary equipment used to treat diabetes, coverage is subject to the terms and conditions of the policy.

**RSA 415:6-e, RSA 415:18-f, RSA 420-A: 17-a, RSA 420-B: 8-k (also listed under Prescription Drugs)**
Return to Table of Contents

## DIVORCE/LEGAL SEPARATION - Continuation of Group Health and Dental Insurance Coverage In The Event Of Divorce or Legal Separation

This law expands continuation of group health and dental insurance in the event of divorce or legal separation. The law allows a former spouse or eligible dependent to stay on the ex-spouse's group policy for a period of 3 years and then obtain New Hampshire continuation coverage at the end of the 3 year period. The law applies to any group policy that covers a resident of New Hampshire regardless of where the policy was issued or delivered. The department has issued a bulletin (dated 7/7/07) that provides further guidance on the application of this law.

**Effective January 1, 2008**
**RSA 415:18, 458:18**
**BULLETIN - 07-064-AB- IMPLEMENTATION OF SB 197 - DIVORCED SPOUSE BILL**
Return to Table of Contents

## HEARING AIDS: Coverage for Hearing Aids (Does not apply to Medicare and Medicare Supplement plans)

Each insurer that issues or renews any individual policy, group policy, HMO, Health Service Corporation, or certificate for delivery in this state, or contract of accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for the professional services associated with the practice of fitting, dispensing, servicing, or sale of hearing instruments or hearing aids. The benefits included in this section shall not be subject to any greater deductible or coinsurance or co-pay than any other benefits provided by the insurer. Insurers are required to cover the cost of a hearing aid for each ear, as needed, as well as related services necessary to assess, select, and fit the hearing aid with a maximum for the hearing aid and related services of no less than $1,500 per hearing aid every 60 months. The insured may choose a higher price hearing aid and pay the difference in cost. The hearing aid shall be prescribed and dispensed by a licensed audiologist or hearing instrument specialist. Notwithstanding any provision of law or rule to the contrary, the coverage under this section shall not apply to the medical assistance program, pursuant to RSA 161 and RSA 167. In this section:

I. "Hearing care professional" means a person who is a licensed audiologist, a licensed hearing instrument dispenser, or a licensed physician.

II. "Hearing instrument" or "hearing aid" means any instrument or device designed, intended, or offered for the purpose of improving a person's hearing and any parts, attachments, or accessories, including ear molds. Batteries, cords, and individual or group auditory training devices and any instrument or device used by a public utility in providing telephone or other communication services are excluded.

III. "Hearing instrument dispenser" means a person who is a hearing care professional that engages in the selling, practice of fitting, selecting, recommending, dispensing, or servicing of hearing instruments or the testing for means of hearing instrument selection or who advertises or displays a sign or represents himself or herself as a person who practices the testing, fitting, selecting, servicing, dispensing, or selling of hearing instruments.

IV. "Practice of fitting, dispensing, servicing, or sale of hearing instruments" means the measurement of human hearing with an audiometer, calibrated to the current American National Standard Institute standards, for the purpose of making selections, recommendations, adoptions, services, or sales of hearing instruments including the making of ear molds as a part of the hearing instrument.

This act shall apply to all group policies, contracts, and certificates issued or renewed on or after January 1, 2011.

**RSA 415:6-p, RSA 415:18-u, 420-B:20, 420-A:2 – effective January 1, 2011**
Return to Table of Contents

## MENTAL HEALTH

### MENTAL HEALTH - Court Ordered Psychiatric and Psychological Services

No policy or certificate issued shall contain a provision denying insurance benefits for psychiatric and psychological services solely because they have been ordered by the court. Benefits for services shall be subject to the same dollar limits, deductibles and co-pays, policy conditions and managed care provisions as for other services.

**RSA 415:6-b; RSA 415:18-a VII; RSA 420-B: 8 II**
Return to Table of Contents

### MENTAL HEALTH - Coverage For Certain Biologically Based Mental Illnesses: 417-E:1

I. For the purposes of this chapter ""mental illness" means a clinically significant or psychological syndrome or pattern that occurs in a person and that is associated with present distress, a painful symptom or disability, impairment in one or more important areas of functioning, or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.

II. Notwithstanding any other provision of law, each insurer that issues or renews any policy of group or blanket accident or health insurance and each nonprofit health service corporation under RSA 420-A and health maintenance organization under RSA 420-B providing benefits for disease or sickness in the state of New Hampshire shall provide benefits for treatment and diagnosis of certain biologically-based mental illnesses under the same terms and conditions and which are no less extensive than coverage provided for any other type of health care for physical illness.

III. The following mental illnesses, as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association, shall be covered under this section:

(a) Schizophrenia and other psychotic disorders.
(b) Schizoaffective disorder.
(c) Major depressive disorder.
(d) Bipolar disorder.

(e) Anorexia nervosa and bulimia nervosa.
(f) Obsessive-compulsive disorder.
(g) Panic disorder.
(h) Pervasive developmental disorder or autism.
(i) Chronic post-traumatic stress disorder.

IV. The benefits required under this section shall begin when benefits provided under RSA 415:18-a and RSA 420-B:8-b, as applicable are exhausted.

V. The commissioner may adopt rules, under RSA 541-A, as may be necessary to effectuate any provisions of the Mental Health Parity Act of 2008 that relate to the business of insurance.

VI. Nothing in this section shall be construed to affect any obligation to provide services to an individual under an individualized family service plan or an individualized education program, as required under the federal Individuals With Disabilities Education Act, or the provision of services to an individual under any other federal or state law.

**417-E:1**
Return to Table of Contents

**MENTAL HEALTH - Coverage For Treatment Of Pervasive Developmental Disorder Or Autism: 417-E:2**

I. For the purposes of this chapter, treatment of pervasive developmental disorder or autism as required under RSA 417-E:1, III(h) shall include the following:

(a) Professional services and treatment programs, including applied behavioral analysis, necessary to produce socially significant improvements in human behavior or to prevent loss of attained skill or function. To be eligible for coverage, applied behavior analysis must be provided by a person professionally certified by the national Behavior Analyst Certification Board or performed under the supervision of a person professionally certified by the national Behavior Analyst Certification Board.

(b) Prescribed pharmaceuticals subject to the same terms and conditions of the policy as other prescribed pharmaceuticals.

(c) Direct or consultative services provided by a licensed professional including a licensed psychiatrist, licensed advanced practice registered nurse, licensed psychologist, or licensed clinical social worker; and

(d) Services provided by a licensed speech therapist, licensed occupational therapist, or licensed physical therapist.

II. An insurer may require submission of a treatment plan, including the frequency and duration of treatment, signed by the primary care provider, an appropriately credentialed treating specialist, a child psychiatrist, a pediatrician with a specialty in behavioral-developmental pediatrics, a neurologist with a specialty in child neurology, or a licensed psychologist with training in child psychology, that the treatment is medically necessary for the patient and is consistent with nationally recognized treatment standards for the condition such as those set forth by the American Academy of Pediatrics. An insurer may require an updated treatment

plan no more frequently than on a semi-annual basis. Coverage shall not be denied on the basis that services are habilitative in nature.

III. **The policy, contract, or certificate may limit coverage for applied behavior analysis to $36,000 per year for children 0 to 12 years of age, and $27,000 from ages 13 to 21.** An insurer may not apply payments for coverage unrelated to autism spectrum disorders to any maximum benefit established under this paragraph.

IV. Nothing in this section shall be construed to affect any obligation by a school district or the state of New Hampshire to provide services to an individual under an individualized family service plan or an individualized education program, as required under the federal Individuals With Disabilities Education Act, or the provision of services to an individual under any other federal or state law.

V. The commissioner shall adopt rules, pursuant to RSA 541-A, relative to the insurance coverage requirements established under this section.

This act shall apply to all group policies, contracts, and certificates issued or renewed on or after January 1, 2011.

**RSA 417-E:2**
Return to Table of Contents

## MENTAL HEALTH - Coverage for Dependents who are Mentally or Physically Incapable of Earning their own Living

Every policy that includes coverage for family members shall continue coverage for an insured family member who is mentally or physically incapable of earning his own living on the date such dependent's status as a covered family member would otherwise expire because of age. While the policy remains in force, or is replaced by another policy, it shall continue to cover the dependent as long as the incapacity continues and as long as said dependent remains chiefly financially dependent on the policyholder.

**RSA 415:5 (3-a); RSA 415:18 V**
Return to Table of Contents

## MENTAL HEALTH - Coverage for Mental or Nervous Conditions and Treatment for Chemical Dependency Required

Any group, blanket accident or health insurance policy providing benefits for medical or hospital expenses, shall provide to insureds who are residents of New Hampshire, and whose principle place of employment is in this state, coverage for expenses arising from the treatment of mental illness and emotional disorders which are subject to significant improvement through short-term therapy, and benefits for expenses arising from diagnosis and evaluation of all other mental illnesses and emotion disorders.

In the case of policies providing benefits for hospital and medical expenses on a major medical basis, benefits arising from the treatment, diagnosis and evaluation of mental illnesses and disorders shall be subject to deductibles and coinsurance at least as favorable as those which apply to the benefits for any other illness. Benefits payable for expenses incurred in any consecutive 12-month period may be limited to an amount not less than $3,000 per covered individual, and to a lifetime maximum of not less than $10,000 per covered individual.

RSA 415:18-a IV (a)

Any group, blanket accident or health insurance policy providing benefits for medical or hospital expenses, shall include coverage for expenses arising from the treatment for chemical dependency including alcoholism and shall include both an inpatient and outpatient benefit for detoxification and rehabilitation.

**RSA 415:18-a I(c)**
Return to Table of Contents

## MENTAL HEALTH - Health Maintenance Organization Benefits for Mental and Nervous Conditions and Treatment for Chemical Dependency

Benefits for mental or nervous conditions shall conform to the requirements of (RSA 415:18-a) or alternatively with the basic health services requirements of the Health Maintenance Organization Act of 1973. If the HMO provides these alternative benefits, such benefits will not be subject to any deductible and any coinsurance cannot exceed 20%.

A HMO must allow its subscribers 2 visits to a psychiatrist or other mental health care providers, within the organization's network, for diagnosis followed by up to 3 visits in each contract year without utilization review. Subsequent visits within the contract year may be subject to utilization review.

**RSA 420-B: 8-b I**

*Coverage shall be provided for expenses arising from the treatment for chemical dependency, including alcoholism, up to a specified limit which may be defined in terms of a dollar amount or a maximum number of days or visits. Coverage shall include both an inpatient and outpatient benefit for detoxification and rehabilitation. (Effective 1/1/03)*

**RSA 420-B: 8-b III**
Return to Table of Contents

## MENTAL HEALTH - Services Rendered at a Community Mental Health Center or Psychiatric Residential Program

Each insurer of group, blanket accident or health insurance policy providing benefits for medical or hospital expenses shall provide to insureds who are residents of New Hampshire and whose principal place of employment is in this state, benefits for services rendered at a community mental health center or psychiatric residential program approved by the department of health and human services. Those benefits shall be subject to the terms and conditions at least as favorable as those which apply to the treatment of other illnesses.

RSA 415:18-a III (b)
Return to Table of Contents

## NH STATE CONTINUATION – Continuation of Coverage Option.

N.H. State Continuation is a right of N.H. residents who are covered employees and qualified beneficiaries of a fully insured group health and/or dental benefit plan which allows, under N.H. law, to temporarily continue on their plan after the date their coverage would have otherwise ended due to a change in eligibility (referred to as a *qualifying event)*. For more information on N.H. State Continuation please refer to the N.H. Insurance Department's booklet, "N.H.I.D.'s Guide to NH State Continuation". *This is available on our website or request copy through the NH Insurance Department's LAH Consumer Division at (800)852-3416. Or refer to the laws governing the general requirements for N.H. State Continuation at RSA 415:18, XVI :*

**RSA 415:18, XVI)**

Return to Table of Contents

## OBESITY - Obesity & Morbid Obesity / Bariatric Surgery

This law provides N.H. residents coverage for the diseases and ailments caused by obesity and morbid obesity, including bariatric surgery, when the prescribing physician has issued a written order stating that bariatric surgery is medically necessary and is in accordance with the patient qualifications and treatment standards set forth by the American Society for Metabolic and Bariatric Surgery or the American College of Surgeons. The covered insured shall be at least 18 years of age. The benefits included in this section shall be subject to the terms and conditions of the policy and shall be no less extensive than coverage provided for similar conditions or illnesses.

Insurers are required to include bariatric surgery on policies and certificates issued or renewed on or after September 14, 2008.

**Effective: September 14, 2008**
**RSA 415:6-o, 415:18-t, 420-A:2, 420-B:20**

Return to Table of Contents

## PRE-CERTIFICATION

In the event that a person is covered by more than one plan that requires pre-certification, the member shall obtain pre-certification from the primary plan. Although the member shall not be required to obtain pre-certification from the secondary plan, the secondary plan shall not be required to treat such services as covered services if the services do not meet its certification criteria. The secondary plan shall not refuse payment for such services solely on the basis that the services were not pre-certified by the secondary plan.

**Effective January 1, 2008**
**RSA 415:18, 415:6, 420-J:3-b**

Return to Table of Contents

## PRESCRIPTION

### PRESCRIPTION - 90-Day Supply of Prescription Drugs

This law requires insurance companies to allow for the purchase of up to a 90-day supply of covered prescription drugs on the health plan formulary under certain circumstances.

**Effective August 10, 2007**
**RSA 415:6-aa, 420-J:7-b**
Return to Table of Contents

### PRESCRIPTION - Off Label Prescription Drugs

Policies that include coverage for prescription drugs shall not exclude coverage for any drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment in one of the standard reference compendia or in the medical literature as recommended by the current American Medical Association (AMA) policies. Any coverage of a drug required by this section shall also include medically necessary services associated with the administration of the drug.

**RSA 415:6-g, RSA 415:18-j**
Return to Table of Contents

## PROSTHESES

### PROSTHESES - Artificial Limb Coverage

Each insurer that issues or renews an individual, group, blanket accident, or health insurance policy or certificate providing benefits for medical or hospital expenses, shall provide to certificate holders who are residents of N.H., coverage for the provision of benefits for prosthetic devices under the same terms and conditions that apply to other durable medical equipment covered under the policy, except as otherwise provided in this section.

"Prosthetic device" means an artificial limb device to replace, in whole or in part, an arm or leg.

An insurer shall not apply amounts paid for prosthetic devices to any annual or lifetime dollar maximum applicable to other durable medical equipment covered under the policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.

**Effective January 1, 2004**
**RSA 415:6-j, RSA 415:18-n**
**BULLETIN: 04-004-AB Prosthetic Device Interpretation RSA 415:18-n (Group) and RSA 415:6-j (Individual)**
Return to Table of Contents

### PROSTHESES - Scalp Hair Prostheses

Each insurer that issues or renews any group, blanket accident, health service corporation or health insurance policy or certificate providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide coverage for other prostheses, to insureds who are residents of this state and whose principal place of employment is in this state, coverage for expenses for scalp hair prostheses. Coverage applies to hair prostheses worn for hair loss suffered as a result of alopecia areta, alopecia totalis, alopecia medicamentosa resulting from the treatment of any form of cancer or leukemia, or permanent loss of scalp hair due to injury. This coverage is subject to a written recommendation by the

treating physician stating that the hair prosthesis is a medical necessity. Such coverage shall be subject to the same limitations and guidelines as other prostheses, provided, that such coverage for alopecia medicamentosa shall not exceed $350 per year.

**RSA 415:18-d, RSA 420-A: 14, RSA 420-B: 8-f**
Return to Table of Contents

## SAME GENDER MARRIAGE / CIVIL UNIONS

HB 436 became effective January 1, 2010. HB 436 amends RSA 457-A to eliminate the exclusion of same-gender couples from marriage and to recognize civil union partnerships as marriages under RSA 457-A. This amends all fully insured insurance policies and other forms to provide the same benefits to civil unions partners and same-gender married couples that are provided to heterosexual married couples. For further information, please refer Implementation of New Hampshire's Law, RSA 457-A.

**Effective January 1, 2010**
**RSA 457-A**
**Bulletin: Related to Civil Union (same rules apply to Same Gender Marriage) 07-088-AB Implementation of N.H.'s Civil Union Law, RSA 457-A:6**
Return to Table of Contents

# WOMEN – General

## WOMEN - Contraceptive Services

Each insurer that issues or renews any group, blanket accident or health insurance policy or certificate providing benefits for medical or hospital expenses, which provides coverage for outpatient services, shall provide coverage for outpatient contraceptive services under the same terms and conditions as for other outpatient services. "Outpatient contraceptive services" means consultations, examinations, and medical services provided on an outpatient basis and related to the use of contraceptive methods to prevent pregnancy that has been approved by the U.S. Food and Drug Administration.

**RSA 415:18-i, RSA 420-A: 17-c, RSA 420-B: 8-gg**
Return to Table of Contents

## WOMEN - Prescription Contraceptives

Each insurer that issues or renews any group, blanket accident or health insurance policies or certificate that provide prescription coverage shall cover all prescription contraceptive drugs and prescription contraceptive devices approved by the U.S. Food and Drug Administration under the same terms and conditions as other prescription drugs.

**RSA 415:18-i, RSA 420-A: 17-c, RSA 420-B: 8-gg (also listed under Prescription Drugs)**
Return to Table of Contents

## WOMEN - Obstetrical-Gynecological Coverage

Managed care health plans shall not require prior authorization by a person's primary care provider for coverage of the following services by participating providers who specialize in obstetrics and gynecology:

1. Maternity care;
2. An annual gynecological visit and;

3. Follow-up care for obstetrical or gynecological conditions identified during such maternity care or annual gynecological visit.

**RSA 420-J: 6-a**
Return to Table of Contents

## WOMEN - Mammography & for Testing for Occult Breast Cancer

All policies of accident and health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide coverage for screening by low-dose mammography for all women 35 years or older for the presence of occult breast cancer within the provisions of the policy, contract or certificate. The coverage shall be as follows:

1. A baseline mammogram for women 35-39 years of age.
2. A mammogram every 1 to 2 years, even if symptoms are not present, for women 40 to 49 years of age.
3. An annual mammogram for women 50 years of age or older.

**RSA 417-D: 2**

## WOMEN – Pregnancy - Coverage for Delivery by a Midwife

This law states N.H. residents are entitled to coverage for midwives who are certified under RSA 326-D, meet an insurer's standards and mechanisms for credentialing and contracting and contingent upon the services being provided in a licensed health care facility and being within the scope of practice of a certified midwife.

**Effective: April 14, 2006,**
**Effective: August 27, 2008, this law was expanded to include at home services. RSA 415:6-l; 415:18-q, 420-A: 17-f; 420-B: 8-p, 420-C**
Return to Table of Contents

## WOMEN - Pregnancy, Delivery and Postpartum Coverage

Each health insurance policy that provides maternity benefits for hospital expense, medical surgical expense, or major medical expense shall provide:

1. The length of hospital stay and number of postpartum visits shall be determined by the attending health care provider based on clinical information that demonstrates that the mother and infant are clinically stable based on nationally accepted guidelines. Any length of stay shorter than the current minimum nationally accepted guidelines for perinatal care, shall be at the recommendation of the attending health care provider in consultation with the mother. If the hospital stay is shorter than the current minimum, then the insurer shall pay for at least 2 postpartum visits. During one such visit, the collection of an adequate sample from the newborn for screening for genetic and metabolic diseases shall take place in accordance with RSA 132 and applicable rules.

2. Upon notification of the pregnancy to the insurer, the insured shall inform the pregnant woman in writing regarding the insurer's prenatal, maternity and postpartum benefits, including but not limited to prenatal visits, diagnostic tests, prenatal education, hospital length of stay, postpartum care, homemaker services and contraceptive counseling and referrals.

3. The insurer shall pay for medically necessary prenatal homemaker services when a woman is confined to bed rest or her activities of daily living are otherwise restricted on the recommendation of her attending health care provider who shall consult with the applicable case manager.

4. Postpartum visits shall include the physical assessment of the mother and infant, including but not limited to: infant nutrition and feeding, infant behavior, family interactions, safety and injury prevention, infant and maternal health promotion, and community resources. Providers of postpartum visits shall be licensed health care providers experienced in perinatal care.

5. The insurer shall pay for appropriate medically necessary postpartum homemaker services as determined by the attending health care provider who shall consult with the applicable case manager.

RSA 417-D: 2-a

Return to Table of Contents

## WOMEN - Newborn Children Covered from Birth

All policies providing coverage on a provision of service or an expense incurred basis shall also provide that the health insurance benefits applicable for children are payable with respect to newborn children of the insured or subscriber or a newborn child of a dependent child of the insured or subscriber from the moment of birth. Coverage for the newborn child shall consist of coverage for injury or sickness including the necessary care and treatment of medically diagnosed congenital defects and abnormalities.

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy may require that notification of the birth and payment of the required premium or fee must be furnished to the insurer within 31 days after the date of birth in order to have coverage continue after the 31-day period.

Unless the policy or contract specifically provides that grandchildren of the insured or subscriber are eligible for coverage, coverage for newly born children of a dependent child of the insured will not continue beyond the initial 31-day period following birth.

**RSA 415:22, RSA 420-B: 8-j**
Return to Table of Contents

## WOMEN – CANCER

### WOMEN – CANCER - Reconstruction Surgery as a Result of Mastectomy

Every insurer that provides coverage for mastectomy surgery shall provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician.

**RSA 417-D: 2-b**
Return to Table of Contents

### WOMEN - CANCER - Scalp Hair Prostheses

Each insurer that issues or renews any group, blanket accident, health service corporation or health insurance policy or certificate providing benefits for medical or hospital expenses and which provides coverage for outpatient services shall provide coverage for other prostheses, shall provide to insureds who are residents of this state and whose principal place of employment is in N.H., coverage for expenses for scalp hair prostheses. Coverage applies to hair prostheses worn for hair loss suffered as a result of alopecia areta, alopecia totalis, alopecia medicamentosa resulting from the treatment of any form of cancer or leukemia, or permanent loss of scalp hair due to injury. This coverage is subject to a written recommendation by the treating physician stating that the hair prosthesis is a medical necessity. Such coverage shall be subject to the same limitations and guidelines as other prostheses, provided, that such coverage for alopecia medicamentosa shall not be less than $350 per year.

**RSA 415:18-d, RSA 420-A: 14, RSA 420-B: 8-f**
Return to Table of Contents

# Granite State Independent Living

# Advocacy Alert

## Support Insurance Coverage for Hearing Aids!

**March 6, 2011**

### In This Issue


- HB309 To Be Heard in Senate Health & Human Services Committee This Thursday.
- Please Contact Senators.
- Testify At The Hearing!



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## HB309 To Be Heard This Week

### *Will Be Heard in Senate Health & Human Services*

The seemingly never ending trip of HB 309 through the NH Legislature continues this week when it is heard before the Senate Health & Human Services Committee on Thursday. As you may recall HB309 as originally introduced would have eliminated the requirement for private insurance providers to provide coverage for a portion of the cost of hearing aids and related services, including sale, servicing, assessment, selection, and fitting.

Originally referred to the House Commerce Committee during the 2011 session, HB309 was held in that committee for a long time while the Committee worked on an amendment to the bill that responded to the strong opposition of many to its elimination of coverage requirements for hearing aids and a wide range of other specific coverage requirements for services such as treatment for children with Autism, treatment by a midwife, and treatments for obesity.

Thanks in part to the broad public input, when HB309 was passed by the full House in January it wound up not repealing hearing aid coverage or most of the other types of coverage it sought to repeal. Instead it imposed some guidelines on when hearing aid coverage would be required as well as other types of coverage, and proposed establishing a committee to study the costs of mandated insurance coverage in NH.

Now that HB309 is going before the Senate Health & Human Services Committee, which is chaired by Senator Bradley who sponsored another bill recently to repeal **all** insurance mandates in NH law, there are real concerns that the Committee will seek to restore to HB309 the language it originally contained that would repeal all of the required coverage. This would include repealing hearing aid coverage.

Please contact the members of the Committee today and **request that they**

Visit our website at: www.gsil.org

E-mail: advocacy@gsil.org

**reject any efforts to repeal the private insurance coverage mandate for hearing aids and related services**. Tell them that:

- **It does not make economic sense to rescind the recently passed hearing aid insurance mandate or any insurance mandates until good hard data exists regarding their savings or costs.**
- **Keeping mandated coverage in private insurance will help alleviate budgets in NH social programs such as Medicaid, Vocational Rehabilitation and the prison system.**
- **Hearing aids make it easier for working people with hearing loss to find a job.**
- **People who need other sorts of adaptive equipment are able to get coverage for that equipment. Why shouldn't those who are deaf or hard of hearing equally be able to get coverage for the adaptive equipment they need?**
- **Eighteen other states have some form of hearing aid coverage mandate.**

Ask the Senators to also **consider removing from HB309 the clinical eligibility parameters for hearing aid coverage introduced to the bill by the House** (these follow Medicaid guidelines). These would result in a quagmire of bureaucracy and discrimination against those who don't fit the criteria of a "typical" audiogram.

Senate Health & Human Services Committee Members:

| | |
|---|---|
| Senator Jeb Bradley<br>Statehouse Room 302<br>107 N. Main Street<br>Concord, NH 03301<br>(603) 271-8472<br>jeb.bradley@leg.state.nh.us<br>***Home* 387-2365** | Senator Tom De Blois<br>Statehouse<br>Room 105-A<br>107 North Main Street<br>Concord, NH 03301<br>(603) 271-4151<br>tom.deblois@leg.state.nh.us |
| Senator Molly Kelly<br>Statehouse<br>Room 120<br>107 North Main Street<br>Concord, NH 03301<br>(603) 271-3207<br>molly.kelly@leg.state.nh.us | Senator Gary Lambert<br>Statehouse<br>Room 107<br>107 North Main Street<br>Concord NH 03301<br>(603) 271-2609<br>gary.lambert@leg.state.nh.us |
| Senator Andy Sanborn<br>Legislative Office Building<br>Room 5<br>33 North State Street<br>Concord, NH 03301<br>(603) 271-3067 | |

[redacted]

andy.sanborn@leg.state.nh.us

**If you are able to testify in person please do so!!**

Here are the details:

**Bill: HB309**
**Committee: Senate Health & Human Services**
**Date/Time: Thursday, March 8 at 1:00pm**
**Place: Room 100, State House, 107 N. Main Street, Concord, NH 03301**

*ASL interpreters have been hired for 2 hrs., but we're not yet sure about CART.

**Rueggeberg, Robert**

**From:** adrienneferro@comcast.net
**Sent:** Thursday, January 23, 2014 10:57 AM
**To:** Stamatakis, Carol
**Cc:** Kristen McGraw; Rueggeberg, Robert; sjscabert@gmail.com
**Subject:** RE: The virtual autism resource center is back

Here it is, feel free to change anything you want or pull pieces out and incorporate in to your own testimony

Good luck today!

**There is a lot of mystery around autism but there are are many things that we have come to know as facts.**

**One in fifty children has an autism diagnosis.**

**Autism is more prevalent than juvenile diabetes, down syndrome, childhood cancer, and cystic fibrosis combined.**

**Early intervention can mean the difference between living independently and being employed or requiring twenty four hour care.**

**Appropriate evidence based therapy can improve communication skills, self help skills, social skills and raise IQ substantially all leading to greater independence and a better quality of life.**

**The average life expectancy of a person with autism is seventy years old.**

**The life time cost of caring for a person with autism is more than three million dollars.**

**The annual cost of autism therapies and treatments can exceed eighty thousand dollars a year.**

**More often than not parents of children with autism have to choose between financial security and providing treatment for their children. This of course can lead to bankruptcy, foreclosure, debt and divorce.**

**The United States spends more than one hundred and thirty eight billion dollars a year to support individuals with Autism. The bulk of that is used to fund residential services for adults. Institutional level care is an entitlement in the US. Because there is a shortage of people willing to care for adults with severe developmental disabilities many parents are forced to rely on the government when they are no longer able to care for their children at home, or when they inevitably die.**

**By not requiring private insurance companies to cover autism treatments you will be directly responsible for shifting the cost to the state through the developmental service**

system, Medicaid and schools. Because we know that appropriate therapies are crucial it is time for New Hampshire to recognize that the investment we make now is critical to reducing the cost of long term care. Eliminating the Early Intervention and Autism insurance mandates is a huge step in the wrong direction. A step that will cost the state of NH billions of dollars in the future.

Adrienne
www.funkyplanet.net

----- Original Message ----- From: Carol Stamatakis <Carol.M.Stamatakis@ddc.nh.gov> To: adrienneferro@comcast.net Cc: Kristen McGraw <kristenscabin15@comcast.net>, Robert Rueggeberg <Robert.Rueggeberg@ddc.nh.gov>, sjscabert@gmail.com Sent: Thu, 23 Jan 2014 14:13:10 -0000 (UTC) Subject: RE: The virtual autism resource center is back Great, please copy Chris. He may be the one giving the testimony on this. Carol _____ From: adrienneferro@comcast.net [mailto:adrienneferro@comcast.net] Sent: Thu 1/23/2014 8:39 AM To: Stamatakis, Carol Cc: Kristen McGraw Subject: Re: The virtual autism resource center is back The last I knew Jenn Pineo was going to try to contact Kirsten to get all of the info, I assume she was successful because it is back up. I am working on getting my info together for the hearing today, I will email it to you as soon as I am done. Adrienne www.funkyplanet.net ----- Original Message ----- From: Carol Stamatakis To: adrienneferro@comcast.net, Kristen McGraw Sent: Thu, 23 Jan 2014 02:25:18 -0000 (UTC) Subject: The virtual autism resource center is back Did Brian work something out? Someone should archive every page. Autism Council is also back. No Opportunities Now though. Carol

# Voting Sheets

**HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS**

**EXECUTIVE SESSION on HB 1541-FN**

**BILL TITLE:** **allowing health insurance policies to be sold without mandates.**

**DATE:** 2-19-14

**LOB ROOM:** 302

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

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

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Butler

Seconded by Rep. Hammond

Vote: 9-5 (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE:** Consent or Regular (Circle One)

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

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. Chris Muns, Clerk

**HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS**

**EXECUTIVE SESSION on HB 1541-FN**

**BILL TITLE:** **allowing health insurance policies to be sold without mandates.**

**DATE:** ~~2-18-14~~ 2-19-14

**LOB ROOM:** 302

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. BUTLER

Seconded by Rep. HAMMOND.

Vote: (Please attach record of roll call vote.) 9-5

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

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

**CONSENT CALENDAR VOTE:** Consent or Regular (Circle One)

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

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. Chris Muns, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

1/10/2014 11:30:45 AM
Roll Call Committee Registers Report

2014 SESSION

## COMMERCE AND CONSUMER AFFAIRS

Bill #: HB1541-FN Title: Allowing Health ins. policies to be sold w/out mandates.

PH Date: ___/___/___ Exec Session Date: 2/19/14

Motion: ITL Amendment #: ___

| MEMBER | YEAS | NAYS |
|---|---|---|
| Butler, Edward A, Chairman | ✓ | |
| Schlachman, Donna L, V Chairman | ✓ | |
| Kopka, Angeline A | | |
| Gidge, Kenneth N | | |
| Hammond, Jill S | ✓ | |
| Mulholland, Catherine | ✓ | |
| Heden, Ruth S | ✓ | |
| McNamara, Richard D | ✓ | |
| Muns, Chris , Clerk | ✓ | |
| Scarlotto, Joe W | ✓ | |
| Williams, Kermit R | ✓ | |
| Hunt, John B | | ✓ |
| Flanders, Donald H | | ✓ |
| Belanger, Ronald J | | |
| Rice, Frederick C | | |
| Tucker, Pamela Z | | ✓ |
| Jones, Laura M | | ✓ |
| Murphy, Keith | | |
| Doolan, Ralph J | | |
| Sandblade, Emily C | | ✓ |
| **TOTAL VOTE:** | 9 | 5 |

# Committee Report

**REGULAR CALENDAR**

**March 12, 2014**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on COMMERCE AND CONSUMER AFFAIRS to which was referred HB1541-FN,**

**AN ACT allowing health insurance policies to be sold without mandates. Having considered the same, report the same with the following Resolution: RESOLVED, That it is INEXPEDIENT TO LEGISLATE.**

**Rep. Edward A Butler**

**FOR THE COMMITTEE**

Original: House Clerk
Cc: Committee Bill File

# COMMITTEE REPORT

| | |
|---|---|
| Committee: | **COMMERCE AND CONSUMER AFFAIRS** |
| Bill Number: | **HB1541-FN** |
| Title: | **allowing health insurance policies to be sold without mandates.** |
| Date: | **March 6, 2014** |
| Consent Calendar: | **NO** |
| Recommendation: | **INEXPEDIENT TO LEGISLATE** |

## STATEMENT OF INTENT

This bill, as proposed, seeks to allow New Hampshire carriers to offer products free of "mandated' services currently contained in products offered under both state and federal insurance laws. By seeking to eliminate mandated benefits and protections, such as covering youths up to age 26 under their parent's policy; parity in costs between men and women; a prohibition against lifetime or annual benefit caps and covering certain preventative services with no cost sharing, it directly conflicts with the federal essential health benefits, other consumer protections and, therefore, would be preempted. This bill would also allow health insurance plans to be sold even if they don't comply with state insurance law. Residents of NH would not benefit from the protections of state law and could not turn to our Insurance Department for assistance if they're mistreated by their insurer. Furthermore, the ACA, as currently structured, requires at least 2 multi-state policies to be available by 2016. The majority knows that this bill would not be able to be implemented and would not be enforceable, if passed.

Vote 9-5.

Rep. Edward A Butler
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

**REGULAR CALENDAR**

COMMERCE AND CONSUMER AFFAIRS

**HB1541-FN,** allowing health insurance policies to be sold without mandates. **INEXPEDIENT TO LEGISLATE.**

Rep. Edward A Butler for COMMERCE AND CONSUMER AFFAIRS. This bill, as proposed, seeks to allow New Hampshire carriers to offer products free of "mandated' services currently contained in products offered under both state and federal insurance laws. By seeking to eliminate mandated benefits and protections, such as covering youths up to age 26 under their parent's policy; parity in costs between men and women; a prohibition against lifetime or annual benefit caps and covering certain preventative services with no cost sharing, it directly conflicts with the federal essential health benefits, other consumer protections and, therefore, would be preempted. This bill would also allow health insurance plans to be sold even if they don't comply with state insurance law. Residents of NH would not benefit from the protections of state law and could not turn to our Insurance Department for assistance if they're mistreated by their insurer. Furthermore, the ACA, as currently structured, requires at least 2 multi-state policies to be available by 2016. The majority knows that this bill would not be able to be implemented and would not be enforceable, if passed. **Vote 9-5.**

Original: House Clerk
Cc: Committee Bill File

HB 1541 – ITL

This bill, as proposed, seeks to allow New Hampshire carriers to offer products free of "mandated' services currently contained in products offered under both state and federal insurance laws. By seeking to eliminate mandated benefits and protections, such as covering youths up to age 26 under their parent's policy; parity in costs between men and women; a prohibition against lifetime or annual benefit caps and covering certain preventative services with no cost sharing, it directly conflicts with the federal essential health benefits, other consumer protections and, therefore, would be preempted. This bill would also allow health insurance plans to be sold even if they don't comply with state insurance law. Residents of NH would not benefit from the protections of state law and could not turn to our Insurance Department for assistance if they're mistreated by their insurer. Furthermore, the ACA, as currently structured, requires at least 2 multi-state policies to be available by 2016. The majority knows that this bill would not be able to be implemented and would not be enforceable, if passed.

## Stapler, Carol

**From:** Ed Butler [edofthenotch@aol.com]
**Sent:** Thursday, March 06, 2014 11:11 AM
**To:** Stapler, Carol
**Subject:** 1541
**Attachments:** 1541 blurb.doc

Let 'er rip!

Ed