

SB 476 - AS INTRODUCED

2026 SESSION

26-2035  
05/08

SENATE BILL           **476**

AN ACT               relative to consumer health care cost transparency.

SPONSORS:           Sen. McGough, Dist 11; Sen. Gannon, Dist 23; Sen. Rosenwald, Dist 13; Sen. Birdsell, Dist 19; Sen. Innis, Dist 7; Sen. Pearl, Dist 17; Rep. Miles, Hills. 12; Rep. W. MacDonald, Rock. 16; Rep. Ammon, Hills. 42; Rep. Kuttab, Rock. 17

COMMITTEE:       Health and Human Services

ANALYSIS

This bill:

I. Aligns state hospital transparency obligations with federal requirements and provides a good-faith estimate safe harbor.

II. Requires health insurers to provide member-specific, pre-service out-of-pocket estimates through their existing federal Transparency in Coverage tools and secure APIs that can be accessed through the state’s HealthCost portal or enrollee-authorized applications.

III. Expands authorized uses and governance of the comprehensive health care information system (CHIS/APCD), clarifies voluntary ERISA plan participation, and directs the insurance department to use existing infrastructure without building new state IT systems.

IV. Directs the department of health and human services and insurance department to adopt administrative rules regarding implementation and provides for a cure period before enforcement.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty-Six*

AN ACT relative to consumer health care cost transparency.

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

1 1 New Section; Hospitals; Price Transparency; Alignment and Safe Harbor. Amend RSA 151 by  
2 inserting after section 12-c the following new section:

3 151:12-d Hospital Price Transparency; Alignment and Safe Harbor.

4 I. Each hospital shall maintain public transparency files and a patient-friendly shoppable  
5 services estimator in accordance with federal hospital price transparency requirements.

6 II. A hospital that is in good-standing compliance with federal hospital price transparency  
7 requirements and that provides a patient-facing estimator, whether operated by the hospital or its  
8 vendor, is deemed to satisfy state transparency obligations under this section.

9 III. Hospitals may, at their option, expose read-only endpoints or deep links enabling the  
10 state's consumer portal to direct patients to hospital estimators for shoppable services.

11 IV. A hospital or ambulatory surgical center that provides an estimate in good faith shall  
12 not be subject to damages or penalties for a variance between the estimate and the final bill where  
13 the variance results from:

14 (a) Clinically necessary changes in scope;

15 (b) Factors outside the facility's control; or

16 (c) Changes in the patient's benefits or accumulators after the estimate is issued.

17 V. The safe harbor provided for a good faith estimate under paragraph IV shall not apply to  
18 willful misrepresentation or deceptive practices.

19 2 New Paragraph; Hospital Price Transparency; Compliance Reporting. Amend RSA 151:12-d  
20 by inserting after paragraph V the following new paragraph:

21 VI. The department of health and human services shall publish an annual public dashboard  
22 summarizing hospital compliance with this section and federal hospital price transparency  
23 requirements.

24 3 New Paragraphs; Comprehensive Health Care Information System; Enhancements. Amend  
25 RSA 420-G:11-a by inserting after paragraph II the following new paragraphs:

26 III. The commissioner shall maintain and promote a standardized opt-in mechanism for self-  
27 funded ERISA plans to contribute data through their third-party administrators.

28 IV. In addition to existing uses, APCD data may be used to:

29 (a) Power the state's consumer portal by linking to carrier estimators;

30 (b) Display de-identified allowed-amount benchmark ranges for the uninsured and for  
31 out-of-network, non-emergency care; and

1 (c) Support public reporting on price and quality variation, using risk-adjusted, de-  
2 identified data.

3 V. Data submitters subject to administrative rules adopted under RSA 420-G shall continue  
4 monthly submissions using the state's current data layouts. The commissioner may align technical  
5 specifications with the most current APCD common data layout to reduce burden and improve  
6 interoperability.

7 VI. The APCD advisory group established by the commissioner shall include at least one  
8 representative each of: hospitals, carriers, self-funded employers, physicians, consumer advocates,  
9 and small businesses. The group shall advise on consumer display standards, API performance, and  
10 safeguards to minimize duplicative reporting.

11 4 New Sections; Insurance; Comprehensive Health Care Information System; Definitions;  
12 HealthCost Consumer Portal; Use of Existing Infrastructure; Rulemaking. Amend RSA 420-G by  
13 inserting after section 11-a the following new sections:

14 420-G:11-b Definitions for Price Transparency and Consumer Estimates. In this chapter:

15 I. "All-payer claims database" or "APCD" means the comprehensive health care information  
16 system operated by or for the insurance department in collaboration with the department of health  
17 and human services pursuant to RSA 420-G:11 and RSA 420-G:11-a.

18 II. "Carrier" has the meaning set forth in RSA 420-G:2.

19 III. "Consumer price estimate" means a member-specific estimate of allowed charges, plan  
20 liability, and the member's expected cost-sharing for a shoppable item or service, based on the  
21 member's benefits and accumulators as of the time the estimate is produced.

22 IV. "Hospital" means any entity licensed under RSA 151.

23 V. "Shoppable service" means a health care service that can be scheduled in advance and for  
24 which federal rules require public, member-specific estimates.

25 VI. "Transparency in Coverage (TiC) APIs" means machine-readable files and price-  
26 comparison interfaces required of carriers under federal law.

27 VII. "Hospital price transparency requirements" means federal requirements for hospital  
28 machine-readable files and patient-friendly shoppable service displays.

29 420-G:11-c HealthCost Consumer Portal; Use of Existing Infrastructure.

30 I. The insurance department shall utilize the existing HealthCost public website to:

31 (a) Explain consumers' rights;

32 (b) Route members directly to their carriers' price-comparison tools;

33 (c) Display non-member-specific benchmark ranges for uninsured consumers derived  
34 from the APCD; and

35 (d) Host a directory of hospital estimators.

36 II. The department shall not build or procure new state-hosted information technology  
37 systems for estimate calculation or price-comparison functions.

1           III. Costs, if any, associated with vendor configuration, portal content updates, or API  
2 routing shall be paid by carriers and third-party administrators subject to RSA 420-J and hospitals  
3 licensed under RSA 151 through vendor-direct contracts or in-kind integration work. No general  
4 fund appropriation or expenditure is authorized by this section.

5           IV. The commissioner may accept non-state grants or gifts to support consumer education  
6 under this section, which may be expended without state match and without creating ongoing  
7 obligations.

8           420-G:11-d Rulemaking. The insurance commissioner shall adopt rules under RSA 541-A to  
9 implement the requirements of RSA 420-G:11-a through 420-G:11-c, limited to harmonizing with  
10 federal formats, setting API access and security standards, specifying consumer-facing disclosures,  
11 and coordinating enforcement to avoid duplication. Rulemaking under this section shall not require  
12 the departments to build new information technology systems.

13           5 New Section; Health Insurance; Member Price Estimates Through Existing Tools. Amend  
14 RSA 420-J by inserting after section 7-e the following new section:

15           420-J:7-f Member Price Estimates Through Existing Tools.

16           I. Each carrier shall ensure that an enrollee can obtain, without charge, a consumer price  
17 estimate for any shoppable service:

18                   (a) Through the carrier's existing self-service internet tool; and

19                   (b) Via secure, standards-based application programming interfaces (APIs) made  
20 available to the state's consumer portal and to third-party consumer applications authorized by the  
21 enrollee.

22           II. Each estimate shall include:

23                   (a) The provider's billing NPI and service location;

24                   (b) The carrier's allowed amount;

25                   (c) The plan's expected payment;

26                   (d) The enrollee's expected out-of-pocket amount reflecting deductibles, copayments, and  
27 coinsurance accumulators as of the time of the request; and

28                   (e) A notice that estimates are subject to change if clinical circumstances or benefit  
29 accumulators change.

30           III. Nothing in this section requires the insurance department to build or host new  
31 technology infrastructure. The commissioner shall leverage the existing HealthCost public portal to  
32 route consumers to carrier tools and APIs and to display plain-language guidance.

33           IV. Compliance with federal transparency in coverage requirements for machine-readable  
34 files and price-comparison tools constitutes prima facie compliance with paragraphs I and II if the  
35 carrier enables API access for the state portal and enrollee-authorized tools and responds to API  
36 queries within commercially reasonable timeframes.

1 V. The commissioner shall adopt rules, under RSA 541-A, to specify API access, privacy,  
2 security, and response-time standards that are consistent with federal requirements and do not  
3 impose duplicative formats or submissions.

4 6 New Sections; Health Insurance; Consumer Protections for Estimates. Amend RSA 420-J by  
5 inserting after section 7-f the following new sections:

6 420-J:7-g Consumer Protections for Estimates.

7 I. Every estimate delivered under RSA 420-J:7-f shall include plain-language disclosures on  
8 potential variance, network status, prior authorization, and facility versus professional billing.

9 II. Upon a patient's request for a scheduled, non-emergency service, a provider shall offer  
10 the CPT/HCPCS codes and service description used for the estimate to facilitate comparison.

11 III. State and federal balance billing and surprise medical billing protections remain in full  
12 force and are unaffected by this chapter.

13 420-J:7-h Enforcement; Cure First.

14 I. For carriers, the insurance commissioner may enforce RSA 420-J:7-f and RSA 420-J:7-g  
15 under RSA 400-A and RSA 420-J. Prior to any administrative penalty, the department shall provide  
16 notice and a 60-day cure period for first-time or technical violations.

17 II. The department shall publish an annual public dashboard of carrier compliance with  
18 RSA 420-J:7-f through RSA 420-J:7-h.

19 7 Effective Date.

20 I. Sections 2, 5, and 6 of this act shall take effect 12 months after its passage.

21 II. The remainder of this act shall take effect 60 days after its passage.