# Senate Health and Human Services Committee

*Sophie Walsh 271-3469*

**SB 546-FN,** relative to health carrier network access monitoring.

**Hearing Date**: January 14, 2026

**Time Opened**: 9:32 a.m. **Time Closed**: 10:11 a.m.

**Members of the Committee Present**: Senators Rochefort, Avard, Birdsell, Prentiss and Long

**Members of the Committee Absent**: None

**Bill Analysis**: This bill requires health insurance carriers to adhere to the same standards of timeliness and accessibility that they have to adhere to on the health benefit exchange. The bill directs the carriers to adopt network access compliance protocols consistent with the secret shopper audit requirements established by CMS for qualified health plan issuers.

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**Sponsors**:

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| Sen. Rosenwald | Sen. McGough | Sen. Prentiss |
| Rep. Miles | Rep. Telerski | Rep. Spier |
| Rep. Salvi | Rep. Chourasia | |

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**Who supports the bill**: 95 people signed in support of the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

**Who opposes the bill**: 4 people signed in opposition to the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

**Who is neutral on the bill:** 2 people signed in neutral on the bill. Full sign in sheets are available upon request by contacting the Legislative Aide, Sophie Walsh (sophie.walsh@gc.nh.gov).

**Summary of testimony presented:**

Senator Cindy Rosenwald, Senate District 13

- Senator Rosenwald stated that this bill will help make sure granite staters will have access to the care they are paying for through their health insurance.

- New Hampshire's network adequacy standards ensure that people paying for health insurance can find care within a reasonable time frame and distance. Yet, too many people face long waits or must travel far to receive care.
- Regulators in the Insurance Department do not have the tools to identify if insurers are meeting their obligations in practice.
- This bill fixes that issue with the straightforward, proven solution of secret shopper surveys for commercial insurers. These surveys use independent callers posing as patients to test whether medical appointments are truly available.
- Secret shopper audits are already required for Medicaid managed care plans and for commercial insurers selling Affordable Care Act (ACA) marketplace products. This bill brings New Hampshire's regulated commercial market up to the same standard.
- A 2023 Kaiser Family Foundation (KFF) survey found that more than 1-in-4 insured adults nationwide tried to see an in-network provider who had no available appointments. 91% of insured adults support requiring insurers to provide accurate, up-to-date network availability information.
- New Hampshire ranks among the worst states in the country for in-network behavioral health access.
- New Hampshire residents are holding up their end of the deal, and this bill gives the state the needed tools to make sure insurers are holding up their end of the deal as well.
- Senator Rosenwald said the Insurance Department is working on rules for this and asked the Committee to hold onto the bill until then.
- Senator Birdsell asked which carriers are already providing this, and Senator Rosenwald said Anthem and Harvard-Pilgrim are complying with their marketplace plans.
- Senator Avard noted that the fiscal note says there is potential to increase premiums, which may result in insurance premium tax revenues.
- Senator Rosenwald confirmed. She explained that the Insurance Department is self-funded and insurers pay 3% on premiums. While this may increase costs, it will also increase revenue.

Michelle Heaton, New Hampshire Insurance Department

- Ms. Heaton explained that New Hampshire has been ahead of the game on network adequacy nationwide since we first adopted rules.
- Since then, the federal government has implemented more standards. However, New Hampshire has remained more stringent than CMS standards. Due to this, CMS defers to New Hampshire to enforce our standards for all on-exchange qualified health plans.
- New Hampshire looks on a service level to verify if people can access certain key services within time and distance standards.

- While some opportunities to better align our rules with federal standards have been identified, the Department still feels that their approach is more stringent than the federal approach. While the federal government only looks at physicians, the Insurance Department looks at physician associates and advanced practice registered nurses. These providers have a broader scope of practice in New Hampshire compared to other states.
- The Insurance Department has been in discussions with CMS to better align state rules with federal rules. Those rules are drafted and the Department is actively working on getting them into rulemaking.
- Ms. Heaton explained that the Department has tried to use secret shopper initiatives and have found it very difficult.
- For example, in New Hampshire there are many solo providers who may not have a lot of office staff. If a secret shopper were to call one of these practices, they may be forced to leave a message. If there is no call back, that cannot be counted in the survey.
- The Department was initially looking to incorporate the secret shopper concept into new rules, but after reviewing federal guidance, they had concerns that it would not be a good way of assessing appointment wait-time standards in New Hampshire. The Department has been trying to find other ways to accomplish this goal.
- Ms. Heaton noted that secret shopper initiatives pose an administrative cost and burden on carriers, as they would have to hire a third party.
- The Department is tracking what is happening at the federal level and would be open to incorporating that experience into rules if it seems to be a viable option.
- Senator Rochefort asked if Ms. Heaton believes the forthcoming rules will address the objectives of this bill, and she confirmed.
- Senator Rochefort explained that there are situations in New Hampshire in which it is not necessarily the payer's fault that a patient cannot get access to a provider. He asked how that is delineated in terms of network adequacy.
- Ms. Heaton confirmed that this has been one of the issues in trying to implement network adequacy standards nationwide.
- She emphasized that is why the Department focuses on services, understanding that there are certain services that could be provided by a number of different qualified providers.
- However, if there is a specialty with a small number of providers in the state, there is no way that time and distance standards will be met because the providers do not exist. There is a mechanism in which carriers can ask for an exemption from that standard and provide an explanation. If the exemption is granted, the patient will still have access to that provider, and the carrier would

just have to cover any out-of-network care required at an in-network cost-sharing.

Deborah Steinberg, Legal Action Center

- Ms. Steinberg stated that she is speaking in support of the bill.
- New Hampshire has been a strong leader in setting network adequacy standards. However, we are still seeing at least one person a day die from overdose and nearly the same rate for suicide.
- We are seeing people go out-of-network far more often for mental health and substance use disorder treatment than for other medical care. She emphasized that this speaks to an issue of parity.
- Ms. Steinberg referenced prior testimony about secret shopper initiatives and explained that they are mimicking the experiences of patients. If a secret shopper is not getting a call back, that may be the same case for actual patients.
- Ms. Steinberg emphasized that secret shopper surveys are the industry standard.

Sam Burgess, New Futures

- Mr. Burgess stated that network adequacy standards alone are not enough. Without real enforcement tools like secret shopper audits, patients and providers are left navigating ghost networks, inaccurate directories, and long wait times.
- Mr. Burgess referenced a letter submitted to the Committee signed by patient and provider groups. It shared the perspective of the New Hampshire Psychological Association, emphasizing that these surveys produce reliable, consumer-level data. Timely access to care prevents crises, reduces avoidable hospitalizations, and keeps costs down.
- Mr. Burgess shared a patient story about someone who experienced an urgent medical issue and had to ultimately pay out-of-pocket because the existing process did not function.
- Mr. Burgess emphasized that a directory that collapses on itself when a patient relies on it is not a real network.
- Secret shopper audits allow New Hampshire to ensure that network adequacy standards are real protections for patients, not just words on paper.

Sam Hawkins, NAMI NH

- Mr. Hawkins stated that he is speaking in support of the bill.
- NAMI NH has countless conversations with individuals who are seeking mental health and substance use disorder treatment for themselves or a family member and are unable to access care.

- This can potentially result in delays in care, leading to negative outcomes or forcing people to seek out-of-network care at an increased cost.
- Mr. Hawkins addressed the workforce shortage and emphasized that it is a pervasive issue. He said it is essential that network adequacy standards exist separate from any existing workforce shortage because the practices of payers can impact networks and workforces. He explained that there are countless examples of providers no longer accepting insurance due to issues with contracts, billing, or low reimbursement rates.

Sabrina Dunlap, Anthem Blue Cross Blue Shield

- Ms. Dunlap stated that she is speaking in opposition to the bill.
- She explained that she is unsure what problems this bill is trying to solve. If the issue is with provider wait times, then this bill does not address that.
- This is seeking to regulate an area that is already highly regulated under state law.
- Existing network adequacy requirements are extensive and Anthem's processes to maintain accurate and up-to-date provider information are extremely thorough.
- Ms. Dunlap said it is important to note that providers control their wait times. All insurance companies can do is their best to ensure information about wait times is accurate and updated.
- Providers are responsible for sharing updates about demographic information and availability to members. Despite this requirement, sometimes providers do not give carriers the most updated information.
- Ms. Dunlap emphasized that there are extensive processes in place to keep provider directories accurate and useful, but it seems like the provider's role and responsibility is absent.
- In Anthem's experience with secret shopper initiatives, these surveys have been found to pose an administrative burden with significant costs and logistical complexities, all without a clear benefit to consumers.

Paula Rogers, America's Health Insurance Plans

- Ms. Rogers said this is an important bill and explained she found it interesting that a bill was drafted to tie New Hampshire to the standards from a CMS letter to issuers.
- She noted that the bill references statute dealing with network adequacy. An important component of this statute is the rulemaking authority granted to the commissioner of the Insurance Department.
- Ms. Rogers emphasized that New Hampshire's requirements are currently more stringent than the CMS requirements.

- America's Health Insurance Plans' (AHIP) concern is that we will lose track of what makes sense for New Hampshire in importing something from the federal level.
- Ms. Rogers referenced prior testimony about New Hampshire ranking low for the availability of mental health and substance use disorder providers and emphasized that health plans want to maintain adequate networks. Some network issues are a result of market realities, such as workforce shortages, that are difficult to address.
- Ms. Rogers expressed concern about whether this bill will deliver anything that would expand opportunity in New Hampshire. The secret shopper initiative can certainly be considered, but we should not import it without a real analysis to whether it is a good fit for the state.
- Senator Avard asked if Ms. Rogers would agree to hold on to the bill or taking sooner action.
- Ms. Rogers said we have no reason to doubt that the rules are coming. She hopes the bill will not be adopted, as it is importing a federal standard that does not offer more than what we have now.

Peter Bragdon, Harvard-Pilgrim

- Mr. Bragdon stated that having a robust provider network is important to Harvard-Pilgrim.
- Mr. Bragdon said he does not think this bill is necessary and referenced the penalty for carriers reporting fewer than 80% of contacted provider listings as in-network and accepting patients. He expressed concern about being penalized for situations that are beyond the carriers' control.
- There is state law stipulating that contracts between carriers and providers require the providers to notify carriers if they stop taking new patients. Mr. Bragdon questioned why carriers should be penalized if providers fail to provide updates, resulting in the carrier's provider directory inaccurately listing them as still taking new patients.
- Mr. Bragdon said the robust structure that the Department already has is very effective.

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Date Hearing Report completed: January 19, 2026