Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 548-FN, relative to health carrier provider contract standards.

Hearing Date: January 14, 2026

Time Opened: 11:09 a.m. **Time Closed**: 11:37 a.m.

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

Members of the Committee Absent: None

Bill Analysis: This bill provides that, when termination of a contract between a health carrier and provider will affect 1,000 or more covered persons, the insurance commissioner will hold a hearing for the purpose of considering how the contract termination will affect access to care in the community.

Sponsors:

Sen. Rosenwald	Sen. Avard	Sen. Fenton
Sen. McGough	Rep. Miles	Rep. Burroughs
Rep. Telerski	Rep. Nagel	Rep. Spier

Who supports the bill: Sen. Rosenwald, Sen. McGough, Sen. Fenton, John Jurczyk (St. Joseph Hospital), Gerard Hadley (St. Joseph Hospital), Dr. Donald Reape (St. Joseph Hospital), Lara McIntyre (Granite State Home Health & Hospice Association), Ashley Lamb, and Samuel Burgess (New Futures).

Who opposes the bill: Sabrina Dunlap (Anthem Blue Cross Blue Shield), Natch Greyes (BIA), Julie Smith, and Daniel Richardson.

Who is neutral on the bill: Michelle Heaton & DJ Bettencourt (NHID) and Peter Bragdon (Harvard-Pilgrim).

Summary of testimony presented:

Senator Cindy Rosenwald, Senate District 13

- Senator Rosenwald introduced Senate Bill 548-FN.
- This bill provides increased consumer protections through more transparency by requiring notice to patients of sudden loss of access to care when an insurer and provider terminate a contract and a large number of patients are affected.

- This bill establishes a common-sense safeguard by requiring the commissioner of the Insurance Department to hold a public hearing when a thousand or more covered lives are affected by a change in a carrier-provider relationship.
- This does not interfere with negotiations or dictate contract terms.
- Senator Rosenwald emphasized that patients deserve notice, clarity, and a voice when changes could disrupt ongoing treatment. Continuity of care is especially critical for seniors, patients with chronic illnesses, and individuals receiving mental health or substance use disorder treatment.
- Abrupt network changes can delay care, disrupt treatment plans and medication regimens, increase emergency department usage, and worsen health outcomes.
- Holding public hearings will allow for patients to be heard, providers to share impacts, regulators to make informed decisions, and communities to understand what is changing and why.
- This bill strengthens accountability without adding unnecessary bureaucracy. It supports stability in local health care systems, while preserving market-based negotiations.
- This is a practical, balanced approach that puts patients first while respecting the dynamics of the health care marketplace.
- Senator Rosenwald referenced the fiscal note and said it seems like the Insurance Department is expecting many significant provider-carrier network changes and many public hearings to take place.
- Senator Rochefort noted that only one hospital signed in for the hearing. He asked if this is an issue for just one hospital system, or if it will be affecting other hospitals as well.
- Senator Rosenwald emphasized that it seems like the Insurance Department is anticipating this to have a broad affect, but the request did come to Senator Rosenwald from one hospital.

Michelle Heaton, New Hampshire Insurance Department

- Ms. Heaton stated that the Department is broadly supportive of public hearings on large provider contract terminations and notice of affected persons.
- There are already certain protections in statute to require notice when contracts are terminated.
- There is technical work that needs to be done on the bill to further define what the expectations are, so the Department can implement what is being proposed.
- Senator Rochefort asked if there is an opportunity to achieve these objectives through rulemaking.
- Ms. Heaton explained that the Department needs a better of idea of the intent to implement this. As written, it implies that there should be a public hearing if there is concern that a contract is heading towards termination. The current

consumer protections regarding continuation of care and notice to consumers comes into effect once the contract is terminated.

- Ms. Heaton explained that threats of termination can come up in contract negotiations without ultimately coming to fruition. If the Department is expected to hold a public hearing when there is a threat of termination, there may be a much larger number of hearings.
- However, if the hearing is held after the contract is terminated, we need to have an idea of what we want to achieve with that hearing.
- Senator Prentiss asked if there is anything else that the bill is missing in terms of technical changes.
- Ms. Heaton emphasized that getting a better idea of the specific intent will allow the Department to work on language to address those objectives and make sure there is compliance with existing statute.
- Ms. Heaton explained that there is existing statute on public hearings in RSA 400-A that dictate things like noticing requirements and legal procedures. She said it does not sound like it would be an adjudicatory hearing, which would fall under RSA 541-A.
- Senator Prentiss noted RSA 541-A is relevant to emergency situations, and if a plan were to terminate a contract, it could constitute an emergency for a community depending on the circumstances. She referenced the recent disruption in the Medicare Advantage Market.
- Ms. Heaton confirmed that there has been a disruption in the Medicare Advantage Market. The Department tries to assist consumers in any way they can, but they do not have regulatory authority in that situation.
- When we are talking about emergencies under RSA 541-A, that is when a state agency or regulatory authority is taking some kind of administrative action. In this context, the Department is not taking any action because they do not have any role in contract negotiations or terminations.
- However, there are other things that come into play, like network adequacy. If there are certain triggers under network adequacy requirements, there is a mandatory report to the Department and there are more actions that could be taken in the context of network adequacy.
- The Department does not have the ability to force two entities to contract.
- Senator Prentiss said she understands what Ms. Heaton is saying with the distinction between RSA 541-A and other rulemaking and public hearings.
- Ms. Heaton said there is opportunity here, but the Department wants to tighten up the language to make sure they are executing the legislature's intent.

John Jurczyk, St. Joseph Hospital

- Mr. Jurczyk stated that he is speaking in support of the bill.
- This is a simple bill allowing for public comment with certain triggers.

- It helps to level the playing field in terms of reducing the noise that comes with the narrative of both parties having difficulty reaching an agreement. It allows people to ask questions and understand what resources are available.
- The focus of this bill is transparency.
- Oftentimes, contract terminations do not sync up with open enrollment. This presents a unique problem for those who are enrolled in a particular network.
- This does not break contract terms, and there is no way it compels either party to disclose terms.

Gerard Hadley, St. Joseph Hospital

- When provider contracts are terminated, it causes significant consequences for hospitals and their patients.
- Patients who have ongoing relationships with providers and hospitals must make the decision to leave their provider or stay and be out of network. Care can also be disrupted for patients receiving chronic illness treatment, behavioral health care, maternity care, and complex-coordinated care.
- This can also impact hospitals, as they must assess their workforce, expenses, and the programs they are offering.
- Mr. Hadley emphasized that this promotes transparency and strengthens joint correspondence between carriers and providers, while protecting the carrier's right to negotiate a contract.

Dr. Donald Reape, St. Joseph Hospital

- Dr. Reape stated that he has been practicing in New Hampshire for over twenty years and has long-standing relationships with his patients. There have been situations in the past where patients have been distressed after receiving a notice from their carrier, and Dr. Reape had to reassure them that it may all get sorted out.
- Dr. Reape believes unilateral communication from carriers during negotiation disputes causes unnecessary anxiety for patients.
- This bill calls for a joint communication outlining patients' rights and options. He does not think patients are currently aware of their rights and resources available to them.
- Senator Rochefort referenced the unilateral communication from carriers and asked if there is anything stopping providers from communicating alone at this point.
- Dr. Reape said there is nothing stopping providers, but he does not think it serves patients well to receive two separate correspondences. He thinks it would be beneficial for them to receive a joint correspondence clearly spelling out patients' options.

Sabrina Dunlap, Anthem Blue Cross Blue Shield

- Ms. Dunlap stated that she is speaking in opposition to the bill.
- She has concerns about the technical issues raised by the Department.
- Ms. Dunlap explained that the notices currently sent out by carriers once contracts are terminated are required by law. Continuity of care laws are in place to prevent patients immediately losing care, and these notices spell out what next steps might be.
- As drafted, this bill requires carriers to send a notice if there is intent to terminate. Ms. Dunlap questioned what would happen if a provider intends to terminate.
- Ms. Dunlap explained that it is generally carriers' intent to reach an agreement with providers in order to maintain their networks and quality providers. Parties generally work in good faith to achieve mutually agreeable terms of agreement.
- She questioned how intent to terminate would be determined, as one could say they never intend to terminate, but rather are trying to negotiate and get a contract done.
- As drafted, the timing is also unclear. Both sides are contributing time and energy to complete the contract, and depending on the time of the hearing, it may shift energy away from getting that contract finalized.
- Ms. Dunlap emphasized that there needs to be clarity around what the point of the public hearing is and when it would be.
- Senator Avard asked if this could be a leveraging tool in negotiations with the timing being unclear.
- Ms. Dunlap said she does not know, but she would not want it to be. If the idea is to have a public hearing after termination, that needs to be more clearly spelled out along with its goal. If the idea is to have a hearing prior to the termination of a contract, that may be getting into interfering with the negotiations themselves.
- Senator Prentiss asked if carriers receive an influx of calls with the current notices going out.
- Ms. Dunlap explained that they do send a notice as required by law, which spells out resources and next steps. In her experience, members do contact their insurance carriers.

Peter Bragdon, Harvard-Pilgrim

- Mr. Bragdon agreed with the Department's remarks and noted that he did not sign in support or opposition to the bill.
- When Mr. Bragdon read the bill, he was under the impression that the hearing would be amid the negotiation process. After hearing testimony, it seems like

the hearing might be intended to be after contract termination. He emphasized that clarity would be helpful.

- When contracts are terminated either by providers or by Harvard-Pilgrim, they send out letters, put information online, and get calls from their members.
- Mr. Bragdon noted that a joint correspondence could be problematic because both sides would have to agree on the content of the letter. If that does not happen, the letter would not be sent out, putting carriers in violation of existing statute, while providers would not be in violation.

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Date Hearing Report completed: January 19, 2026