

Senate Health and Human Services Committee

Sophie Walsh 271-3469

SB 476, relative to consumer health care cost transparency.

Hearing Date: January 21, 2026

Time Opened: 1:21 p.m.

Time Closed: 1:50 p.m.

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

Members of the Committee Absent: Senator Rochefort

Bill 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.

Sponsors:

Sen. McGough

Sen. Gannon

Sen. Rosenwald

Sen. Birdsell

Sen. Innis

Sen. Pearl

Rep. Miles

Rep. W. MacDonald

Rep. Ammon

Rep. Kuttub

Who supports the bill: Sen. McGough, Sen. Innis, Sen. Rosenwald, Sen. Pearl, Rep. Julie Miles, Sam Burgess (New Futures), Francis Hayes, Valerie Danielson, and Nancy Husarik.

Who opposes the bill: Sabrina Dunlap (Anthem), Ben Bradley (NH Hospital Association), and Peter Bragdon (Harvard-Pilgrim).

Who is neutral on the bill: Michelle Heaton and Dr. Jason Aziz (NHID) and Henry Lipman (DHHS).

Summary of testimony presented:

Senator Tim McGough, Senate District 11

- Senator McGough explained that this bill directly builds on the foundation to deliver consumer-facing, practical benefits to help consumers understand the true costs of health care.
- New Hampshire was on the forefront of building an all-payer claims database, New Hampshire HealthCost, years ago. It is a portal that allows consumers to see what things generally cost in health care.
- The numbers consumers currently see are not always the actual bill amount. They are median prices based on past claims and are often bundled with multiple items in one estimate.
- Without building new IT infrastructure, this bill asks for some more precision.
- Senator McGough cited diagnostic mammograms as an example, explaining that the portal found two different clusters of prices with a large difference in price. Thus, the portal could not predict what price a patient would be facing.
- With the implementation of this bill and access to the Application Programming Interface (API), patients will be able to personalize their actual costs and shop around if they choose to do so.
- Senator McGough described this as the same front door to access the portal, but with a different hallway. The portal would remain the state's site, but it would route each member to their health plan's federally required estimator to retrieve member-specific, pre-service out-of-pocket costs. This is simply connecting the tools that carriers and hospitals already run under federal rules.
- Individuals who choose to pay without insurance will also be able to get a higher level of accountability.
- Senator Birdsell asked if hospitals already must comply with price transparency and how this would affect the bill.
- Senator McGough explained that they do to an extent, as there is federal price transparency. The issue is the individualization based on a given member's changing deductible and out-of-pocket maximum. This is marrying the two data sets.
- Senator Avard asked if there are any fees for this, and Senator McGough said there is not.

Representative Julie Miles, Hillsborough – District 12

- Representative Miles stated that she is speaking in support of the bill as a cosponsor and critical care nurse.
- Every day she meets families trying to balance care with costs.
- Without accurate, timely claims data and clear reporting, we cannot design fair benefits and protect the vulnerable patients on employer plans. These are the people who depend on predictable coverage for cancer care, cardiac interventions, and lifesaving medications.
- This bill is a practical step that improves access, affordability, and outcomes by turning our HealthCost website into a single front door connecting patients to their own plan's pre-service out-of-pocket estimates.
- Transparency is the foundation of good clinical decisions and good plan design. When patients know their costs, they do not delay care. When sponsors and insurers see accurate costs and standardized data, they can structure benefits in a way that rewards quality and keeps premiums stable.
- This bill honors the work of the Insurance Department, reduces duplication for hospitals, and gives granite staters a menu with a price before they subscribe.

Sam Burgess, New Futures

- Mr. Burgess addressed Senator Birdsell's question about hospitals already being subject to federal requirements and explained this goes back to the Federal Hospital Price Transparency Rule.
- While there is a rule that exists, the National Institute of Health has published a study reporting that many hospitals have failed to meet CMS requirements. It found that in a random sample of 100 of the 6,000 highest revenue hospitals, 83 were found noncompliant with at least 1 of the major CMS requirements. This reflects a compliance rate of approximately 27%.
- This study also found that the enforcement mechanisms of CMS are weak, with a maximum punishment for noncompliance of \$300 per day.
- Mr. Burgess explained that the Patient Rights Advocates organization found in a November 2024 report that 7 New Hampshire hospitals were non-compliant with at least one category of CMS requirements.
- Senator Avard asked to what degree the New Hampshire hospitals were found non-compliant and what specific areas of non-compliance were found.
- Mr. Burgess referenced written testimony submitted to the Committee that provided an explanation for why each hospital was found to be non-compliant. He noted that it is also available on the Patient Rights Advocates website.

Henry Lipman, Department of Health and Human Services

- Mr. Lipman stated that the Department of Health and Human Services (DHHS) supports transparency initiatives.
- He hopes there will be opportunity to work out some issues with the bill.

- He referenced page 1 line 6 of the bill and explained that the Department would like more clarity on what it means for a hospital to be in good standing.
- He referenced page 1 line 21 and said the Department would like more clarity on what the dashboard will entail.
- He referenced page 3 lines 1-4 and explained that the administrative costs for creating APIs would need to be recognized in capitation rates.
- The effective date may also need to be changed, given the work requirements needed to implement this bill.
- Mr. Lipman noted that the Department would need adequate staffing for compliance assessments.
- Senator Avard inquired about the fiscal note, and Mr. Lipman said the Department is working on it. They need more information to adequately complete it.

Ben Bradley, New Hampshire Hospital Association

- Mr. Bradley stated that the Hospital Association has concerns about this bill and requests that an amendment be adopted to address those concerns.
- This bill acknowledges that hospitals are already required to comply with federal price transparency regulations.
- All hospitals in New Hampshire are compliant with these regulations. Mr. Bradley said the Patient Rights Advocacy organization has no credibility for determining a hospital's compliance with CMS transparency regulations.
- The federal No Surprises Act requires hospitals to provide patients with a good faith estimate of expected charges prior to a scheduled service.
- CMS holds hospitals accountable for their compliance with each of the transparency regulations. Therefore, reporting compliance to DHHS as written on page 1 section 2 of the bill is unnecessary.
- Mr. Bradley said the bill does not contain a fiscal note for the Department to collect this information because the cost is passed on to hospitals.
- Mr. Bradley noted that the Insurance Department holds the aforementioned HealthCost website portal.
- Given the existing federal requirements, the Insurance Department's resources for price estimates, and the unnecessary cost burden on hospitals that will result from this bill, the Hospital Association asks that it be amended to remove hospitals from the underlying bill or that the Committee not support the bill.
- Senator Avard asked if Mr. Bradley has worked with the prime sponsor on the amendment, and Mr. Bradley said he did not.

Peter Bragdon, Harvard-Pilgrim

- Mr. Bragdon explained that there are a few areas of concern within the bill.

- Harvard-Pilgrim has a cost estimator tool available on their website, which takes cost-sharing, deductibles, and other relevant factors into account.
- Mr. Bragdon said he is not sure what will be gained by making carriers create a new software program to interface with the Insurance Department.
- Mr. Bragdon noted that complying with recent federal transparency laws and changes on the state level is quite costly. He emphasized that costs come out in increased premiums.
- Mr. Bragdon noted the costs associated with vendor configuration referenced on page 3 of the bill and explained that while there are many unknowns, it seems like it costs a lot of money.
- Mr. Bragdon referenced section 5 of the bill and emphasized that carriers are being asked to develop software programs when they have existing tools. He explained that security concerns also need to be taken into account when developing such programs.

Michelle Heaton & Dr. Jason Aziz, New Hampshire Insurance Department

- The Insurance Department is supportive of transparency.
- There are some technical issues with this bill, but the Department is happy to work with stakeholder to correct them.
- Ms. Heaton explained that the Department had 2 bills last session that got retained and just recently passed. If those bills are enacted, there are some provisions within this bill that could conflict with them.
- Dr. Aziz stated that there is a specificity gap between these two sets of data. The transparency and coverage data covered by this bill are self-reported from entities, such as hospitals and insurers. The New Hampshire HealthCost portal currently uses an empirical approach with claims data.
- Dr. Aziz emphasized that these data types are different and explained that this represents an opportunity for oversight, compliance, and improved precision and pricing for the entire health care market.
- Ms. Heaton noted that there are changes in law currently in place requiring that both insured and uninsured patients be able to request advanced cost estimates. For insured patients, that includes what the cost-sharing would be for the scheduled service. The Department also has additional provisions in rulemaking to build off that.
- Senator Avard asked if the Department would be willing to work with stakeholders on this bill, and Ms. Heaton confirmed.