Senate Commerce Committee

Aaron Jones 271-2609

HB 297-FN, relative to providing self-funded employer health benefit plans access to their claims data.

Hearing Date: February 10, 2026

Time Opened: 10:17 a.m. **Time Closed**: 10:27 a.m.

Members of the Committee Present: Senators Innis, Ricciardi, Murphy, McGough, Fenton and Reardon

Members of the Committee Absent : None

Bill Analysis: This bill provides that, if an employer sponsoring a self-funded health benefit plan authorizes submission of its claims data to the state's comprehensive health care information system, the insurance commissioner shall provide that employer access to a utilization report based on de-identified claims data for the employer-sponsored plan.

Sponsors:
Rep. Spier

Who supports the bill: Jennifer Smith (NHID), Jason Aziz (NHID)

Who opposes the bill: No one

Who is neutral on the bill: None

Summary of testimony presented in support:

Senator Daniel Innis, on behalf of Representative Carry Spier

- At the request of the Insurance Department, this bill would strengthen New Hampshire's program for collecting de-identified health insurance claims data from all-payers.
- New Hampshire was one of the first states to establish an all-payer claims database known as the Comprehensive Health Care Information System (CHIS). This has been essential to the state's efforts to make health care costs and spending more transparent, and to support evidence-based policymaking.
- Under the Employee Retirement Income Security Act (ERISA), states are limited in their authority to collect claims data from employer plans that are self-funded. To address this limitation, the Legislature created an opt-in

program under RSA 420-G:11, V. Under this statute, self-funded employers can opt into providing their de-identified claims data to CHIS.
- To strengthen the opt-in program, this bill would provide any self-funded employer that opts into CHIS with access to their own claims data. Often, self-funded employers use this data to improve their employee health benefit plans. Sometimes an employer's claims administrator will treat the claims data as proprietary, so it is not available to them.

Jennifer Smith, Legislative Director, and Dr. Jason Aziz, Director of the Data Analytics Unit, New Hampshire Department of Insurance

- 54 percent of the commercial insurance market is self-funded. Despite more plans becoming self-funded each year, they are unable to provide information like claims data to the Department.
- 30 percent of CHIS is self-insured plans, which are mostly composed of state employees and employees from the University System of New Hampshire. Many larger hospitals have undergone mergers, and under their settlement orders with the Attorney General's Office, they are required to submit information to CHIS.
- Recently, Dr. Aziz said the Department became aware that many self-insured plans do not get their claims data.
- This bill sought to motivate large employers to request claims data from the Department and require them to fill out an opt-in form. Dr. Aziz said the self-insured market would be better represented if there was more compliance. It also would help with the NH Health Cost website and price transparency in health care.
- In the House, Ms. Smith said concerns were raised about employers receiving direct information that could show employees who have a higher utilization of their health care benefits. To ensure privacy protections were built in, Department rules were applied to the statute. Under these rules, data is de-identified and aggregated to ensure employees who might have higher utilization are not singled out.
- Data would be available to employers to help them determine if they need to adjust the plans offered to their employees.
- **Senator Fenton** asked if as a self-funded employer, he could benchmark his plan against state and regional averages.
    - **Dr. Aziz** said with aggregate data, not condition specific metrics.
- **Senator Fenton** asked if it would be strictly limited to his own claims.
    - **Dr. Aziz** said the aggregated data would be the total claims or expenditures incurred for all employees. There is tension between protecting an individual's medical information confidentiality and health care transparency.
- **Senator Innis** asked if they would have the data, but they would not be able to identify specific individuals.

    - **Dr. Aziz** said they could not identify specific high-cost claimants in the plan.
    - **Ms. Smith** said employers might know on their own. For example, if they have a worker who is out with cancer, they know treatments will be expensive and extensive. They could have an employee who has underlying medical issues that do not impact their job performance; however, they need medical care to maintain their level of functioning. Employers would know utilization across the board for all their employees, so they would be able to see what is driving costs.
- **Senator Fenton** asked if he opted in to this, would TPAs or carriers charge to access this information.
    - **Dr. Aziz** said this was the economic incentive for large employers to participate in the opt-in program. If you want claims data, and TPAs see it as their property, they will add a marginal cost to access it. This bill would preempt this process, and an employer could get aggregated claims data from the Department. Currently, it is not known what large self-funded employers do not get claims data. The Department became aware of this problem because a proportion of self-refunded ERISA plans nationwide do not get claims data.
- **Senator Fenton** asked what they considered a large employer.
    - **Dr. Aziz** said it was those with over 100 employees. He recognized there was a non-trivial proportion of small employers that are also self-funded; however, the real impact to citizens came mostly from larger employer groups like hospitals and the State of New Hampshire.

Summary of testimony presented in opposition: None

Neutral Information Presented: None

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Date Hearing Report completed: February 13, 2026