

Amendment to SB 548-FN

1 Amend the bill by replacing all after the enacting clause with the following:

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3 1 New Section; Managed Care Law; Public Hearing Regarding Termination of Provider  
4 Contract; When Required. Amend RSA 420-J by inserting after section 7-e the following new  
5 section:

6 420-J:7-f Public Hearing Regarding Termination of Provider Contract; When Authorized.

7 I. The commissioner may, in the commissioner's discretion, hold a public hearing within 15  
8 business days after receiving notice that a health carrier intends to terminate a contract with a  
9 provider when such termination will affect 1,000 or more covered persons. Any hearing held  
10 pursuant to this section shall be informational in nature and shall not constitute approval,  
11 disapproval, or review of the contract termination. The purpose of the hearing shall be limited to  
12 receiving information and testimony regarding the potential effect of the contract termination on  
13 access to care in the affected community, including access to quality and affordable physical and  
14 mental health care services.

15 II. Nothing in this section shall be construed to authorize the commissioner to require  
16 continuation, modification, or renegotiation of a provider contract.

17 III. For purposes of this section, a health carrier's obligation to notify the commissioner of a  
18 provider contract termination shall be satisfied in accordance with existing notice requirements  
19 under this chapter.

20 2 Managed Care Law; Provider Contract Standards. RSA 420-J:8, XI is repealed and reenacted  
21 to read as follows:

22 XI.(a) Every contract entered into after July 1, 2003, between a health carrier and any  
23 physician or facility shall include a provision ensuring that covered persons have continued access to  
24 the provider in the event the contract is terminated for any reason other than unprofessional  
25 conduct.

26 (b) Such continued access shall be provided for a period of 60 days from the effective  
27 date of contract termination and shall be furnished and reimbursed in accordance with the terms  
28 and conditions of the covered person's health benefit plan and the prior contract between the health  
29 carrier and the provider.

30 (c) Within 5 business days of the contract termination, the health carrier shall provide  
31 written notice to affected covered persons explaining their continued access rights and stating  
32 whether the commissioner has elected to hold a public hearing pursuant to RSA 420-J:7-f.

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1           3 New Paragraphs; Standardized Notice; Election by Carrier. Amend RSA 420-J:8 by inserting  
2 after paragraph XI the following new paragraphs:

3           XI-a.(a) The commissioner shall develop, by bulletin, a standardized notice form for use by  
4 health carriers in notifying covered persons of a provider contract termination and their continued  
5 access rights under this section.

6           (b) A health carrier shall notify the department, no later than 5 business days after  
7 providing notice of the contract termination to the commissioner, whether it intends to use the  
8 standardized notice developed pursuant to this paragraph.

9           (c) A health carrier that elects to use the standardized notice shall provide such notice to  
10 affected covered persons in accordance with the timing requirements of this section.

11           (d) Nothing in this paragraph shall prevent a health carrier from electing to provide a  
12 notice that varies from the standardized notice, subject to department review pursuant to paragraph  
13 XI-b.

14           XI-b.(a) A health carrier that does not elect to use the standardized notice shall submit its  
15 proposed notice to the department within 14 business days of providing notice of contract  
16 termination to the commissioner.

17           (b) The department shall approve or deny the proposed notice within 7 business days of  
18 receipt. Review shall be limited to determining whether the notice:

19           (1) Clearly and accurately states that the health carrier and provider have not  
20 reached agreement on contract terms and that, as a result, the provider's participation in the  
21 carrier's network will terminate on a specified date;

22           (2) Clearly identifies the date on which in-network coverage with the provider will  
23 terminate, and the period during which continued access to care is available under state or federal  
24 continuity-of-care requirements;

25           (3) Clearly describes the rights and protections available to covered persons under  
26 applicable state and federal law, including continuity of care, transitional care, and access to  
27 medically necessary services;

28           (4) Clearly describes the health carrier's obligations to assist covered persons in  
29 transitioning care to an in-network provider, including care coordination and network access  
30 assistance; and

31           (5) Does not include statements, characterizations, or content intended to influence,  
32 pressure, or induce covered persons or providers regarding the substance or outcome of contract  
33 negotiations, or to attribute responsibility for the termination to any party beyond the fact of non-  
34 agreement.

35           (c) Review under this paragraph shall not extend to the merits of the contract  
36 negotiations, the reasonableness of proposed contract terms, or the conduct of either party in  
37 negotiations.

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1           (d) If denied, the health carrier may resubmit a revised notice within 4 business days.  
2 The department shall approve or deny the resubmitted notice within 3 business days.

3           (e) If denied upon resubmission, the health carrier shall provide notice using the  
4 standardized notice developed by the department.

5           (f) Approval or denial of a notice under this paragraph shall not be construed as  
6 approval or disapproval of the contract termination.

7           4 Effective Date. This act shall take effect 60 days after its passage.

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2026-0837s

AMENDED ANALYSIS

This bill allows the insurance commissioner to hold an informational public hearing when a health carrier ends a provider contract affecting 1,000 or more patients, and includes requirements for continuity-of-care and patient notification. It also creates a standardized notice process to ensure patients receive information about contract terminations and their rights.