

SB 546-FN - AS INTRODUCED

2026 SESSION

26-2129

05/08

SENATE BILL **546-FN**

AN ACT relative to health carrier network access monitoring.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. McGough, Dist 11; Sen. Prentiss, Dist 5; Rep. Miles, Hills. 12; Rep. Telerski, Hills. 11; Rep. Spier, Hills. 6; Rep. Salvi, Hills. 9; Rep. Chourasia, Hills. 11

COMMITTEE: Health and Human Services

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.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT relative to health carrier network access monitoring.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Managed Care Law; Secret Shopper Audits for Network Adequacy Compliance.
2 Amend RSA 420-J by inserting after section 7-e the following new section:

3 420-J:7-f Secret Shopper Audits for Network Adequacy Compliance.

4 I. Beginning January 1, 2027, all health carriers offering commercial health insurance
5 coverage in this state shall implement network access compliance protocols consistent with the
6 secret shopper audit requirements established by the Centers for Medicare and Medicaid Services
7 (CMS) for Qualified Health Plan issuers in the "2025 Final Letter to Issuers in the Federally-
8 facilitated Exchanges," published on April 10, 2024, and the technical guidance outlined in CMS's
9 "Appointment Wait Time Secret Shopper Survey Technical Guidance for Qualified Health Plan
10 (QHP) Issuers in the Federally-facilitated Exchanges (FFE)," published in April of 2024.

11 II. The purpose of such audits shall be to assess and validate carrier compliance with the
12 appointment wait time standards and provider accessibility requirements set forth in RSA 420-J:7
13 and corresponding rules adopted by the insurance department.

14 III. Each carrier shall contract with an independent third-party entity to conduct annual
15 secret shopper surveys. The surveys shall:

16 (a) Include behavioral health and primary care providers, with specialty care providers
17 added if directed by CMS in future guidance;

18 (b) Follow CMS's technical guidance published in 2024 for survey timing, methodology,
19 and reporting formats;

20 (c) Be completed no later than April 30 of each calendar year and submitted to the
21 insurance department by May 31.

22 IV. The insurance department shall adopt rules under RSA 541-A to implement this section,
23 including:

24 (a) Procedures for carrier reporting and data submission; and

25 (b) Public transparency requirements for survey results.

26 V.(a) The insurance department may impose civil monetary penalties on any health carrier
27 that:

28 (1) Fails to submit a complete secret shopper audit report;

29 (2) Submits a report in which fewer than 80 percent of contacted provider listings
30 are confirmed to be in-network and accepting appointments; or

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1 (3) Is found to be noncompliant with network adequacy standards under RSA 420-
2 J:7 and corresponding rules.

3 (b) In addition to any penalties imposed under subparagraph (a), a health carrier shall
4 reimburse all out-of-network claims incurred by enrollees for the provider types for which the
5 carrier:

6 (1) Failed to submit complete audit data;

7 (2) Fell below the accuracy threshold described in subparagraph (a)(2); or

8 (3) Did not meet applicable network adequacy standards during the preceding
9 calendar year.

10 (c) The insurance department shall require any noncompliant carrier to enter into a
11 corrective action plan, signed by both the department and the carrier, specifying the deficiencies,
12 required remedial actions, and a timeline for achieving compliance with audit reporting and network
13 adequacy standards.

14 2 Effective Date. This act shall take effect January 1, 2027.

**SB 546-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to health carrier network access monitoring.

FISCAL IMPACT:

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	Indeterminable Increase (not provided by agency)	Indeterminable Increase (not provided by agency)	Indeterminable Increase (not provided by agency)
<i>Revenue Fund(s)</i>	General Fund			
Expenditures*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

Estimated Political Subdivision Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
County Revenue	\$0	\$0	\$0	\$0
County Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill requires health insurance carriers to adopt network access compliance protocols consistent with the “secret shopper” audit requirements established by the Centers for Medicare and Medicaid Services (CMS) for Qualified Health Plan issuers. Each carrier must contract with an independent third party to perform these annual surveys and report the results to the Insurance Department.

The Insurance Department states this bill requires carriers to engage an independent third party to conduct annual secret shopper surveys of appointment wait times and provider accessibility. To the extent this increases carrier administrative costs, these costs may be passed on to policyholders in the form of higher premiums. Increased premiums may result in increased Insurance Premium Tax revenue to the state.

To the extent counties and municipalities purchase health insurance, they could see an increase in their health insurance premiums.

AGENCIES CONTACTED:

Insurance Department