

SB 610-FN - AS INTRODUCED

2026 SESSION

26-2202

06/09

SENATE BILL **610-FN**

AN ACT relative to long-term care insurance standards, form approvals, and public hearing procedures.

SPONSORS: Sen. Ricciardi, Dist 9; Sen. Lang, Dist 2; Sen. Gannon, Dist 23; Sen. Watters, Dist 4; Rep. Post, Hills. 42; Rep. Spier, Hills. 6; Rep. Burroughs, Carr. 2

COMMITTEE: Health and Human Services

ANALYSIS

This bill relocates a provision on the insurance commissioner's rulemaking authority on loss ratio standards for long-term care policies within statute, authorizes approval of innovative care policies, revises the criteria for disapproving insurance forms, and permits public hearings with discretionary disclosure of form and rate filings.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 long-term care insurance standards, form approvals, and public hearing procedures.

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

1 1 Long-Term Care Insurance Act; Rulemaking Provision Relocated. Amend RSA 415-D:5, I to
2 read as follows:

3 I. Full and fair disclosure, that set forth the manner, content, and required disclosures for
4 the sale of long-term care insurance policies and certificates, terms of renewability, initial and
5 subsequent conditions of eligibility, non-duplication of coverage provisions, coverage of dependents,
6 preexisting conditions, termination of insurance, continuation or conversion, probationary periods,
7 limitations, exceptions, reductions, elimination periods, requirements for replacement, recurrent
8 conditions, ~~and~~ definitions of terms, **loss ratio standards, filing requirements, agent**
9 **compensation, agent testing, penalties and reporting practices.**

10 2 Disclosure and Performance Standards for Long-Term Care Insurance. Amend RSA 415-D:5,
11 IV to read as follows:

12 IV.(a) No long-term care insurance policy may be delivered or issued for delivery in this
13 state if such policy:

- 14 (1) Conditions eligibility for any benefits on a prior hospitalization requirement;
- 15 (2) Conditions eligibility for benefits provided in an institutional care setting on the
16 receipt of a higher level of institutional care; or
- 17 (3) Conditions eligibility for any benefits other than waiver of premium, post-
18 confinement, post-acute care, or recuperative benefits on a prior institutionalization requirement.

19 (b) A long-term care insurance policy containing post-confinement, post-acute care, or
20 recuperative benefits shall clearly label in a separate paragraph of the policy or certificate entitled
21 "Limitations or Conditions on Eligibility for Benefits" such limitations or conditions, including any
22 required number of days of confinement.

23 (c) A long-term care insurance policy or rider that conditions eligibility of
24 noninstitutional benefits on the prior receipt of institutional care shall not require a prior
25 institutional stay of more than 30 days.

26 (d) No long-term care insurance policy or rider that provides benefits only following
27 institutionalization shall condition such benefits upon admission to a facility for the same or related
28 conditions within a period of less than 30 days after discharge from the institution.

1 ~~[(c) The commissioner may adopt rules establishing loss ratio standards for long term~~
2 ~~care insurance policies provided that a specific reference to long term care insurance policies is~~
3 ~~contained in the rule].~~

4 ***V. Notwithstanding any other provision in this chapter, the insurance***
5 ***commissioner may approve innovative short or long-term care policies or certificates and***
6 ***the rates, provided the commissioner finds that:***

7 ***(a) Issuance or delivery is not contrary to the best interest of the public, and***

8 ***(b) The benefits are reasonable in relation to the premium charged.***

9 3 Long-Term Care Insurance Act; Denial of Forms RSA 415-D:12 is repealed and reenacted to
10 read as follows:

11 415-D:12 Denial of Forms.

12 I. The commissioner may, within 30 days after the filing of any such form, disapprove such
13 form if:

14 (a) The benefits provided therein are unreasonable in relation to the premium charged;

15 (b) It contains a provision or premium rate or rate increase which is unjust, unfair,
16 inequitable, misleading, deceptive, or encourage misrepresentation of such policy; or

17 (c) It does not comply with the requirements of law or rules adopted under this chapter.

18 II. The 30-day period under paragraph I may be extended by the commissioner if the insurer
19 has not provided all necessary information required to make a determination under paragraph I or if
20 the commissioner elects to hold a hearing pursuant to RSA 400-A:15-f, IV.

21 III. If the commissioner notifies the insurer which has filed any such form that it does not
22 comply with the provisions of this chapter, it shall be unlawful thereafter for such insurer to issue
23 such form or use it in connection with any policy. In such notice, the commissioner shall specify the
24 reasons for his or her disapproval and state that a hearing will be granted within 20 days after
25 request in writing by the insurer.

26 4 New Paragraph; Confidentiality; Forms and Rates. Amend RSA 400-A:15-f by inserting after
27 paragraph III the following new paragraph:

28 IV. The commissioner may hold a public hearing prior to approving or denying any form or
29 rate filing. Notwithstanding any other law in title XXXVII, the filing in whole or in part may be
30 subject to disclosure as the commissioner may determine necessary in the course of holding a public
31 hearing.

32 5 Effective Date. This act shall take effect 60 days after its passage.

SB 610-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to long-term care insurance standards, form approvals, and public hearing procedures.

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 relocates statutory language related to the insurance commissioner’s authority over long term care insurance loss ratio standards, authorizes the approval of innovative long or short term care insurance policies, revises the criteria for disapproving insurance forms, and permits the commissioner to hold public hearings with discretionary disclosure of insurance form and rate filings.

The Insurance Department states this bill may result in an indeterminable increase in state revenue deposited to the General Fund to the extent that new insurance products enter the market without displacing existing long term care policies and generate additional Insurance Premium Tax revenue. The Department indicates that any additional workload associated with

approving innovative long or short term care insurance products or conducting discretionary public hearings can be absorbed within existing staff and budget.

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

AGENCIES CONTACTED:

Insurance Department