

SB 646-FN - AS INTRODUCED

2026 SESSION

26-2090  
05/08

SENATE BILL        **646-FN**  
AN ACT            relative to mental health standards of care.  
SPONSORS:        Sen. Rochefort, Dist 1  
COMMITTEE:       Health and Human Services

---

ANALYSIS

This bill provides that parity in coverage for certain biologically-based mental illnesses shall be consistent with New Hampshire Medicaid scope of coverage and reimbursement rates.

-----

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                         Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 mental health standards of care.

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

1 1 Coverage for Certain Biologically-Based Mental Illnesses. Amend RSA 417-E:1, II-V-b to read  
2 as follows:

3 417-E:1 Coverage for Certain Biologically-Based Mental Illnesses.

4 II. Notwithstanding any other provision of law, each insurer that issues or renews any  
5 policy of accident or health insurance and each nonprofit health service corporation under RSA 420-  
6 A and health maintenance organization under RSA 420-B providing benefits for disease or sickness  
7 in the state of New Hampshire shall provide benefits for treatment and diagnosis of certain  
8 biologically-based mental illnesses under access standards established in RSA 420-J:7, and under  
9 terms and conditions which are no less extensive than the coverage provided for any other type of  
10 health care for physical illness, **and are consistent with New Hampshire Medicaid scope of**  
11 **coverage and reimbursement rates.**

12 III. The following mental illnesses, as defined in the most current edition of the Diagnostic  
13 and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric  
14 Association, shall be covered under this section:

15 (a) Schizophrenia and other psychotic disorders.

16 (b) Schizoaffective disorder.

17 (c) Major depressive disorder.

18 (d) Bipolar disorder.

19 (e) Anorexia nervosa and bulimia nervosa.

20 (f) Obsessive-compulsive disorder, including pediatric autoimmune neuropsychiatric  
21 disorders.

22 (g) Panic disorder.

23 (h) Pervasive developmental disorder or autism.

24 (i) Chronic post-traumatic stress disorder.

25 IV. The benefits required under this section shall begin when benefits provided under RSA  
26 415:18-a and RSA 420-B:8-b, as applicable are exhausted.

27 V. The commissioner shall have the authority to enforce the Paul Wellstone and Pete  
28 Domenici Mental Health Parity and Addiction Equity Act of 2008 (the Act), including any  
29 amendments thereto and any federal rules adopted thereunder, and may adopt rules, under RSA  
30 541-A, as may be necessary to effectuate any provisions of the Act that relate to the business of  
31 insurance.

1 V-a. The commissioner shall periodically require health insurers, health service  
2 corporations, and health maintenance organizations to submit the comparative analysis described in  
3 42 U.S.C. section 300gg-26(a)(8)(A) for review to ensure compliance with this chapter and with the  
4 Act. To the extent allowable under state and federal law, such analysis shall be made public.

5 V-b.(a) Health insurers, health service corporations, and health maintenance organizations  
6 shall include in their contracts with participating providers as defined under 420-J:3,  
7 reimbursement terms for mental health and substance use disorder treatment services that are on  
8 average, at least as favorable as those in their contracts for professional services provided by non-  
9 hospital affiliated primary care providers.

10 (1) Reimbursements for services paid to mental health and substance use disorder  
11 treatment providers shall meet the required standard if the reimbursement are, on average, equal to  
12 or greater than the relative [~~Medicare~~] **Medicaid** reimbursements for the same service.

13 (2) Services considered in the comparison shall be those provided on an in-network  
14 basis in New Hampshire, and shall only consider comparisons for those services commonly provided  
15 by both non-hospital affiliated physicians and mental health and substance use disorder providers.

16 (3) Consistent with [~~Medicare~~] **Medicaid** standards, professional licensure,  
17 certification, and telemedicine policies shall be recognized as factors warranting adjustment to  
18 reimbursement.

19 (b) Compliance with subparagraph (a) shall not constitute compliance with the Mental  
20 Health Parity and Addiction Equity Act in 42 U.S.C. 300gg-26 and its implementing and related  
21 regulations in 45 C.F.R. 146.136, 45 C.F.R. 147.160, and 45 C.F.R. 156.115(a)(3). Health insurers,  
22 health service corporations, and health maintenance organizations shall, pursuant to 45 C.F.R.  
23 146.136(c)(4)(i) and 45 C.F.R. 146.136(c)(4)(ii), ensure that when setting reimbursement rates for  
24 mental health and substance use disorder treatment providers, as written and in effect, any  
25 processes, strategies, evidentiary standards, or other factors used in establishing such  
26 reimbursement rates are comparable to, and are applied no more stringently than, any processes,  
27 strategies, evidentiary standards, or other factors used in establishing reimbursement rates for  
28 medical/surgical providers in the classification of benefits.

29 2 Effective Date. This act shall take effect upon its passage.

**SB 646-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT relative to mental health standards of care.

**FISCAL IMPACT: This bill does not provide funding.**

<b>Estimated State Impact</b>				
	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>
<b>Revenue</b>	\$0	Indeterminable (not provided by agencies)	Indeterminable (not provided by agencies)	Indeterminable (not provided by agencies)
<i>Revenue Fund(s)</i>	General Fund and Internal Service Fund			
<b>Expenditures*</b>	\$0	Indeterminable (not provided by agencies)	Indeterminable (not provided by agencies)	Indeterminable (not provided by agencies)
<i>Funding Source(s)</i>	General Fund, Highway Fund, and Various Agency Funds			
<b>Appropriations*</b>	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

\*Expenditure = Cost of bill

\*Appropriation = Authorized funding to cover cost of bill

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

**METHODOLOGY:**

This bill amends RSA 417-E:1 to require that each insurer providing accident or health insurance, each nonprofit health service corporation under RSA 420-A, and each health maintenance organization under RSA 420-B shall provide benefits for the treatment and diagnosis of certain biologically-based mental illnesses. Coverage must meet the access standards established in RSA 420-J:7 and be consistent with New Hampshire Medicaid's scope of coverage and reimbursement rates.

The Insurance Department states this bill will have an indeterminable impact on state revenues and expenditures. Commercial insurance plans in New Hampshire are already required to cover medically necessary services related to the treatment, diagnosis, and evaluation of mental

illnesses and disorders. However, to the extent this bill requires coverage or reimbursement consistent with New Hampshire Medicaid that exceeds what is currently provided, the bill would create a new mandated benefit, requiring the state to defray the costs associated with that mandate for all qualified health plans in the individual and small group markets. Significant analysis would be required to determine which services, if any, would change under this legislation. For these reasons, the fiscal impact on Insurance Premium Tax revenue and General Fund expenditures cannot be determined at this time.

The Department of Administrative Services (DAS) states the State Employee and Retiree Health Benefit Plan (HBP) is self-funded and therefore not subject to state insurance laws. The HBP already complies with the federal and state Mental Health Parity and Addiction Equity Act, which includes coverage for the biologically-based mental illnesses listed in this bill. However, if the State's third-party administrator (TPA), Anthem BlueCross BlueShield of New Hampshire, adjusts reimbursement rates under this provision, it could impact the claims amounts charged to the State. The Department therefore considers the fiscal impact to the HBP indeterminable.

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

**AGENCIES CONTACTED:**

Insurance Department and Department of Administrative Services