HB 1368 - AS INTRODUCED

2026 SESSION

26-2994
04/09

HOUSE BILL ***1368***

AN ACT establishing a committee to study the availability of and access to primary care providers, especially in rural areas of the state.

SPONSORS: Rep. Oppel, Graf. 9

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill establishes a committee to study the availability of and access to primary care providers, especially in rural areas of the state.

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Six

AN ACT establishing a committee to study the availability of and access to primary care providers, especially in rural areas of the state.

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

1 Committee Established. There is established a committee to study the status and sustainability of primary care providers (PCPs) in New Hampshire, with particular attention to rural areas and access to care.

2 Membership and Compensation.

I. The members of the committee shall be as follows:

(a) Four members of the house of representatives, appointed by the speaker of the house of representatives.

(b) Three members of the senate, appointed by the president of the senate.

3 Duties. The committee shall:

I. Assess the current status of PCPs in New Hampshire, especially in rural areas. This shall include identifying the number of providers at risk of closure, determining the ratio of providers to patients, assessing the distance patients must travel to access a PCP, and analyzing the demographics of rural patient populations, particularly in areas at risk of losing access to primary care.

II. Determine the amount of additional commercial revenue, expressed in dollars or as a percentage increase, that would be needed to stabilize PCPs, based on actual reimbursement averages rather than billed charges. The committee shall also examine how PCPs can generate additional revenue and whether the state of New Hampshire should increase commercial reimbursement of billings by PCPs and reduce the turnaround times on reimbursements.

III. Determine whether setting PCP prices as a percentage of Medicare rates, through reference-based pricing, is the simplest and most cost-effective method of achieving revenue stabilization.

IV. Determine the impact of electronic health record systems on PCPs, including manpower and maintenance costs, and the impact of the time required to justify billings for insurance reimbursements.

V. Analyze the work of the New Hampshire primary care workforce commission and the status of recommendations made to date, as well as the work of the New Hampshire department of health and human services to support PCPs.

VI. Determine the anticipated decreases in New Hampshire Medicaid enrollment and the increase in the uninsured population when federal work requirements take effect, and the same for upcoming New Hampshire Medicaid premiums, to the extent such research has been conducted.

VII. Determine the number of independent PCPs in New Hampshire, the catchment area for each, and the number of patients they serve. The committee may also identify whether these providers are non-profits, for-profits, federally qualified health centers (FQHCs), or FQHC lookalikes, and whether they are willing to share 3-or 5-year histories of operating margins.

VIII. Determine the typical commercial prices or fee schedules for the most common 30 reimbursable services, the total volume associated with these services, and the barriers they face, including prior authorization, low reimbursement, administrative burden, or volume constraints for practices that appear at risk.

IX. Conduct a comparison of commercial prices or fee schedules for PCP services to those for the same services delivered by hospital-affiliated PCPs, and a comparison to Medicare reimbursement rates, noting that Medicare may reimburse FQHCs at higher rates than non-FQHCs.

X. Compile, for any at-risk providers, data on days cash on hand, historical operating margins, current commercial prices for common services, service volumes, case mix, and projected revenue losses from Medicaid. Based on this data, the committee shall determine what additional commercial price for these common PCP services would be needed to stabilize at-risk providers, and how those prices compare to Medicare reimbursements and to commercial reimbursements for hospital-affiliated PCPs.

4 Chairperson; Quorum. The members of the committee shall elect a chairperson from among the members. The first meeting of the committee shall be called by the first-named house member. The first meeting shall be held within 45 days of the effective date of this section. Four members of the committee shall constitute a quorum.

5 Report. The committee shall report its findings and any recommendations for proposed legislation to the speaker of the house of representatives, the president of the senate, the house clerk, the senate clerk, the governor, and the state library on or before November 1, 2026.

6 Effective Date. This act shall take effect upon its passage.