

HB 1812-FN - AS INTRODUCED

2026 SESSION

26-2975
05/06

HOUSE BILL ***1812-FN***

AN ACT requiring periodic evaluation of mental health access adequacy by an independent third party.

SPONSORS: Rep. Gregg, Hills. 7; Rep. Booras, Hills. 8; Rep. Nelson, Rock. 13; Rep. Rice, Hills. 38; Sen. Fenton, Dist 10

COMMITTEE: Commerce and Consumer Affairs

ANALYSIS

This bill establishes additional criteria for assessment of an insurer's network adequacy for primary health care and mental and behavioral health care, including periodic evaluation of mental health access adequacy by a third party. The bill also establishes administrative penalties and a private right of action for violation of the requirements.

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 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 requiring periodic evaluation of mental health access adequacy by an independent third party.

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

1 1 Managed Care Law; Network Adequacy; Periodic Evaluation of Mental Health Network
2 Adequacy. Amend RSA 420-J:7 to read as follows:

3 420-J:7 Network Adequacy.

4 I. A health carrier shall maintain a network that is sufficient in numbers, types, and
5 geographic location of providers to ensure that all services to covered persons will be accessible
6 without unreasonable delay.

7 II. The commissioner shall adopt rules under RSA 541-A ~~[for]~~ **to define** a health carrier's
8 network adequacy **for primary care and mental and behavioral health care**. Such rules shall
9 establish, but not be limited to:

10 (a) Waiting times for appointments for non-emergency care.

11 (b) Choice of and access to providers for specialty care, specifically addressing the needs
12 of the chronically ill, mentally ill, persons with substance use disorder, developmentally disabled or
13 those with a life threatening illness.

14 (c) Standards for geographic accessibility, **based on availability of in-person**
15 **appointments within reasonable drive times not to exceed 30 minutes**, which shall include
16 standards for access to the provision of durable medical equipment requiring a prescription.
17 However, such standards shall not restrict an insurer's ability to provide prescriptions for durable
18 medical equipment that are shipped to the patient by postal service or other common or private
19 carrier, and shall not apply to durable medical equipment devices used exclusively for the
20 administration of medication.

21 (d) Hours of operation for the carrier, including any entities performing prior approval or
22 pre-authorization functions.

23 (e) Standards for addressing in-network access to hospital based providers, such as
24 anesthesiologists, radiologists, pathologists, and emergency medicine physicians; **and**

25 **(f) The network adequacy criteria set forth in paragraph VII.**

26 **II-a. For purposes of defining a health carrier's network adequacy under**
27 **paragraph II, providers that fall into the following categories shall not be counted in**
28 **determining the adequacy of a health carrier network:**

29 **(a) A provider who is not accepting new patients.**

1 ***(b) A provider who does not have availability for new intakes within 30 days for***
2 ***non-emergent adequacy determinations or 48 hours for emergent network adequacy***
3 ***determinations.***

4 ***(c) A provider who is located out-of-state or out of the drive time measurement***
5 ***range set forth in subparagraph II (c).***

6 III. The health carrier shall keep, at its place of business, a detailed description of the
7 health carrier's compliance with rules adopted pursuant to RSA 420-J:7, II as well as its procedures
8 for monitoring network adequacy.

9 IV. Annually, the health carrier shall submit a report to the commissioner demonstrating
10 compliance with the rules for network adequacy.

11 V. The commissioner shall make available to the public information regarding each health
12 carrier's managed care network.

13 ***VI. The commissioner shall provide an annual report on the findings associated***
14 ***with network adequacy review to the chairpersons of the house and senate committees***
15 ***having jurisdiction over insurance issues.***

16 ***VII. Every 3 years, the department shall engage an independent third party to***
17 ***conduct a review of network adequacy, considering multiple points, to include, but not be***
18 ***limited to:***

19 ***(a) Measurement of new appointment availability.***

20 ***(b) Measurement of the number of new appointments available within 7 and 14***
21 ***days from date contacted by patient.***

22 ***(c) Measurement of the percentage of in person and virtual appointments, with***
23 ***available in person appointments not to be lower than 70 percent.***

24 ***(d) Measurement of available clinicians at a statewide and county/MSA level,***
25 ***including but not necessarily limited to, psychiatry, therapy, child, geriatric and testing***
26 ***services, and other relevant data as determined by the department.***

27 ***VIII.(a) Any health carrier violating any of the provisions of this section may be***
28 ***subjected to an administrative fine as follows:***

29 ***(1) Not to exceed \$1,000 per covered life for a first violation.***

30 ***(2) Not to exceed \$2,500 per covered life for a second violation within a 5-***
31 ***year period.***

32 ***(3) Not to exceed \$5,000 per covered life for a third violation within a 5-year***
33 ***period.***

34 ***(b) The commissioner also may suspend or revoke the certificate of authority or***
35 ***license of a health carrier found to have violated any of the provisions of this section.***

36 ***(c) If a health carrier, insurer, or other organization are found to have violated***
37 ***any of the provisions of this section 3 or more times within a 5-year period, any person***

1 *aggrieved may initiate an action against such health carrier and may recover court costs*
2 *and reasonable attorney's fees as the prevailing party, provided however, that nothing in*
3 *this section shall supercede or replace existing rights or remedies under any other law.*

4 2 Effective Date. This act shall take effect 60 days after its passage.

HB 1812-FN- FISCAL NOTE
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FISCAL IMPACT:

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	Indeterminable (not provided by agency)	Indeterminable (not provided by agency)	Indeterminable (not provided by agency)
<i>Revenue Fund(s)</i>	General Fund			
Expenditures*	\$0	\$500,000 to \$750,000	\$500,000 to \$750,000	\$500,000 to \$750,000
<i>Funding Source(s)</i>	NH Insurance Department Administration Fund			
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 carriers to meet expanded network adequacy standards for primary, mental, and behavioral health care and requires the Insurance Department to engage an independent third party every 3 years to evaluate mental health access adequacy. The bill also establishes administrative penalties for violations of network adequacy requirements and authorizes a private right of action for persons aggrieved by repeated violations.

The Insurance Department states this bill would increase State expenditures and could affect State Insurance Premium Tax revenues. The bill adds new and more restrictive network adequacy requirements for health carriers, including requiring carriers to exclude providers who are not accepting new patients, who cannot offer timely appointments, or who are located out of state or beyond a 30 minute drive time. The Department states this travel time standard is

significantly more restrictive than current state and national standards and, in many areas of the state, there may be insufficient providers to meet these requirements. As a result, some or all health plans could be unable to meet network adequacy standards and may choose not to offer coverage in New Hampshire. Any reduction in carrier participation or changes in premium levels could have an indeterminable impact on Insurance Premium Tax revenues.

The Department states the bill also authorizes administrative penalties and creates a private right of action for violations of the network adequacy requirements. It is unclear how these provisions would be implemented or how an aggrieved person would establish harm, particularly since current law already requires carriers to cover out of network services when in network providers are unavailable. The Department anticipates these provisions would increase litigation and administrative costs for health carriers, which could further affect premiums and carrier participation in the market.

The Department states the bill would require the Insurance Department, every 3 years, to engage an independent third party to conduct a comprehensive review of network adequacy. Based on prior experience and the scope of the required work, the Department estimates the cost of contracting with a third party would be between \$500,000 and \$750,000 per year beginning in FY 2027. These costs would be paid from the Insurance Department Administration Fund.

Counties and municipalities that purchase group health insurance could also experience an indeterminable impact in their premiums.

AGENCIES CONTACTED:

Insurance Department