

SB 666-FN - AS INTRODUCED

2026 SESSION

26-3268

05/09

SENATE BILL **666-FN**

AN ACT relative to consumer protection, transparency, and oversight of certain health care transactions and establishing a study committee to analyze health insurance providers, their practices, policies, premiums, management, and the impact to consumers.

SPONSORS: Sen. Altschiller, Dist 24; Sen. Fenton, Dist 10; Sen. Perkins Kwoka, Dist 21; Sen. Rosenwald, Dist 13; Sen. Reardon, Dist 15; Sen. Long, Dist 20; Sen. Watters, Dist 4; Sen. Prentiss, Dist 5

COMMITTEE: Health and Human Services

ANALYSIS

This bill:

I. Defines and regulates material health care transactions, and requires notice to the department of justice of health care transactions that change of control of a health care entity and that may reasonably be expected to affect competition, cost of health care services, or access to care. The bill authorizes the department to review, monitor, and approve such transactions and enforce violations of the regulatory requirements as a violation of the consumer protection act.

II. Establishes a legislative committee to study health insurance providers, their practices, policies, premiums, management, and the impact to consumers.

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

1 V. "Material health care transaction" means a change of control or affiliation involving an
2 affected health care entity that may reasonably be expected to materially affect:

- 3 (a) Competition;
- 4 (b) Cost of health care services;
- 5 (c) Access to care; or
- 6 (d) Quality or continuity of care in this state.

7 VI. "Private equity entity" means any investment fund, partnership, or similar vehicle that
8 acquires or holds an ownership or controlling interest in an affected health care entity and is not
9 itself a licensed health care provider.

10 358-U:2 Advance Notice of Material Health Care Transaction Required.

11 I. Parties engaging in a material health care transaction shall file written notice with the
12 department at least 60 days prior to the proposed closing date.

13 II. Notice shall be required for:

- 14 (a) Any change of control involving an affected health care entity;
- 15 (b) Any material transaction involving a private equity entity; and
- 16 (c) Any material transaction involving a for-profit health care entity.

17 358-U:3 Disclosure and Reporting Requirements. Each notice filed pursuant to RSA 358-U:2
18 shall include:

19 I. A description of the proposed transaction and transaction structure.

20 II. Identification of all parties and affiliated entities.

21 III. A complete description of ownership and control structures, including all private equity
22 investors and funds.

23 IV. All debt financing arrangements associated with the transaction, including:

- 24 (a) Lenders.
- 25 (b) Amounts.
- 26 (c) Material terms.

27 V. Disclosure of any planned or anticipated dividends, management fees, or other upstream
28 distributions.

29 VI. A market impact statement assessing:

- 30 (a) Competitive effects.
- 31 (b) Expected changes in costs to consumers.
- 32 (c) Effects on access and service availability.
- 33 (d) Anticipated changes to staffing or clinical services.

34 358-U:4 Department of Justice Review and Authority.

35 I. The department shall review a material health care transaction within 30 days of receipt
36 of notice under RSA 358-U:2 to determine its likely impact on:

- 37 (a) Competition and market concentration;

- 1 (b) Cost of care to consumers and payors;
- 2 (c) Access to services, including in rural or underserved areas;
- 3 (d) Quality and continuity of care; and
- 4 (e) Financial stability of the affected health care entity.

5 II. Following review, the department may prohibit the transaction if it is likely to
6 substantially lessen competition or otherwise harm consumers' quality of care, accessibility, or cost
7 of care.

8 III. Conditions imposed under this section may include, but are not limited to:

- 9 (a) Limits on service reductions or facility closures;
- 10 (b) Requirements related to staffing levels or service availability;
- 11 (c) Restrictions on debt levels or upstream distributions and dividends; and
- 12 (d) Ongoing reporting or compliance monitoring.

13 358-U:5 Protection of Independent Clinical Judgment.

14 I. No private equity entity, for-profit owner, or management services organization shall
15 interfere with, direct, or control the professional clinical judgment of a licensed health care
16 professional in the diagnosis, treatment, or care of a patient.

17 II. Prohibited interference includes, but is not limited to:

- 18 (a) Requiring adherence to non-clinical productivity quotas that compromise patient
19 care.
- 20 (b) Conditioning compensation on reducing medically necessary services.
- 21 (c) Restricting referrals, admissions, or treatments for non-clinical financial reasons.
- 22 (d) Mandating care protocols inconsistent with generally accepted standards of practice.

23 III. Nothing in this section shall prohibit:

- 24 (a) Administrative or billing oversight;
- 25 (b) Compliance with evidence-based clinical guidelines developed by licensed
26 professionals; or
- 27 (c) Utilization review required by state or federal law, provided such review does not
28 override clinical judgment.

29 358-U:6 Enforcement and Remedies.

30 I. The department may enforce this chapter through civil actions seeking:

- 31 (a) Injunctive relief;
- 32 (b) Civil penalties;
- 33 (c) Divestiture or rescission of transactions; and
- 34 (d) Any other relief authorized by law, including RSA 358-A.

35 II. A health care professional or consumer harmed by a violation of RSA 358-U:5 may bring
36 a civil action for injunctive relief.

1 III. A violation of this chapter shall constitute an unfair or deceptive act under RSA 358-A
2 and any right or remedy available under RSA 358-A may be used to enforce this chapter.

3 358-U:7 Annual Report. Beginning November 1, 2027, and annually thereafter, the attorney
4 general shall submit an annual report to the governor, the commissioner of the department of health
5 and human services, the senate president, and the speaker of the house of representatives
6 summarizing:

7 I. Transactions reviewed under this chapter;

8 II. Actions taken;

9 III. Observed trends in private equity and for-profit health care ownership; and

10 IV. Any recommendations for legislative action.

11 4 Health Insurance Study Committee Established.

12 I. There is hereby established a health insurance study committee to assess private health
13 insurers and their impact to the health care marketplace, consumers, and patients.

14 II. The members of the committee shall be as follows:

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

16 (b) Two members of the house of representatives, appointed by the speaker of the house
17 of representatives.

18 III. Members of the committee shall receive mileage at the legislative rate when attending
19 to the duties of the committee.

20 IV. The committee shall:

21 (a) Study how private health insurers' practices, policies, premiums, and management
22 functions with regard to the impact to consumers'/patients' coverage, care outcomes, and costs.

23 (b) Make recommendations regarding policies, regulations, or legislation to mitigate
24 negative impacts and maximize public benefit.

25 V. The members of the study committee shall elect a chairperson from among the members.
26 The first meeting of the committee shall be called by the first-named senate member. The first
27 meeting of the committee shall be held within 45 days of the effective date of this section. Three
28 members of the committee shall constitute a quorum.

29 VI. Notwithstanding RSA 14:49, I(b), on or before November 30, 2026, the committee shall
30 report its findings and any recommendations for proposed legislation to the president of the senate,
31 the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the
32 state library.

33 5 Severability. If any provision of this act or the application thereof to any person or
34 circumstance is held invalid, the invalidity does not affect other provisions or applications of the act
35 which can be given effect without the invalid provisions or applications, and to this end the
36 provisions of this act are severable.

37 6 Effective Date.

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- 1 I. Section 4 of this act shall take effect upon its passage.
- 2 II. The remainder of this act shall take effect July 1, 2027.

SB 666-FN- FISCAL NOTE
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AN ACT relative to consumer protection, transparency, and oversight of certain health care transactions and establishing a study committee to analyze health insurance providers, their practices, policies, premiums, management, and the impact to consumers.

FISCAL IMPACT: This bill does not provide funding, nor does it authorize new positions.

Estimated State Impact				
	FY 2026	FY 2027	FY 2028	FY 2029
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund(s)</i>	None			
Expenditures*	\$0	\$0	Indeterminable Increase \$100,000 to \$500,000	Indeterminable Increase \$100,000 to \$500,000
<i>Funding Source(s)</i>	General Fund			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source(s)</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

METHODOLOGY:

This bill establishes a review process within the Department of Justice for certain material health care transactions and authorizes the Department to evaluate, approve, or prohibit such transactions based on their impact on competition, cost, access, and quality of care. The bill also establishes a legislative study committee on health insurance providers. Implementation of the review process would require additional staffing within the Department of Justice beginning July 1, 2027.

The Department of Justice states this bill would result in an indeterminable increase in state expenditures. The Department indicates the fiscal impact is indeterminable because the number and complexity of health care transactions subject to review under the bill cannot be estimated; however, the Department estimates the annual cost could range from \$100,000 to \$500,000.

The Department states the bill would significantly expand its workload by requiring review of material health care transactions within a 30-day time frame, including analysis of market concentration, cost of care, access to services, quality of care, and financial stability. The bill

would also increase the number of complaints, monitoring activities, and enforcement actions handled by the Department, as well as require preparation of an annual report to state officials.

To implement these new responsibilities, the Department estimates the need for three additional positions. The Department indicates it would require one unclassified attorney with antitrust experience, with an estimated total cost of approximately \$138,000 in FY 2028, and \$140,000 in FY 2029; one Financial Examiner (SOC 13-2060, Financial Examiners-6), with an estimated total cost of approximately \$126,000 in FY 2028, and \$132,000 in FY 2029; and one Paralegal Legal Assistant (SOC 23-2010, Paralegals-5), with an estimated total cost of approximately \$98,000 in FY 2028, and \$102,000 in FY 2029. The total estimated cost for all three positions is \$362,000 in FY 2028 and \$374,000 in FY 2029.

This bill does not authorize nor fund the requested positions.

AGENCIES CONTACTED:

Department of Justice