

June 16, 2026
2026-2164-EBA
12/09

Enrolled Bill Amendment to HB 241-FN

The Committee on Enrolled Bills to which was referred HB 241-FN

AN ACT relative to health insurance coverage of pain management services for the management of chronic pain.

Having considered the same, report the same with the following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

Explanation to Enrolled Bill Amendment to HB 241-FN

This enrolled bill amendment inserts a contingency to avoid a conflict if SB 548 of the 2026 regular legislative session becomes law.

Enrolled Bill Amendment to HB 241-FN

Amend the bill by replacing all after section 2 with the following:

3 New Section; Managed Care Law; Development of a Comprehensive Program of Pain Management Services for the Management of Chronic Pain. Amend RSA 420-J by inserting after section 7-f the following new section:

420-J:7-g Development of a Comprehensive Program of Pain Management Services for the Management of Chronic Pain.

I. Health carriers shall develop, in accordance with guidelines established by the insurance department, a program to provide access to a broad spectrum of covered pain management services, including, but not limited to, non-medication, nonsurgical treatment modalities, and non-opioid medication treatment options that serve as alternatives to opioid prescribing, including restorative therapies, behavioral health approaches, or integrative health therapies, such as acupuncture, chiropractic and osteopathic treatments, massage, or movement therapies. This plan shall be approved by the department as a component of the form filing and approval process.

II. Health carriers shall provide to covered persons who suffer from a chronic pain condition information regarding the pain management program and how to access services included in the program. Such information shall also be publicly available on the health carrier's website.

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III. Health carriers shall annually distribute educational materials about the program to providers within their networks.

IV. Health carriers shall not require a covered person to obtain prior authorization for access to the program of pain management.

V. Carriers may establish utilization controls, including prior authorization or step therapy requirements, for clinically appropriate non-opioid drugs approved by the United States Food and Drug Administration for the treatment or management of pain, but they shall not be more restrictive or extensive than the least restrictive or extensive utilization controls applicable to any clinically appropriate opioid drug.

4 Contingency. If SB 548 of the 2026 regular legislative session becomes law, section 2 of this act shall not take effect and section 3 of this act shall take effect January 1, 2027. If SB 548 of the 2026 regular legislative session does not become law, section 2 of this act shall take effect January 1, 2027 and section 3 of this act shall not take effect.

5 Effective Date.

I. Sections 2 and 3 of this act shall take effect as provided in section 4 of this act.

II. The remainder of this act shall take effect January 1, 2027.