CHAPTER 282
HB 241-FN - FINAL VERSION

7Jan2026... 2990h
05/07/2026 1622s
4Jun2026... 2164EBA

2026 SESSION

25-0358
05/08

HOUSE BILL ***241-FN***

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

SPONSORS: Rep. Nagel, Belk. 6; Rep. T. Dolan, Rock. 16; Rep. Lundgren, Rock. 16; Rep. Palmer, Sull. 2

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill requires health carriers to develop, in accordance with guidelines established by the insurance department, a program to provide access to a broad spectrum of covered pain management services for the management of chronic pain.

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 relative to health insurance coverage of pain management services for the management of chronic pain.

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

282:1 Statement of Findings and Purpose.

I. The general court recognizes the following:

(a) The causes of the opioid crisis are complex and multifactorial.

(b) One of the major causes was the failure of the health care system, as a whole, to provide meaningful access to a broad range of non-opioid, non-interventional evidence-based therapies including complimentary alternative medicine provided by licensed professionals as either single modality therapy or integrative care for those who suffer from acute, chronic, and/or end of life pain.

(c) Executive and legislative entities both at the federal and state level pursued public health polices to combat the crisis which, in effect, abandoned those in pain, particularly those on opioid therapies, by creating barriers to opioid therapy without creating access to non-opioid therapies resulting in unnecessary and extensive morbidity and mortality for those patients.

(d) While government based and commercial insurers do provide some access to these therapies, the availability is limited and insufficient to address the scope of the problem.

(e) While the litmus test for what therapies should be made available is evidence-based, it is concerning that a double standard is used between therapies provided by allopathic and non-allopathic providers in determining strength of evidence required, and this double standard unfairly favors allopathic providers.

II. The purpose of this act is to both increase access to these therapies in a cost-effective, evidence-based manner in the commercial insurance market and to level the evidence-based standards used in deciding which therapies should be available.

282:2 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-e the following new section:

420-J:7-f 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.

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.

282:3 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.

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282:4 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.

282:5 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.

Approved: July 10, 2026
Effective Date:
I. Sections 2 & 3 effective as provided in section 4
II. Remainder effective January 1, 2027